

Integrated Community Pharmacy Services Agreement
National Annual Agreement Review 2024
Meeting 3 Minutes

Date	Tuesday 21 May 2024	
Time	9:00 am to 10:40 am	
Location	MS Teams Click here to join the meeting Meeting ID: 440 435 068 949; Passcode: 6Er8qr (if link above doesn't work)	
Independent Chair	Shenagh Gleisner	
Health New Zealand Te Whatu Ora	<ul style="list-style-type: none"> • Martin Hefford, Director Living Well, National Commissioning • Astuti Balram, Group Manager Primary Care, Living Well, National Commissioning • Nicola Ehau, Regional Wayfinder, Commissioning, Te Manawa Taki • Danny Wu, Regional Wayfinder, Commissioning, Northern Region 	
Te Aka Whai Ora	<ul style="list-style-type: none"> • Karney Herewini, Senior Advisor Service Development 	
Ministry of Health	<ul style="list-style-type: none"> • Andi Shirtcliffe, Clinical Chief Advisor – Pharmacy, Allied Health 	
Provider representatives	Alchemy Group Ravnit Lal	Bargain Chemist Group Peter Shenoda
	Canterbury CP Group Fiona Bradley, Alex de Roo	Chemist Warehouse Group Ravniel Singh, Saif Al-Sheibani
	Girn Group Jatinder (Jay) Girn	Green Cross Health Gemma Buchanan, Joel Sathuluri
	Independent Pharmacy Group Phil Berry	Kiwi Pharmacy Ming Goh, Mitchell Trezise
	Midland CP Group Cath Knapton	NDL Group Nikil Lal
	Oakley Brown Pharmacy Group Carolyn Oakley Brown, Linda Hermiston	Pharmacy Care Group Amrit Ram
	Pharmacy Guild of NZ Andrew Gaudin, Nicole Rickman, Glenn Mills, Sally McKechnie	Pharmacy Partners David Mitchell
	PillDrop Jack Lee, Suzanne Burge	Totem Group Kerry Oxenham
	Woolworths Pharmacy Group Jeremy Armes, Jason Wong	ZOOM Pharmacy David Taylor, Din Redzepagic
	Independent representatives	Ibrahim Al-Mudallal
John Handforth		Mickaela Healy
Sam and Eliza Hood		Brett Hunter
Ian McMichael		Jessica Moh
Nancy Nasef		Natalia Nu'u
Samit Patel		
Observers	<ul style="list-style-type: none"> • Māori Pharmacists Association: Mariana Hudson • Pacific Pharmacists Association: Diana Phone • Pharmaceutical Society of NZ: Helen Morgan-Banda, CEO • Pharmacy Council of New Zealand: Michael Pead, CEO 	

Health NZ In attendance	<ul style="list-style-type: none"> • Billy Allan, Principal Service Development Manager, Pharmacist Services • Andrew Bary, System Design Manager, Pharmacist Services • Lisa Britton, Senior Service Development Manager, Primary Care • Alex Rodgers, Principal Investment Analyst, Funding & Investment team, National Commissioning
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Agenda

Time	Item	Page
9:00 am	1. Welcome, Introduction and apologies <ul style="list-style-type: none"> a. Welcome, karakia, introductions, new members b. Confirmation of the agenda 	
9:15 am	2. Review of the actions from Meeting 2, 4 April 2024 (paper) <ul style="list-style-type: none"> • Service lines: Action 20240404:3 	Pages 11-12 Pages 13-15
9:45 am	3. EAG membership <ul style="list-style-type: none"> • Chair • Provider reps • Pharmacists • Māori reps • Consumer • Health NZ • Manatū Hauora • Secretariat 	
10:15 am	4. Minor health conditions report (Andrew Bary)	Pages 16-57
10:30 am	5. EAG work programme <ul style="list-style-type: none"> • Meeting dates 	Pages 58-64
11:00 am	6. Community pharmacy design programme (Martin Hefford)	
11:30 am	7. Summary and next steps <ul style="list-style-type: none"> a. Discussion summary b. Agreed actions c. Joint communique: key messages agreed d. Next meeting 6 June 2024 The Health NZ Board's price uplift offer is not expected until the week beginning 3 May (after Budge-24 on 30 May). Should we postpone meeting #4 until Thursday 13 June, 12:30-3:30 pm? e. Karakia 	
11:45 am	Meeting close	

1. Welcome, Introduction and apologies

Welcome: The Chair opened the meeting and welcomed everyone.

