

**FINAL DRAFT NATIONAL FRAMEWORK
FOR
REGISTERED PHARMACIST SERVICES**

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Executive Summary

NB. Sections of the Base Pharmacy Services and Broad Specialised Pharmacy Services contracts are included in this document simply for context. The content of these sections is derived directly from the Base Pharmacy Services Contract and its variations; please refer to those documents for all definitions. The content of the Base Pharmacy Services Contract and Broad Specialised Pharmacy Services variations may vary from time to time and those documents will take precedence over the corresponding sections of this Framework document.

Specifics around service specific goals, outcomes, service evaluation, reporting requirements, funding models, etc., can be found in the accompanying 'tool kit'. Eligibility criteria for the services in this framework are inclusive to allow specific application depending on local need and funding.

Evidence Base

The evidence supporting some of the services in the framework is limited, and minimal data are available from pharmacy-specific sources. Convincing evidence supporting the value of these services in achieving improved patient outcomes would certainly be helpful. However, evidence is more than simply a collection of experimental data; it also comprises the experience and judgment of learned individuals. In that context, the evidence supporting provision of these services is considered to be compelling.

Based on collective experience and judgment, and the relevant data available, it is considered appropriate that additional pharmacist services are funded according to need and where funding is available.

Although universal acceptance of the role of pharmacists in managing drug therapy is not yet a reality, it is in line with the Primary Health Care Strategy and its encouragement is considered to be appropriate. As the transition to this role occurs, it is expected that more widespread acknowledgment of the benefits will contribute to an increasingly convincing case.

Document Review

It is envisaged that this framework and the accompanying tool box will be reviewed at least every two years, with the first review due for completion by December 2009, unless needed prior to that date. This review process is to ensure that the Framework for Registered Pharmacist Services accurately reflects available evidence and keeps up with future and emerging trends in service provision and policy changes.

EXTENDED (INTENSIVE) SERVICES

NB. *These services are optional variances available to DHBs for targeted populations within individual DHB funding capabilities.*

Definition

These are specialised pharmacy services additional to base services, which require additional competencies, skills or equipment.

Quality Requirements

All Registered Pharmacist services must be provided in accordance with the appropriate standards as defined by the Pharmacy Council of New Zealand.

Service Linkages

It is intended that Registered Pharmacists will provide services that are consistent with the Primary Health Care Strategy. Registered Pharmacists must not provide additional extended services in isolation and must demonstrate knowledge of and appropriate linkages with prescribing practitioners and health and/or welfare organisations, such as Government and non-Government support organisations, and secondary services. The following list is indicative but not exhaustive:

- Primary medical and nursing services, including PHO or other local organisation services
- Maori primary and community care providers
- Pacific primary and community care providers
- Patient advocacy services, including Maori and Pacific Islands advocacy services
- Community support and home nursing services
- Non-Government organisations
- Secondary medical, surgical and rehabilitation services
- Specialised services such as Mental Health, Child health, Public health, Maternity, Oral health, Private specialists, etc.

Service Title	Description
Health Education	<p><u>Aim:</u> to provide quality health education services.</p> <p><u>Definition:</u> services provided as part of local or national, DHB, PHO or MoH approved public health programmes</p> <p><u>Components include:</u></p> <ul style="list-style-type: none"> (a) A private area utilised for discussions with patients and their family/whanau (b) Upskilling of providers of pharmacy services to enable active participation in such programmes (c) Provision of generic, non-specific population-based education (d) Provision of specific education targeted at eligible individuals (e) Provision of generic, non-specific population-based education to other healthcare professionals (f) Provision of change management strategies aimed at improving lifestyles of individual patients
Medicines & Clinical Information Support	<p><u>Aim:</u> to provide evidence-based information to health providers.</p> <p><u>Definition:</u> services undertaken to provide standardised written information (i.e. evidence-based research or information) to a patient's nominated PHO provider and/or other healthcare provider(s) to:</p> <ul style="list-style-type: none"> (a) Outline the appropriateness of medicine options for a given patient (b) Provide advice on the cost effectiveness of medicine options (c) Smooth the transition between providers of health services <p><u>Components include:</u></p> <ul style="list-style-type: none"> (a) Active participation in national or regional campaigns to address the demand for certain medicines (b) Interpreting and applying evidence-based information on a population or individual patient basis (c) Generation of reports (e.g. medicine utilisation/dispensing history) and provision of information/education using robust clinical evidence to assist other providers of healthcare with individual patient management and quality use of medicines (d) Hospital admission and/or discharge management, including managing prescriptions from multiple providers for individual patients (e) Facilitation of best practice medicines utilisation through the development and/or implementation of localised guidelines, analysis and feedback of medicines utilisation data, educational interaction with prescribers and other providers of healthcare, and the provision of objective, comparative and unbiased medicines information (f) Peer review

Service Title	Description
Medicines Use Review and Adherence Support MEDICINES REVIEW SERVICES	<p><u>Aim:</u> to improve current medicines utilisation by individual patients.</p> <p><u>Definition:</u> structured, systematic, consultation-based review of all current treatment where there is not necessarily access to clinical information and the interaction and intervention is largely at the patient level. Services most often involve regular interaction between the Service Provider and the patient in an effort to optimise the outcomes from medicines, improve patient understanding of their medicines and/or minimise the generation of pharmaceutical waste. The Service Provider must have access to the patient's medicines record.</p> <p><u>Components include:</u></p> <p><i>Medicines Use Review</i></p> <ul style="list-style-type: none"> (a) A private area utilised for discussions with patients and their family/whanau (b) Formal referral into the service. (c) Review of all current medicines (d) The patient must be present whenever possible as dictated by best practice, unless, due to disability or geographical isolation within New Zealand as well as the inability to visit the service provider regularly, this is impractical. (e) Formal referral or report to other health professionals, of issues identified as beyond the service provider's scope (f) Counselling to promote appropriate self management of medicines (g) Counselling about existing medical conditions (h) Provision of a record of all current medicines (i) Removal of out of date medicines (with the patient's permission and within allowed regulatory parameters) (j) Liaising with prescribers, Community Registered Pharmacists and patients to align dispensing of medicines (k) Identifying patients who might benefit from one-on-one Service Provider support (l) Peer review/support (m) Appropriate documentation of services provided <p><i>Adherence Support</i></p> <ul style="list-style-type: none"> (n) Ongoing monitoring of a patient's utilisation of one or more medicines (prescribed/non-prescribed) (o) Providing regular verbal, written or other support/tools to encourage appropriate medicines utilisation (p) Working with the prescriber and other members of the primary health care team to review and report on any changes in utilisation and any consequential change in the effectiveness of medicines as reported by a patient (q) Peer review/support (r) Appropriate documentation of services provided

Service Title	Description
Medicines Therapy Assessment MEDICINES REVIEW SERVICES contd.	<p><u>Aim:</u> to improve current utilisation and potential prescribing for individual patients, and to improve individual patient's health related outcomes.</p> <p><u>Definition:</u> clinical review of all current treatment where the Service Provider has access to full clinical notes and the interaction and intervention involves either or both patient and prescribers e.g. participation in a multi-disciplinary team</p> <p><u>Components include:</u></p> <ul style="list-style-type: none"> (a) A private area utilised for discussions with patients and their family/whanau (b) Service Provider may be involved in weekly rounds or multidisciplinary team meetings (or similar) (c) Formal referral into the service (d) The patient must be present whenever possible as dictated by best practice, unless, due to disability or geographical isolation within New Zealand as well as the inability to visit the service provider regularly, this is impractical. (e) Assessment of all therapy for existing or potential drug therapy problems (f) Counselling about existing medicines and medical conditions (g) Removal of out of date medicines (with the patient's permission within allowed regulatory parameters) (h) Assistance with and monitoring of adherence (i) Peer review (j) Formal referral or report to other health professionals of issues identified as beyond the service provider's scope (k) Appropriate documentation of services provided

Service Title	Description
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">MEDICINES REVIEW SERVICES contd.</p> <p>Comprehensive Medicines Management</p>	<p><u>Aim:</u> to improve current utilisation and potential prescribing for individual patients, and to improve individual patient's health related outcomes.</p> <p><u>Definition:</u> the same services as for Medicines Therapy Assessment apply, although this service is seen to operate at a higher level of autonomy, hence there are different liability issues in the clinical decision making role. It involves a clinical review of all current and potential treatment where specialised Registered Pharmacists provide a case-based management approach to improve therapeutic effectiveness and health outcomes for patients through review of their medicine regimen and active management of changes.</p> <p>In addition, the service may encompass:</p> <ul style="list-style-type: none"> (a) Specialised clinical or therapeutic roles. (b) Provision of a record of all current medicines (c) Liaising with prescribers, community Registered Pharmacist's (if not already involved) and patient's to get dispensing of medicines aligned (d) Pharmacist prescribing activity (e) Potential provision of service in a variety of 'settings' e.g. PHO, general practice surgery, community pharmacy (f) Potential referral down to Medicines Use Review <p><u>Components include:</u></p> <ul style="list-style-type: none"> (a) A private area utilised for discussions with patients and their family/whanau (b) Peer review (c) The patient must be present whenever possible as dictated by best practice, unless, due to disability or geographical isolation within New Zealand as well as the inability to visit the service provider regularly, this is impractical. (d) Appropriate documentation of services provided

Mandatory Services

All DHBs are required to provide these services under contractual obligations and are core services that all patients could access from all pharmacies with a dispensing contract.

Service Title	Description
BASE PHARMACY SERVICES	<p>Services provided to enable eligible persons appropriate access to pharmaceuticals and to advice, which are responsive to the health needs and priorities of patients and communities. It is intended that these services will enhance the effectiveness of medicine usage by eligible persons in the community</p> <p>Service delivery involves:</p> <ol style="list-style-type: none"> 1. Dispensing of Pharmaceuticals <p>The Dispensing process includes:</p> <ol style="list-style-type: none"> (a) Ensuring the completeness of information on the Prescription Form, e.g. Patient details, legibility and legal requirements; (b) Verification of the appropriateness of the prescribed Pharmaceutical using any relevant available information, e.g. suitability of the prescribed medicine, dosage, possible medicine/OTC/alternative medicines/rongoa/food interactions and known contraindications (in accordance with information that could be reasonably expected to be available); (c) Checking acquired medicine history for consistency of treatment, possible interactions and evidence of non-adherence or misuse. 2. Provision of advice and counselling <ol style="list-style-type: none"> (a) Essential professional advice and counselling will be provided and all reasonable steps to ensure that Patients have sufficient knowledge to enable optimal therapy will be taken; (b) Where a Co-Payment, Product Premium or Pharmacy Charge is applicable, the Service Provider must inform the Patient of the amount of, and reason for these, and explain how he or she may avoid or reduce these, before the Service or Pharmaceutical are provided. 3. Maintaining Patient Records 4. Reporting 5. Administration 6. Dispensing of Pharmaceuticals pursuant to Practitioner Supply Orders 7. Dispensing of Pharmaceuticals on Bulk Supply Orders 8. Rest home services

Existing Extended Services

Optional variances available to DHBs for targeted populations within individual DHB funding capabilities.

