



Strategic vision for

Community Pharmacies and Pharmacists in Northland

2019-2026

Introduction

Why do we need this?

Northlanders are being served by an ever increasingly complicated health system. They face multiple prescribers, increasing levels of polypharmacy and complicated care. The need for medicines experts to support adherence and enhance patients' therapeutic outcomes is growing year on year.

We have a number of challenges facing our region; we need to act now to ensure that we can continue to deliver the health care that our population needs. Te Tai Tokerau Northland's population is geographically dispersed, deprived, ageing, and has a high proportion of Māori. Northland health outcomes are generally worse than the New Zealand average, particularly in Māori populations.

We also have an emerging crisis, with an ageing and reducing pool of general practitioners (GPs) in Northland.

Northland District Health Board (DHB) and the wider health sector could support community pharmacies and pharmacists to do more to improve the health and wellbeing of our communities. As accessible hubs which can offer low-cost advice for patients, community pharmacies can be vital to reducing inequities in Northland.

The Pharmacy Action Plan 2016-2020 and New Zealand Health Strategy mandate a future in which pharmacies and pharmacist services, as an essential part of an integrated model of care, are delivered in innovative ways, across a broad range of settings, so that New Zealanders have equitable access to medicines and health care services.

To meet these challenges and changes, the DHB has developed this vision for community pharmacies and pharmacists through to 2026. It:

- Places Northland people at the centre of planning decisions and system design, to best address inequities in health and wellbeing outcomes and meet the needs of our communities
- Will guide the DHB's decisions and actions in supporting continuous improvement of pharmacy services in the community, as a key part of the wider health sector and social service network
- Will be central to implementing the Pharmacy Action Plan to its fullest.

What is the district health board's role?

Northland DHB is committed to improving the health and wellbeing of all Northlanders, with a significant push to eliminate the health inequities that exist for Māori, older people, those with mental ill health, those in highly deprived communities; and people living with chronic, long term conditions. It is reorienting how it buys primary care services, with a focus on locality-based population health and wellbeing outcomes. We believe that the Northland health system needs to focus on partnership and collaboration through system change and development of sustainable local partnerships focussed on the communities' needs.

The DHB acknowledges the crucial role that pharmacists and community pharmacies have in improving health and wellbeing outcomes and reducing inequities. Having a deliberate and strategic approach to working in partnership with health providers is central to improving the health and wellbeing outcomes of all Northlanders. This document enables agreement

on a vision for the future of community pharmacies and pharmacists in Northland, and broadly outlines how we will get there. While the DHB will lead and facilitate this work, it is important that all partners are contributing.

Northland DHB wants a deliberate approach to purchasing pharmacy and pharmacist services to ensure we can sustainably fund high quality medicines expert services. There are benefits to everyone in having and implementing a transparent approach:

- **Patients:** Have access to high quality professional medicines expertise; accessible and regular supply; and establish professional relationships with local pharmacies and pharmacists
- **Contract holders:** Have reassurance that they are fully supported by the DHB to innovate and engage with patients; that funding is provided on a sustainable basis for additional clinical services; and have confidence to invest in their businesses and communities
- **Northland DHB:** Has a secure supply chain; can invest into clinical services that have been identified as having a direct impact on the elimination of health inequities within the locality; and can build a fully integrated primary health care system.

What are community pharmacies?

The community pharmacy is familiar to everyone, located in towns, cities, suburbs and malls. At December 2018, there were 1046 community pharmacies in New Zealand, dispensing prescriptions to 1.34 million patients each month, and serving thousands of people every day buying pharmacy-related products [1]. On average in Northland, 7805 prescriptions are filled every day [2].

The community pharmacy also provides advice and counselling on the maintenance of good health and wellbeing. Pharmacists, pharmacy technicians and assistants have distinct roles in community pharmacy.

Practising pharmacists

A practising pharmacist in New Zealand is qualified, registered and competent in their area of practice. Practising pharmacists can operate within three different scopes of practice dependant on their level of qualification and clinical experience [3].

A range of roles are available to pharmacists, dependant on their qualifications and skills. The majority of practicing pharmacists in New Zealand work in community pharmacies (Community pharmacists).

In New Zealand, most practising pharmacists are young (54.6% under 40 years) female (65.5%) and NZ European/Pākehā (50%). Only around 1% identify as Māori. [4].

What are the benefits of pharmacies in the community?

This document identifies a strategy that will realise significant benefits for the Northland population, whilst there are a number of well documented benefits to community pharmacy services, the full potential has yet to be realised.

A number of countries including the UK, Canada and the US are beginning to look to community pharmacies to more actively engage in health and wellness programmes as they have the ability to support effective, efficient, accessible services more conveniently than many other providers.

Each time a pharmacist dispenses a prescription is a valuable opportunity to discuss care with a patient, carer or other healthcare professional to promote enhancement or improvement [5].

Community pharmacy services can provide:

- Accessible locations, patient centric opening hours and 'drop in' facilities
- Quality, timely, information, advice and care from trusted professionals
- Facilitation of transfer of care between providers
- Medication usage and management services
- Earlier identification and provision of appropriate interventions.

Which can contribute to...

- Increased access to services
- Increased patient health literacy
- Better patient satisfaction with services
- Reduced adverse medication events.

Which can lead to...

- Improved ability of people to self-manage
- Improved, equitable health and wellbeing outcomes
- Reduced harm
- Reduced hospital admissions and readmissions
- Reduced preventable mortality and morbidity
- Improved quality of life and life expectancy for people with long-term conditions
- Increased patient satisfaction with outcomes
- Better financial investment in patient outcomes.

What could the future hold?

Future community pharmacies as health destinations, improving access to health services through medicines management, treatment of minor ailments, easy to access health information, and enabling patient self-management.

Future pharmacists as highly valued providers of health and wellbeing services, representative of the communities they service, and contributing to enhanced patient outcomes through maximising the therapeutic benefits of medicines regimens in an integrated prescribing network.

Vision – where do we want to be?

“Vision is a destination - A fixed point to which we focus all effort. Strategy is a route - An adaptable path to get us where we want to go.” - Simon Sinek

VISION			
Northlanders achieve better and more equitable health and wellbeing, supported by trusted and enabled community pharmacists and pharmacies			
P I L L A R S	1.	2.	3.
	Every Northlander is empowered to manage their own health and wellbeing, and can do so their way, in their community, with professional people they trust	Every pharmacist is enabled and supported to act innovatively as a medicine management expert in their community	Each community pharmacy is an essential health and wellbeing destination, as part of a comprehensive integrated professional health system

How will we get there?

Pillar 1: Empowered patients

To drive the changes needed to ensure every Northlander is empowered to manage their own health and wellbeing, and can do so their way, in their community, with professional people they trust; we will agree on system wide directions, and move towards them over time.

Agree on Community Pharmacy Quality Standards

We aim to achieve a fully integrated model of care for people accessing community pharmacy services, recognising that users often have physical, emotional, social and environmental needs that can be complex and involve multiple supports and services.

We are committed to providing high quality health care that meets the health care and wellbeing needs and aspirations of Māori.

The quality standards were developed to outline what a high quality community pharmacy would look like to a patient. These standards have been adapted through wider discussions based on research and evidence based resources, and sector feedback. The standards are aligned to the NZ Health Strategy and support the Pharmacy Action Plan focus areas. We will use these standards to guide decision making about community pharmacy. A summary of the standards is:

Quality Standard	Outcomes for patients
People Powered	Access to the right services in the right place at the right time Services that target addressing inequities An environment that is inviting with good access regardless of my level of mobility, or cognitive or other abilities
Closer to home	To have a pharmacy close to home where I have a good relationship and where all my medicines and pharmacy-related needs can be met Access to pharmacy services regardless of where I live
Value and high performance	A pharmacy that provides expertise and leadership in medicines/pharmacy related services To know that I am getting current, evidence based expert advice on pharmacy and medicine related services
One team	To receive a high quality professional service as part of a multidisciplinary programme of care
Smart system	Access to my medication list online that is current A safe and efficient system for prescriptions and dispensing

The full Community Pharmacy Quality Standards for Northland, with key performance indicators and rationale are in Appendix 1.

Contribute to System Level Measures

Pharmacists and community pharmacies could provide significant contribution to improvement in health outcomes in the target System Level Measures (SLMs) [6]. In all planning, we will look for opportunities to support pharmacists and community pharmacies to contribute to patient outcomes.

System Level Measure (SLM)	How community pharmacy can contribute
Reduce Ambulatory Sensitive Hospitalisation (ASH) rates	Improving preventive and community care for young tamariki so they can avoid the types of illnesses that need treatment in hospital
Reduce acute hospital bed days per capita	Improving preventive and community care for adults so they can avoid the types of illnesses that need treatment in hospital
Improve patient experience of care	Improving people's experience of health care in the community through enquiry and responsiveness to feedback
Reduce Amenable Mortality	Focusing on preventing and better treating illnesses that can result in premature death
Increase the number of babies who live in a smoke-free household at 6 weeks postnatal	Encouraging smoking cessation at every opportunity
Improve youth access to and utilisation of youth appropriate health services	Creating health services that meet the needs of teenagers and young adults

Pillar 2: Enable pharmacists

To enable pharmacists to work innovatively as medicine management experts in their community, we will support changes to the sector.

Understand and support the local workforce

- Survey Northland pharmacists and technicians, to understand the sector better. At minimum, we will ask about roles, qualifications, age and ethnicity
- Set up systems to support, mentor and guide young pharmacists and technicians, journeying alongside them and sharing in their visions of pharmacy
- Develop, promote and mentor pharmacist leaders – and include them in clinical governance structures
- Work with Ngā Kaitiaki o te puna Rongoa (the Māori Pharmacists' Association) and the sector to develop ways to increase the number of Māori working in community pharmacies, with an aspirational goal of ensuring the proportion of Māori pharmacists and technicians matches the proportion of Māori in Northland (34%) [7]
- Support continuous professional development for pharmacists and technicians, including training to increase the pharmacy workforce's knowledge base about ways to effectively to:
 - Deliver and monitor high quality health care for Māori
 - Support people with a wide range of needs (e.g. New Zealand Sign Language, accessible communication styles).
- Support the advancement of pharmacists' skill-sets (e.g. triage) using a workplace credentialing process, supported by clinical governance
- Support the extension of pharmacist roles, by supporting the national pharmacist service framework¹ being implemented in Northland
- Encourage and support the use of Pharmacy Accuracy Checking Technicians (PACTs)
- Promote career path options for pharmacists in Northland.

Improve primary integration

The DHB will work with Mahitahi Hauora, the Primary Health Organisation (PHO) for Northland from 1 July 2019, to enable:

- Development of a pharmacy clinical leadership role in the PHO
- Pharmacist representation on the multidisciplinary teams, including those of the PHO and those for neighbourhood healthcare homes
- Integrated general practitioner/pharmacist peer groups. This would be arranged based on demand, and would not be expected to replace existing peer groups
- Clinical pharmacist facilitation as part of the clinical services offered to general practices
- Continuous professional development for pharmacists (potentially delivered by the PHO as a shared service for nurse practitioners, general practitioners and pharmacists)
- Integration of up-scoped pharmacist services into the primary care sector.

