HUTT VALLEY DHB

Future Pharmacist Services

2018–2023

Our five year strategy

Contents

Why Do We Need A Pharmacist Services Strategy?

From the supply of medication to the provision of care.

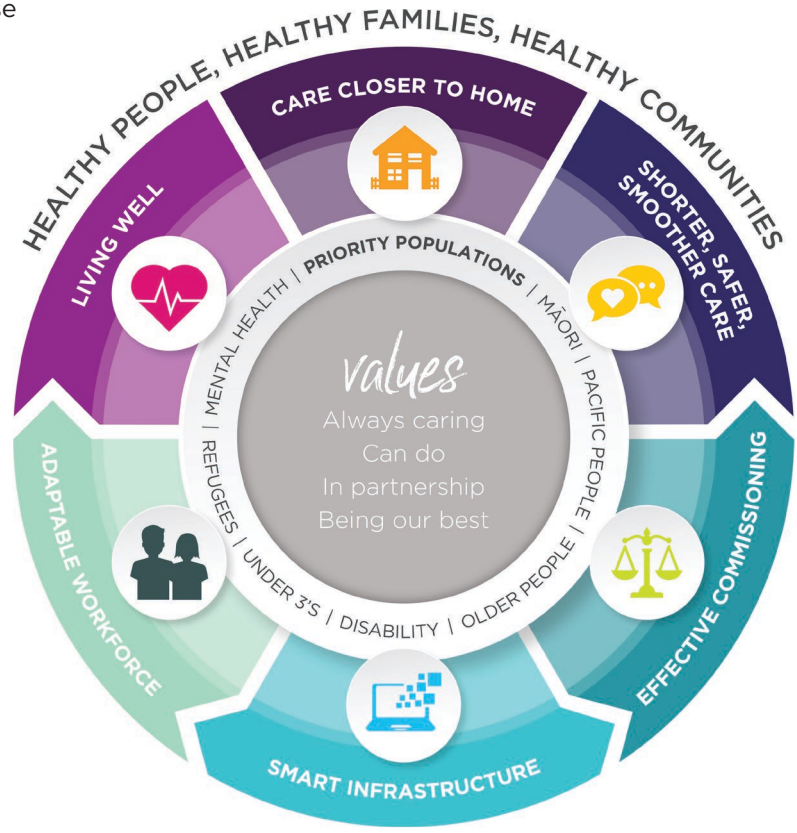
From volumes to value.

The health sector faces several challenges driving us toward a different approach for planning and funding of health services. How we meet these challenges is described in Hutt Valley DHB's ***Our Vision for Change***. This builds on other strategic work guiding the future direction of health services including a refreshed ***New Zealand Health Strategy***, the ***Pharmacy Action Plan*** and ***Integrated Pharmacist Services in the Community***.

The following diagram summarises Hutt Valley DHB's strategy *Our Vision for Change*. The document sets out our strategic directions – Living Well; Care Closer to Home; Shorter, Safer, Smoother Care – and strategic enablers – Adaptable Workforce, Smart Infrastructure; Effective Commissioning – to enable us to meet the health needs of our population. *Our Vision for Change* highlights our health system priority populations; groups with high health needs, and where we need to need to prioritise our investment and resources.

Ensuring our health workforce is adaptable and able to respond to the needs of our population are key enablers of Our Vision for Change. Pharmacists are highly qualified health professionals. However, too few community pharmacists are located where our population need is highest. Many pharmacies are small, and appear constrained in their ability to provide higher value services.

We need an adaptable pharmacist workforce, where pharmacists can work in a way that better serves community needs. Changes in technology allow us to realise this vision of freeing pharmacists from the medication supply process allowing them to spend more time providing advice and information to patients while being better connected to other health professionals, especially prescribers. How we, as a DHB, commission services is also critical. Effective planning and purchasing will be important in leading pharmacists to provide the services that make the most difference to patient health. However, change must be achieved largely within current resources, and this will require funding redirection.



Pharmacy Action Plan

The Pharmacy Action Plan for New Zealand describes a future where pharmacist services, as an essential part of an integrated model of care, are delivered in innovative ways, across a broad range of settings. This is so all New Zealanders have equitable access to medicines and health care services.

Although the pharmacist workforce is young compared to other health workforces, and highly qualified, their skills remain underused in the wider health setting. Yet good evidence shows making better use of these skills will improve health outcomes and make medicines safer.

This plan describes a future where pharmacists can deliver maximum value to the health system and contribute to the objectives of the New Zealand Health Strategy.