Service Title	Description
Pharmacy Methadone Services for Opioid Dependence	<p>Pharmacy Services that provide appropriate access to comprehensive, integrated and continuing alcohol and drug services guided by harm reduction philosophies.</p> <p>Pharmacy Methadone Services for Opioid Dependence includes:</p> <ol style="list-style-type: none"> 1. The provision of methadone pursuant to prescriptions issued by methadone treatment services or by authorised Medical Practitioners; 2. Supervision of the daily consumption of “consume on premises” methadone doses when your Pharmacy is open; 3. Arrangements for the collection of “takeaway doses” for the days when your Pharmacy is closed and where these have been specifically requested by the Medical Practitioner; 4. Ensuring that all methadone Dispensed by you as “takeaway doses” is Dispensed in containers with safety caps according to your written policy; 5. Advice and assistance to the Patients and Prescribers to enhance adherence with all concurrent prescribed medicines; 6. A written and implemented protocol that reflects how you liaise with methadone treatment services and prescribing general practitioners on a regular basis, in a manner appropriate to the needs of your Patients. This could involve, among other things, communications about verification of doses, side effects, complaints about Patients and any difficulties arising.
Pharmacy Clozapine Services (Monitored Therapy Medicine Services)	<p>Pharmacy Clozapine Services only relates to pharmacy services associated with the provision of clozapine and the blood test monitoring associated with this medicine.</p> <p>Because of the association of clozapine with neutropenia, granulocytopenia, agranulocytosis and other adverse events, pharmacies providing this service are required to undertake an active role in monitoring, recording and interpreting the results of blood tests. Pharmacies agree to be proactive in referring Patients to Prescribers or, if appropriate, to the liaison person agreed with the Prescriber.</p> <p>Services included:</p> <ol style="list-style-type: none"> 1. Receiving and monitoring blood test results; 2. Liaising with and referring to Prescribers and/or liaison persons agreed with the Prescriber; 3. Discussing with the Patient or their caregiver, significant matters, in accordance with clause 7.1(b) of the service specification for Base Pharmacy Services, including: <ol style="list-style-type: none"> (a) Emphasising the importance of compliance with their medication; (b) Setting out the requirement to consult Prescribers immediately at the first signs of a cold, influenza, sore throat or any other infection; (c) Re-emphasising the importance of having blood tests on the day that they are due; (d) Explaining the importance of safe storage for clozapine; 4. The maintenance of additional Records associated with Pharmacy Clozapine Services.

Service Title	Description
BROAD SPECIALISED PHARMACY SERVICES contd.	<p>Complex Medicine Services</p> <p>Services provided to enable Eligible Persons appropriate access to Complex Medicines in a community setting. The service specification for Complex Medicine Services should be read in conjunction with the relevant clauses in the service specification for Base Pharmacy Services and, in particular, must comply with clauses 7(a) to (e) and (h) of that service specification, where applicable.</p>
	<p>Nicotine Replacement Therapy (NRT) Services</p> <p>Services provided to enable Eligible Persons appropriate access to NRT that is responsive to the health needs and priorities of Patients and communities. It is intended that these services will enhance the effectiveness of NRT for Eligible Persons in the community and reduce smoking rates in the community</p> <p>The provision of NRT Services includes:</p> <ol style="list-style-type: none"> 1. The provision of advice and counselling to Patients that is consistent with the National Smoking Cessation Guidelines, including the provision of: <ol style="list-style-type: none"> (a) Product information, including packet inserts and patient information; (b) Appropriate advice regarding contraindications for using NRT; (c) Directions for the safe and effective use of NRT; 2. The maintenance of Patients' Records and other required information in accordance with statutory and other requirements, to the extent possible considering that NRT Exchange Cards may not contain any personal or identifying information about the Patient, and the Patient may wish to remain anonymous; 3. The reporting of any significant findings to a medical officer of health. As a guide this may include, among other things, notifying the medical officer of health if there are reasonable grounds to suspect that a Patient may be abusing NRT or that it could be detrimental to the Patient's health; 4. Notification of any significant findings or issues in relation to the NRT Programme, including any problems that are apparent with NRT Exchange Cards or the Pharmacy NRT Procedures. 5. Display of counter-top promotional information about the National 0800 Quitline service and the NRT Programme
	<p>Syringe Driver Services (Aseptic Pharmacy Services)</p> <p>Services provided to enable Eligible Persons appropriate access to the preparation of syringe drivers for Graseby pumps. It is intended that this service will enhance the palliative care provided to terminally ill and other Eligible Persons.</p> <p>The provision of Syringe Driver Services involves:</p> <ol style="list-style-type: none"> 1. Preparation of the syringes, which must adhere to the requirements of the New Zealand Code of Good Manufacturing Practice for Manufacture and Distribution of Therapeutic Goods 1993: Part 3 Compounding and Dispensing (Ministry of Health), Annex 1 Compounding of Sterile Pharmaceutical Products specified as necessary by Medsafe. 2. Compounding must follow established and validated methods of preparation and procedures.
	<p>Special Foods Services</p> <p>Services to enable Eligible Persons appropriate access to Special Foods Infant Formulae in a community setting. This service specification for Special Foods Services should be read in conjunction with the relevant clauses in the service specification for Base Pharmacy Services and, in particular, you must comply with clauses 7.1(a) to (e) and (h) of that service specification, where applicable.</p>

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 - ACC
 - Pharmac
 - HealthPAC
 - New Zealand Nurses Organisation
 - Optometrists & Dispensing Opticians Board
 - Podiatrists Board of New Zealand
 - IPAC
 - IPA & PHO CEOs
 - Royal New Zealand College of General Practitioners
 - EXPANZ
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 - Referred Services, Lakes District Health Board
 - Te Puna Oranga (Maori Health Services), Waikato DHB
 - Wairarapa DHB
 - Rotorua General Practice Group.

Guidance for Framework Application

1. This framework attempts to comprehensively define all pharmacist services that may be funded by a DHB. For this reason, it is not detailed and does not include examples of services, but rather is considered to be sufficiently broad for all existing and contemplated services to fit within its service definitions. It is the intention that only those pharmacist services that fit within the service definitions outlined in this document will be funded.

With regard to blister/compliance packing, it is envisaged that this will only be funded where it is deemed essential for a given patient as a part of a Medicines Use Review and Adherence Support service. Within such a service, decisions around provision of blister/compliance packing will be made on a case by case basis.

2. New service areas in the framework are:
 - in addition to base mandatory pharmacy services and the existing extended services (broad specialised services) defined in existing pharmacy contracts
 - designed to provide national consistency of funded pharmacy service provision
 - aligned with Pharmacy Council of New Zealand competence standards
 - not compulsory
 - to be picked up locally according to need and availability of funding
3. National and international experience clearly indicates that the success of new services defined in this contract will rely heavily on the development and maintenance of effective relationships between those providing and those receiving the service, be they the patient or their family/whanau, care-giver, prescriber, primary health care nurse, or other member of the primary health care team. Positive patient health outcomes are directly linked to an effective team working relationship.
4. In line with Pharmacy Council of New Zealand protocols, medicines review services must be provided with the patient present whenever possible as dictated by best practice, unless, due to disability or geographical isolation within New Zealand as well as the inability to visit the service provider regularly, this is impractical. In this case the registered pharmacist must document the reason that a face-to-face interview did not take place and conduct the same detailed consultation with the patient by telephone or electronic means, as they would have had the patient been present.¹
5. Health practitioner competence requirements dictate that all pharmacist services must be provided in line with appropriate standards as defined by the Pharmacy Council of New Zealand.

¹ Adapted from the Pharmacy Council of New Zealand's Protocol for the Sale and Supply of Pharmacist Only Medicines for Chronic Conditions,
http://www.pharmacycouncil.org.nz/pharmacists/standard/standard_guidelines.asp <accessed 26-05-06>

INFORMATION SERVICES: Health Education

Aim to provide quality health education services.

Definition

Services provided as part of local or national, DHB, PHO or MoH approved public health programmes e.g. immunisation, smoking cessation

Components include:

- (a) A private area must be utilised for discussions with patients and their family/whanau
- (b) Upskilling of providers of pharmacy services to enable active participation in such programmes
- (c) Provision of generic, non-specific population-based education
- (d) Provision of specific education targeted at eligible individuals
- (e) Provision of generic, non-specific population-based education to other healthcare professionals
- (f) Provision of change management strategies aimed at improving lifestyles of individual patients

The success of any health education service is dependent on the development and maintenance of effective relationships between those providing and those receiving the service

Service Objectives

To enhance the success of local and/or national public health programmes by:

- (a) Utilising the public accessibility of Service Provider services to impart information
- (b) Improving lifestyles and quality of life
- (c) Encouraging and supporting people to access services and lifestyle advice/information from appropriate health service providers
- (d) Facilitating a mutual upskilling of, and cooperative partnership between Service Providers and other members of the primary and secondary care health team.

Service Providers

Service providers must be Registered Pharmacists with a current Annual Practising Certificate with competencies as defined by the Pharmacy Council of New Zealand.

Service Users

Service users are eligible people who choose to access Health Education services from a given pharmacy.

Access

- (a) Patients who self-refer or who are identified by their nominated PHO provider team (e.g. General Practice Team), their usual Community Registered Pharmacist, and/or any other registered provider of health services.
- (b) For patients and their caregivers to access change management strategies from Registered Pharmacists they must first formally engage with a Service Provider for this service (informed consent required).
- (c) Healthcare providers who self refer or who are identified by a PHO provider (e.g. General Practice Team), their usual Community Registered Pharmacist and/or any other registered provider of health services.

New Pharmacy Services

Exclusions

Services outlined in the National Base Pharmacy Agreement plus all current variations.

Quality Requirements

Service Providers must:

- (a) Be able to demonstrate competence against standards developed by the Pharmacy Council of New Zealand
- (b) Obtain informed consent from patients wishing to receive certain aspects of this service (e.g. service components that involve change, ongoing management strategies-and those aspects that involve sharing patient-specific information between providers of health services).

Service Evaluation

Preferably nationally standardised templates will be used that allows benchmarking, evaluation and full capture of details. Periodic service evaluation to determine outcomes as measured against predetermined goals.

INFORMATION SERVICES: Medicines & Clinical Information Support

Aim to provide evidence-based information to health providers.