¹ See *Figure 7: Medicines Management Services*

Improve communications

We will work with the PHO, the hospitals, and pharmacy sector to:

- Encourage development of memoranda of understanding (MOU) between general practitioners and pharmacists to support better sharing of patient information and better support of patient needs
- Better integration of general practice and pharmacy workflow systems for efficiency and patient experience, including:
 - Allowing pharmacists real time access to Practice Management Systems (PMS)
 - Encouraging increased New Zealand electronic-prescription Service (NZePS) uptake in general practice
 - Encouraging wider active use of Whānau Tahi.
- Improve the speed and quality of communications between hospitals and pharmacists, and consider:
 - Encouraging hospital uptake of NZePS
 - An alert to a patient's main pharmacy when they are admitted
 - Options to improve information sharing at discharge.

Encourage nationwide change

When nationwide strategies, legislation, regulation, codes of practice, guidance or processes could stymie how we achieve our vision, we will support these to change. This will likely include:

- Working with the Ministry of Health to improve claiming processes for community pharmacies
- Encouraging education providers to ensure all graduates of their pharmacy qualifications (pharmacist or technician) are suitable and work-ready
- Working with the Pharmacy Council to ensure codes of practice allow all practicing pharmacists to act as medicine management experts
- Working with the Pharmaceutical Society to discuss changes to the PACT certification requirements, to increase the attractiveness of gaining and retaining this qualification
- Encouraging recognition of established and highly valued international credentials in New Zealand
- Encouraging changes to compliance and reporting requirements, where these are disproportionate to the risks posed
- Providing feedback on consultation documents pertinent to pharmacy.

Pillar 3: Community pharmacy as health destination

To support community pharmacies to be essential health and wellbeing destinations, as part of a comprehensive integrated professional health system, we will lead change through how we purchase services. As accessible hubs which can offer low-cost advice for patients, community pharmacies can be vital to reducing the health inequities in Northland.

Get better information

- Ask local consumers what they want and need from community pharmacies
- Engage more with the Māori health directorate, and Māori iwi and health organisations to better understand ways to effectively deliver and monitor high quality health care and wellbeing for Māori in each community
- Develop real-time, digital data collection for services purchased from pharmacists, so we can make clinical investment decisions in real time
- Seek robust clinical guidance to support investment decisions
- Consider funding local research which supports community pharmacies
- Seek national guidance on innovative practices we could implement locally.

Commission effectively

Northland DHB wants a deliberate approach to buying pharmacy services to ensure it can sustainably fund high-quality medicines expert services, as and where they are required by communities. We also want to reduce the patient burden on general practitioners, and ensure financial incentives always encourage pharmacists to act in best clinical way for all patients (e.g. Flexibility for supporting higher needs, support rationalising polypharmacy).

Implement a contracting policy

A pharmacy services contracting policy, stemming from this strategy, will specify how and under which conditions NDHB will purchase pharmacy services, particularly via ICPSA. Northland DHB will use the Community Pharmacy Quality Standards for Northland to assess applications.

Initially this policy will focus on screening new pharmacies, premises and providers. In future, it may be able to be used to support agreed local sector change.

Review and improve existing services

We will look at the existing services we purchase, and improve these where necessary and appropriate, and in line with existing contractual requirements.

- This will include reconsidering:
 - Community pharmacy medical waste removal services
 - Selective Serotonin Reuptake Inhibitor (SSRI) counselling
 - Oral Anti-Coagulant (OAC) counselling
 - Gout programme
 - Asthma Control Tests
 - Smoking cessation services
 - Hospital discharge project
 - Long Term Conditions (LTC) services
 - The Community Pharmacy Anticoagulation Monitoring Service (CPAMS).
- Develop smarter, simpler IT solutions to fund, monitor and report on contracted services
- Work with the Northland Community Service Development Group (NCPSDG) when commissioning for local services.

Extend services

Identify and implement 'quick wins' to extend funded services provided by community pharmacies, which could include:

- More influenza vaccinations for Māori, Pacific and Asian people aged over 65 years
- Pertussis vaccinations for pregnant woman and people aged over 65 years
- Extended provision of contraceptives, e.g. funding emergency contraceptive pill services
- Extended provision of throat swabs
- Provision of nicotine replacement therapy (NRT) to support smoking cessation
- Medicine reconciliations
- Medicines Use Reviews (MURs) and/or Medicines Therapy Assessments (MTA)
- Minor ailment services
- Funding pharmacists to take sufficient time to provide advice and services to patients with higher needs
- Take advantage of opportunities presented when the Therapeutic Products Bill is enacted.

Any extension of services will need to be agreed with community pharmacies, and funded by the DHB.

Plan for the future

Plan more extended services for the future

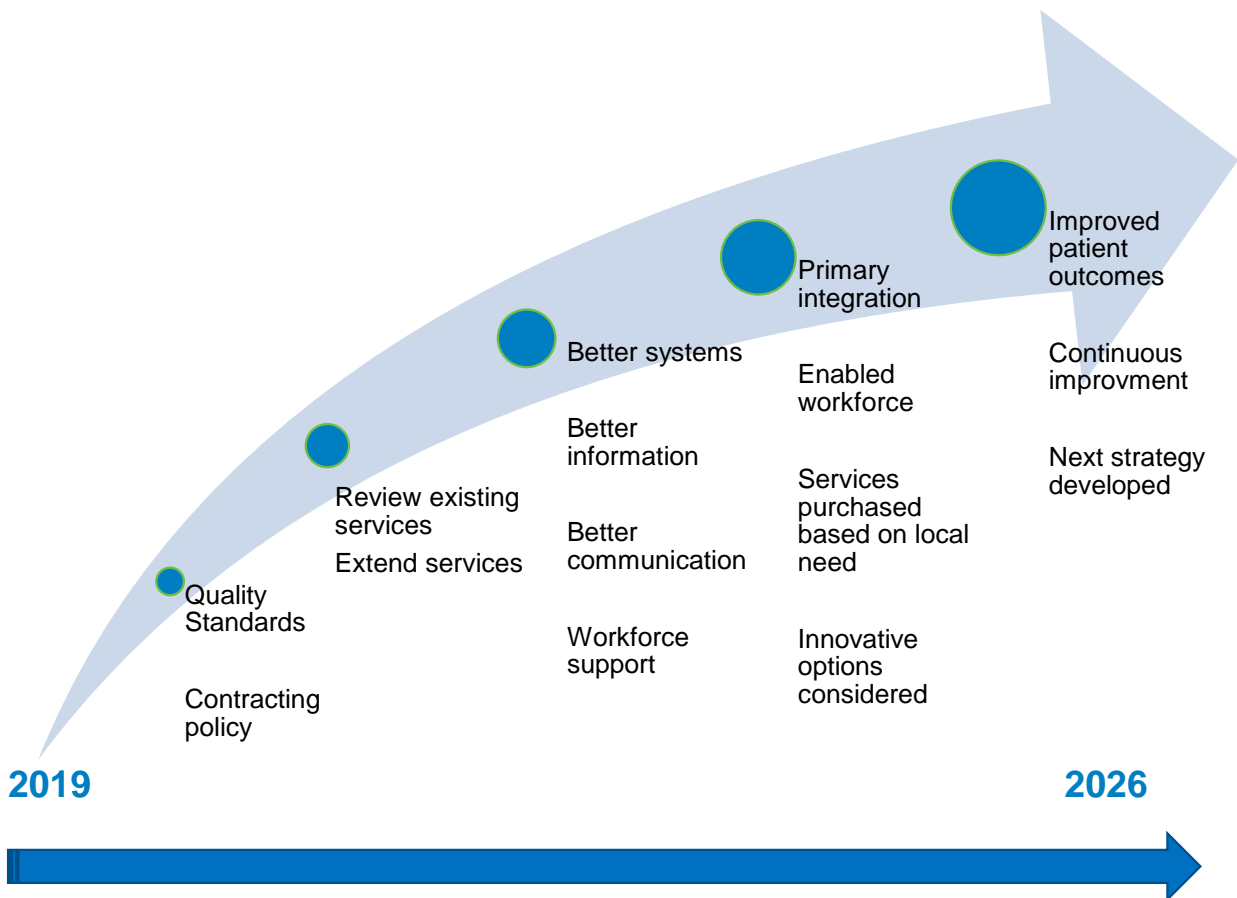
- Work with Mahitahi Hauora and local health providers to plan locality-based pharmacy services which will address the needs of Māori and reduce health inequities
- Design and implement more funded pharmacy services that address inequities, and target remote populations
- Purchase and support appropriate funding of a full range of medicines management services provided by pharmacists
- Extend community pharmacy services in collaboration with general practices, Māori and community health providers.

Consider other ways to optimise pharmacy

As outlined in clause B26 of the ICPSA, the DHBs and expert advisory group are collectively undertaking, 'a review of the services described in Schedule 1, to determine whether, and if so how, the Dispensing Services and Professional Advisory Services described in Schedule 1 could be provided by different entities'. Any subsequent changes to the contract will be made through the National Annual Agreement Review process.

Once the findings of the Schedule 1 review are available, Northland DHB will work with the local community pharmacy sector to consider alternative, locally appropriate ways to provide community pharmacy services in Northland.

Roadmap for change



This diagram is an indication of the expected change journey, but is not necessarily indicative of delivery timeframes.

Background: What guides us?

New Zealand Health Strategy

All New Zealanders | live well | stay well | get well

[The New Zealand Health Strategy](#) [8] outlines the high level direction of New Zealand's health system from 2016 to 2026. It contains five themes that describe the future direction for the overall health system:

- People powered - Supporting people to understand and manage their care and make choices, and to have a say in service design
- Closer to home - Providing services closer to home and in an integrated way, with a view to promoting wellness at all stages of life and preventing and managing long-term conditions
- Value and high performance - Improving performance and the culture of performance in order to get better outcomes, equity of outcomes, experience of care and value for resources
- One team - Strong leadership and a capable workforce working as one team in a high trust system
- Smart system - A system that learns and shares innovations, and makes good use of new technologies.

System Level Measures

[System Level Measures](#) (SLMs) [6] are high-level aspirational goals for the health system, that align with the five strategic themes of the Health Strategy and other Ministry of Health strategic priorities. They have a focus on children, youth and vulnerable populations. SLMs are part of the DHB annual planning process providing an opportunity for DHBs to work with their primary, secondary and community care providers to improve health outcomes of their local population. They are:

- Ambulatory Sensitive Hospitalisation (ASH) rates for 0-4 year olds (keeping children out of hospital)
- acute hospital bed days per capita (using health resources effectively)
- patient experience of care (person-centred care)
- amenable mortality rates (prevention and early detection)
- babies living in smoke-free homes (a healthy start)
- youth access to and utilisation of youth appropriate health services (youth are healthy, safe and supported).