Karakia Timatanga: Astuti Balram

Present:

1. Andi Shirtcliffe, Manatū Hauora
2. Andrew Gaudin, Pharmacy Guild of NZ
3. Nicole Rickman, Pharmacy Guild of NZ
4. Carolyn Oakley-Brown, Oakley Brown Pharmacy Group
5. Cath Knapton, Midland CP Group
6. David Mitchell, Pharmacy Partners
7. Gemma Buchanan, Green Cross Health
8. Jeremy Armes, Woolworths Pharmacy Group
9. Kerry Oxenham, Totem Group
10. Mitchell Trezise, Kiwi Pharmacy
11. Linda Hermiston, Oakley Brown Pharmacy Group
12. Michael Pead, Pharmacy Council of NZ
13. Alex De Roo, Canterbury CP Group
14. Peter Shenoda, Bargain Chemist Group
15. Ravnit Lal, Alchemy Group
16. Jack Lee, Pill Drop [from 10:10]
17. Martin Hefford, Health New Zealand | Te Whatu Ora [from 09:28 to 10:28]
18. Astuti Balram, Health New Zealand | Te Whatu Ora
19. Billy Allan, Health New Zealand | Te Whatu Ora
20. Andrew Bary, Health New Zealand | Te Whatu Ora
21. Lisa Britton, Health New Zealand | Te Whatu Ora
22. Nicola Ehau, Health New Zealand | Te Whatu Ora [from 10:20]

New members:

1. Fiona Bradley, CEO of Canterbury CPG, replacing Aarti Patel
2. Mickaela Healy, independent member, replacing Scott Moir

Apologies:

1. Ibrahim Al-Mudallal, Unichem Peninsula Pharmacy
2. Fiona Bradley, Canterbury CPG
3. David Bullen, Independent member
4. David Taylor, Zoom Pharmacy
5. Mickaela Healy, Independent member
6. Karney Herewini, Te Aka Whai Ora
7. Mariana Hudson, Māori Pharmacy Association
8. Sally McKechnie, Simpson Grierson (for Pharmacy Guild)
9. Glenn Mills, Pharmacy Guild
10. Diana Phone, Pacific Pharmacists Association
11. Din Redzepagic, Zoom Pharmacy
12. Alex Rodgers, Health NZ | Te Whatu Ora, Principal Investment Analyst
13. Joel Sathuluri, Green Cross Health
14. Jason Wong, Woolworths Pharmacy
15. David Taylor, Zoom Pharmacy

Not present:

1. Danny Wu, Health New Zealand | Te Whatu Ora
2. Phil Berry, Independent Pharmacy Group
3. Jatinder (Jay) Girn, Girn Group
4. Ming Goh, Independent member
5. John Handforth, Independent member
6. Eliza Hood, Independent member
7. Sam Hood, Independent member

8. Nikil Lal, NDL Group
9. Jessica Moh, Independent member
10. Nancy Nasef, Independent member
11. Natalia Nu'u, Independent member
12. Samit Patel, Independent member
13. Amrit Ram, Pharmacy Care Group
14. Din Redzepagic, Zoom Pharmacy
15. Raviel Singh, Chemist Warehouse Group
16. Ian McMichael, Independent member
17. Brett Hunter, Independent member
18. Helen Morgan-Banda, Pharmaceutical Society of NZ
19. Saif Al-Sheibani, Chemist Warehouse Group
20. Suzanne Burge, Pill Drop

The Chair confirmed the agenda.

2. Review of actions from Meeting 2, 4 April 2024

The Chair confirmed that all the actions were complete aside from two which will be addressed at this meeting.

Action 20240404:3 Service lines

A summary of the ICPSA service fee lines that can be amended without adverse impact on the ProClaim payment system was circulated with the meeting agenda. Initial thoughts were put forward by NAAR members. It was agreed that further modelling would be needed, to be confirmed once the uplift is known.

Pharmacy Guild questioned the timeframe of 6 to 8 weeks of testing required to change some of the service fee lines with the implication that it cannot be changed in time for 1 July.

Health NZ responded that there will need to be a balance of what needs to be changed prior to the next agreement relative to the timeframe. Although not ideal, backdating may need to be considered. Technical testing is required to ensure that the payments are accurate.

Woolworths Pharmacy Group noted three key points:

- extemporaneous compounding was highlighted as underfunded, and the feeling is that the fee should be lifted from \$7.95 to \$37.50 which is in line with the fee received for Paxlovid dispensing
- would prefer APAS funding go to zero
- the relative value units (page 14 of the report) that have a multiplier for differing numbers of items on a prescription seems like unnecessary complexity in the model for very small changes in money paid. Interested to know if there is any appetite from the wider group to remove the multipliers?