Definition

Services undertaken to provide standardised written information (i.e. evidence-based research or information) to a patient's nominated PHO provider and/or other healthcare provider(s) to:

- (a) Outline the appropriateness of medicine options for a given patient
- (b) Provide advice on the cost effectiveness of medicine options
- (c) Smooth the transition between providers of health services

Components include:

- (a) Active participation in national or regional campaigns to address the demand for certain medicines
- (b) Interpreting and applying evidence-based information on a population or individual patient basis
- (c) Generation of reports (e.g. medicine utilisation/dispensing history) and provision of information/education using robust clinical evidence to assist other providers of healthcare with individual patient management and quality use of medicines
- (d) Hospital admission and/or discharge management, including managing prescriptions from multiple providers for individual patients
- (e) Facilitation of best practice medicines utilisation through the development and/or implementation of localised guidelines, analysis and feedback of medicines utilisation data, educational interaction with prescribers and other providers of healthcare, and the provision of objective, comparative and unbiased medicines information
- (f) Peer review

The success of any medicines & clinical information support service is dependent on the development and maintenance of effective relationships between those providing and those receiving the service

Service Objectives

- (a) To assist in the rational and quality use of medicines for a given patient or population
- (b) To assist with national or regional campaigns that aim to impact on the demand for certain medicines or classes of medicines
- (c) To reduce the risk of adverse medicine events associated with the transition between providers of health services
- (d) To facilitate a cooperative partnership between the Service Provider and other members of the primary and secondary care health team.

Service Providers

Service Providers must be Registered Pharmacists with a current Annual Practising Certificate with competencies as defined by the Pharmacy Council of New Zealand.

Service Users

Nominated PHO provider (e.g. General Practice Team), other nominated health provider

Access

There are no formal access criteria for this service. It would be provided by way of a salaried/contracted position and would be demand driven.

New Pharmacy Services

Exclusions

As this service is provided to health care providers there are no exclusions.

Quality Requirements

Registered Pharmacists delivering the service must: be able to demonstrate competency against standards developed by the Pharmacy Council of New Zealand.

Service Evaluation

Preferably nationally standardised templates will be used that allows benchmarking, evaluation and full capture of details. Periodic service evaluation to determine outcomes as measured against predetermined goals.

MEDICINES REVIEW SERVICES: Medicines Use Review and Adherence Support

This service aligns with the Pharmacy Council of New Zealand Medicines Use Review pharmacist competence standards.

Aim to improve current medicines utilisation by individual patients.

Definition

Structured and systematic, consultation-based review of all current treatment where there is not necessarily access to clinical information and the interaction and intervention is largely at the patient level. Services are usually not single episode or ad-hoc, but most often involve regular interaction between the Service Provider and the patient in an effort to optimise the outcomes from medicines, improve patient understanding of their medicines and/or minimise the generation of pharmaceutical waste. The Service Provider must have full access to the patient's medicines record.

The success of any medicines use review and adherence support service is dependent on the development and maintenance of effective therapeutic partnerships between those providing and those receiving the service

Components include:

Medicines Use Review

- (a) A private area must be utilised for discussions with patients and their family/whanau
- (b) Formal referral into the service.
- (c) Review of all current medicines
- (d) The patient must be present whenever possible as dictated by best practice, unless, due to disability or geographical isolation within New Zealand as well as the inability to visit the service provider regularly, this is impractical. In this case the registered pharmacist must document the reason that a face-to-face interview did not take place and conduct the same detailed consultation with the patient by telephone or electronic means, as they would have had the patient been present.¹
- (e) Formal referral or report to other health professionals, of issues identified as beyond the service provider's scope
- (f) Counselling to promote appropriate self management of medicines
- (g) Counselling about existing medical conditions
- (h) Provision of a record of all current medicines
- (i) Removal of out of date medicines (with the patient's permission and within allowed regulatory parameters)
- (j) Liaising with prescribers, Community Registered Pharmacists (if not already involved) and patients to align dispensing of medicines
- (k) Identifying patients who might benefit from one-on-one Service Provider support
- (l) Peer review/support
- (m) Appropriate documentation of services provided

Adherence Support

- (n) Ongoing monitoring of a patient's utilisation of one or more medicines (prescribed/non-prescribed)
- (o) Providing regular verbal, written or other support/tools to encourage appropriate medicines utilisation

¹ Adapted from the Pharmacy Council of New Zealand's Protocol for the Sale and Supply of Pharmacist Only Medicines for Chronic Conditions, http://www.pharmacycouncil.org.nz/pharmacists/standard/standard_guidelines.asp <accessed 26-05-06>

New Pharmacy Services

- (p) Working with the prescriber and other members of the primary health care team to review and report on any changes in utilisation and any consequential change in the effectiveness of medicines as reported by a patient
- (q) Peer review/support
- (r) Appropriate documentation of services provided

Service Objectives

- (a) To identify problems with and improve effectiveness and utilisation of current medicines by individual patients
- (b) To support patients and their families/whanau to better understand and manage their medicines and medical conditions
- (c) To assist patients and their families/whanau to monitor and self manage their medicines for chronic medical conditions
- (d) To support people to achieve better health outcomes and quality of life through better understanding and safe, effective use of medicines
- (e) To improve patient knowledge, adherence and use of medicines
- (f) To facilitate a cooperative working relationship between the Service Provider and other members of the primary and secondary care health team.

Service Providers

- (a) All Medicines Use Review services to patients must be provided in accordance with the appropriate standards as defined by the Pharmacy Council of New Zealand.
- (b) Service providers must be Registered Pharmacists with a current Annual Practising Certificate in the scope of pharmacist with competencies as defined by the Pharmacy Council of New Zealand.
- (c) Skills and knowledge additional to those required for provision of base pharmacy services will be required. These may include documentation, consultation, counselling/ motivational interviewing, process knowledge and cultural awareness

Service Users

People living independently in the community who fall into one or more of the following categories and have one or more chronic disease states:

- (a) Are taking three or more medicines and/or 12+ doses per day
- (b) Have multiple prescribers
- (c) Had a recent admission to hospital (especially if there had been a medicine change) e.g. within 4 weeks
- (d) Are taking or about to commence taking medicine(s) with a high risk of adverse effects
- (e) With a particular medicine related problem e.g. adverse reaction, non-adherence.
- (f) Experience or are at risk of experiencing sub-optimal response to pharmacotherapy
- (g) Are non-adherent or unable to manage their medicines
- (h) Have literacy or language difficulties, dexterity problems, impaired sight, or cognitive deficiencies that impact on their ability to manage medicines.
- (i) Are taking or about to commence taking a narrow therapeutic index medicine &/or one requiring monitoring
- (j) Are taking or about to commence taking a medicine(s) suspected of being inappropriately used based on regional utilisation data

New Pharmacy Services

Access

- (a) Eligible patients identified by their nominated PHO provider (e.g. General Practice Team) and/or their usual Community Registered Pharmacist, who actively engage with a Service Provider for this service (informed consent required)
- (b) Formal referral into the service by prescribers, Registered Pharmacists, Primary Health Care Nurses and Nurse Practitioners, and other healthcare providers
- (c) Formal referral out of service where problems are identified that are outside the scope of the Service Provider including referral into other levels of Registered Pharmacist service framework.
- (d) Self-referral.

Exclusions

- (a) Services outlined in the National Base Pharmacy Agreement plus all current variations
- (b) Patients currently involved in Medicines Therapy Assessment or Comprehensive Medicines Management

Quality Requirements

- (a) Registered Pharmacists delivering the service must be able to demonstrate competence against standards developed by the Pharmacy Council of New Zealand
- (b) Informed consent should be obtained from patients wishing to receive this service.

Service Evaluation

Preferably nationally standardised templates will be used that allows benchmarking, evaluation and full capture of details. Periodic service evaluation to determine outcomes as measured against predetermined goals.

MEDICINES REVIEW SERVICES: Medicines Therapy Assessment

This service aligns with the Pharmacy Council of New Zealand pharmacist competence standards.

Aim to improve current utilisation and potential prescribing for individual patients, and to improve individual patient's health related outcomes.

Definition

Clinical review of all current treatment where the Service Provider has access to full clinical notes and the interaction and intervention involves either or both patient and prescribers e.g. participation in a multi-disciplinary team

The success of any medicines therapy assessment service is dependent on the development and maintenance of effective therapeutic partnerships between those providing and those receiving the service

Components include:

- (a) A private area must be utilised for discussions with patients and their family/whanau
- (b) Service Provider may be involved in weekly rounds or multidisciplinary team meetings (or similar)
- (c) Formal referral into the service
- (d) The patient must be present whenever possible as dictated by best practice, unless, due to disability or geographical isolation within New Zealand as well as the inability to visit the service provider regularly, this is impractical. In this case the registered pharmacist must document the reason that a face-to-face interview did not take place and conduct the same detailed consultation with the patient by telephone or electronic means, as they would have had the patient been present.¹
- (e) Assessment of all therapy for existing or potential drug therapy problems
- (f) Counselling about existing medicines and medical conditions
- (g) Removal of out of date medicines (with the patient's permission within allowed regulatory parameters)
- (h) Assistance with and monitoring of adherence
- (i) Peer review
- (j) Formal referral or report to other health professionals of issues identified as beyond the service provider's scope
- (k) Appropriate documentation of services provided

Service Objectives

- (a) To support patients and their families/whanau to better understand and manage their medicines and medical conditions
- (b) To improve effectiveness and utilisation of medicines by individual patients
- (c) To assist patients and their families/whanau to monitor and self manage their medicines for chronic medical conditions
- (d) To support people to achieve better health outcomes and quality of life through better understanding and safe, effective use of medicines
- (e) To improve patient knowledge, adherence and use of medicines
- (f) Provide a population based approach to medicine management in individuals
- (g) Reduce numbers of actual and potential adverse reactions and better resolution of specific medicine problems for patients

¹ Adapted from the Pharmacy Council of New Zealand's Protocol for the Sale and Supply of Pharmacist Only Medicines for Chronic Conditions, http://www.pharmacycouncil.org.nz/pharmacists/standard/standard_guidelines.asp <accessed 26-05-06>

New Pharmacy Services

- (h) Prescribing practices becoming more closely aligned to well established best practice
- (i) Increased patient understanding of their chronic condition and improved ability to participate in the management of their condition
- (j) Reduced prescribing of non-indicated drugs and increased preventative drug prescribing
- (k) Improved communication between primary and secondary services about treatment regimes, with a reduction in prescribing errors and conflicts.
- (l) To facilitate a cooperative partnership between the Service Provider and other members of the primary and secondary health care teams.

Service Providers

- (a) Registered Pharmacists with a current Annual Practising Certificate with competencies described by the Pharmacy Council of New Zealand's medicines management framework.
- (b) Competencies for Medicines Therapy Assessment will include:
 - Applied clinical knowledge equivalent to a postgraduate level; and
 - Awareness of the New Zealand Healthcare Sector; and
 - Relationship building ability; and
 - Documentation ability; and
 - Implementation of quality assurance principles.

Service Users

Patients who:

- (a) Have at least one chronic illness, or
- (b) Have 2+ co-morbidities; or
- (c) Need to use 4+ medicines or 12+ doses/day; or
- (d) Are at increased risk of medicine-related problems, including:
 - (i) Have significant changes in medicine regimen during last 3/12
 - (ii) Are taking medicines with a high risk of adverse effect
 - (iii) Have symptoms of a medicine adverse effect
 - (iv) Have sub-optimal response to medicine
 - (v) Have non-adherence or inability to manage
 - (vi) Have literacy or language difficulties, dexterity problems, impaired sight, cognitive deficiencies that impact on the ability to manage medicines
 - (vii) Have multiple prescribers
 - (viii) Have been discharged from hospital within 4 weeks

Access

- (a) High risk patients identified by their nominated PHO provider (e.g. General Practice Team) and/or their usual community Registered Pharmacist, who actively engage with an accredited Service Provider for this service (informed consent required)
- (b) Primary care team work collaboratively to identify patients with the greatest need.