Pharmacy Action Plan 2016-2020

The vision of pharmacy services outlined in the [Pharmacy Action Plan 2016-2020](#) [9] is:

Pharmacist services, as an integrated component of a people-powered, collaborative model of care, will be delivered in innovative ways, across a broad range of settings, so that everyone has equitable access to medicines and health care services. The health care team will fully use the unique and complementary skill set of pharmacists, as medicines

management experts. The focus will be on delivering high-quality care, supported by smart systems, that:

- Is responsive to the changing health needs of New Zealanders
- Empowers them to manage their own health and wellbeing better, as part of a one-team approach that supports people to live longer, but also to spend more of that life in good health.

The Pharmacy Action Plan 2016-2020 outlines a set of actions to support pharmacists to deliver maximum value to the health system and contribute to the objectives of the New Zealand Health Strategy. It identifies four focus areas for changing models of care:

1. Population and personal health
2. Medicines management services
3. Minor ailments and referral
4. Dispensing and supply services.

The four essential tools for change, closely aligned to themes in the New Zealand Health Strategy, have also been identified as necessary to support this change:

1. Leadership
2. Smart systems
3. Workforce
4. Regulation.

Triple aim

The [Health Quality & Safety Commission](#) [10] works towards the New Zealand Triple Aim for quality improvement:

- Improved quality, safety and experience of care
- Improved health and equity for all populations
- Best value for public health system resources.



Figure 1: Triple Aim

He Korowai Oranga – Māori Health Strategy

As New Zealand's Māori Health Strategy, [He Korowai Oranga](#) [11] sets the overarching framework that guides the government and the health and disability sector to achieve the best health outcomes for Māori.

The four pathways of the original He Korowai Oranga framework continue to tell us how to implement the strategy. These pathways are:

- Supporting whānau, hapū, iwi and community development
- Supporting Māori participation at all levels of the health and disability sector
- Ensuring effective health service delivery
- Working across sectors.

Equity of Health Care for Māori: a framework

[Equity of Health Care for Māori: A framework](#) [12] guides health practitioners, health organisations and the health system to achieve equitable health care for Māori. There are three actions that support the framework.

- Leadership: by championing the provision of high quality health care that delivers equitable health outcomes for Māori
- Knowledge: by developing a knowledge base about ways to effectively deliver and monitor high quality health care for Māori
- Commitment: to providing high quality health care that meets the health care needs and aspirations of Māori.

Medicines New Zealand

[Medicines New Zealand](#) [13] (the New Zealand medicines strategy) provides the overarching framework to govern the regulation, procurement, management and use of medicines in New Zealand. The three core outcomes for the medicines system are:

- Access
- Optimal use
- Quality, safety and efficacy.

[Implementing Medicines New Zealand 2015 to 2020](#) [14] supports achievement of the Medicines New Zealand outcomes by:

- Making the most of every point of care
- Enabling shared care through an integrated health care team
- Optimal use of antimicrobials
- Empowering individuals, families and whānau to manage their own medicines and health
- Optimal medicines use in older people and those with long-term conditions
- Competent and responsive prescribers
- Removing barriers to access.

New Zealand National Pharmacist Services Framework

The Pharmaceutical Society of New Zealand's [National Pharmacist Services Framework](#) [15] supports optimal use of medicines, by enabling:

- The promotion of optimal medicine-related outcomes from medicines; encouragement of multidisciplinary work practices, primary-primary and primary-secondary collaboration and integrated care
- The utilisation of the opportunity for enhanced access that community pharmacy offers for the promotion of public health and well-being and the encouragement of self-care
- The optimisation of health by evaluating and addressing where possible, the medication management needs of local populations and individual patients
- The development of medication management services that enhance patient choice, access and convenience and provide a positive experience for patients and other providers of healthcare
- The provision of a range of clinically effective and cost-effective medication management services
- The development of an integrated approach to planning and commissioning of innovative medication management services that contribute to the development of primary health care and the optimisation of health outcomes regionally and nationally
- Alignment of services with specific pharmacist roles, such as those working in integrated health organisations and/or general practices.

Northland District Health Board (DHB)

[Northland DHB's Vision, Mission and Values](#) [16] are:

Vision: A Healthier Northland – He Hauora Mo Te Tai Tokerau

Mission: Our mission is to work together with Northlanders in partnership under the Treaty of Waitangi to:

- Improve population health and reduce inequities
- Improve patient experience
- Live within its means.

In undertaking its Mission, the DHB is guided by the following **values**:

- People First - Taangata i te tuatahi - People are central to all that we do
- Respect - Whakautē (tuku mana) - We treat others as we would like to be treated
- Caring - Manaaki - We nurture those around us, and treat all with dignity and compassion
- Communication - Whakawhitiwhiti korero - We communicate openly, safely and with respect to promote clear understanding
- Excellence - Taumata teitei (hiranga) - Our attitude of excellence inspires success, competence, confidence and innovation.

Primary care integration

The DHB National Executive established the Primary Care Integration Programme [17] to help DHBs engage with the primary care sector on emerging primary care strategic issues. An important part of this is promoting the relationships and information sharing between DHBs and the primary care sector.

Northland has progressed quickly with its primary care integration work, and from 1 July 2019, Te Kaupapa Mahitahi Hauora - Papa O Te Raki Trust (Mahitahi Hauora) will:

- be Northland's single primary care entity (replacing Te Tai Tokerau and Manaia primary health organisations)
- serve as the single point of contracting and service planning responsibilities
- provide improved allocation of resources to priorities that whānau, communities and providers identify
- drive whānau led models of care and delivery
- support locality driven whānau directed planning and neighbourhood healthcare homes.

Background: Community Pharmacy

Integrated Community Pharmacy Services Agreement

Pharmacists, together with other health care professionals, will need to work differently to respond to the ever-growing demands on the health system. The Integrated Community Pharmacy Services Agreement (ICPSA) allows DHBs to contract for the community pharmacy services that consumers receive in the future.

The ICPSA² is the service delivery contract between DHBs and individual community pharmacies, and came in to effect in October 2018³. The contract is a key step in enabling delivery of the Pharmacy Action Plan and the New Zealand Health Strategy, allowing for delivery of both national and local community pharmacy services, and therefore advancement of both national and local health objectives.

It puts people at the centre of services, and envisions a healthcare system where pharmacists are skilled medicine advisors, working with other health professionals to achieve the best health outcomes for people. It is a step towards pharmacists working in more integrated ways with other healthcare providers, like GPs [18].

The service schedules

The ICPSA is divided in to three service schedules:

1. Schedule 1: dispensing and professional advisory services.
2. Schedule 2: the new additional professional advisory services (APAS) payment.
3. Schedule 3: population services⁴
 - a. Schedule 3A: nationally consistent services:
 - Opioid substitution Treatment Services
 - Aseptic Service
 - Sterile Manufacturing Services
 - Clozapine Services
 - Influenza Immunisation Services
 - b. Schedule 3B – enabling local commissioning:
 - Long Term Conditions (LTC) Pharmacy Services
 - Community Residential Care Pharmacy Services
 - Age-related Residential Care Pharmacy Services
 - Special Foods Services
 - Community Pharmacy Anticoagulation Monitoring Service (CPAMS)
 - Smoking Cessation Services.
 - c. Schedule 3C – services specific to individual pharmacies.

² See the ICPSA contract template here: <https://tas.health.nz/dhb-programmes-and-contracts/community-pharmacy-programme/icpsa/>.

³ The previous contract was known as the Community Pharmacy Services Agreement (CPSA).

⁴ See more information about ICPSA Schedule 3 services here: <https://tas.health.nz/dhb-programmes-and-contracts/community-pharmacy-programme/services-delivered-under-icpsa/>

Schedules 1 and 2 apply to all community pharmacies, schedule 3A applies to selected pharmacies providing population services, Schedule 3B relates to locally commissioned services, and Schedule 3C applies to arrangements with individual pharmacies.

How we currently enter into agreements

Currently, Northland DHB enters into an ICPSA with all pharmacies that apply for an agreement. The application process is limited; requiring the applicant to meet legislative and regulatory requirements only. It does not take into account whether the pharmacy is expected to improve patient experience, improve population health and reduce inequities.

How we spend

In 2017/18 Northland DHB spent \$48.6 million⁵ through the CPSA:

- \$37.7 million was reimbursement payments for dispensing medicines. It includes the cost of medications, a handling fee, margins, and takes into account co-payments received from patients
 - Of this \$35.5 million was the cost of the medicines (prices set by PHARMAC)
 - \$9.4 million was service fee payments associated with dispensing. These relate to the complexity of the patient and whether it is an initial or repeat prescription
- \$1.4 million was spent on LTC services
- \$120,000 was spent on CPAMS.

During this period, Northland community pharmacies dispensed 2,845,915 items.

Northland's forecast annual expenditure on community pharmacy services is \$51.2 million for 1 July 2018 to 30 June 2019.

Local commissioning

There is a commitment to provide LTC pharmacy services until at least 30 September 2020 for existing community pharmacy LTC providers.

Locally commissioned services include LTC services (as above), workforce development, smoking cessation, and local commissioning of new services or additional investment in to existing services. Any changes to existing services as a result of local commissioning must follow the change process outlined in the Integrated Community Pharmacy Services Agreement. In Northland, the Northland Community Pharmacy Service Development Group (NCPSDG) guides this process.

In 2018/19 an additional \$4.1 million (GST exclusive) was allocated nationally to service local commissioning. The Northland portion of this based on the population based funding formula (PBFF) is \$190,275 (\$109,872 of which was allocated to paying for more LTC services). The DHBs have committed to continue with this investment.

Northland Community Pharmacy Service Development Group

Northland DHB wishes to maintain an on-going commitment to partnership and collaboration to deliver innovation and provision of quality, sustainable, accessible community pharmacy services. To support this, the Northland Community Pharmacy Service Development Group

⁵ All figures are GST exclusive. These costs are gross and include the effect of rebates, which are substantial but not attributable to specific drugs. The APAS payment was implemented in October 2018 with the introduction of the ICPSA so is not represented in these figures.

(NCPSDG) was established. Its membership comprised of 5-10 community pharmacy representatives, a primary health organisation pharmacist facilitator, a hospital pharmacist, and up to three DHB representatives. Its purposes are:

1. To provide two-way communication between community pharmacy representatives and Northland DHB on issues relating to the delivery of community pharmacy services within Northland.
2. Working together and being able to safely challenge each other to examine not only what patients need now but with a future focus and how we can implement future services across Northland.
3. Delivering innovation and monitor outcomes and impacts on the Northland communities.

The NCPSDG manages \$180,000 annually. It funds NCPSDG meeting expenses, medical waste removal, and community pharmacy services as agreed by the group. For 2018/19 this includes Oral Anti-Coagulant (OAC) counselling, Selective Serotonin Reuptake Inhibitor (SSRI) counselling, and a Gout project. In the past it has supported projects for hospital discharge, smoking cessation, workforce development, and asthma control tests.