Canterbury Community Pharmacy Group agrees with Woolworths Pharmacy Group regarding the extemporaneous compounding fee. The dispensing fee does not match the time involved in the service (eg, the NPPA Service B line). Once the uplift is known, would like to discuss where it could be applied to service lines that are more involved in terms of time.

Pharmacy Guild. One challenge of a collective provider representative at NAAR is to make sure everyone benefits from the uplift as much as possible. A varying impact analysis will need to be explored and this may or may not focus on underfunded service lines. The Guild will provide a paper to Health NZ outlining further modelling they would like to see.

Others may also provide input by email before 28 May.

ACTION: 20240521:1

Pharmacy Guild to provide a paper detailing a range of scenarios that require further modelling analysis to Health NZ by 28 May 2024.

ACTION: 20240521:2

If any further modelling analysis is required, sector representatives to communicate this by email to Health NZ by 28 May 2024.

3. EAG membership

Pharmacy Guild acknowledged the excellent work that Nicole Rickman facilitating and presiding over the process of selecting EAG members from the nominations received. At least 13 NAAR provider representatives were present and reached a consensus on all six chosen EAG members.

The Provider representatives chosen are Andrew Gaudin from the Pharmacy Guild and Alex de Roo from Canterbury Community Pharmacy Group.

There were 13 candidates for the four Practising Pharmacist positions, and all were of a high calibre. The Practising Community Pharmacists chosen are Alex Graham (brings a rural equity perspective), Bronwen Shepherd (experience of service model change), Brooke McKay (Pharmacist of the Year recently), and Joel Sathuluri (from Green Cross Health). Health NZ will notify the successful candidates and the unsuccessful candidates.

Midland Community Pharmacy Group (MidCPG) asked for confirmation that the EAG members would be representing the pharmacy sector not the interests of their organisations.

Pharmacy Guild responded that the two NAAR Provider representatives will be representing their respective provider groups, however every recommendation and decision made within the EAG will come back to the wider NAAR to sign off. The needs of the whole sector are paramount.

Health NZ updated that the Māori representatives had not yet been confirmed. Health NZ to follow up and resolve. The consumer representative nominations were facilitated through the HQSC and are Kylie Head and Carissa Crow. The intention is to provide an orientation session with the consumer and Māori representatives, so they are well prepared. Health NZ representatives are Astuti Balram, Andrew Bary, Daniel Tsai, Keith Fraser, and Billy Allan. Manatū Hauora representative will be confirmed within two weeks.

The Chair recommended that Health NZ provide the Māori representatives and confirm the Ministry of Health representative so that the EAG can meet as soon as possible. The Chair stated that Lisa Britton will be the Secretariat and Shenagh Gleisner will be the Chair of the EAG.

The full list of EAG membership confirmed to date is:

Shenagh Gleisner	Chair
To be confirmed	Māori member
To be confirmed	Māori member
Kylie Head	Consumer member
Carissa Crow	Consumer member
Astuti Balram	Health NZ – national office
Billy Allan	Health NZ – national office
Andrew Bary	Health NZ – national office
Keith Fraser	Health NZ – Central
Daniel Tsai	Health NZ – Northern
Alex Graham	Practising community pharmacist
Brooke McKay	Practising community pharmacist
Bronwen Shepherd	Practising community pharmacist
Joel Sathuluri	Practising community pharmacist

Andrew Gaudin	Provider representative
Alex de Roo	Provider representative
To be confirmed	Ministry of Health
Lisa Britton	Programme Lead, Health NZ
Kerry Armstrong	Secretariat, Health NZ

Health NZ said that EAG member names can be made public in the Communique.

The Chair thanked Nicole on behalf of the NAAR for leading the process of selecting EAG sector members.

ACTION: 20240521:3	Health NZ to notify the successful and unsuccessful EAG candidates
ACTION: 20240521:4	Health NZ to provide two Māori representatives for the EAG.
ACTION: 20240522:5	Manatū Hauora to provide a new NAAR representative to Health NZ by 23 May 2024.

4. Minor health conditions report (Andrew Bary)

The Chair emphasised that the Minor Health Conditions Service (MHCS) Evaluation Report has not yet been made public and has come to the NAAR representatives confidentially.

Health NZ reiterated that the MHCS Evaluation Report is a preview. Health NZ is continuing to review the report internally with health economist input. Changes may be made before it is released publicly.

