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Refreshing the medicines action plan: Actioning Medicines New Zealand 2015-2020

Dear Emma

Thank you for inviting the New Zealand Medical Association (NZMA) to review the draft document 'Refreshing the medicines action plan: Actioning Medicines New Zealand 2015-2020'. The NZMA welcomed the opportunity to attend the sector workshop last month to inform the new direction of the medicines action plan.

2. As you may know, the NZMA is the country's largest voluntary pan-professional medical organisation with approximately 5,000 members. Our members come from all disciplines within the medical profession and include general practitioners, doctors-in-training, specialists, and medical students. The NZMA aims to provide leadership of the medical profession, and promote professional unity and values, and the health of New Zealanders.
3. We note that the medicines strategy provides the overarching framework to govern the regulation, procurement, management and use of medicines and therapeutic products in New Zealand. The three core outcomes for the strategy are quality/safety/efficacy, access, and optimal use. We understand that refreshing the medicines strategy is an opportunity for the Ministry of Health, in conjunction with the sector, to collaboratively plan improvements

to New Zealand's medicines system and identify priority areas where focussed action will lead to meaningful improvements in health outcomes or a reduction of disparities.

4. It is important to ensure that the medicines strategy and the action plan that sits beneath it is applicable to the entire sector and does not come to be seen as owned by any single particular segment. It should be equally relevant and applicable to hospitals, general practice and pharmacy – anywhere where medicines are prescribed, administered and dispensed.

5. The NZMA is supportive of all the following areas identified as high priority next steps to achieving a high quality and effective medicines system:

- supporting medicines adherence and reducing polypharmacy
- optimal prescribing and dispensing to support patient well-being and reduce waste
- enabling self-management with a focus on health literacy
- effective collaboration and decision-making and shared care planning
- supporting equitable outcomes and access to medicines for at-risk groups
- rationalising use of antibiotics to increase safety and cost-efficiency
- better workforce integration particularly around the role of pharmacists, including pharmacy as part of primary health care
- delivery of more medicines management services by pharmacists.

6. We note that the consultation document includes a number of draft impact areas along with related objectives and potential actions. We understand that following further feedback by stakeholders, significant refinement of the impact areas and actions is expected. The NZMA is broadly supportive of all of the draft impact areas, objectives and potential actions in the consultation document. Our specific comments on selected draft impact areas are provided below.

7. *Making the most of every point of care*

We agree that this should be a high priority area. With respect to the 'seamless referral of those who need other services as a result of monitoring or screening', we suggest that any referral be stipulated as needing to proceed via the medical home. There is a risk of fragmentation of information (with resulting detrimental effects on patient care) with referrals that are made directly from pharmacy bypassing the medical home. With respect to the potential action to optimise pharmacist vaccination, we suggest that this should be better defined (eg, by stipulating which vaccines, such as only those which are unfunded).

8. *Reducing problem polypharmacy in older people and those with long term conditions*

We agree that this should be a high priority area. With respect to the potential action for the HQSC to develop a stop/start toolkit, we consider that any criteria for considering appropriateness when initiating treatment should be medicines related, and suggest modification of the text to ensure this qualifier.

9. *Enabling shared care through an integrated health care team*

We agree that this is an important objective for the entire sector. However, we consider that shared care planning is part of a much wider process than the medicines strategy. While implementing shared care planning and patient portals are important initiatives, we do not feel they sit optimally as potential actions under the revised medicines strategy. Rather, the action sits more appropriately under the National Health IT Plan.

10. *Optimal use of antibiotics*

We agree that this should be a high priority area. However, any potential action that attempts to provide central management of antimicrobial use needs to ensure clinician buy-in.

11. *Competent and responsive prescribers*

We agree that this should be a high priority area. Nevertheless, we are concerned that the potential action to develop a single competency framework for all prescribers in New Zealand wrongly assumes prescribing is a distinct activity. The prescribing of medicines is not a discrete activity but rather a tool in the practice of medicine and the overall care of the patient. Prescribing cannot be considered in isolation from diagnosis and/or monitoring of disease progression. These require knowledge and skills built on years of study of anatomy, pathology and physiology, accompanied by training in clinical methods. The NZMA requests that it be involved in any future work stream that attempts to develop a competency framework for all prescribers.

12. *Targeting medicines waste*

We agree that this should be a high priority area. With respect to the potential action to 'explore the role of the primary care receptionist in safe repeat prescribing practice', we suggest this be reworded to replace 'primary care receptionist' with 'administrative and non-medical staff' to reflect the wider range of roles (other than the prescriber) that have a part to play in safe repeat prescribing practice.

Thank you for the opportunity to provide feedback on this draft and we hope that our comments are helpful. We look forward to being kept apprised of progress on this initiative and would welcome the opportunity for further engagement with the Ministry prior to Minister Dunne reporting to Cabinet in March/April 2015 with his preferred impact areas.

Yours sincerely



Dr Kate Baddock
NZMA General Practitioner Council Chair