Pharmacy locations

Key	
●	Existing pharmacy
	See locality maps

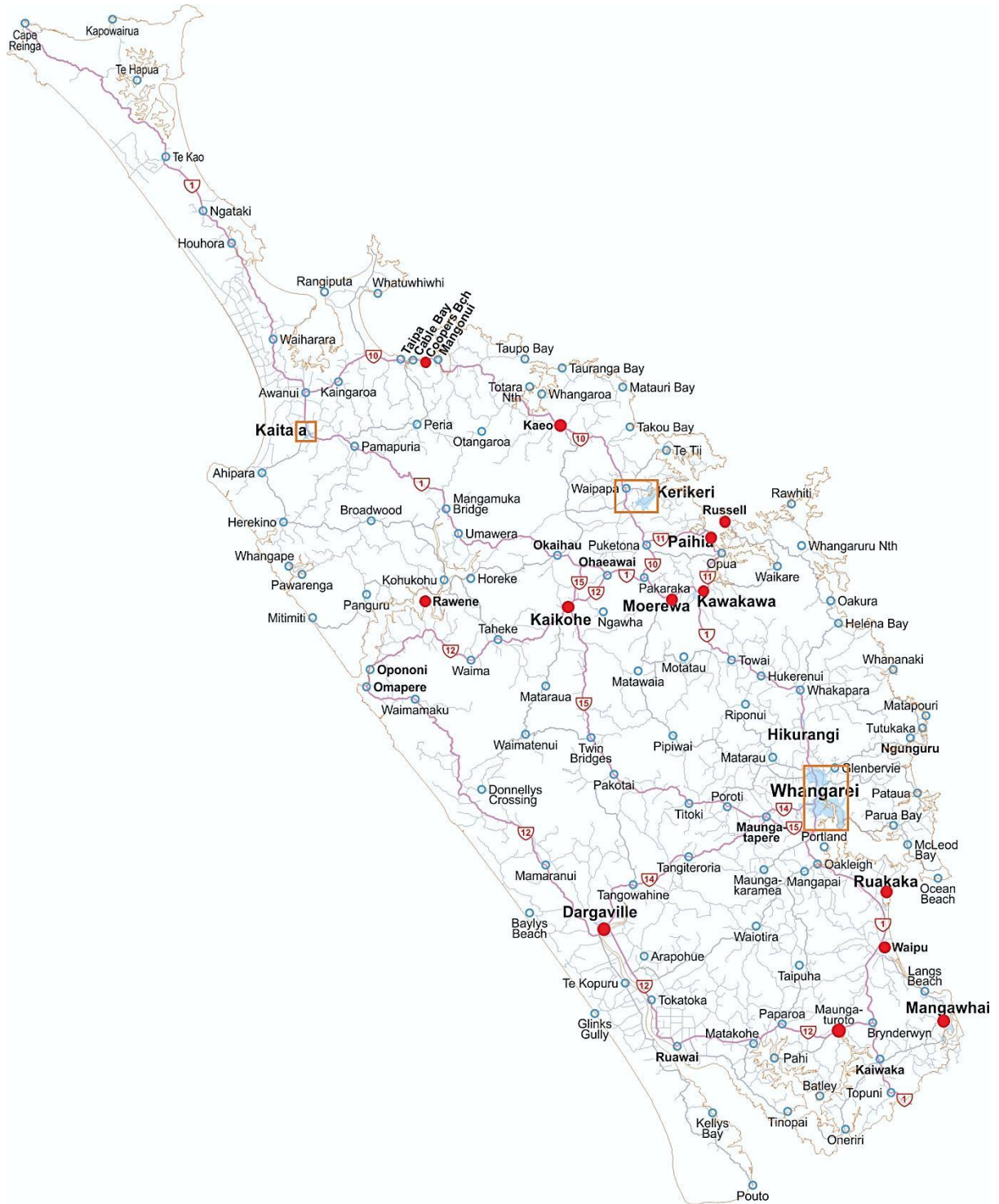


Figure 2: Northland pharmacy locations

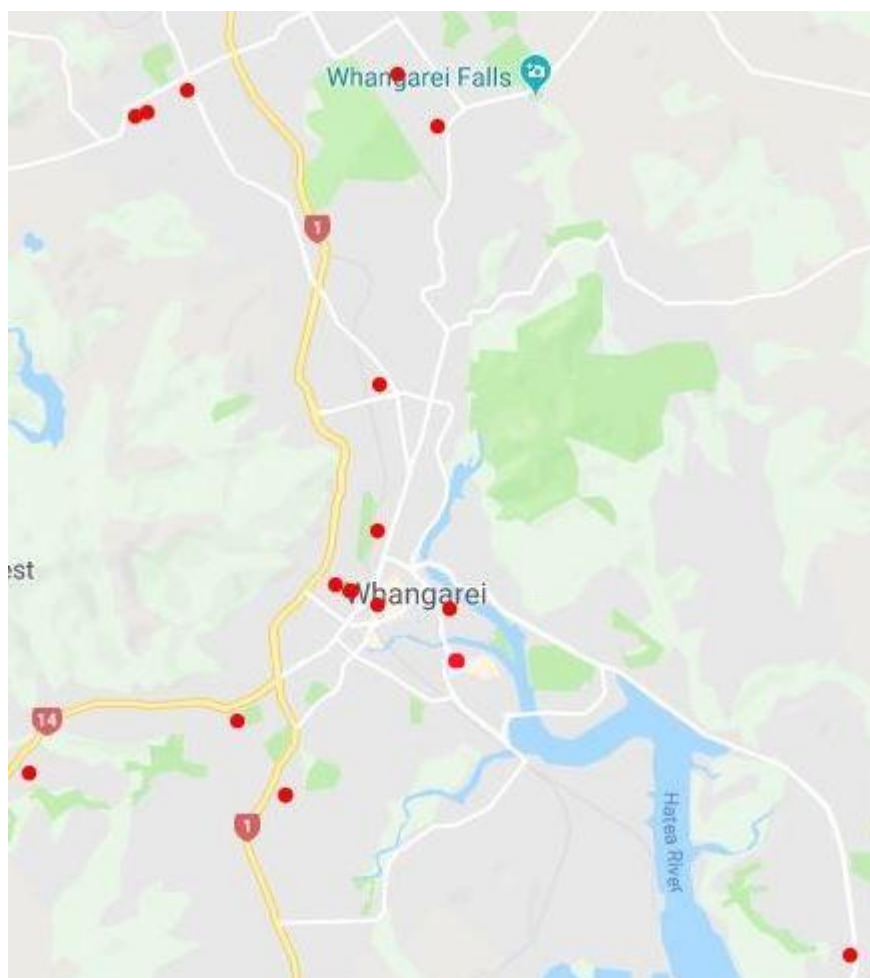


Figure 3: Whangarei pharmacy locations

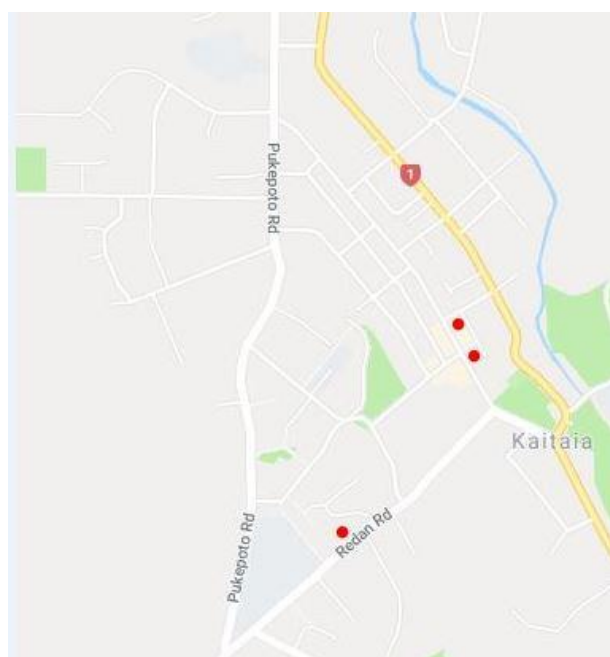


Figure 4: Kaitiāia pharmacy locations



Figure 5: Kerikeri & Waipapa pharmacy locations

Access to services

All 35 Northland pharmacies provide dispensing and professional advisory services as per Schedules 1 and 2 of the ICPSA, plus:

Schedule 3A:

- Opioid substitution Treatment Services (Class B Controlled Drug Services)⁶

Schedule 3B:

- Long Term Conditions (LTC) Pharmacy Services
- Community Residential Care Pharmacy Services
- Age-related Residential Care Pharmacy Services
- Special Foods Services.

Note: A delivery based service is also available in Northland. It does not provide any services beyond those above.

⁶ The schedule stipulates that Class B controlled drugs should be dispensed no more than 10 days at a time with no more than 30 days' supply on the prescription

Opening hours and additional services by location

Pharmacies			Open hours					Extra services					
Location	Number	Average monthly patients per pharmacy ⁷	Mon-Fri 9-5	Saturday	Sunday	After 6pm	Extended summer hours	Methadone	Aseptic	Vaccinations	Anti-Coagulant	Clozapine	EB Supplies
Coopers Beach	1	1327	X	X				X		X			
Dargaville	1	3713	X	X	X			X				X	
Kaeo ⁸	1	663						X		X		X	
Kaikohe	1	3376	X					X				X	
Kaitaia	3	1718	X	X	X			X		X		X	
Kawakawa	1	1569	X	X									
Kerikeri/Waipapa	4	1864	X	X				X	X	X	X	X	
Mangawhai	1	1506	X	X			X	X				X	
Maungaturoto	1	991	X					X				X	
Paihia	1	1304	X	X				X					
Rawene	1	1275	X					X				X	
Ruakaka	1	2099	X	X				X				X	
Russell	1	494	X	X			X	X		X		X	
Waipu	1	671	X	X			X	X		X		X	
Whangarei	15	1883	X	X	X	X		X		X	X	X	X

Extra services key

Code	Schedule	Description
Methadone	3A	Opioid substitution Treatment Services (Extended Methadone) ⁹
Aseptic	3A	Aseptic Services
Clozapine	3A	Clozapine Services
Vaccination	3A	Influenza Immunisation Services
Anti-Coagulant	3B	Community Pharmacy Anticoagulation Monitoring Service
EB Supplies	3B	Supplies for treatment of Epidermolysis Bullosa

Pharmacists

The changing role of pharmacists has been acknowledged by the Health Research Council of New Zealand, by funding research into the effects of changes to community pharmacy services in New Zealand, particularly the emphasis on extending the role of pharmacists [19].

⁷ Based on July 2017 to June 2018 data

⁸ Open Monday to Thursday 9am-1pm, Friday 9am-4pm

⁹ The “extended” service is where methadone is used to treat addiction to opiates as a replacement/less harmful alternative. Prescriptions are for thirty days with a daily supply that may allow for take home doses.

Workforce

New Zealand has a young, growing, and well qualified pharmacist workforce.

A practising pharmacist in New Zealand is qualified, registered and competent in their area of practice. This means that he/she:

- Holds a qualification which has been prescribed (approved) by the Pharmacy Council
- Has met the competence standards set by the Pharmacy Council
- Is registered with the Pharmacy Council
- Holds an Annual Practising Certificate
- Is engaged in relevant, continuing professional development [3].