The overall response from NAAR members was very positive about the report, both the quality of the work and the results of the evaluation. The authors were commended, and it was noted the value of establishing an evaluation from the outset. Some key points noted were:

Pharmacy Guild The report addresses equity outcomes, takes stress off some areas of the health system such as general practice, and addresses needs of some populations that fall through the cracks and encourages wider recruitment and retention of the pharmacist workforce. That general practice appointments could be avoided if the MHCS is rolled out more widely. Based on its own analytics, the Pharmacy Guild estimated there could be \$69.3 million in cost-savings benefit if the MHCS operated across the country relative to the cost of national rollout estimated at \$33 million in the report. The key question from the Guild was about what are the intended next steps? What is the timeframe and what will the engagement with the sector be?

Woolworths Pharmacy Group Noted the overall quality and commented on the useful overseas research data. The fact that general practice remained at capacity despite the MHCS might indicate that those with more serious conditions were accessing general practice. The report showed that the MHCS finished at its peak. More marketing and support would be needed if it is developed. Would like to see less variability, so not matching the service to local need, which is more of a flat model is preferable.

Green Cross Health noted there were difficulties with stock availability during the programme, and that the platform for consumer feedback was launched quite late in the programme. They are very keen to see the MHCS rolled out on a national scale with health conditions expanded appropriately within the pharmacist scope.

Totem Group noted the importance of understanding how to reduce hospital admissions and after-hours general practice presentations. There are pharmacy sustainability issues and workforce pressures that need consideration to ensure pharmacies can deliver after hours.

Canterbury Community Pharmacy Group asked more closely about how the sector and EAG can work with Health NZ to deliver a MHCS this winter if this what is intended.

Oakley Brown Pharmacy Group Liked the idea of the service not being seasonal because it is difficult to staff a scheme that is seasonal.

Health NZ responded to questions about next steps that following further internal review, a final version will be released, and Health NZ will formally consider next steps. Health NZ would like to use the evaluation to inform a more permanent longer-term approach (not just seasonal) to getting more clinical work in pharmacies. Health NZ would like to make this kind of services as widely available as possible and have a common marketing framework around it as well. However, Health NZ is waiting for Budget Day on 30 May, before finalising its own programme budgets and intentions for the year. Health NZ appreciated the offer of setting something up quickly if it is in a financial position to do so.

The Chair summarised that it is impossible for Health NZ to provide a specific timeframe now, but that Health NZ will share a timeline as quickly as possible and after Budget Day, as decisions about finances will influence next steps.

ACTION: 20240521:6

Health NZ to share a timeframe on next steps beyond the MHCS Evaluation Report as soon as possible after 30 May 2024.

4. EAG work programme

NAAR members have produced a list of items they would wish to be considered on the EAG work programme. There is considerable agreement about the priorities. It was decided that a detailed programme should not be specified at this meeting. Time needs to be given to understand the full range of activity of the pharmacy design programme and to hear the EAG views, prior to finalising the programme. The broad parameters have been set by NAAR by way of the suggested topics list and NAAR makes the final decision.

Health NZ commented on this list, noting that the supply chain review is intended to be part of the pharmacy design workstream so is already committed to this. The Ministry of Health is undertaking a clinical review of the national opioid substitution treatment (OST) guidelines, so it is sensible to wait until that review is complete before the EAG looks at OST.

Several suggested topics (expansion of locally commissioned service, funded ECP nationally, asthma counselling, diabetes counselling, a national gout programme) could be combined into a single topic as chronic disease management services and considered as a totality.

Woolworths Pharmacy Group agreed that local commissioning initiatives can be considered together.

Green Cross Health thought NAAR should provide direction on which of the local commissioning services should be a priority.

Canterbury Community Pharmacy Group suggested that an extended clinical service framework could be put in place to allow local areas to take on what they want using the framework. It would also allow standardisation of existing services so that they can be nationalised.

Pharmacy Guild wants to understand the full range of activity of the pharmacy design workstream before NAAR settles on the EAG suggested topics list that have been put forward.

The Chair suggested that for the EAG, a new group with a diverse membership, it would be useful to have the first meeting in-person. This was confirmed. The Terms of Reference clarify the terms for remuneration.

There was agreement that the EAG can progress with plans to meet.

ACTION: 20240521:7

Health NZ to arrange first meeting of EAG for end of June and aim for this to be an in-person.

ACTION: 20240521:8

Health NZ to arrange an orientation for EAG consumer and Māori representatives prior to the first EAG meeting.

5. Community pharmacy redesign programme (Martin Hefford)

NAAR representatives were interested to see the draft plan presented by Health NZ, and thanked Health NZ on their transparency in sharing it. All present emphasised that engagement with the sector by Health NZ regarding the further development of this plan is required.

