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| **Integrated Community Pharmacy Services Agreement**  **National Annual Agreement Review 2025**  **Meeting 1 Minutes** |

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| **Date** | **27 March 2025** | |
| **Time** | 2:00-4:00pm | |
| **Location** | By Teams. [**Link**](https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZjY2NTgyMzItYjc2Ni00ODMwLTg0MWYtNzYxODRmZjY2MjQ1%40thread.v2/0?context=%7b%22Tid%22%3a%22bed4da51-3cdb-4d0d-baf8-fb80d53268e3%22%2c%22Oid%22%3a%22a93ed114-41e5-489c-a27a-6219a3764c62%22%7d) Meeting ID: 436 892 344 007, Passcode: mG7cp7WJ | |
| **Independent Chair** | Shenagh Gleisner | |
| **Health New Zealand -Te Whatu Ora** | 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 | |
| **Ministry of Health** | Chris James, Group Manager, Medsafe, Manatū Hauora | |
| **Representative Groups** | Pharmacy Guild | Green Cross Health |
| Independent Community Pharmacy Group | Midlands CPG |
| **Representatives -Self** | Aaron Heath | Nancy Nasef |
| Alex De Roo | Natalia Nu'u |
| Bargain Chemist Group | NDL Group |
| Brett Hunter | Oakley-Brown Pharmacy Group |
| Chemist Warehouse Group | Pharmacy Care Group |
| David Bullen | PillDrop |
| Gemma Buchanan | Qais Nayle |
| Ian McMichael | Sam and Eliza Hood |
| Ibrahim Al-Mudalla | Totem Group |
| Jatinder (Jay) Girn | Woolworths Pharmacy |
| John Handforth | Zoom Pharmacy |
| Kiwi Pharmacy Group | Alchemy Group |
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| **Observers** | To be confirmed | |
| **Health NZ in attendance** | Andrew Bary, System Design Manager, Pharmacy Services  Vardhan More, Funding & Investment team, National Commissioning  Karney Herewini, Senior Advisor Service Development, Hauora Māori Services Lisa Britton, Senior Service Development Manager, Primary Care | |

Meeting papers

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|  | |  | **Pack page numbers** |
|  | 2025 Provider Representatives | | 4 - 5 |
|  | NAAR Terms of Reference | | 6 - 8 |
|  | NAAR 2025 Topics for Consideration | | 9 - 10 |
|  | ICPSA – February 2025 forecast of demand and expenditure | | Emailed 21/03/2025  [PDF Attachment] |
|  | ICPSA – February 2025 forecast of demand and expenditure: Supporting calculations | | Emailed 21/03/2025 [Excel spreadsheet] |

Agenda

| **Time** | **Item** |
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| 2:00 pm | 1. **Welcome, Karakia** |
|  | 1. **Purpose of the meeting** |
| 2:05 pm | 1. **Representation, New Members, Introductions** |
| 2:15 pm | 1. **Confirmation of observers and invited parties** |
| 2:30 pm | 1. **Orientation to the 2025 NAAR approach (Martin Hefford)** |
| 2:45 pm | 1. **NAAR 2025: Topics for Consideration** |
| 3:30 pm | 1. **ICPSA – February 2025 Forecast of Demand and Expenditure** |
| 3:45 pm | 1. **Timeline for subsequent NAAR meetings** |
| 3:50 pm | 1. **Summary and next steps**    1. **Discussion summary**    2. **Agreed actions**    3. **Joint communique: key messages agreed**    4. **Next meeting** 2. **Karakia** |
| 4:00 pm | 1. **Meeting close** |

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| 1. Welcome, Introduction and Apologies   **Welcome:** The Chair opened the meeting and welcomed everyone.  **Karakia Timatanga:** Shenagh Gleisner  **Present:**   1. Alex De Roo 2. Andrew Gaudin, Pharmacy Guild of New Zealand 3. Andrew Bary, Health NZ | Te Whatu Ora 4. Astuti Balram, Health NZ | Te Whatu Ora 5. Cam Monteith, Independent Community Pharmacy Group 6. Carolyn Oakley-Brown, Oakley Brown Pharmacy Group 7. Chris James, Ministry of Health –Manatū Hauora 8. Clive Cannons, Independent Community Pharmacy Group 9. Danny Wu, Regional Commissioner Health NZ | Te Whatu Ora 10. David Bullen 11. Din Redzepagic (Zoom Pharmacy) 12. Gemma Buchanan 13. Glenn Mills, Pharmacy Guild of New Zealand 14. Ian McMichael 15. Jack Lee (PillDrop)e 16. Jason Wong, Woolworths Pharmacy Group 17. Jeremy Armes, Woolworths Pharmacy Group 18. Joel Sathuluri, Green Cross Health 19. Ming Goh, Kiwi Pharmacy Group) 20. Linda Hermiston, Oakley Brown Pharmacy Group 21. Lisa Britton, Health NZ | Te Whatu Ora 22. Martin Hefford, Health NZ | Te Whatu Ora 23. Mohamed Al-Mudalla 24. Nicole Rickman, Pharmacy Guild of New Zealand 25. Nikil Lal, NDL Group 26. Paul Webber, Green Cross Health **[ joined at 3.25pm]** 27. Ravnit Lal, Alchemy Group 28. Vardhan More, Health NZ | Te Whatu Ora   **Apologies:**   1. Karney Herewini, Health NZ | Te Whatu Ora 2. Kerry Oxenham, Totem Group   **Not present:**   1. Aaron Heath 2. Bargain Chemist Group 3. Brett Hunter 4. Chemist Warehouse Group 5. Jatinder (Jay) Girn 6. Midlands CPG 7. Nancy Nasef 8. Natalia Nu’u 9. Pharmacy Care Group 10. Sam and Eliza Hood 11. John Handforth 12. Qais Nayle |