At 30 June 2018, Northland had 106 practising pharmacists (6.04 per 10,000 population). New Zealand had 3787 practising pharmacists (7.87 per 10,000 population):

- 78% work in community pharmacies
- Increase of 2.6% per year (average last three years)
- Young (54.6% under 40 years)
- Female (65.5%)
- NZ European/Pākehā (50%)
 - Asians represent the fastest growing ethnic group 26%.
 - Māori (2%) and Pacific Island groups (1%) are not well represented [4].

Practising pharmacists can operate within three different scopes of practice (intern pharmacist, pharmacist, and pharmacist prescriber). A variety of roles are available to pharmacists. Two advanced options for pharmacists in the community are:

General Practice Pharmacists

Some pharmacists work in general practices as a member of the health care team. They work together with patients, doctors, nurses and other health professionals to help ensure medicine use is safe and effective. Some have areas of specialty such as diabetes or asthma and some may be pharmacist prescribers [20].

Pharmacist prescribers

Some specialised pharmacists have also completed extra post-graduate study at university to become pharmacist prescribers and can prescribe prescription medicines. Pharmacist prescribers work alongside doctors and other health professionals, usually in general practice or hospital or other places such as marae clinics and rest homes. Their role is to use their extensive training and knowledge of medicines to work with patients to maximise the benefits from medicines, reduce any harm and to improve access for patients [20].

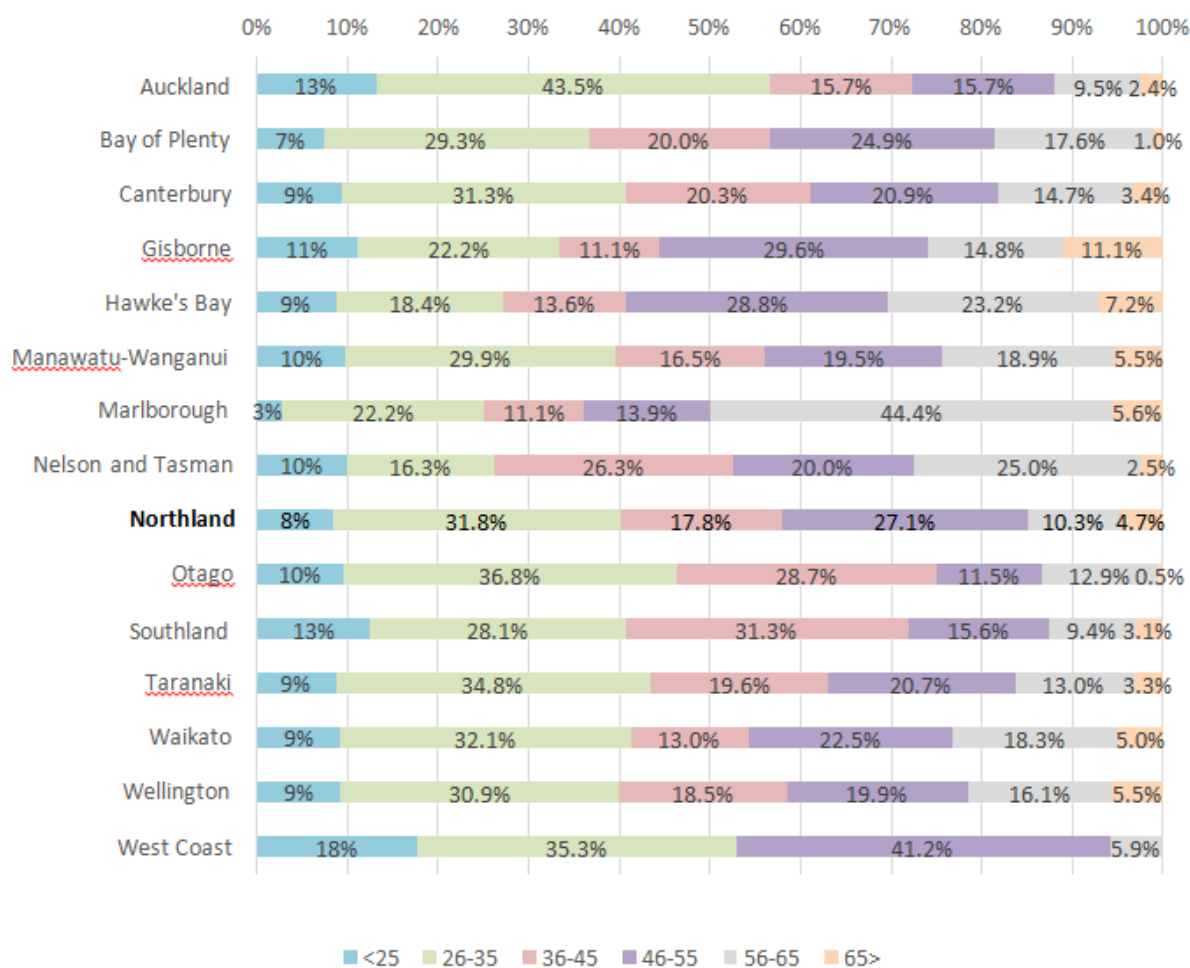


Figure 6: Age distribution for pharmacists within each region at 30 June 2017 [21, p. 8]

Preparing for change

In early 2018, the Northland Community Pharmacy Education and Workforce Development Programme was established to help prepare our community pharmacies for operating in an integrated primary care environment, where pharmacists are empowered to take on increased roles in supporting the delivery of services. This programme financially supports training with a clinical focus which will benefit patients. To 28 February 2019, it has supported the following training:

- 1 Pharmacy Accuracy Checking Technician (PACT)
- 24 Medicines Use Review (MUR)
- 1 Medicines Therapy Assessment (MTA)
- 10 Post Graduate Certificate / Diploma in Clinical Pharmacy.

Pharmacists could offer more services

The diagram below shows a range of medicines management community pharmacists could offer, beyond standard core activities. The DHB currently funds all Northland community pharmacies to offer Long Term Conditions (LTC) services, and some to offer the Community Pharmacy Anticoagulation Management Service (CPAMS). Any extension of these and other services in community pharmacies will need to be agreed with community pharmacies, and funded by Northland DHB.

Pharmacists can also work outside of community pharmacies, providing medicines management services in general practices, people’s homes, and a range of community venues.

Medicines Management Services:



CMM: Comprehensive Medicines Management
 MTA: Medicines Therapy Assessment
 CPAMS: Community Pharmacy Anticoagulation Management Service
 MUR: Medicines Use Review
 LTC: Pharmacy Long Term Conditions Service

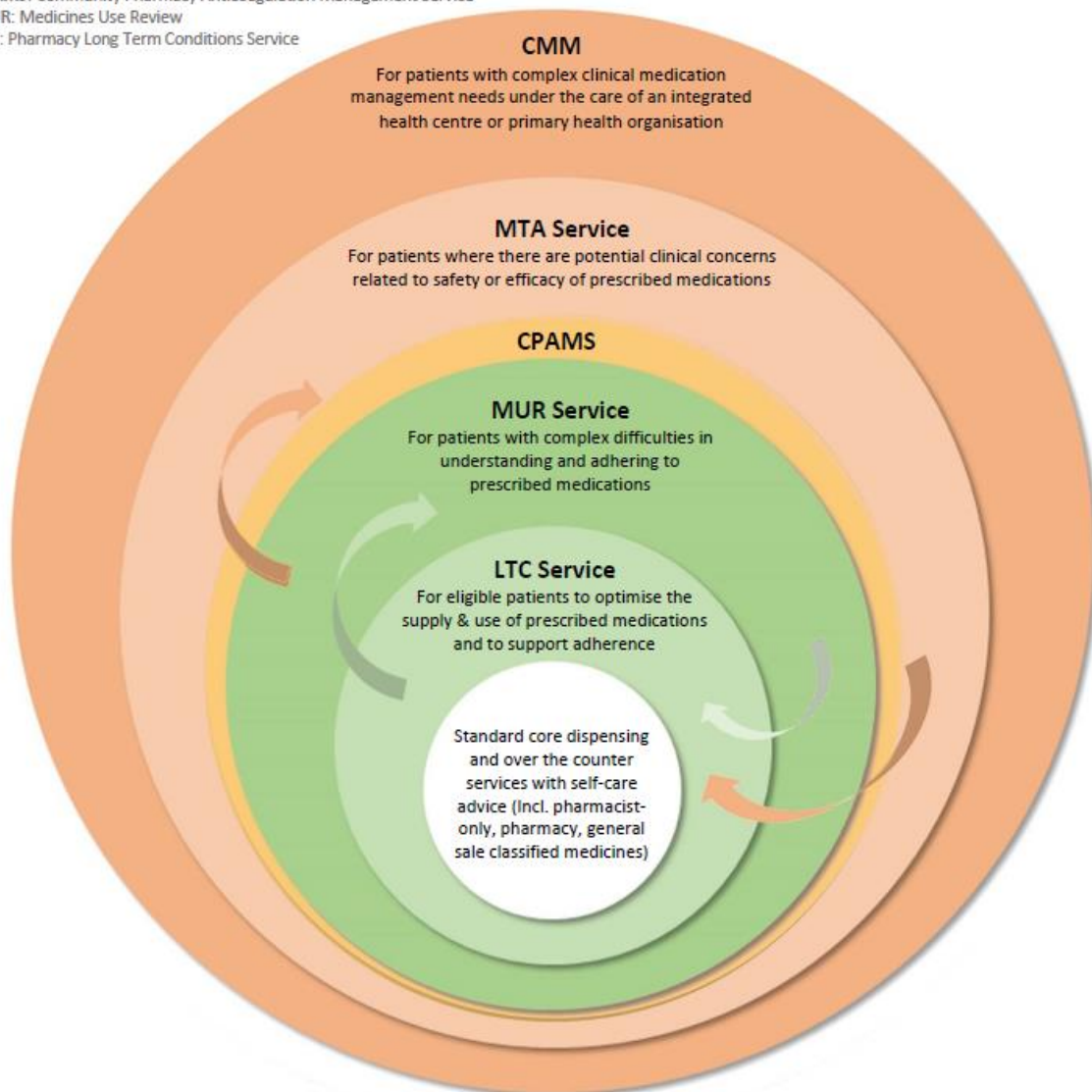


Figure 7: Medicines Management Services [15, p. 5]

Background: Te Tai Tokerau Northland

At the end of 2018, there were an estimated 179,100 people who usually reside in Northland, a 2.37% increase on the previous year [22].

Geography and dispersion

We live throughout a large geographical area (13,789 km) with our largest urban centres being Whangarei (58,700), Kerikeri (7520) and Kaitaia (5870) [23]. The remainder of the population is dispersed over a substantial area – this has implications for how easy it is to access health and social services, and the quality of civil infrastructure in remote and rural areas.