The four focus areas for the Pharmacy Action Plan, (population and personal health, medicines management services, minor ailments and referral, dispensing and supply services) align with the directions of the New Zealand Health Strategy. This pharmacist services strategy in turn aligns with the Pharmacy Action Plan.

How We Developed this Strategy

In October 2017, the DHB invited pharmacists, patients, GPs and NGOs to discuss and plan the future shape of pharmacist services in the Hutt Valley. Some important themes were identified in this workshop.

Integration with the health sector was a key need for many workshop attendees including pharmacists having access to shared patient records, a unique patient chart of medications, and pharmacist involvement in the HealthCare Home service.

Reducing inequity by reducing the cost barrier was the single greatest need identified. Having funding follow the patient, by advocating for extending the period of supply to six months, and creating better public awareness of the services that pharmacists can provide, were also recognised.

There was a general theme around pharmacist services and funding being more patient-centred but flexible to respond to individual needs. Holding education clinics and providing medication management in (aged care) residential villages, pharmacists providing care for minor illnesses, and additional services being provided for at risk people, were ideas for improving access.

We developed this strategy by integrating the themes from the workshop with HVDHB's strategic directions and enablers in its *Vision for Change*. The strategy is a high level document and we will develop an implementation plan and detailed service specifications with our health partners.

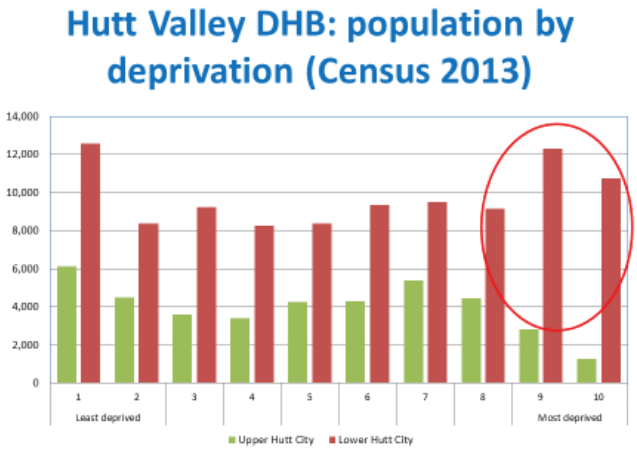
Background

The people of the Hutt Valley

The Hutt Valley DHB covers Lower Hutt and Upper Hutt; a highly urbanised region of 146,000 people. People under 25 make up 32 percent of the population and those in middle age represent 56 percent. Population projections to 2030 show a small growth in the total population of 3,400 people, but by then at least one in six people will be over 70 and the population of over 85 year olds will increase by 70 percent.

Just over 17 percent of the population identify as Māori, and 7 percent as Pacific. These populations are younger and have higher fertility. By 2030, almost 50 percent of the Hutt Valley population will be Māori, Pacific or Asian. On current trends, a greater proportion of the community is likely to be living in socioeconomic deprivation. Lower Hutt has higher proportions living in both the least and most deprived areas. Upper Hutt has higher proportions living in deciles 7-8.

Figure 1: Hutt Valley DHB Deprivation Profile



Health need

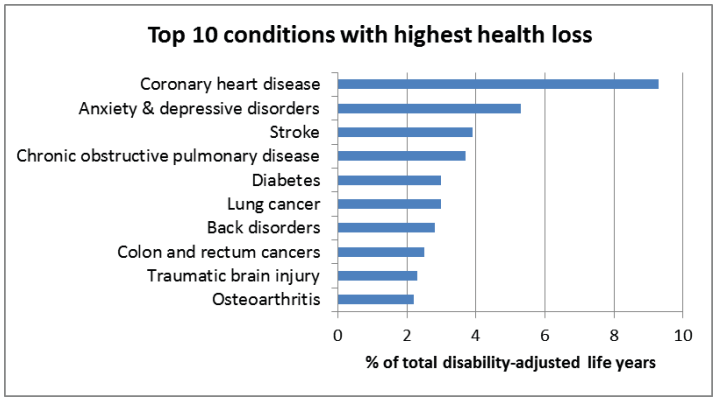
While most people have episodic needs for medication at times in their life, long term conditions dominate the need for pharmacist services. At young ages, medication needs are largely episodic, aside from respiratory conditions, which account for a large proportion of presentations by children to primary and secondary care and have chronic and acute phases.