New Pharmacy Services

- (c) Formal discharge out of service where problems are identified that are outside the scope of the Service Provider including referral into other levels of Registered Pharmacist service framework, and referral to other health providers.
- (d) Formal referral into the service by prescribers, Registered Pharmacists, primary health care nurses and Nurse Practitioners and other registered healthcare providers.
- (e) Self referral

Exclusions

- (a) Services outlined in the National Base Pharmacy Agreement plus all current variations.
- (b) Patients currently involved in Medicines Use Review or Comprehensive Medicines Management

Quality Requirements

- (a) Accredited Service Providers delivering the service must be able to demonstrate competency against standards developed by the Pharmacy Council of New Zealand
- (b) Informed consent should be obtained from patients wishing to receive this service

Service Evaluation

Preferably nationally standardised templates will be used that allows benchmarking, evaluation and full capture of details. Periodic service evaluation to determine outcomes as measured against predetermined goals.

MEDICINES REVIEW SERVICES: Comprehensive Medicines Management

This service aligns with the Pharmacy Council of New Zealand pharmacist competence standards.

Aim to improve current utilisation and potential prescribing for individual patients, and to improve individual patient's health related outcomes.

Definition

The same definitions as for Medicines Therapy Assessment apply, although this service is seen to operate at a higher level of autonomy, hence there are different liability issues in the clinical decision making role. It involves a clinical review of all current and potential treatment where specialised Registered Pharmacists provide a case-based management approach to improve therapeutic effectiveness and health outcomes for patients through review of their medicine regimen and active management of changes.

In addition, the service may encompass:

- (a) Specialised clinical or therapeutic roles
- (b) Provision of a record of all current medicines
- (c) Liaising with prescribers, community Registered Pharmacist's (if not already involved) and patient's to get dispensing of medicines aligned
- (d) Pharmacist prescribing activity
- (e) Potential provision of service in a variety of 'settings' e.g. PHO, general practice surgery, community pharmacy
- (f) Potential referral down to Medicines Use Review

The success of any comprehensive medicines management service is dependent on the development and maintenance of effective therapeutic partnerships between those providing and those receiving the service

Components:

- (a) A private area must be utilised for discussions with patients and their family/whanau
- (b) Peer review
- (c) The patient must be present whenever possible as dictated by best practice, unless, due to disability or geographical isolation within New Zealand as well as the inability to visit the service provider regularly, this is impractical. In this case the registered pharmacist must document the reason that a face-to-face interview did not take place and conduct the same detailed consultation with the patient by telephone or electronic means, as they would have had the patient been present.¹
- (d) Appropriate documentation of services provided

Service Objectives

Service objectives are the same as those for Medicines Therapy Assessment except that the focus is on proactive management of changes and follow up of patient careplans by a Service Provider working as a specialist in a multi-disciplinary team

- (a) To support patients and their families/whanau to better understand and manage their medicines and medical conditions
- (b) To improve effectiveness and utilisation of medicines by individual patients
- (c) To assist patients and their families/whanau to monitor and self manage their medicines for chronic medical conditions

¹ Adapted from the Pharmacy Council of New Zealand's Protocol for the Sale and Supply of Pharmacist Only Medicines for Chronic Conditions, http://www.pharmacycouncil.org.nz/pharmacists/standard/standard_guidelines.asp <accessed 26-05-06>

New Pharmacy Services

- (d) To support people to achieve better health outcomes and quality of life through better understanding and safe, effective use of medicines
- (e) To improve patient knowledge, adherence and use of medicines
- (f) Provide a population based approach to medicine management in individuals
- (g) Reduce numbers of actual and potential adverse reactions and better resolution of specific medicine problems for patients
- (h) Prescribing practices becoming more closely aligned to well established best practice
- (m) Increased patient understanding of their chronic condition and improved ability to participate in the management of their condition
- (i) Reduced prescribing of non-indicated drugs and increased preventative drug prescribing
- (j) Improved communication between primary and secondary services about treatment regimes, with a reduction in prescribing errors and conflicts.
- (k) To facilitate a cooperative partnership between the Service Provider and other members of the primary and secondary health care teams.

Service Providers

- (a) Registered Pharmacists with a current Annual Practising Certificate in an advanced scope of practice as described by the Pharmacy Council of New Zealand.
- (b) Competencies for Comprehensive Medicines Management will include:
 - Applied clinical knowledge equivalent to a postgraduate level; and
 - Awareness of the New Zealand Healthcare Sector; and
 - Relationship building ability; and
 - Documentation ability; and
 - Implementation of quality assurance principles

Service Users

People who:

- (a) Have at least one chronic illness, or
- (b) Have 2+ co-morbidities; or
- (c) Need to use 4+ medicines or 12+ doses/day; or
- (d) Are at increased risk of medicine-related problems, including:
 - (i) Have had significant changes in medicine regimen during last 3/12
 - (ii) Are taking medicines with a high risk of adverse effect
 - (iii) Have symptoms of a medicine adverse effect
 - (iv) Have a sub-optimal response to medicine
 - (v) Have non-adherence or inability to manage their medicines
 - (vi) Have literacy or language difficulties, dexterity problems, impaired sight, cognitive deficiencies that impact on the ability to manage medicines
 - (vii) Have multiple prescribers
 - (viii) Have been discharged from hospital within 4 weeks

New Pharmacy Services

Access

- (a) High risk patients identified by their nominated PHO provider (e.g. General Practice Team) and/or their usual community Registered Pharmacist, who actively engage with an accredited Service Provider.
- (b) Primary care team work through a cooperative partnership to identify patients with the greatest need.
- (c) Formal referral out of service where problems are identified that are outside the scope of the Service Provider including referral into other levels of Registered Pharmacist service framework.
- (d) Formal referral into the service by prescribers, Registered Pharmacists, primary health care nurses and Nurse Practitioners and other registered healthcare providers
- (e) Self referral

Exclusions

- (a) Services outlined in the National Base Pharmacy Agreement plus all current variations
- (b) Patients currently involved in Medicines Use Review or Medicines Therapy Assessment

Quality Requirements

- (a) Accredited Service Providers delivering the service must be able to demonstrate competency against standards developed by the Pharmacy Council of New Zealand
- (b) Informed consent should be obtained from patients wishing to receive this service

Service Evaluation

Preferably nationally standardised templates will be used that allows benchmarking, evaluation and full capture of details. Periodic service evaluation to determine outcomes as measured against predetermined goals.

BASE PHARMACY SERVICES

NB. Sections of the Base Pharmacy Services and Broad Specialised Pharmacy Services contracts are included in this document simply for context. The content of these sections is derived directly from the Base Pharmacy Services Contract and its variations; please refer to those documents for all definitions. The content of the Base Pharmacy Services Contract and Broad Specialised Pharmacy Services variations may vary from time to time and those documents will take precedence over the corresponding sections of this Framework document.

Definition

Base Pharmacy Services to enable Eligible Persons appropriate access to Pharmaceuticals and advice services that are responsive to the health needs and priorities of Patients and communities. It is intended that these services will enhance the effectiveness of medicine usage by Eligible Persons in the community.

Service Objectives (general, training, Maori Health)

This is part of an integrated community based health service that:

- Provides Patients with the best quality and most cost-effective services, within the available funding, based on established professional and quality management standards and codes of practice;
- Provides specialist advice as required to ensure optimal Patient management;
- Ensures Patient and Staff safety.

Pharmacy services have a vital role to play in ensuring that Maori Patients have access to prescribed Pharmaceuticals and receive appropriate education and information about prescribed Pharmaceuticals to maximise adherence with the prescribed regime so that their health status will improve.

Services will be delivered in a supportive manner that respects the dignity, rights, needs, abilities and cultural values of the Maori Patient, and their family/whanau. Access barriers for Maori Patients will be minimised as far as possible.

Service Providers (eligibility, competence criteria, systems criteria)

Registered Pharmacists with competence in all of the Registered Pharmacist level competence standards, except perhaps (but not excluding) aseptic dispensing as prescribed by the Pharmacy Council of New Zealand.

Patients (eligibility criteria)

Patients are Eligible People who choose to access Base Pharmacy Services from a given pharmacy.

Access (entry & exit criteria, distance, time)

1. Minimising barriers to access

Barriers to Patients accessing the Services must be minimised to the greatest extent possible.

2. Opening hours

The Base Pharmacy Services must be provided for a minimum of five days a week unless such period is affected by a public or statutory holiday. Providers will use their best endeavours to ensure a level of access to Base Pharmacy Services that meets the reasonable needs of Patients.

Service Providers will not be in breach of their obligations if their Pharmacy is closed for short periods of a few hours in special circumstances on isolated occasions.

Service Providers must ensure that a notice specifying

Appendix 1. Existing Pharmacy Services

- The period the Pharmacy is closed; and
- How Eligible People can obtain essential Pharmaceuticals during the period when the Pharmacy is closed, is prominently displayed on the outer door or window of the Pharmacy throughout such period.

Service Components (relationships, processes, settings, service levels, support services, facilities, key inputs, evaluation)

(a) *Processes*

(i) *Dispensing of Pharmaceuticals*

Dispensing will comply with the Pharmaceutical Schedule, all legislation and regulations applicable to the practice of Pharmacy in New Zealand, the New Zealand Code of Good Manufacturing Practice for Manufacture and Distribution of Therapeutic Goods 1993: Part 3 Compounding and Dispensing (Ministry of Health), the Code of Ethics 2004 and any other professional requirements which may be specified by the Pharmacy Council of New Zealand.

The Dispensing process includes:

- Ensuring the completeness of information on the Prescription Form, e.g. Patient details, legibility and legal requirements;
- Verification of the appropriateness of the prescribed Pharmaceutical using any relevant available information, e.g. suitability of the prescribed medicine, dosage, possible medicine/OTC/alternative medicines/rongoa/food interactions and known contraindications (in accordance with information that could be reasonably expected to be available);
- Checking acquired medicine history for consistency of treatment, possible interactions and evidence of non-adherence or misuse.

(ii) *Provision of advice and counselling*

Essential professional advice and counselling will be provided and all reasonable steps to ensure that Patients have sufficient knowledge to enable optimal therapy will be taken.

Where a Co-Payment, Product Premium or Pharmacy Charge is applicable, the Service Provider must inform the Patient of the amount of, and reason for these, and explain how he or she may avoid or reduce these, before the Service or Pharmaceutical are provided.

Provision of essential advice and counselling includes:

- Directions for the safe and effective use of the Pharmaceutical
- Any special cautions or adherence requirements
- The expected outcomes of therapy
- What to do if side-effects occur
- Storage requirements of the Pharmaceutical
- Disposal of unused Pharmaceuticals
- In addition to the above, written information may be made available to any person about:
 - The needle syringe exchange scheme, whether or not the Service provider participates in the scheme, and a list of providers of the needle syringe exchange scheme in their local area
 - The safe disposal of used syringes, needles and other skin piercing devices, including a list of places where a person may take used syringes, needles and other skin piercing devices for safe disposal.