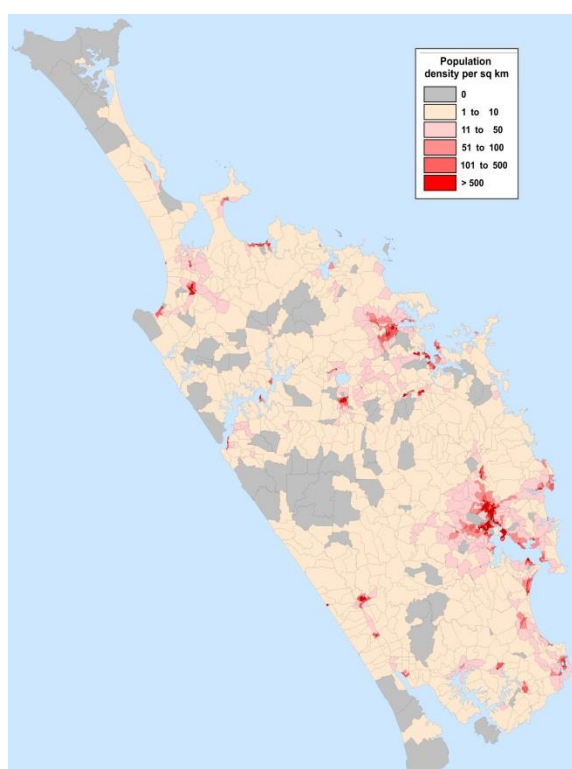


Figure 8: Northland population density

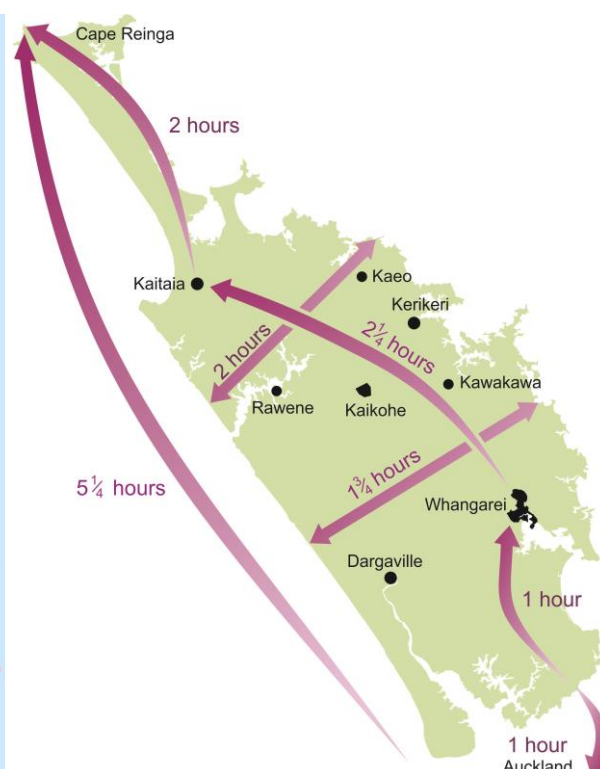


Figure 9: Northland travel distances

Health Profile and Demographics

Deprivation

The New Zealand Deprivation Index (NZ Dep 2013) uses information relating to employment, income, educational qualifications, access to a car and telecommunications/internet, living space, support, and home ownership, to produce an indicator of ‘deprivation’ for small geographical areas. As indicated in the maps, deprivation is high across much of Northland [24]; with 47% of area units in Northland classified as highly deprived [7].

The deprivation index, which divides New Zealanders into ten groups according to their deprivation scores, placed 80 % of the Northland population on the most deprived half of the index [2, p. 4].

Around 75 % of Māori in Northland live in areas considered to be highly deprived (decile 8 and above). For non-Māori in Northland, the proportion is 46 % [24].

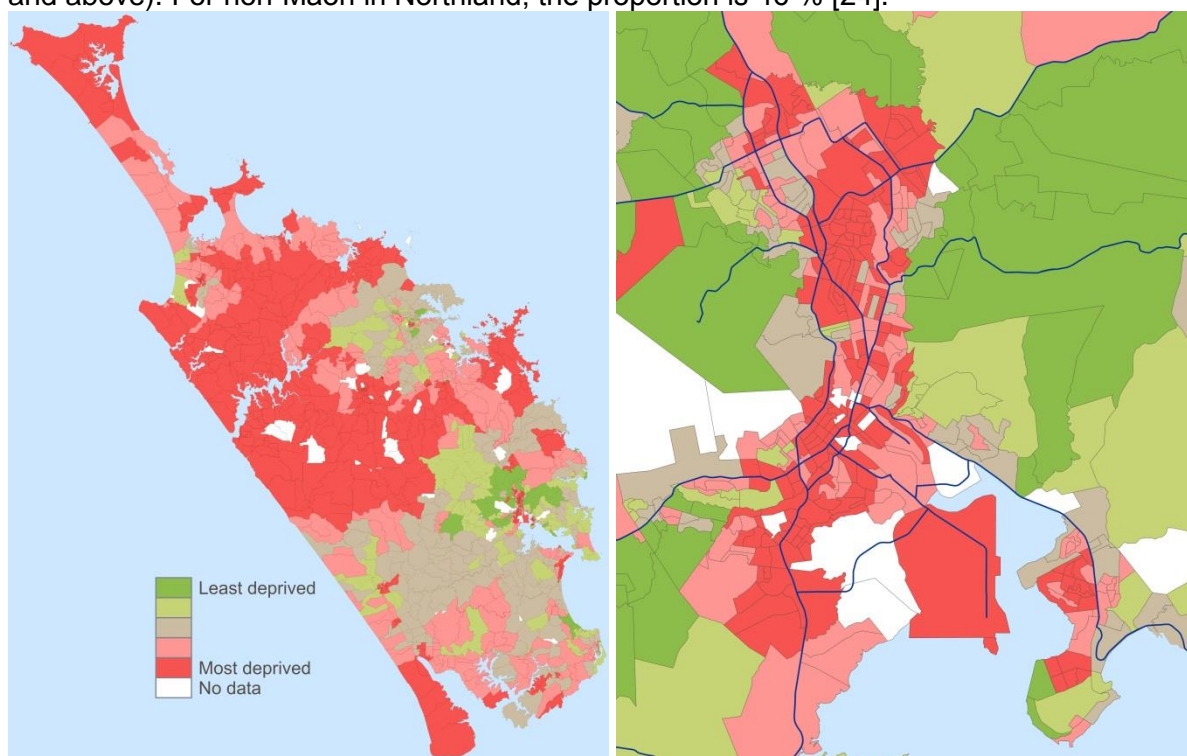


Figure 10: Northland deprivation map

Figure 11: Whāngārei urban deprivation map

Households

In 2018, average weekly household income in Northland was \$1640, compared to \$2002 nationally [25]. Compared to national averages, Northland families are more likely to be a couple aged 50 years or over, and less likely to be a two parent family. Northland families are more likely to have good connections with their families and communities than other families across New Zealand, with a higher number doing voluntary work. They are also less likely to live in well-off neighbourhoods and, for many family types; they are more likely to have a smoker in the family [26].

In 2013, 10% of Northland households were overcrowded, twice that of the national proportion (5%). Northland households whose occupants identified as Māori were nearly 4 times more likely to experience overcrowding than those identifying as non-Māori (22% and 6%) respectively [7].

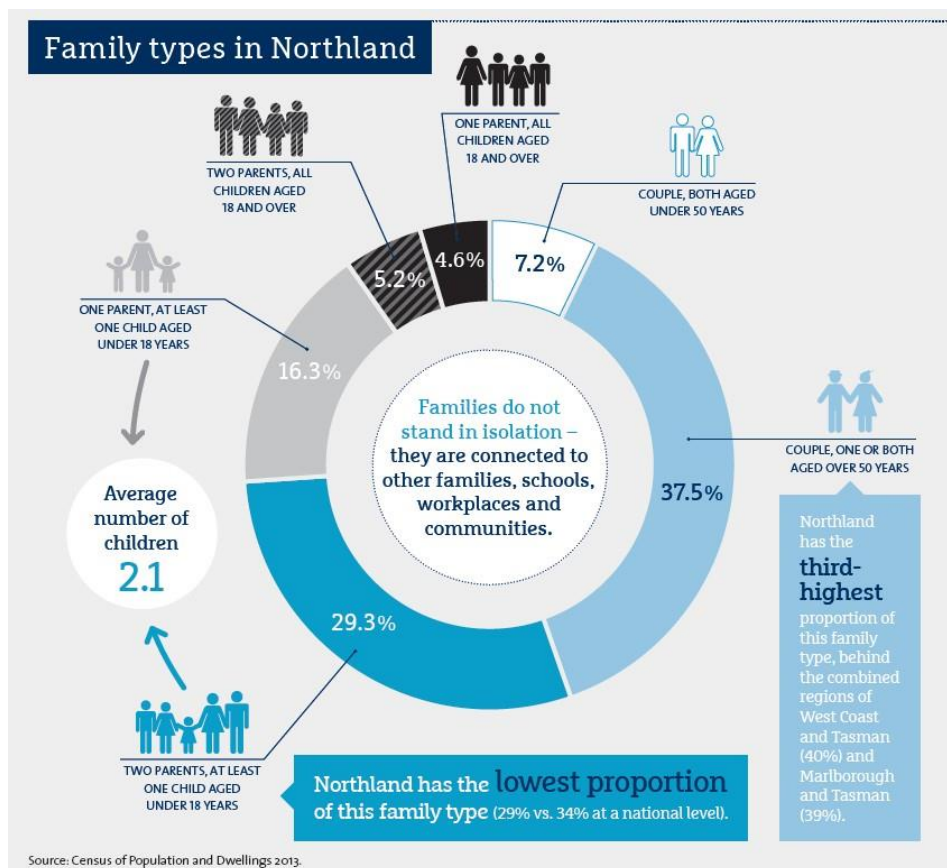


Figure 12: Family types in Northland [26]

Ethnicity

By 2033, approximately 39% of the population will identify as NZ Māori, a 5% increase from 2013 (34%). Additionally, it is predicted that from 2013 to 2033, the proportion of Northlanders who identify as Asian or Pacific will increase (3% to 7%, and 4% to 7% respectively). Overall, 75% of Northlanders will identify as NZ European or Other (including New Zealander) in 2033 - a 1% decrease compared to 2013 [7] [27].