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| 1. Representation, New Members, Introductions   New members were welcomed. It was noted that the representative groups were recorded slightly differently from the last NAAR meeting, which was acceptable to NAAR. |

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| 1. Confirmation of observers and invited parties   There were no observers at this first meeting as it is for NAAR to decide which observers will be invited and to what meetings. In the terms of reference it is noted “ it is anticipated that other relevant bodies…. will be invited to attend meetings from time to time as appropriate”  **Decision**  NAAR decided to invite observers according to these terms of refence rather than the automatic inclusion of observers at every meeting. These observers are likely to include for example, the Pharmaceutical Society of NZ, the Pharmacy Council of New Zealand, the Māori Pharmacists Association, the Pacific Pharmacists Association, and the Independent Pharmacy Association.   |  |  | | --- | --- | | ACTION: 20250327:1 | Health New Zealand will inform potential observers of this decision and will ensure that relevant bodies are invited to meetings where appropriate, once the agenda is known | |

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| 1. Orientation to the 2025 NAAR approach (Martin Hefford)   Health NZ gave a brief introduction to the context for NAAR 2025.   * Health NZ has continued overspending, though the deficit is coming down. The health sector will receive the majority of any new government spend. The fiscal situation is tight and difficult. * The three-year funding path has specified approximately $500m for primary care, community care and public health to pay for all new initiatives, volume increases and uplifts. No decision has yet been made on any uplifts. This may be known shortly, but no date confirmed. * But there is an additional approximately $30m for additional volume in pharmaceuticals. * Health NZ has had a proposal out for major staff cuts, a 30% reduction in the planning, funding and outcomes team alone along with tight staff, contractor consultant hiring restraints. This is having a significant impact on the ability to complete planned work programmes. * Budgets are increasingly being held regionally to ensure decision-making is as close as possible to the font line   **Discussion**  Despite the move to devolved budgets to the regions, it was confirmed that the regions do not get to recast what is in the national part of the contract. (as an example, it was noted that the pharmacy schedule 1,2,3A are all nationally negotiated)  There are four commissioning regions. The potential complexity of this was noted, but decision-making closer to the coal face supported. |