The burden of long term conditions is borne disproportionately by certain populations. Pacific people have twice the rate of diabetes compared with other ethnic groups. Māori and Pacific people experience the onset of long-term conditions 10-15 years earlier than people of other ethnicities. People with mental health and/or drug and alcohol dependencies have a life expectancy up to 25 years less than others, due to physical illnesses such as cancer and cardiovascular conditions. Their need for support occurs at all ages, whereas for others it tends to be more age related.

Long-term conditions tend to increase in number and complexity with age. The burden of medication is greater (and the need for medication management support is greatest) towards the end-of-life when mobility and the cognitive ability to manage medication is declining, especially for people living alone in the community.

The following graph shows the conditions with the highest health loss. Medication is a key treatment in many or all of these conditions, but especially the top five.

Figure 2: Top 10 conditions with highest health loss



National data, Ministry of Health Burden of Disease Report, 2013

Barriers to Effective Health Care

Our population is becoming more diverse. For some people in our population, English is a second language. The language barriers compound the difficulty of understanding health conditions and conveying and receiving information about medication and how to use it.

Accessibility for our users of pharmacist services poses privacy and cultural challenges. Pharmacies increasingly have private consultation spaces for longer conversations but, for most patients, most engagement with pharmacists, including conversations about medical conditions, occurs at a small counter in close proximity to other pharmacists and patients.

Aside from the cognitive and mobility factors mentioned above, the financial barrier is also a factor for an estimated group of around 300 Hutt Valley people who do not regularly collect their long term medication.

Community Pharmacy Structure

Our community pharmacist services are presently provided through a network of 30 community pharmacies in Lower Hutt and Upper Hutt, employing the equivalent of around 80 full time pharmacists. While many of our pharmacies are located in the suburbs (see Figure 3 and 4), there are clusters of pharmacies in the retail centres of Lower Hutt and Upper Hutt. Many have a strong retail trade orientation with small counters for dispensing at the back of the pharmacy and the bulk of space dedicated to retail display.

Co-location with a medical centre is common (12/29) and while the proximity strengthens collaboration and ease of urgent conversations, true integration, and the shared management of complex patients, is a largely untapped opportunity, with information exchange occurring by phone, fax, and face to face.

Many pharmacies are close to other pharmacies as the following indicates:

- 21 of the 30 pharmacies are within 1km of another pharmacy
- 14 of the 30 pharmacies are within 1km of two or more pharmacies.