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(iii) *Maintaining Patient Records*

Patient Records and other information will be maintained in accordance with statutory requirements. A Patient medication profile will also be maintained, being an individual Patient Profile that lists, to the best of the Service Provider's knowledge:

- The prescribed Pharmaceuticals that the Patient is currently receiving; and
- Other relevant information, such as previous Pharmaceuticals taken, reactions to any Pharmaceuticals and other medicines of which you are aware the Patient is currently taking and which may influence the Patient's Pharmaceutical management at that time.

(iv) *Reporting*

Any significant findings will be reported to the Prescriber. As a guide this may include, among other things, notifying the Prescriber of any problems that are apparent with a particular Prescription (as defined in the dispensing process), if there is reasonable grounds to suspect that a Patient may be abusing the prescribed Pharmaceutical or that it could be detrimental to the Patient's Health.

(v) *Administration*

All administrative requirements will be fulfilled as per the Base Pharmacy Services Procedures Manual.

(vi) *Dispensing of Pharmaceuticals pursuant to Practitioner Supply Orders*

Pharmaceuticals pursuant to a Practitioner Supply Order will be dispensed in a suitable manner for use by Prescribers, in accordance with the terms of the Pharmaceutical Schedule and the process outlined above. Appropriate advice on the safe use of Pharmaceuticals Dispensed will be provided to Prescribers.

(vii) *Dispensing of Pharmaceuticals on Bulk Supply Orders*

- Pharmaceuticals prescribed pursuant to a Bulk Supply Order will be dispensed in a suitable manner for use by private hospitals or approved institutions, in accordance with the terms of the Pharmaceutical Schedule and the process outlined above. Appropriate advice on the safe use of the Pharmaceuticals Dispensed will be provided.
- Pharmaceuticals will only be supplied pursuant to a Bulk Supply Order for supplies that may be required in the following month by as yet unidentified Patients and are not to be used to Dispense Pharmaceuticals for identified individual Patients who require those Pharmaceuticals for their ongoing treatment needs as these Pharmaceuticals must be obtained by Prescription.

(viii) *Rest home services*

- Rest home services include Dispensing Pharmaceuticals to residents of rest homes and for long-stay care hospitals. Pharmaceuticals will be dispensed in a suitable manner, in accordance with the terms of the Pharmaceutical Schedule and the process outlined above.
- Systems for distribution and administration of Pharmaceuticals to rest homes and long-stay care hospitals must be established in accordance with Part 2 of the publication issued by the Ministry of Health entitled "Safe Management of Medicines – A Guide for Managers of Old People's Homes and Residential Care Facilities 1997", excluding the section relating to the provision of Comprehensive Pharmaceutical Care.TM
- At the local DHBs request, a Service Provider must provide a list of names of rest homes or long-stay hospitals that they service.

(b) *Facilities and Settings*

The Pharmacy from which the Base Pharmacy Service is provided must from 18 September 2004, be licensed by the licensing authority under the Medicines Act 1981

Appendix 1. Existing Pharmacy Services

(c) *Support Services*

Patients' access to support and advocacy services must be facilitated.

(d) *Key inputs*

All staff employed by a Service Provider to provide Base Pharmacy Services must have appropriate qualifications and professional registrations.

Exclusions

(a) Pharmaceutical Review Services

(b) Pharmacy Clozapine Services

(c) Aseptic Pharmacy Services

(d) Complex Medicine Services

(e) Pharmacy Methadone Services for Opioid Dependence

(f) Special Foods Services

Quality Requirements (general, acceptability, safety & efficiency)

Base Pharmacy Services must be provided from premises conforming to relevant standards issued by the Ministry of Health.

Service Providers must comply with the provisions of the Medicines Act 1981, the Medicines Regulations 1984, the Misuse of Drugs Act 1975 and the Misuse of Drugs Regulations 1977.

Registered Pharmacists delivering the service must be able to demonstrate competency against standards developed by the Pharmacy Council of New Zealand

Reporting Requirements

Information will be reported in accordance with the Pharmaceutical Transactions Data Specification, the Procedures Manual and the terms and conditions as outlined above.

Purchase Units

The following Purchase Units apply to Base Pharmacy Services; Purchase Units are defined in the Ministry of Health's data dictionary and correspond to the relevant services and payment terms specified in Schedule H1.

PU ID	PU Short Name
PH1001	Base Pharmacy Services
PH1002	ECP Services
PH1004	Exceptional Circumstances Services A (Pharmaceuticals on the Pharmaceutical Schedule)
PH1005	Exceptional Circumstances Services B (Pharmaceuticals not on the Pharmaceutical Schedule)
PH1006	Class B Controlled Drug Services

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BROAD SPECIALISED SERVICES: Pharmacy Methadone Services For Opioid Dependence

NB: THIS SERVICE SPECIFICATION IS CURRENTLY UNDER SERVICE SPECIFICATION REVIEW

NB. Sections of the Base Pharmacy Services and Broad Specialised Pharmacy Services contracts are included in this document simply for context. The content of these sections is derived directly from the Base Pharmacy Services Contract and its variations; please refer to those documents for all definitions. The content of the Base Pharmacy Services Contract and Broad Specialised Pharmacy Services variations may vary from time to time and those documents will take precedence over the corresponding sections of this Framework document.

Definition

Pharmacy Methadone Services for Opioid Dependence provide appropriate access to comprehensive, integrated and continuing alcohol and drug services guided by harm reduction philosophies.

Service Objectives (general, training, Maori Health)

- (a) This service specification only relates to pharmacy services associated with methadone when it is prescribed for the treatment of opioid dependence. It does not cover services associated with the use of methadone when it is used for other indications such as pain.
- (b) The philosophy guiding Pharmacy Methadone Services for Opioid Dependence recognises that abstinence may be a long-term goal for most Patients, but that it is legitimate for treatment service providers to work with Patients who wish, without an abstinence goal, to make an established pattern of injecting, or other drug use, safer.
- (c) Both of us acknowledge that there are additional risk factors in terms of security and safety associated with this particular service. For this reason the provision of Pharmacy Methadone Services for Opioid Dependence is not compulsory under the terms of this Agreement. In the event that you choose not to provide this particular service, then it will not prejudice any other rights available to you under this Agreement, including your rights to provide other Services.

Pharmacy services have a vital role to play in ensuring that Maori Patients have access to prescribed Pharmaceuticals and receive appropriate education and information about prescribed Pharmaceuticals to maximise adherence with the prescribed regime so that their health status will improve.

Services will be delivered in a supportive manner that respects the dignity, rights, needs, abilities and cultural values of the Maori Patient, and their family/whanau. Access barriers for Maori Patients will be minimised as far as possible.

Service Providers (eligibility, competence criteria, systems criteria)

As described in the Broad Specialised Services variation to the Base Pharmacy Services contract.

Patients (eligibility criteria)

Approved methadone Patients are Eligible Persons who are referred to your Pharmacy by methadone treatment services and by Medical Practitioners authorised under the Misuse of Drugs Act 1975 to offer methadone for the treatment of opioid dependence.

Access (entry & exit criteria, distance, time)

You agree to provide Pharmacy Methadone Services for Opioid Dependence for a minimum of 5 days a week unless such period is affected by a public or statutory holiday. You will have written policies in place to demonstrate how Pharmacy Methadone Services for Opioid Dependence are to be provided to Patients requiring “consume on premises” doses when you are not open. As a Provider of Pharmacy Methadone Services for Opioid Dependence you must ensure that Patients have access to this service over weekends and public holidays where this may be required.

Appendix 1. Existing Pharmacy Services

Service Components (relationships, processes, settings, service levels, support services, facilities, key inputs, evaluation)

(a) Processes

You agree to provide Pharmacy Methadone Services for Opioid Dependence in accordance with the following requirements:

- (i) This service specification for Pharmacy Methadone Services for Opioid Dependence should be read in conjunction with the relevant clauses in the service specification for Base Pharmacy Services and, in particular, must comply with clauses 7.1(a) to (e) of that service specification;
- (ii) In addition, you agree to provide Pharmacy Methadone Services for Opioid Dependence in accordance with:
 - The protocol for community Registered Pharmacist dispensing of methadone as set out in section 22 of the National Protocol for Methadone Treatment in New Zealand (Ministry of Health, May 1996) (the **National Protocol for Methadone Treatment**); or
 - Any protocol issued by the Ministry of Health that supersedes the National Protocol for Methadone Treatment; and
 - Any written agreements you may develop with Patients receiving Pharmacy Methadone Services for Opioid Dependence from your Pharmacy in accordance with the National Protocol for Methadone Treatment;
- (iii) Pharmacy Methadone Services for Opioid Dependence includes:
 - The provision of methadone pursuant to prescriptions issued by methadone treatment services or by authorised Medical Practitioners;
 - Supervision of the daily consumption of “consume on premises” methadone doses when your Pharmacy is open;
 - Arrangements for the collection of “takeaway doses” for the days when your Pharmacy is closed and where these have been specifically requested by the Medical Practitioner;
 - Ensuring that all methadone Dispensed by you as “takeaway doses” is Dispensed in containers with safety caps according to your written policy;
 - Advice and assistance to the Patients and Prescribers to enhance adherence with all concurrent prescribed medicines;
 - A written and implemented protocol that reflects how you liaise with methadone treatment services and prescribing general practitioners on a regular basis, in a manner appropriate to the needs of your Patients. This could involve, among other things, communications about verification of doses, side effects, complaints about Patients and any difficulties arising.

(b) Maximum number of Patients for Pharmacy Methadone Services for Opioid Dependence

- (i) You agree to have a maximum of 2 Patients regularly accessing Pharmacy Methadone Services for Opioid Dependence from your Pharmacy, provided that you may provide Pharmacy Methadone Services for Opioid Dependence to any number of Patients on an intermittent basis.
- (ii) If, at the Commencement Date of this Agreement, you do not wish to provide Pharmacy Methadone Services for Opioid Dependence on either a regular or intermittent basis then you are to notify us of this in writing as soon as practicable.
- (iii) Both of us may agree, by way of a form of written variation to this Agreement, to extend the maximum number of Patients regularly accessing Pharmacy Methadone Services for Opioid Dependence from your Pharmacy.

(c) Withdrawing from Pharmacy Methadone Services for Opioid Dependence

- (i) You may withdraw from providing Pharmacy Methadone Services for Opioid Dependence by giving six months' written notice to us.
- (ii) Under special circumstances we may agree to waive the six-month notice period to allow your immediate withdrawal from providing Pharmacy Methadone Services for Opioid Dependence, subject to us being assured by you that you have made reasonable endeavours to achieve

Appendix 1. Existing Pharmacy Services

arrangements with an alternative provider of Pharmacy Methadone Services for Opioid Dependence in your area to maintain a continuous pharmacy methadone service for opioid dependence.