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| 1. NAAR 2025: Topics for Consideration   A number of the Community Pharmacy representative groups (and Health NZ) had noted down the topics they wished to be considered in NAAR 2025. Written suggestions were made by the Pharmacy Guild, Totem, the Independent Community Pharmacy Group, Oakley- Brown and Health NZ. As there was a good deal of agreement between all these groups, the matters presented by each organisation will not be listed separately. Instead, these minutes lists those items where there was overall support for consideration.   * Completion of the sustainable funding model review and implementation. * The statement in the ICPSA that NAAR will consider reasonable cost pressure adjustments * Parity for pharmacists with other providers in terms of cost pressure adjustments * Move towards prescription charges to be permitted * Discussion on the 12 month prescriptions (initial versus repeat fees) should this be recommended at any stage * Possible update of the ICPSA, streamlining and modernising   Other important points made included various ideas for the improvement of services, for example focus on patient-centred outcomes and improvement of the patient journey. There was also a request for attention to co-administration fees for all vaccinations and better linkages between NAAR and the EAG and other HNZ pharmacy development work.  At a more detailed level, incorporation of COVID Antiviral service spec into the ICPSA and of the COVID Vaccination into the ICPSA immunisation schedule was suggested.  **Discussion**  ***In relation to the Pharmacy Guilds OIA response to Health NZ***  The Pharmacy Guild explained that they had submitted an OIA in September 2024 to Health NZ stating a number of concerns about NAAR 2024, particularly a focus on the failure to meet reasonable cost pressures. The Guild received a reply last month (following a complaint to the Ombudsman about the delay for which Health NZ apologised) The Guild are currently preparing a comprehensive response to this which raises a number of fundamental concerns. They can have their response to Health NZ by April 4th and asked that Health NZ considers this prior to final decisions on the cost pressure offer. Health NZ agreed.   |  |  | | --- | --- | | ACTION: 20250327:2 | HNZ will consider the response from PGNZ prior to a decision on uplift being made, in addition to providing a direct response to PGNZ |   ***In relation to the sustainable funding review***  Health NZ explained that, due to staff shortages, it has been impossible to progress this overall review at this time.  ***In relation to reasonable cost pressures***  NAAR Pharmacy provider representatives noted that the reasonable cost pressures come up every year in NAAR without clear resolution. They asked whether there could be some metric that quantifies reasonable cost pressures and bakes it in for the future so that it isn't open to interpretation or discussion each year.  NAAR Pharmacy provider representatives were asking for transparency, to understand the rationale for the decisions about cost pressures and up lifts. The point was made that the HNZ Board must have a methodology for working this out and should share it with NAAR.  Health NZ acknowledged the difficulties. They explained that reasonable cost pressures included labour costs, price changes and other pressures. Then there is a decision what to fund, and what is affordable in the budget. It was hard to see how a metric could be predetermined as there are so many factors that are considered. It is clearly a matter for ongoing discussion, the matter being covered in the letter from the Guild noted above.  Over and above general cost pressures, NAAR representatives pointed out some examples of where the system is forcing extra costs onto pharmacies which are not recognised. One example was the standards around the programmes which GPs use to enter information which produces unusable information for pharmacies. Health NZ expressed interest in learning more about opportunities to reduce compliance burden.  ***In relation to surcharging for funding shortfalls***  NAAR Pharmacy provider representatives asked about progress on the issue of surcharging. HNZ said this is policy work being done by the Ministry of Health; the first step being developing a framework for the primary and community care sector and second step looking to implement the framework, particularly with specific providers/parts of the sector.  ***Decision***  It was agreed that the Ministry of Health be invited to the next NAAR meeting to fully brief NAAR on the progress of this surcharging work.  ***In relation to the 12 month initial versus repeat fees***  The Guild made the point that there could be considerable potential negative impact of this policy and that NAAR needs to have an opportunity to be fully involved. They requested that, should the policy be moving to become a reality, that it is fully discussed at NAAR.  ***Decision***  The Ministry of Health will cover this topic at the next NAAR meeting.   |  |  | | --- | --- | | ACTION: 20250327:3 | Health NZ to ask the Ministry of Health to address NAAR on key policy work programmes on surcharging and also to comment on the 12 month dispensing fee issue. |   ***In relation to COVID Antiviral service spec and Covid Vaccination***  Health NZ had suggested the NAAR could consider the incorporation of COVID antiviral Service specifications into the ICPSA and to also consider incorporation of the Covid Vaccination into the ICPAS immunisation schedule.  NAAR pharmacy provider representatives expressed some caution over this, for example if COVID vaccination (and antivirals) were incorporated into the ICPSA the overall ICPSA volume increases may work against provider representatives in future cost-pressure discussions . The group were advised that overall forecast demand will take these factors into account by Health NZ when doing their budgeting, as opposed to a cost increase. There was also a question as to whether, if the COVID vaccinations went into the ICPSA would that mean potential loss of two immunisation administration fees.  Health NZ took on board these and other comments and will bring back options to NAAR next time. There could be, for example a way to retain the antiviral schedule in the master services agreement rather than bring it into IPCSA. Further analysis will occur and more discussions with NAAR  ***Decision***  Health NZ will do more analysis and bring the options back to NAAR   |  |  | | --- | --- | | ACTION: 20250327:4 | Health NZ will do more analysis on the potential changes to the COVID antiviral service spec and to the Covid Vaccination and bring options back to NAAR at the next meeting. | |

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| 1. ICPSA – February 2025 Forecast of Demand and Expenditure   NAAR representatives noted the extensive work done to produce this report and appreciated it. There were no questions. |

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| 1. Timeline for subsequent NAAR meetings   Two meetings have been booked for NAAR 2025. The Guild requested that an additional meeting be added after the May 15th meeting if anything should come up during the budget process that requires NAAR debate. One example could be the 12 month dispensing proposal.  HNZ agree to add an extra meeting if required.   |  |  | | --- | --- | | ACTION: 20250327:5 | HNZ to add an additional NAAR meeting after the May 15th meeting should it be required. | |  |  | |

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| 1. Summary and next steps   The Chair summarised a few of the key points for the communique and explained that a draft communique will be sent out very soon for comments/edits by NAAR pharmacy provider representatives prior to finalisation. The minutes will be done as soon as possible and also sent to NAAR for approval prior to going up on the website.  The Chair thanked all NAAR representatives at what is clearly a difficult time.  **Karakia whakamutunga:** Shenagh Gleisner  **Meeting close:** 3.30pm |

**Summary of the actions**

| **Number** | **Action** | **Date due** |
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| 20250327:1 | Health New Zealand will inform potential observers of this decision and will ensure that relevant bodies are invited to meetings where appropriate, once the agenda is known | 2 May 2025 |
| 20250327:2 | HNZ will consider the response from PGNZ prior to a decision on uplift being made, in addition to providing a direct response to PGNZ | 2 May 2025 |
| 20250327:3 | Health NZ to ask the Ministry of Health to address NAAR on key policy work programmes on surcharging and also to comment on the 12 month dispensing fee issue. | 2 May 2025 |
| 20250327:4 | Health NZ will do more analysis on the potential changes to the COVID antiviral service spec and to the Covid Vaccination and bring options back to NAAR at the next meeting. | 2 May 2025 |
| 20250327:5 | HNZ to add an additional NAAR meeting after the May 15th meeting should it be required. | 26 May 2025 |
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