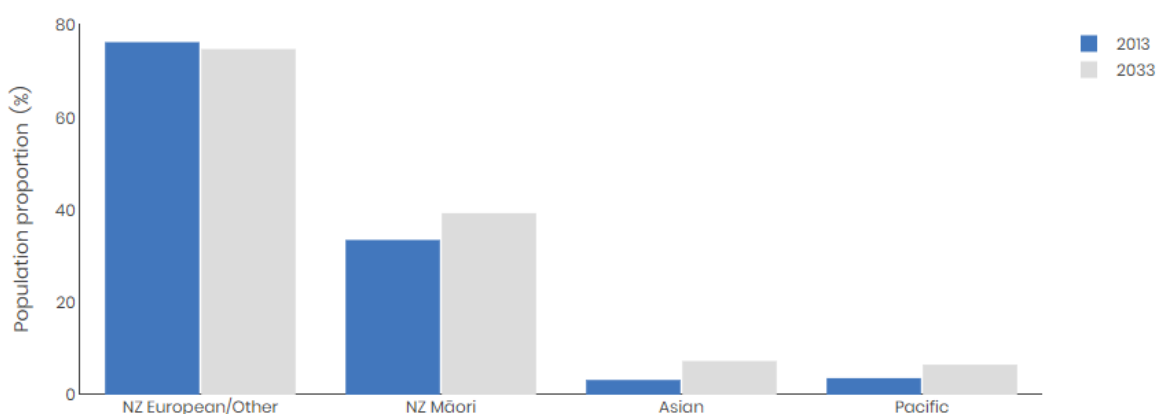


Figure 13: Population by ethnicity for Northland vs. New Zealand [27].

Age

The age structure of our population is changing – in particular, the proportion of those aged 65 years and over is increasing. By 2033, this group will have grown by more than 20%, the largest rate of increase in this age bracket of all the DHB regions.

Child and Youth

The child and youth proportion of Northland’s population is projected to decline over the coming years from 32.7% in 2018 to 30.7% in 2028, but remains a priority because healthy children make for healthy adults and because children are more vulnerable than adults [2, p. 4].

Oral Health

Northland’s five-year-olds have repeatedly had the country’s highest average score of decayed, missing or filled teeth (3.08 compared with 1.7 nationally) and one of the lowest %ages of teeth without tooth decay (45% compared with 59.7% nationally) [2, p. 4].

Immunisations

In 2017, 86% of children in Northland identifying as Māori, and 85% of European children were fully immunised at 8 months of age, which fell well short of the 95% target set by the Ministry of Health in 2017 [7].

Older People

Our ageing population is placing significant demands on health services provided specifically for older people (residential care, home and community support services, day care). It also increases the prevalence of long-term conditions that become more common with age.

Māori

Te Tai Tokerau is the turanga waewae of multiple iwi, including Ngāi Takoto, Ngā Puhi, Ngāti Whātua, Ngāti Kahu, Ngāti Kurī, Ngāti Wai, Te Aupōuri, Te Rarawa and Te Roroa. The majority of Māori in Northland whakapapa to iwi of Te Tai Tokerau; however, many Māori living in Northland also affiliate to iwi outside the region.

Māori experience low health status across a range of health and socio-economic statistics, so are a key group for achieving long-term gains. Māori experience early onset of long-term conditions like cardiovascular disease and diabetes, presenting to hospital services on average about 13 years younger than non-Māori [2, p. 4].

The Māori population of Te Tai Tokerau is composed of comparatively more children and fewer older people than the non-Māori population. More than half of those aged 0-14 years in Northland identify as Māori (52%) and 47% of youth aged 15-24 are Māori [27].

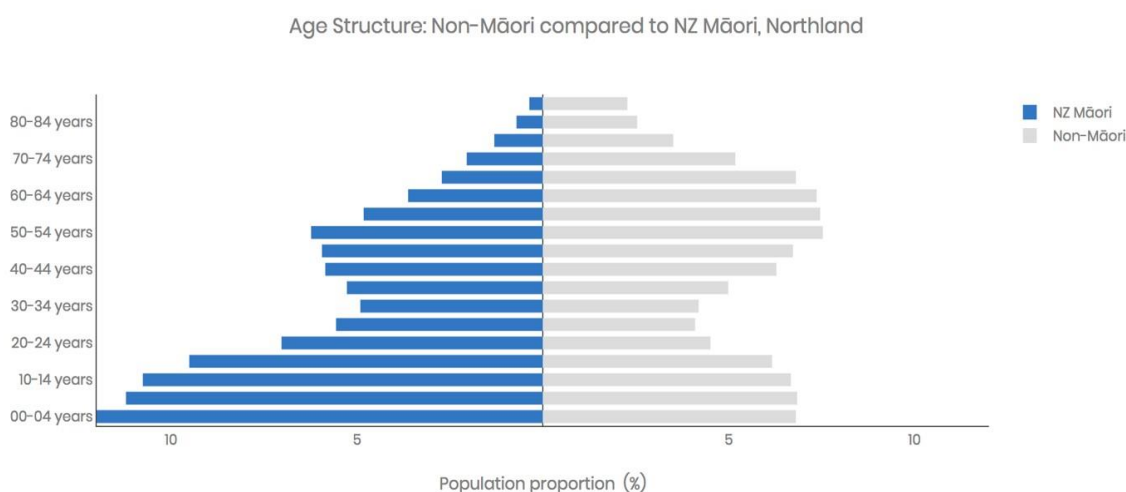


Figure 14: Growth by age and ethnicity [27]

Adult health status

In 2017, 85.6% of Northlanders reported 'excellent', 'very good', or 'good' self-rated health – this is not far below the national proportion (88.6%) [28].

Life expectancy

The life expectancy at birth of Northlanders is similar to the national average, at around 81 years. Māori in Northland die around nine years earlier than non-Māori:

- Females: Māori 75.9 years, non-Māori 84.5 years (8.6 years)
- Males: Māori 71.3 years, non-Māori 80.6 years. (9.3 years) [29]

Long-Term Conditions

In 2017, 73% of adults living in Northland were defined as overweight or obese, a significantly higher proportion compared to New Zealand as a whole. The prevalence of those obese/overweight in Northland has increased from 2014 to 2017 (69% to 73%). Conversely, this prevalence has remained relatively stable for the New Zealand population during this period of time [28].

On average, around 5% of our adult population have been diagnosed with type 2 diabetes, 14 % have arthritis, nearly 12% are medicated for asthma, 18 and approximately 615 of our population are diagnosed with cancer per year [28].

Lifestyle Behaviours

The way people live their lives and the behaviours they exhibit have an enormous effect on health status. There are many influences, but key ones are smoking, diet, alcohol and other drugs, and lack of physical activity [2, p. 4].

Social Influences

Many of the causes of ill health rest with social and economic factors such as housing, education and economic prosperity. The health sector cannot affect these directly, but as a DHB we work collaboratively with other government and local body organisations to achieve a healthier Northland [2, p. 4].

Hospital visits

The proportion of adults living in Northland who have visited the Emergency Department in 2017 has remained consistent, with no significant difference noted from 2014 (16%) to 2017 (17%). This is comparable to NZ as whole [7] [28].

Acute (unplanned or emergency) admissions to Whangarei hospital have increased over the last four years. In 2017, the rate was around 21,000 admissions per 1,000 people (age-standardised). The admission rates in the district hospitals (Bay of Islands and Kaitaia) have overall shown a decrease over the same time period [30].

There are around 53,000 admissions to Northland hospitals every year. Some of these are preventable – the most common causes of hospitalisations that are potentially avoidable are due to cardiovascular disease (such as angina, chest pain, heart failure), stroke, chronic lung disease, and infections such as cellulitis and pneumonia. In children these avoidable hospitalisations are most commonly due to respiratory conditions (such as asthma and pneumonia), dental conditions, and skin infections [31].

Deaths

About three-quarters of deaths in Northland are from cardiovascular disease (heart disease and stroke) or cancer (most commonly trachea-bronchus-lung, colorectal, prostate and breast). 21% of adult Northlanders have been told they have high blood pressure and 14% that they have high cholesterol, both known risk factors for cardiovascular disease. Although diabetes is not a major killer itself, it is a primary cause of heart disease. A great deal of unnecessary illness and hospitalisation is related to poor management of diabetes [2, p. 4].

Access to primary health care

Primary care is important in providing healthcare closer to our communities and managing illness before specialist treatment becomes necessary. Early detection of health issues in primary care can help keep people out of the hospital.

The pool of general practitioners (GPs) in Northland is ageing (53% aged over 50 years in 2014), and a high proportion (46.4%) intend to leave the profession within the next 10 years. This intent is even more apparent among rural GPs [32]. As these departures occur, pressure on the primary health sector in Northland will increase.

In 2017, 33.4% of adults living in Northland experienced some degree of unmet need when accessing primary care services. Overall, adults living in Northland experience a greater challenge in accessing primary care compared to New Zealand as a whole (28.7%). The three top barriers to accessing primary healthcare in Northland are: the inability to get an appointment within 24 hours, the inability to see a GP due to cost, and being unable to fill prescriptions due to cost [28].

There are significant differences in the barriers to accessing care between Māori and non-Māori living in Northland. The barriers are worse for men. Māori adults in Northland are:

- 3 times more likely to forgo filling a prescription due to cost (3.9 for men)
- 2.2 times more likely to be unable to attend a GP due to lack of transport (3.4 for men)
- 1.54 times more likely to be unable to attend a GP due to cost (1.81 for men) [28].

Nationwide data on access and care

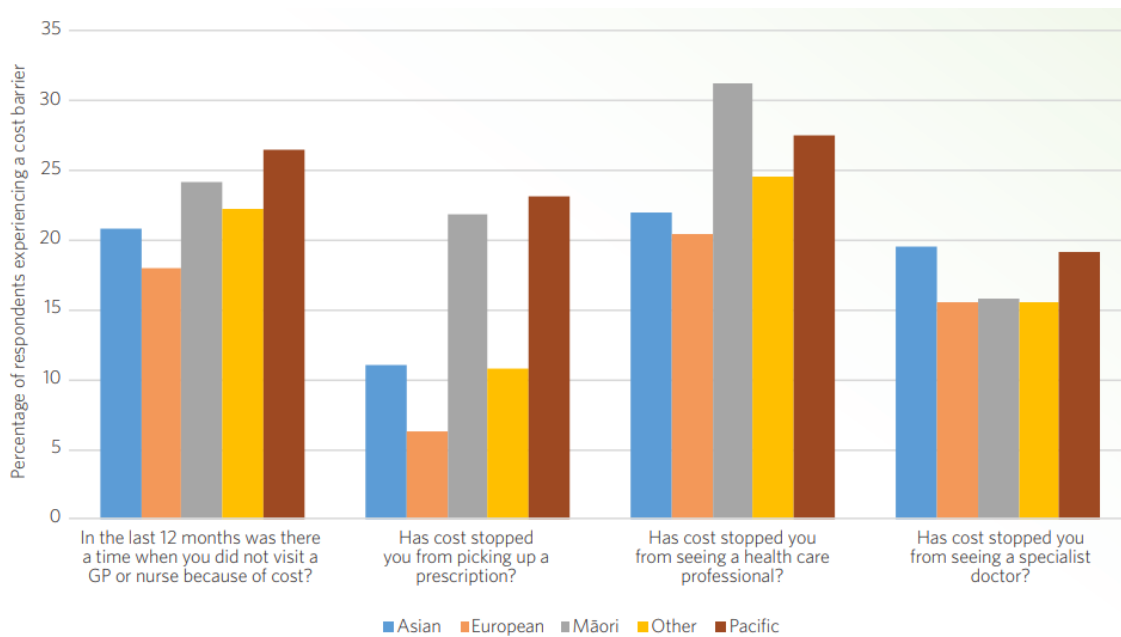


Figure 15: percentage of respondents reporting cost barriers to access in the primary care patient experience survey, by ethnic group, New Zealand, November 2017 [33, p. 15]