- (iii) You agree to notify the methadone treatment services and Medical Practitioners authorised under the Misuse of Drugs Act 1975 to offer methadone for the treatment of dependence in your area of your intention to withdraw from this service, the date that you will no longer be providing the Service from, and the alternative arrangements that you have made.
 - (iv) Your withdrawal from providing Pharmacy Methadone Services for Opioid Dependence under this clause 6.3 will not prejudice any other rights available to you under this Agreement, including your right to provide other Services.
- (d) *Waiting times for Pharmacy Methadone Services for Opioid Dependence*
- You agree that the waiting times for Pharmacy Methadone Services for Opioid Dependence will not exceed the following waiting times:
- (i) **For existing approved Patients:** 95% of approved Patients should be provided with the methadone dose within 15 minutes of arriving at the Pharmacy and within 30 minutes for all Patients;
 - (ii) **For newly approved Patients:** 95% of newly approved Patients should be provided with the methadone dose within 30 minutes of arriving at the Pharmacy and within 2 hours for all Patients, provided that all relevant documentation is satisfactory.
- (e) *Facilities and settings*
- (i) The Pharmacy from which you provide Pharmacy Methadone Services for Opioid Dependence must be registered with the Pharmaceutical Society.
 - (ii) The provision of Pharmacy Methadone Services for Opioid Dependence is to be carried out in a private and confidential manner, which minimises the concerns of other Patients.

Exclusions

The following services are excluded from this service specification for Pharmacy Methadone Services for Opioid Dependence:

- (a) The provision of needles and syringes as part of the needle syringe exchange scheme;
- (b) Pharmaceutical Review Services;
- (c) Pharmacy Clozapine Services;
- (d) Aseptic Pharmacy Services;
- (e) Complex Medicine Services.

Quality Requirements (general, acceptability, safety & efficiency)

You must provide Pharmacy Methadone Services for Opioid Dependence in accordance with the terms and conditions in this Agreement, including the Quality Specifications in Part G. The following specific quality requirements also apply to Pharmacy Methadone Services for Opioid Dependence:

- (a) Pharmacy Methadone Services for Opioid Dependence must be provided by a Registered Pharmacist;
- (b) All Staff that you employ to provide Pharmacy Methadone Services for Opioid Dependence must have appropriate qualifications and professional registrations;
- (c) You agree to facilitate Patients' access to support and advocacy services in accordance with clause G6.6.

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Reporting Requirements

You agree to report information in accordance with the Pharmaceutical Transactions Data Specification, the Procedures Manual and the terms and conditions set out in this Agreement, including Part H.

Purchase Units

The Purchase Unit for Pharmacy Methadone Services for Opioid Dependence is the same as the Purchase Unit for Class B Controlled Drug Services in the service specification for Base Pharmacy Services. Purchase Units are defined in the Ministry of Health's data dictionary and correspond to the relevant services and payment terms specified in Schedule H1.

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BROAD SPECIALISED SERVICES: Pharmacy Clozapine Services (Monitored Therapy Medicine Services)

NB: THIS SERVICE SPECIFICATION IS CURRENTLY UNDER SERVICE SPECIFICATION REVIEW

NB. Sections of the Base Pharmacy Services and Broad Specialised Pharmacy Services contracts are included in this document simply for context. The content of these sections is derived directly from the Base Pharmacy Services Contract and its variations; please refer to those documents for all definitions. The content of the Base Pharmacy Services Contract and Broad Specialised Pharmacy Services variations may vary from time to time and those documents will take precedence over the corresponding sections of this Framework document.

Definition

- (a) This service specification for Pharmacy Clozapine Services only relates to pharmacy services associated with the provision of clozapine and the blood test monitoring associated with this medicine.
- (b) The service set out in this service specification should not be taken as defining the limits of the role that Pharmacists could play in the future in terms of assisting with the management of mental health Patients in the community.
- (c) Because of the association of clozapine with neutropenia, granulocytopenia, agranulocytosis and other adverse events, pharmacies providing this service are required to undertake an active role in monitoring, recording and interpreting the results of blood tests. Where required you will be proactive in referring Patients to Prescribers or, if appropriate, to the liaison person agreed with the Prescriber.

Service Objectives (general, training, Maori Health)

- (a) The philosophy guiding Pharmacy Clozapine Services is the funding of more and better mental health services in order to achieve the Government targets in mental health. Pharmacy Clozapine Services are specifically targeted towards the objective of improving access to the atypical antipsychotics and in this case to clozapine.
- (b) Prescribers and pharmacies will play appropriate roles in the safe provision of clozapine. While you have a role in the monitoring of blood results for clozapine, we do not see it as a primary role. Primary responsibility for interpretation of the blood results and authorisation of treatment with clozapine will continue to sit with the Prescribers.

Pharmacy services have a vital role to play in ensuring that Maori Patients have access to prescribed Pharmaceuticals and receive appropriate education and information about prescribed Pharmaceuticals to maximise adherence with the prescribed regime so that their health status will improve. Services will be delivered in a supportive manner that respects the dignity, rights, needs, abilities and cultural values of the Maori Patient, and their family/whanau. Access barriers for Maori Patients will be minimised as far as possible.

Service Providers (eligibility, competence criteria, systems criteria)

As described in the Broad Specialised Services variation (for Pharmacy Clozapine Services (Monitored Therapy Medicine Services)), to the Base Pharmacy Services contract.

Patients (eligibility criteria)

Patients are Eligible Persons who are prescribed clozapine

Access (entry & exit criteria, distance, time)

- (a) *Minimising barriers to access.*
 - (i) You must minimise any barriers to Patients accessing Pharmacy Clozapine Services to the greatest extent possible.

Appendix 1. Existing Pharmacy Services

(b) *Opening hours*

- (i) Pharmacy Clozapine Services must be available to Patients at all times when your Pharmacy is open for normal business, subject to the conditions set out in clause 6.2 in the service specification for Base Pharmacy Services.

Service Components (relationships, processes, settings, service levels, support services, facilities, key inputs, evaluation)

(a) *Processes*

- (i) The Pharmacy Clozapine Services specification should be read in conjunction with the relevant clauses in the service specification for Base Pharmacy Services and, in particular, must comply with clauses 7(a) to (e) and (h) of that service specification where applicable.
- (ii) In addition, Pharmacy Clozapine Services must be provided in accordance with the Protocol for the Dispensing of Clozapine by Community Pharmacies that we have provided to you and which is set out in Appendix 2.
- (iii) You must be familiar with the requirements set out in the following documents that are provided to you by us:
 - The New Zealand Guidelines for the Use of Atypical Anti-Psychotic Drugs (2nd Edition, September 1998) and any subsequent versions of this document which are approved by the Ministry of Health; and
 - Relevant sections of our local DHB hospital provider protocols for the use of clozapine.
- (iv) You must also be familiar with the adverse reactions, side effects and interactions that can occur with clozapine.

(b) *Services included*

- (i) Pharmacy Clozapine Services include:
- (ii) Receiving and monitoring blood test results;
- (iii) Liaising with and referring to Prescribers and/or liaison persons agreed with the Prescriber;
- (iv) Discussing with the Patient or their caregiver, significant matters, in accordance with clause 7.1(b) of the service specification for Base Pharmacy Services, including:
 - Emphasising the importance of compliance with their medication;
 - Setting out the requirement to consult Prescribers immediately at the first signs of a cold, influenza, sore throat or any other infection;
 - Re-emphasising the importance of having blood tests on the day that they are due;
 - Explaining the importance of safe storage for clozapine;
- (v) The maintenance of additional Records associated with Pharmacy Clozapine Services.

Exclusions

- (a) The following services are excluded from this service specification for Pharmacy Clozapine Services:
 - (i) Pharmaceutical Review Services;
 - (ii) Aseptic Pharmacy Services;
 - (iii) Complex Medicine Services.
- (b) The provision of extra compliance packaging, being a quantity that exceeds the packaging provided with clozapine by the supplier, will not be reimbursed as part of this service specification for Pharmacy Clozapine Services.

Appendix 1. Existing Pharmacy Services

Quality Requirements (general, acceptability, safety & efficiency)

(a) *Compliance with this Agreement*

You must provide Pharmacy Clozapine Services in accordance with the terms and conditions in this Agreement, including the Quality Specifications in Part G. The following specific quality requirements also apply to Pharmacy Clozapine Services.

(b) *Requirement for provision of Pharmacy Clozapine Services*

- (i) Clozapine must only be provided once a satisfactory blood result has been received.
- (ii) Prescriptions for clozapine must be written by a qualified Prescriber.
- (iii) You acknowledge and agree that prescribing and Dispensing clozapine is subject to restrictions issued by the Ministry of Health, including the requirement for blood monitoring.

(c) *Qualified provider*

(i) You must:

- Have read this service specification for Pharmacy Clozapine Services and the Protocol for the Dispensing of Clozapine by Community Pharmacies set out in Appendix 2;
- Be able to fully comply with the Protocol for the Dispensing of Clozapine by Community Pharmacies;
- Ensure that relevant Staff have completed the questionnaire on the dispensing of clozapine and submitted it to the relevant pharmaceutical supplier;
- Ensure that relevant Staff have attended a training session.

(ii) The ability to be able to comply with the requirement in sub-paragraphs (iii) and (iv) above is dependent on the questionnaire and training session being developed and made available at pharmacy level.

(d) *Key Inputs*

(i) Pharmacy Clozapine Services:

- (ii) Must only be provided by a suitably qualified Pharmacist. To meet this requirement, a Pharmacist must comply with the requirements specified in clause 9.3 (a) (i) and (ii) and complete the questionnaire and training session detailed in clause 9.3(a) (iii) and (iv) where these are available at pharmacy level;
- (iii) Cannot be transferred, assigned or subcontracted pursuant to clauses M2 and M4 without our prior written consent.

(e) *Safety*

(i) You are responsible for the management of Pharmacy Clozapine Services at all times.

Reporting Requirements

You agree to report information in accordance with the Pharmaceutical Transactions Data Specification, the Procedures Manual and the terms and conditions set out in this Agreement including Part H.

Purchase Units

The following Purchase Units apply to Base Pharmacy Services; Purchase Units are defined in the Ministry of Health's data dictionary and correspond to the relevant services and payment terms specified in Schedule H1.

Appendix 1. Existing Pharmacy Services

PU ID	PU Short Name
PH1008	Monitored Therapy Medicine Services

Appendix 1. Existing Pharmacy Services

BROAD SPECIALISED SERVICES: Complex Medicine Services

NB: THIS SERVICE SPECIFICATION IS CURRENTLY UNDER SERVICE SPECIFICATION REVIEW

NB. Sections of the Base Pharmacy Services and Broad Specialised Pharmacy Services contracts are included in this document simply for context. The content of these sections is derived directly from the Base Pharmacy Services Contract and its variations; please refer to those documents for all definitions. The content of the Base Pharmacy Services Contract and Broad Specialised Pharmacy Services variations may vary from time to time and those documents will take precedence over the corresponding sections of this Framework document.