Health NZ Within the Pharmacy workstream in the draft primary care plan, there are two sub-streams: one is service design (including a review of the medicines supply chain), and the other is a pharmacy provider policy. The objective of the pharmacy workstream is to enable equitable access to quality pharmacy services. Health NZ intend to form an advisory group in August with support from the sector to clarify the scope and ensure the pharmacy workstream is shaped up correctly.

The goal is to have most of the work completed by the end of 2025 so that a new way of working can begin in 2026. Initial input from NAAR members can be submitted as soon as possible, on the understanding that the overall programme governance group might decide that the scope needs to be reduced or the direction changed.

Pharmacy Guild wanted it to be noted that the Guild tabled with Health NZ at the end of April its own plan for a sustainable community pharmacy funding model. It will be important to reconcile the Guild's plan with Health NZ's plan, so the Guild will consider the pharmacy workstream with its caucus and colleagues and come back with views. The Guild observed that some of the programme outputs sit outside of the scope of the EAG and NAAR but wants to give feedback on the governance framework. It is important to continue the close working between the funder and providers on the key things that will end up in a new pharmacy agreement in two years' time.

Woolworths Pharmacy Group emphasised that it is going to be a step change towards a new contract and warned against Health NZ developing a new model and presenting it to the sector rather than working with NAAR to develop it. They would like to see a new contract that is significantly simpler than the existing one, noting that the current contract is almost 'undecipherable'.

Canterbury Community Pharmacy Group echoed others in that there is plenty to digest from the presentation. Wants to be engaged on the journey and understand how the sector will be involved.

Health NZ The pharmacy workstream is a substantial piece of work and there will be expert advisors involved. As the scope of NAAR is the contract and service design within the contract, there will be additional engagement with partners in other areas as well.

Health NZ will establish support and governance groups and advisory mechanisms that sit outside a group whose focus is around contracting. Health NZ is committed to working with NAAR and will draw on the membership to establish advisory groups and will establish processes to ensure NAAR and the wider sector are kept engaged and informed. Health NZ will clarify pharmacy sector engagement and participation in this mahi.

ACTION: 20240521:9	NAAR sector representatives to be provide feedback on the pharmacy design workstream by email to Health NZ by 4 June 2024.
ACTION: 20240521:10	Health NZ will theme the feedback and present back to NAAR at the next meeting.

7. Summary and next steps

Manatū Hauora thanked everyone for their commitment and hard mahi and wished everyone all the best. A new representative will be provided by 23 May 2024. The group thanked Andi Shirtcliffe for her service.

The Chair confirmed the timing of receiving the communique and minutes and confirmed all meeting notes are confidential until the minutes are ratified.

The date of the next meeting was discussed, and agreement reached that this should be changed to Thursday 13 June 12.30 to 3.30pm.

Health NZ provided an update that “Pharmacists referring people to general practice for enrolment” would not be proceeding as funding is not available. The funding for supportive training regarding various mandatory pharmacist training is being signed with the PSNZ and a formal announcement will be made by the end of June 2024.

The Chair thanked everyone and closed the meeting.

ACTION: 20240521:11	Health NZ to reschedule the next NAAR meeting for Thursday 13 June 12:30 to 3:30 pm.
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Meeting Close 10:40 am

Karakia whakamutunga: Astuti Balam

Summary of the actions

Number	Action	Date due
20240521:1	Pharmacy Guild to provide a paper detailing a range of scenarios that require further modelling analysis to Health NZ by 28 May 2024.	28 May 2024
20240521:2	If any further modelling analysis is required, sector representatives to communicate this by email to Health NZ by 28 May 2024.	28 May 2024
20240521:3	Health NZ to notify the successful and unsuccessful EAG candidates.	23 May 2024
20240521:4	Health NZ to provide two Māori representatives for the EAG.	ASAP
20240521:5	Manatū Hauora to provide a new NAAR representative to Health NZ by 23 May 2024.	23 May 2024
20240521:6	Health NZ to share a timeframe on next steps beyond the MHCS Evaluation Report as soon as possible after 30 May 2024.	30 May 2024
20240521:7	Health NZ to arrange first meeting of EAG for end of June and aim for this to be an in-person meeting.	27 June 2024
20240521:8	Health NZ to arrange an orientation for EAG consumer and Māori representatives prior to the first EAG meeting.	27 June 2024
20240521:9	NAAR sector representatives to be provide feedback on the pharmacy design workstream by email to Health NZ.	4 June 2024
20240521:10	Health NZ will theme the feedback and present back to NAAR at the next meeting.	13 June 2024
20240521:11	Health NZ to reschedule the next NAAR meeting for Thursday 13 June 12:30 to 3:30 pm.	22 May 2024