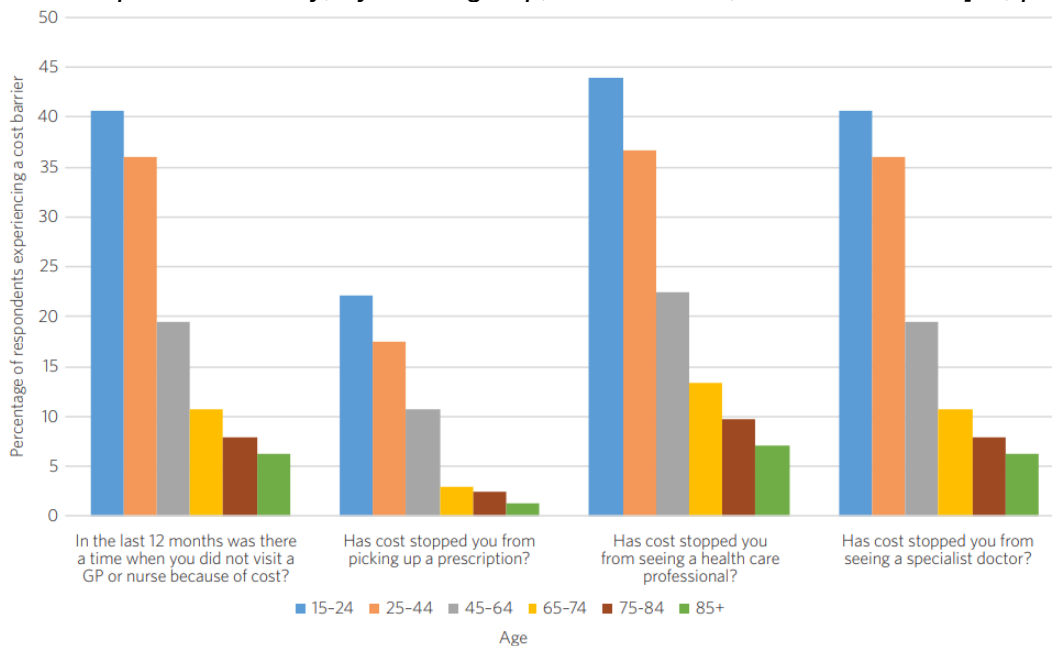


Figure 16: percentage of respondents reporting cost barriers to access in the primary care patient experience survey, by age group, New Zealand, November 2017 [33, p. 15]

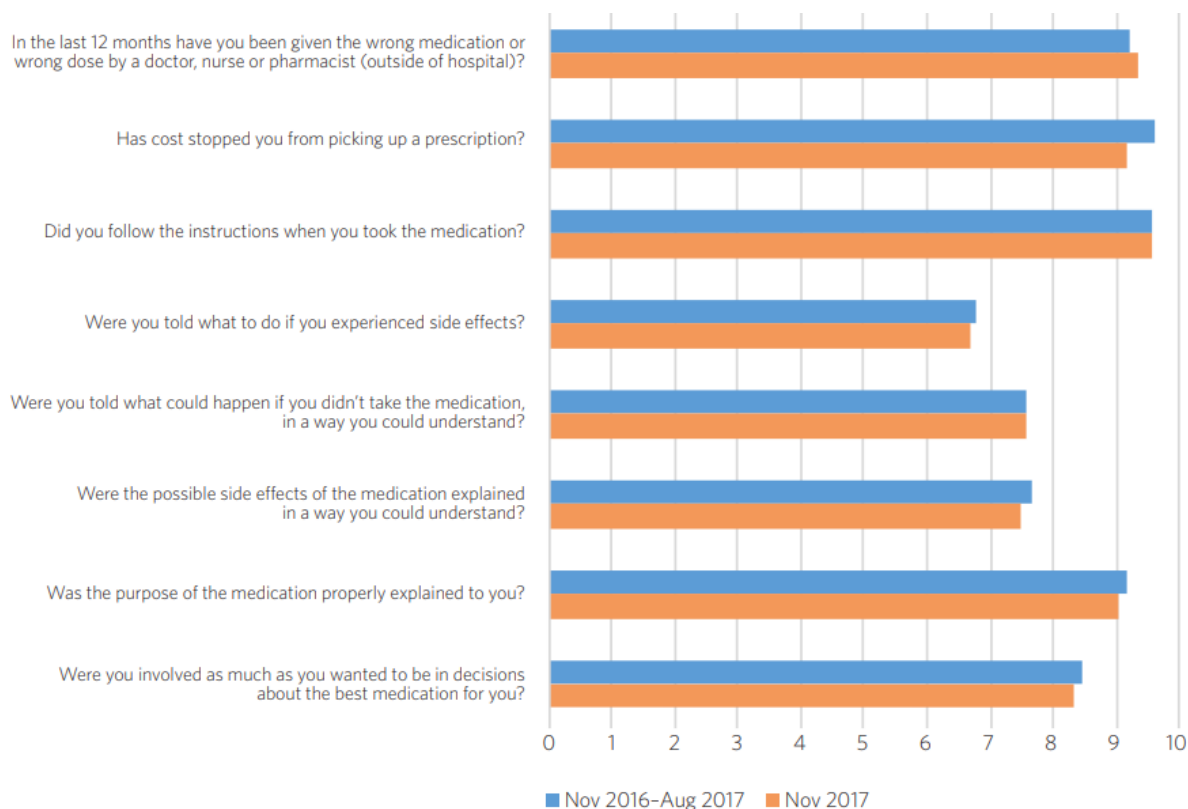


Figure 17: Average score out of 10 for questions about medication, primary care patient experience survey, New Zealand, November 2016 to August 2017 compared with November 2017 [33, p. 28]

APPENDIX 1: Community Pharmacy Quality Standards

People powered

As a user I want...	Key Performance Indicators	Rationale
Access to the right services in the right place at the right time	Offers extended opening hours and/or other opportunities for improving access	To provide patient with opportunities to obtain medicines, services and seek advice outside of standard business operating hours
	Supports health promotion plans/activities. Is not co-located with services that directly oppose better population health outcomes	To support prevention and early intervention
	Increased integration/collaboration with local GPs and/or other healthcare providers	To provide a multi-disciplinary service
	Offers culturally appropriate care and support	Sympathetic to cultural and spiritual needs of the community in relation to health care
	A focus on the patient and their experience	People have access to advocates, interpreters and other support when required
	Maintains patients' medication profiles and documentation of pharmacist interventions	To ensure continuity of care
	The footprint is adequate to support future growth and required services e.g. collection of pharmaceutical, compliance packaging	To support an increased scope of pharmacy services
Services that target addressing inequities	Supports addressing inequities through the design and implementation of services	To reduce inequitable health outcomes for the population through targeted services
An environment that is inviting with good access regardless of my level of mobility, or cognitive or other abilities	An appropriately place and adequately fitted out private consulting area is available for interview and counselling	To provide a suitable consulting environment
	Wheelchair access is available to the pharmacy and consulting room(s)	To enable equity of access for all patients
	Locality-based services	To enable targeted services to meet community need

Closer to home

As a user I want...	Key Performance Indicators	Rationale
To have a pharmacy close to home where I have a good relationship and where all my medicines and pharmacy-related needs can be met	Has focus on reducing inequities and improving outcomes for high needs groups	To build long-term relationships with community and an understanding of health need
	A range of pharmaceutical services are offered	To ensure patients have choices and can access the pharmacy services they need
	Provides all PHARMAC Schedule non-section H medications when required	To ensure patients have access to medications when they need them regardless of cost or complexity of compounding
Access to pharmacy services regardless of where I live	Number of pharmacies in locality appropriate to population	To enable access regardless of location
	Location of pharmacy, distance to and between pharmacies	Pharmacy services are close to home
	Procedures and/or stocks medicines as required or facilitate user obtaining the service from another provider	To facilitate access to a full range of medicines
	Offers home visits to those that need it	To provide home-bound patients with advice, education and other pharmacy services
	Offers full range of medicines provision and medication management services	To enable people centric care
	Offers assessment and screening services e.g. blood glucose testing, pregnancy testing	To support self –management and/or recommend referral to another health care provider when needed
	Offers diagnostic tests e.g. blood pressure monitoring, peak flow monitoring	To encourage early diagnosis and appropriate early intervention

Value and high performance

As a user I want...	Key Performance Indicators	Rationale
A pharmacy that provides expertise and leadership in medicines/pharmacy related services	Pharmacies have a good understanding of the health needs of their community	To contribute to the achievement of local goals, health targets and service priorities
	Participates in new service initiatives where identified for population	To respond to the health needs to the community
	Staffing mix is adequate based on anticipated volumes to enable direct pharmacist interaction with clients	Pharmacists have time to spend with people when the need it
	Has a process in place for recording and investigating adverse and near miss events	To ensure that the service delivered is informed by learning from adverse and near miss events
	The pharmacy has a business continuity plan in place (implementable major incident and emergency plan)	To ensure provision of essential pharmacy services
	Customer surveys are completed annually	To seek commitment and provider feedback that contributes to on-going improvement of pharmacy services
	Pharmacies comply with the 'Consumer Rights' Standards and have a clearly displayed complaints process in place	To ensure the community has a mechanism for raising concerns and having these appropriately managed
To know that I am getting current, evidence based expert advice on pharmacy and medicine related services	Pharmacist(s) and technicians have qualifications/competency and sufficient experience to establish good patient relationships and to positively influence patient behaviours	To provide care based on current best practice
	Information about services offered is readily available	The community has easy access to information about medication, eligibility, costs and services offered
	The responsible pharmacist has suitable experience and professional knowledge	To ensure high standards of care are maintained
	Pharmacies have a quality improvement system/plan in place which includes audit/evaluation of services	Pharmacy has a commitment to continuous improvement
	Staff are supported to remain current in pharmacy best practice and are appropriately qualified to deliver specialist pharmacy care	The community has confidence that they are getting the care they need

One team

As a user I want...	Key Performance Indicators	Rationale
To receive a high quality professional service as part of a multidisciplinary programme of care	Works collaboratively with local GPs and other providers to improve health outcomes	Patients receive holistic care in shared care/integrated health care system
	Provides community education	To develop relationships with the community focusing on high risk/high needs groups
	Engages with the community to support particular health and wellness campaigns	Targeted education and support is provided to those that need it

Smart systems

As a user I want...	Key Performance Indicators	Rationale
Access to my medication list online that is current	Technology, including on-line services, is used to support service delivery where/when available	To facilitate shared/integrated care and remove barriers to access to appropriate care
A safe and efficient system for prescriptions and dispensing	Technology to ensure integration with patient management systems (PMS), NZePS, and medication management programmes	Increased safety in prescribing and ensures efficiencies for both the prescribers and the pharmacists
	The pharmacy has the IT capability and will implement electronic medicines management as it develops	To promote shared/integrated care and connected services.

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