Definition

Complex Medicine Services enable Eligible Persons appropriate access to Complex Medicines in a community setting.

Service Objectives (general, training, Maori Health)

This service recognises the need for the provision of Complex Medicine Services through selected community Pharmacies to remove access barriers for Patients requiring these medicines and to enable them to receive all their subsidised medicine services in a fully integrated fashion.

Pharmacy services have a vital role to play in ensuring that Maori Patients have access to prescribed Pharmaceuticals and receive appropriate education and information about prescribed Pharmaceuticals to maximise adherence with the prescribed regime so that their health status will improve.

Services will be delivered in a supportive manner that respects the dignity, rights, needs, abilities and cultural values of the Maori Patient, and their family/whanau. Access barriers for Maori Patients will be minimised as far as possible.

Service Providers (eligibility, competence criteria, systems criteria)

As described in the Broad Specialised Services variation (for Complex Medicines Service) to the Base Pharmacy Services contract.

Patients (eligibility criteria)

Patients are Eligible Persons who are prescribed any Complex Medicine.

Access (entry & exit criteria, distance, time)

(a) *Minimising barriers to access*

You agree to minimise any barriers to Patients accessing Complex Medicine Services to the greatest extent possible.

(b) *Opening hours*

Complex Medicine Services must be available to Patients at all times when your Pharmacy is open for normal business, subject to the conditions set out in clause 6.2 in the service specification for Base Pharmacy Services.

Service Components (relationships, processes, settings, service levels, support services, facilities, key inputs, evaluation)

(a) *Processes*

This service specification for Complex Medicine Services should be read in conjunction with the relevant clauses in the service specification for Base Pharmacy Services and, in particular, you must comply with clauses 7(a) to (e) and (h) of that service specification, where applicable.

(b) *Facilities and settings*

The Pharmacy from which you provide Complex Medicine Services must be registered with the Pharmaceutical Society.

(c) *Support services*

You agree to facilitate Patients' access to support and advocacy services in accordance with clause G6.6.

Appendix 1. Existing Pharmacy Services

Exclusions

- (a) The following services are excluded from this service specification for Complex Medicine Services:
 - (i) Pharmaceutical Review Services;
 - (ii) Aseptic Pharmacy Services;
 - (iii) Pharmacy Clozapine Services;
 - (iv) Pharmacy Methadone Services for Opioid Dependence;
 - (v) Nicotine Replacement Therapy Services.
- (b) The provision of extra compliance packaging, being a quantity that exceeds the packaging provided with the Complex Medicine by the supplier, will not be reimbursed as part of this service specification for Complex Medicine Services.

Quality Requirements (general, acceptability, safety & efficiency)

(a) *Compliance with this Agreement*

You must provide Complex Medicine Services in accordance with the terms and conditions in this Agreement, including the Quality Specifications in Part G. The following specific quality requirements also apply to Complex Medicine Services.

(b) *Requirement for provision of Complex Medicine Services*

- (i) Prescriptions for Complex Medicines must be written by a suitably qualified Prescriber.
- (ii) You acknowledge and agree that prescribing and Dispensing Complex Medicines is subject to any restrictions issued by the Ministry of Health for the medicine in question.

(c) *Qualified provider*

- (i) You must employ suitably qualified staff to provide Complex Medicine Services. You must also:
 - Have read this service specification for Complex Medicine Services and any protocols relating to the provision of the Complex Medicine in question;
 - Be able to fully comply with the relevant protocols if applicable.
- (ii) You must be familiar with the adverse reactions, side effects, and interactions that can occur with Complex Medicines, together with the precautions required for the safe handling of these medicines.

(d) *Key inputs*

Complex Medicine Services:

- (i) Must only be carried out by a qualified Pharmacist;
- (ii) Cannot be transferred, assigned or subcontracted pursuant to clauses M2 and M4 without our prior written consent.

(e) *Safety*

You are responsible for the management of Complex Medicine Services at all times.

Reporting Requirements

You agree to report information in accordance with the Pharmaceutical Transactions Data Specification, the Procedures Manual and the terms and conditions set out in this Agreement, including Part H.

Appendix 1. Existing Pharmacy Services

Purchase Units

The following Purchase Units apply to Base Pharmacy Services; Purchase Units are defined in the Ministry of Health's data dictionary and correspond to the relevant services and payment terms specified in Schedule H1.

PU ID	PU Short Name
PH1009	Complex Medicines Services

Appendix 1. Existing Pharmacy Services

BROAD SPECIALISED SERVICES: Nicotine Replacement Therapy (NRT) Services

NB: THIS SERVICE SPECIFICATION IS CURRENTLY UNDER SERVICE SPECIFICATION REVIEW

NB. Sections of the Base Pharmacy Services and Broad Specialised Pharmacy Services contracts are included in this document simply for context. The content of these sections is derived directly from the Base Pharmacy Services Contract and its variations; please refer to those documents for all definitions. The content of the Base Pharmacy Services Contract and Broad Specialised Pharmacy Services variations may vary from time to time and those documents will take precedence over the corresponding sections of this Framework document.

Definition

We wish to fund NRT Services to enable Eligible Persons appropriate access to NRT that is responsive to the health needs and priorities of Patients and communities. It is intended that these services will enhance the effectiveness of NRT for Eligible Persons in the community and reduce smoking rates in the community

Service Objectives (general, training, Maori Health)

- (a) Smoking is a major risk to the health of the New Zealand population. Reducing the impact of tobacco consumption on health is a high priority for the New Zealand Government. The priority given to reducing tobacco consumption is based on the:
 - (i) Increasing body of literature concerning the negative impact of tobacco use on the health status of the population;
 - (ii) Associated costs to society;
 - (iii) Public demand for tobacco control; and
 - (iv) Effectiveness of different strategies to reduce tobacco consumption, in particular NRT in combination with counselling.
- (b) We wish to fund NRT Services as part of the NRT Programme to provide access to subsidised NRT for people issued with a NRT Exchange Card by an Authorised NRT Agent.

Pharmacy services have a vital role to play in ensuring that Maori Patients have access to prescribed Pharmaceuticals and receive appropriate education and information about prescribed Pharmaceuticals to maximise adherence with the prescribed regime so that their health status will improve.

Services will be delivered in a supportive manner that respects the dignity, rights, needs, abilities and cultural values of the Maori Patient, and their family/whanau. Access barriers for Maori Patients will be minimised as far as possible.

Service Providers (eligibility, competence criteria, systems criteria)

As described in the Broad Specialised Services variation (for Nicotine Replacement Therapy (NRT) Services) to the Base Pharmacy Services contract.

Patients (eligibility criteria)

Patients must be Eligible Persons who present a valid and current NRT Exchange Card at your Pharmacy for it to be redeemed.

Access (entry & exit criteria, distance, time)

You will comply with the access requirements in the service specification for Base Pharmacy Services in Schedule C1.

Service Components (relationships, processes, settings, service levels, support services, facilities, key inputs, evaluation)

- (a) *Processes*
 - (i) NRT Services include the following requirements:

Appendix 1. Existing Pharmacy Services

- (ii) This service specification for NRT Services must be read in conjunction with the relevant clauses in the service specification for Base Pharmacy Services and, in particular, must comply with clauses 7.1(a), (b) and (e) of that service specification.
 - (iii) In addition, the provision of NRT Services includes:
 - The provision of advice and counselling to Patients that is consistent with the National Smoking Cessation Guidelines, as updated from time to time, including the provision of:
 - (a) Product information, including packet inserts and patient information;
 - (b) Appropriate advice regarding contraindications for using NRT;
 - (c) Directions for the safe and effective use of NRT;
 - The maintenance of Patients' Records and other required information in accordance with statutory requirements and other requirements under this Agreement, to the extent possible considering that NRT Exchange Cards may not contain any personal or identifying information about the Patient, and the Patient may wish to remain anonymous;
 - The reporting of any significant findings to a medical officer of health. As a guide this may include, among other things, notifying the medical officer of health if you have reasonable grounds to suspect that a Patient may be abusing NRT or that it could be detrimental to the Patient's health;
 - Notification to us, or our Payment Agent, of any significant findings or issues in relation to the NRT Programme, including any problems that are apparent with NRT Exchange Cards or the Pharmacy NRT Procedures. Any such notifications will state the identifying number of the NRT Exchange Cards concerned, where applicable.
- (b) *Promotional activities*
- (i) We will liaise with your and/or your agent with regard to the promotion materials for the NRT Programme.
 - (ii) You agree to display counter-top promotional information about the National 0800 Quitline service and the NRT Programme, which we will provide you with.
 - (iii) You may, at your discretion, participate in media and promotion strategies to promote the National 0800 Quitline service and the NRT Programme.
- (c) *Waiting times for NRT Services*
- (i) You agree to:
 - Redeem ninety percent of NRT Exchange Card items within one hour of being presented at your Pharmacy;
 - Redeem one hundred percent of NRT Exchange Card items within 24 hours if presented during normal business hours.
 - (ii) You must maintain adequate stocks of NRT to meet the above waiting time requirements.
 - (iii) Waiting times outside these arrangements may be acceptable to us if there is mutual agreement reached between you and the Patient.
 - (iv) The waiting times in paragraph (a) above will not apply if the NRT product is not available in New Zealand at the time that you are presented with the NRT Exchange Card.
 - (v) We may specifically vary this clause, after negotiation and agreement with you, taking into account your particular supply arrangements.
- (d) *Facilities and settings*
- The Pharmacy from which you provide NRT Services must be registered with the Pharmaceutical Society.

Appendix 1. Existing Pharmacy Services

(e) *Support services*

You agree to facilitate Patients' access to support and advocacy services in accordance with clause G6.6.

(f) *Key inputs*

All Staff that you employ to provide NRT Services under this Agreement must have appropriate qualifications and professional registrations.

(g) *Pharmacy NRT Procedures*

We will agree with you and/or your agent the procedures and systems that will apply to the provision of NRT Services. These procedures will be notified to you in writing and, in time, will be incorporated into the Procedures Manual. Pharmacy NRT Procedures will include:

- (i) Procedures to manage and report duplicate or forged NRT Exchange Cards;
- (ii) Procedures to confirm the details on NRT Exchange Cards with the issuing Authorised NRT Agent;
- (iii) The requirements and format for claiming for NRT Services.

Exclusions

The following services are excluded from this service specification for NRT Services:

- (a) Provision of any brand of nicotine replacement therapy that is not listed on the Pharmaceutical Schedule for the purposes of the NRT Programme;
- (b) Provision of nicotine replacement therapy (including NRT) in addition to the quantities or strengths specified on the NRT Exchange Card;
- (c) Knowingly redeeming an expired or otherwise invalid (e.g. tampered with or forged) NRT Exchange Card;
- (d) The sale or distribution of NRT other than to redeem NRT Exchange Cards and any other services associated with the sale or distribution of such NRT;
- (e) Pharmaceutical Review Services provided only in relation to NRT Services.

Quality Requirements (general, acceptability, safety & efficiency)

(a) *Adherence with this Agreement*

You must provide NRT Services in accordance with the terms and conditions in this Agreement, including the Quality Specifications in Part G. The following specific quality requirements also apply to NRT Services.

