



## Discussion Document

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# Improved Patient Outcomes Through Provision of Accessible Community Pharmacist Services as Part of a Multidisciplinary Primary Care Team

In 2006 the World Health Organisation (WHO) reported:

- 1 in 10 prescription items has an error
- Over 50% of people fail to take their medications correctly

Leading to:

- Under-treatment
- Waste
- Harm to patients

This document sets out a way forward to reduce under-treatment, waste and harm to patients while improving health outcomes and reducing inequalities.

There are 4 key directions:

1. Clinical Information Support – the provision of evidence-based information on appropriate and cost effective use of medicines with the aim of improving the quality and cost/effectiveness of prescribing for individuals based on current best practice, reducing medication harm and reducing prescription errors. Key to this is the facilitation of information transmission between Service Users and providers and the acceptance of community pharmacy as a member of the primary care team.
2. Prescription Management – the presentation of prescriptions to pharmacists, dispensing and patient-friendly advice by the pharmacist. This process is a mix of cognitive and mechanistic functions and will be underpinned by a focus on safety and quality. Aims here are to ensure that patients

receive correct medication, can access the medication they need, reducing inequality and managing waste. This will need to be responsive to changing population demographics.

3. Medicines Reviews – advanced pharmacist services within the NZ National Pharmacist Services Framework. Targets here include improving patient understanding and compliance and encouraging self management. Models for implementation will be informed by international experience and the four DHB Health Needs Assessments.
4. Wellness Programmes – pharmacist contribution to population health initiatives. Significant objectives here are improving access to health interventions and advice, treatment of minor ailments which do not require GP involvement and improved health outcomes.

The 4 directions will be supported by:

- a. Review of funding models.

The principles guiding this review will be value for money, minimising transaction costs, synergy with the service delivery model and performance metrics and recognition and promotion of performance.

- b. Improvement in information systems

This will align with and support the Health Information Strategy Action Committee vision of “Pharmaceutical prescription and dispensing information [which] is easily accessed and shared on a secure and timely basis”.

- c. Workforce development

This will involve liaison with training bodies, an expansion of scope of roles within the sector and the support of the rest of the primary care team.

- d. Multidisciplinary primary care team development

The pharmacist will need to become a recognised member of the wider primary team – as a provider and peer.

- e. Performance measurement development

There is a need to demonstrate effectiveness to justify continuing investment and obtain wider support from the primary care team. The development of metrics will align with the ePharmacy direction.

Additionally development of an evidence base for all initiatives will assist in future reviews, service development and funding decisions.

This is an aspirational document to guide discussion and decision for the next 5-10 years. We invite your feedback, comments, suggestions and critique.