

MEETING DETAILS:

Meeting Title	ADHB Pharmacy Advisory Group
Date and Time	Monday, 7 February 2011, 6.30pm
Venue	Alexandra Room, Greenlane Clinical Centre, Building 13, Level 8 Room 33
Attendees	Linda Jones, Albert Jordaan, Sunil Kumar, Tony Sie on behalf of Sarah Fitt, Victoria Booth, Keith Crump
Apologies	Lorraine Fletcher, Maree Jensen, Trevor Lloyd, Andrew Coe

PURPOSE OF MEETING: to discuss performance, key issues and maintain a close working relationship

No	Item	
1.	Welcome, Introductions, Apologies	
2.	<p>Minutes / Matters arising</p> <p>Synergia Network Analytic – thank you for your feedback after our last meeting, changes have been made. The survey has been approved by the Guild and is due to go out this month and will be open for 2 weeks.</p> <p>COPD project - In brief the Project has 3 work streams to achieve the Project outcomes which are Improved Diagnosis and management of COPD pts in the ADHB area. The 3 work streams are listed below:</p> <ol style="list-style-type: none"> 1. Community Spirometry - to Improve access to spirometry to provide accurate diagnosis of COPD in community (earlier diagnosis and screening of at risk people) 2. Community Pulmonary Rehabilitation – establishment of community based PR within the region to improve access as currently only based at GCC. PR is well established as Improving outcomes for COPD pts. Paul Birch is the lead for this work stream. There may be the potential for involvement of community pharmacy in terms of education however this is still to be decided. 3. COPD Services - this is across the Primary/Secondary Interface and looking at improved Primary Care management with the support of the Specialist Knowledge (Nursing and Medical) at secondary level. In terms of pharmacy involvement yes there is definitely a place for Pharmacy involvement (I see this as more community rather than hospital based per se) especially in terms of pt education with medications/inhaler techniques assessments etc as it shouldn't take a hospital admit before education provided. Dr Syed Hussain is the lead for this work stream. <p>The project team are going to attend the next meeting to give an update and more information in person.</p>	<p>Hazel</p> <p>Hazel</p>
3.	<p>Overview of Optimal Prescribing project</p> <p>The project is a District Annual Plan project for ADHB and CMDHB. It projected savings of \$1.5m across the two DHBs for the 10/11 year. Slow recruitment and changes to PHARMAC schedule have impacted on this. Keith uses data analysis of encrypted NHI data of prescribers which he sends out to prescribers and then invites them to GP cell group meetings (locality based) to discuss evidence and rationales around best practice prescribing. Some examples were handed out. Group is keen to have access to bulletins so they can reinforce message where possible. Next step is the poly-pharmacy audits in the individual practices.</p> <p>Hazel to get copies of the bulletins for the PAG. Keith to become a member of the PAG as a PHO pharmacist.</p>	Keith

<p>4.</p>	<p>Project prioritisation / Auckland Metro Variation</p> <p>Discussion on the Auckland Metro Variation which is due to expire along with national contract at the end of August 2011. The list discussed at the last meeting was put forward to a regional workshop and a shortlist in no particular order has been drawn up which require further work:</p> <ol style="list-style-type: none"> 1. INR – Pilot in 15 pharmacies nationwide. Point of care testing. Timeframes? http://www.bpac.org.nz/magazine/2010/october/upfront.asp Article on original INR pilot and current pilot involving 15 pharmacies and 50 patients from each nationally with evaluation planned before the end of 2011. Therefore not really in timeframes for our contract. 2. ECP – Pilot undertaken in ADHB. Hazel to circulate information. CMDHB not so keen on this one. http://www.adhb.govt.nz/pho/community_%20pharmacy.htm Our community pharmacy page has links to ECP pilot outcome and MUR 3. Clinical pathways - Asthma therapy/COPD/Gout. Number of initiatives being looked at through clinical pathways but how would pharmacy involvement be funded? 4. Pharmaceutical waste – unused meds and sharps. Currently part of variation, what happens if funding stops? 5. E-prescribing – potentially need to put in 50K if going to be part of pilot. Think this should be funded as a national pilot. 6. Fee for non-dispensing – to encourage pharmacist in using clinical judgement and away from transactional basis of dispensing fees 7. Data collection – Improved NHI collection. Should be a target payment not generic. 8. MUR – currently in place in WDHB and CMDHB but the latter having limited success. Not in place in ADHB. http://www.adhb.govt.nz/pho/community_%20pharmacy.htm <ul style="list-style-type: none"> • How far would the money go on any of these services? • Clarification required on what will happen to current funding for online claiming. • Linda noted that she felt that the ECP benefitted those who didn't need it and perhaps it should be targeted to high needs through CSC cards etc • Need a regional solution for pharmaceutical waste 	<p>Hazel to follow up in regional meeting and feedback</p>
<p>5.</p>	<p>Enoxaparin (Clexane) and zoledronic acid</p> <p>Not everyone was familiar with the new zoledronic acid process. Advised was a process going through POAC (Primary Options for Acute Care) so that the 1 hour infusions can be done in the community. Negotiations still underway in CMDHB around pricing. WDHB picked up on issue as some patients having difficulty getting prescription filled. Practical option would be to support list of pharmacists who stock it (Sarah Fitt does this) Some guidelines around recommended strength to stock, rationale for increased use etc would be helpful in informing community pharmacy as it is expensive to have on hand. Perhaps stocking these types of expensive drugs on a locality basis would be useful and develop a patient pathway protocol.</p>	<p>Hazel to follow up with regional group</p>

6.	<p>Chlozapine contract review GPs can prescribe now. No regular annual training available to maintain 'annual validation' as per contract. Good session run last year at ADHB, Corina Young organised ADHB mental health team. Lots of contracts in Auckland, ADHB would like to do an audit and maintain regular training. Group would support better access to training so wider staff can access. Should be a contract where access is limited due to nature of drug.</p>	Hazel to follow up with regional group
7.	<p>Exceptional circumstances PHARMAC consultation on exceptional circumstances being discussed at the Regional Funding Forum on Tuesday. Group raised following issues for consideration;</p> <ul style="list-style-type: none"> - Process of selecting pharmacy is dispensed in the community (current process patient can nominate or usual pharmacy selected) - Special circumstances number required - Ensure good communication around requirements - Drug information - Prescribe in original packs (ensures Pharmacy not stuck with expensive rare drugs) 	Hazel to consider at presentation and raise as appropriate
8.	<p>AOB</p> <p>Aseptic drivers – Limited number of pharmacies with these contracts. New expensive equipment/processes make it unlikely that more will start delivering this service. Walls & Roche only make a small limited amount as required due to large impact on workforce. Would be good if this could be a service that is done within a locality and able to be sub-contracted; unsure if this is viable Training an issue</p> <p>BSMC – Linda would like more information on the progress of the IFHC in Mt Wellington, Hazel's understanding is that it is at fit-out stage at end of January. Don't believe there has been a process for offering of wider services as yet.</p>	<p>Hazel to follow up with Maree and bring to next meeting</p> <p>Hazel to email update to group & item for agenda next week</p>
THE NEXT MEETING WILL BE		
	<p>Date/Time: Monday 4th April 2011 6:30pm Venue: Alexandra Room, ADHB, Greenlane</p>	