(b) *Acceptability*

NRT Services must be provided from premises conforming to relevant standards issued by the Ministry of Health or the Pharmaceutical Society, including the New Zealand Code of Good Manufacturing Practice for Manufacture and Distribution of Therapeutic Goods 1993: Part 3 Compounding and Dispensing (Ministry of Health).

(c) *Safety*

You must comply with the provisions in the Medicines Act 1984, the Medicines Regulations 1984, the Misuse of Drugs Act 1975 and the Misuse of Drugs Regulations 1977.

(d) *Evaluation*

You acknowledge that the NRT Programme will be evaluated to assess, amongst other things, its effectiveness. Accordingly you agree to participate in that evaluation if requested, and provide such assistance and information as the evaluator may reasonably require.

Appendix 1. Existing Pharmacy Services

Reporting Requirements

You agree to report information in accordance with the Pharmaceutical Transactions Data Specification, the Procedures Manual, and the terms and conditions set out in this Agreement, including Part H

Purchase Units

The following Purchase Unit applies to NRT Services. Purchase Units are defined in the Ministry of Health's data dictionary and correspond to the relevant services and payment terms specified in Schedule H1.

PU ID	PU Short Name
PH1011	NRT Services

Appendix 1. Existing Pharmacy Services

BROAD SPECIALISED SERVICES: Syringe Driver Services (Aseptic Pharmacy Services)

NB: THIS SERVICE SPECIFICATION IS CURRENTLY UNDER SERVICE SPECIFICATION REVIEW

***NB.** Sections of the Base Pharmacy Services and Broad Specialised Pharmacy Services contracts are included in this document simply for context. The content of these sections is derived directly from the Base Pharmacy Services Contract and its variations; please refer to those documents for all definitions. The content of the Base Pharmacy Services Contract and Broad Specialised Pharmacy Services variations may vary from time to time and those documents will take precedence over the corresponding sections of this Framework document.*

Definition

- (a) Syringe Driver Services enable Eligible Persons appropriate access to these services. This service specification for Syringe Driver Services is specific to the preparation of syringe drivers for Graseby pumps.
- (b) It is intended that this service will enhance the palliative care provided to terminally ill and other Eligible Persons.
- (c) The service set out in this specification should not be taken as defining the limits of the role that Pharmacists could play in the future in terms of assisting with the management of palliative care Patients.

Service Objectives (general, training, Maori Health)

We wish to fund Syringe Driver Services as part of an integrated community based health service that:

- (a) Provides patients with the best quality and most cost-effective services, within the available funding, based on established professional and quality management standards and codes of practice;
- (b) Provides specialist advice as required to ensure optimal Patient management; and
- (c) Ensures Patient and Staff safety.

Pharmacy services have a vital role to play in ensuring that Maori Patients have access to prescribed Pharmaceuticals and receive appropriate education and information about prescribed Pharmaceuticals to maximise adherence with the prescribed regime so that their health status will improve.

Services will be delivered in a supportive manner that respects the dignity, rights, needs, abilities and cultural values of the Maori Patient, and their family/whanau. Access barriers for Maori Patients will be minimised as far as possible.

Service Providers (eligibility, competence criteria, systems criteria)

As described in the Broad Specialised Services variation (for Syringe Driver Services (Aseptic Pharmacy Services)) to the Base Pharmacy Services contract.

Patients (eligibility criteria)

Patients are Eligible Persons who:

- (a) Choose to access Syringe Driver Services from your Pharmacy; and
- (b) Are prescribed Pharmaceuticals for use in a syringe driver, where the syringe driver is for use in their own home or in a private hospital or institution.

Access (entry & exit criteria, distance, time)

You agree to provide Syringe Driver Services for a minimum of 5 days a week unless such period is affected by a public or statutory holiday. You will use your best endeavours to ensure a level of access to Syringe Driver Services that meets the reasonable needs of your Patients. This may include 24-hour access to Syringe Driver Services.

Appendix 1. Existing Pharmacy Services

Service Components (relationships, processes, settings, service levels, support services, facilities, key inputs, evaluation)

(a) Processes

Syringe Driver Services include:

- (i) The processes specified in clauses 7.1(a) to (e) and (g) of the service specification for Base Pharmacy Services;
- (ii) Preparation of the syringes, which must adhere to the requirements of the New Zealand Code of Good Manufacturing Practice for Manufacture and Distribution of Therapeutic Goods 1993: Part 3 Compounding and Dispensing (Ministry of Health), Annex 1 Compounding of Sterile Pharmaceutical Products specified as necessary by Medsafe. Compounding must follow established and validated methods of preparation and procedures.

(b) Facilities and settings

- (i) The Pharmacy from which you provide Syringe Driver Services must be registered with the Pharmaceutical Society.
- (ii) It is a requirement for the provision of Syringe Driver Services that the syringes must be prepared, at a minimum, in an approved still air box.

(c) Waiting times for Services

- (i) You must Dispense:
 - Ninety-nine percent of Prescription Items for syringe drivers within 24 hours if presented during a Business Day;
 - One hundred percent of Prescription Items for syringe drivers within two Business Days if presented during a Business Day.
- (ii) You must maintain adequate stocks of all Pharmaceuticals to meet the above waiting time requirements.
- (iii) Waiting times outside these arrangements may be acceptable to us if there is mutual agreement reached between you and the Patient.
- (iv) The waiting times in paragraph (a) above will not apply if a Prescription Item is for a Pharmaceutical that is not available in New Zealand at the time that you are presented with the Prescription.
- (v) We may specifically vary this clause, after negotiation with you, taking into account your particular supply arrangements.

Exclusions

The following Services are excluded from this service specification for Syringe Driver Services:

- (a) Pharmacy Methadone Services for Opioid Dependence;
- (b) Pharmaceutical Review Services;
- (c) Pharmacy Clozapine Services;
- (d) Complex Medicine Services;
- (e) Syringe Driver Services provided to Eligible People for the purposes of providing insulin or other Pharmaceuticals not for pain relief.

Quality Requirements (general, acceptability, safety & efficiency)

You must provide Syringe Driver Services in accordance with the terms and conditions in this Agreement, including the Quality Specifications in Part G. The following specific quality requirements also apply to Syringe Driver Services:

- (a) You agree to facilitate Patients' access to provide support and advocacy services in accordance with clause G6.6;
- (b) A qualified Pharmacist with suitable training and experience must provide the sterile production operation.

Appendix 1. Existing Pharmacy Services

Reporting Requirements

You agree to report information in accordance with the Pharmaceutical Transactions Data Specification, the Procedures Manual and the terms and conditions set out in this Agreement, including Part H.

Purchase Units

The following Purchase Units apply to Base Pharmacy Services; Purchase Units are defined in the Ministry of Health's data dictionary and correspond to the relevant services and payment terms specified in Schedule H1.

PU ID	PU Short Name
PH1010	Aseptic Pharmacy Services

Appendix 1. Existing Pharmacy Services

BROAD SPECIALISED SERVICES: Special Foods Services

NB: THIS SERVICE SPECIFICATION IS CURRENTLY UNDER SERVICE SPECIFICATION REVIEW

NB. Sections of the Base Pharmacy Services and Broad Specialised Pharmacy Services contracts are included in this document simply for context. The content of these sections is derived directly from the Base Pharmacy Services Contract and its variations; please refer to those documents for all definitions. The content of the Base Pharmacy Services Contract and Broad Specialised Pharmacy Services variations may vary from time to time and those documents will take precedence over the corresponding sections of this Framework document.

Definition

Special Foods Services enable Eligible Persons appropriate access to Special Foods Infant Formulae in a community setting.

Service Objectives (general, training, Maori Health)

This service recognises the need for the provision of Special Foods Infant Formulae Services through selected community Pharmacies to remove access barriers for Patients requiring Special Foods Infant Formulae.

Pharmacy services have a vital role to play in ensuring that Maori Patients have access to prescribed Pharmaceuticals and receive appropriate education and information about prescribed Pharmaceuticals to maximise adherence with the prescribed regime so that their health status will improve.

Services will be delivered in a supportive manner that respects the dignity, rights, needs, abilities and cultural values of the Maori Patient, and their family/whanau. Access barriers for Maori Patients will be minimised as far as possible.

Service Providers (eligibility, competence criteria, systems criteria)

As described in the Broad Specialised Services variation (for Special Food Services) to the Base Pharmacy Services contract.

Patients (eligibility criteria)

Patients are Eligible Persons who are prescribed any Special Foods Infant Formulae.

Access (entry & exit criteria, distance, time)

(a) Minimising barriers to access

You agree to minimise any barriers to Patients accessing Special Foods Infant Formulae Services to the greatest extent possible.

(b) Opening hours

Special Foods Infant Formulae Services must be available to Patients at all times when your Pharmacy is open for normal business, subject to the conditions set out in clause 6.2 in the service specification for Base Pharmacy Services.

Service Components (relationships, processes, settings, service levels, support services, facilities, key inputs, evaluation)

(a) Processes

This service specification for Special Foods Infant Formulae Services should be read in conjunction with the relevant clauses in the service specification for Base Pharmacy Services and, in particular, you must comply with clauses 7.1(a) to (e) and (h) of that service specification, where applicable.

(b) Facilities and settings

The Pharmacy from which you provide Special Foods Infant Formulae Services must be registered with the Pharmaceutical Society.

(c) Support services

Appendix 1. Existing Pharmacy Services

You agree to facilitate Patients' access to support and advocacy services in accordance with clause G6.6.

Exclusions

The following services are excluded from this service specification for Special Foods Infant Formulae Services:

- (a) Base Pharmacy Services;
- (b) Pharmaceutical Review Services;
- (c) Aseptic Pharmacy Services;
- (d) Pharmacy Clozapine Services;
- (e) Pharmacy Methadone Services for Opioid Dependence;
- (f) Nicotine Replacement Therapy Services.

Quality Requirements (general, acceptability, safety & efficiency)

(a) *Compliance with this Agreement*

You must provide Special Foods Infant Formulae Services in accordance with the terms and conditions in this Agreement, including the Quality Specifications in Part G. The following specific quality requirements also apply to Special Foods Infant Formulae Services.

(b) *Acceptability*

Special Foods Infant Formulae Services must be provided from premises conforming to relevant standards issued by the Ministry of Health or the Pharmaceutical Society.

(c) *Safety*

You must comply with the provisions in the Medicines Act 1981, the Medicines Regulations 1984, the Misuse of Drugs Act 1975 and the Misuse of Drugs Regulations 1977.

Reporting Requirements

You agree to report information in accordance with the Pharmaceutical Transactions Data Specification, the Procedures Manual and the terms and conditions set out in this Agreement, including Part H

Purchase Units

The following Purchase Units apply to Base Pharmacy Services; Purchase Units are defined in the Ministry of Health's data dictionary and correspond to the relevant services and payment terms specified in Schedule H1.

PU ID	PU Short Name
PH1013	Special Foods Infant Formulae Services