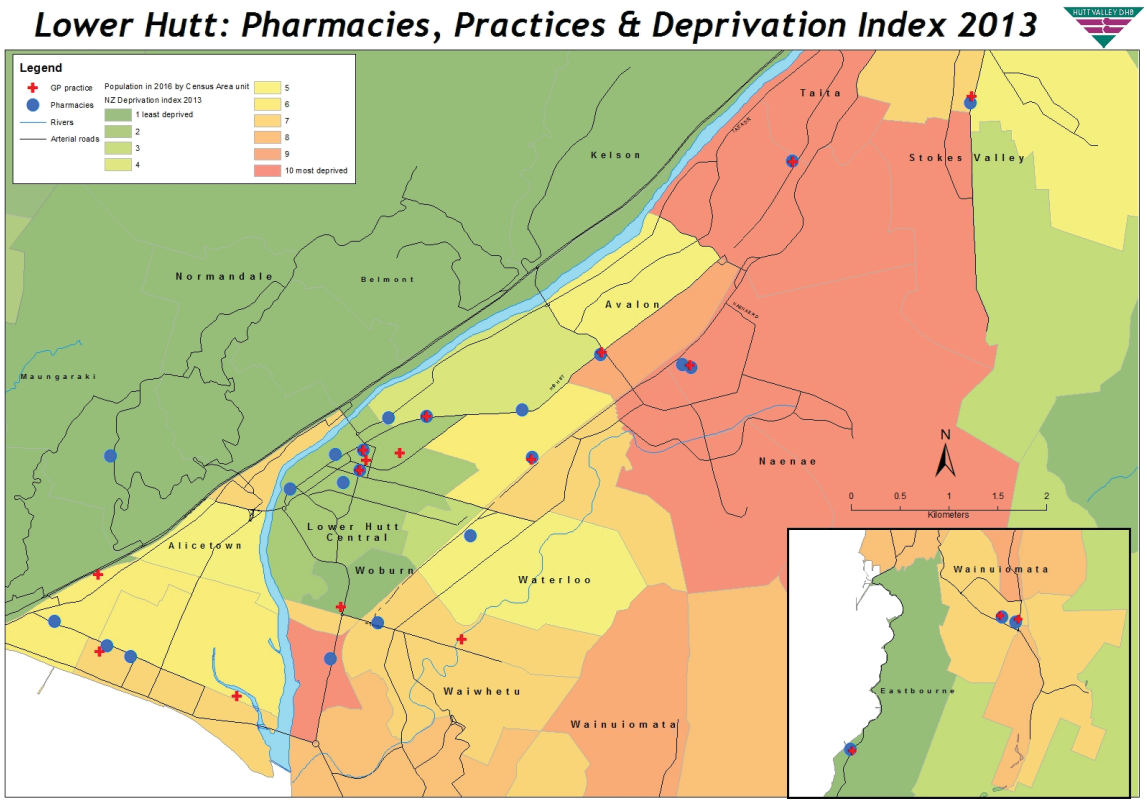
Community Pharmacy Location

Relatively few pharmacies are located in the areas of higher deprivation (the red and orange areas of Figures 3a and 3b) in Lower Hutt. Most are clustered in closer to the green and yellow areas of low deprivation.

While some pharmacies employ several pharmacists, many have relatively few. The 30 Hutt Valley pharmacies employ 1-9 pharmacists and 0-7 pharmacy technicians. Providing a range of services in a more flexible way may be clinically and functionally challenging with the current configuration which has:

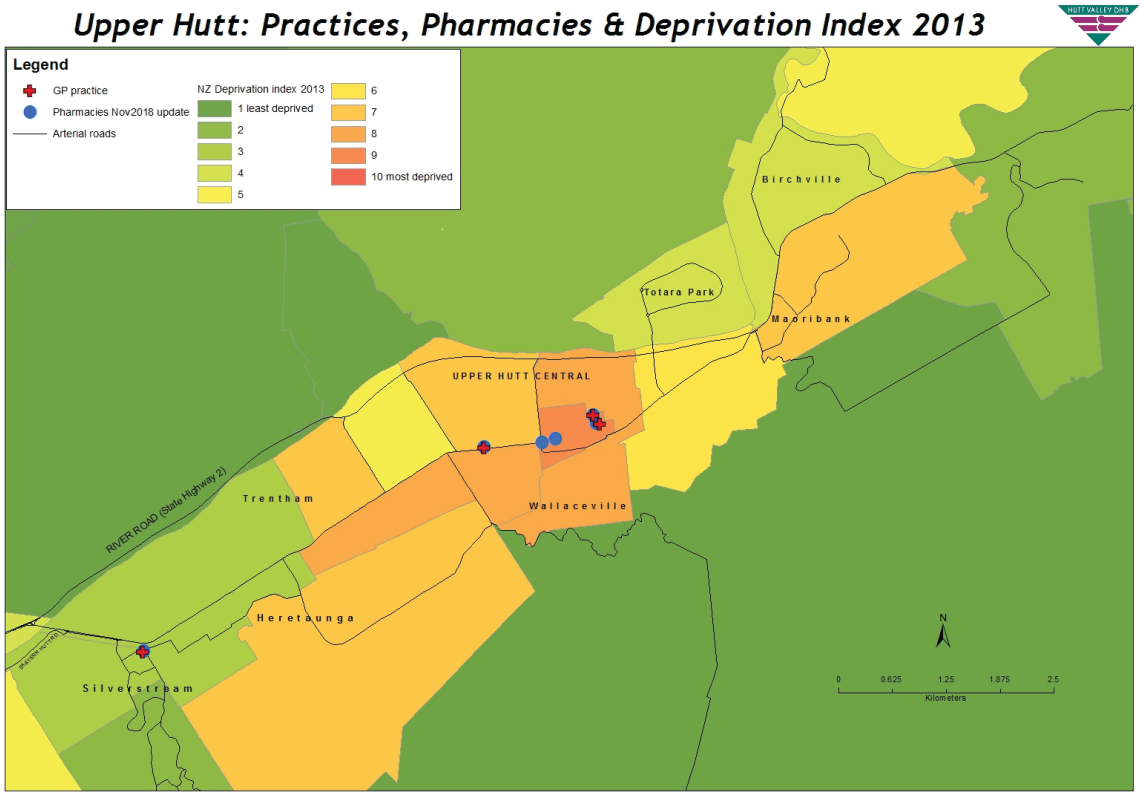
- 13 pharmacies with less than 2 pharmacist FTEs
- 21 pharmacies with less than 3 pharmacist FTEs.

Figure 3: Location of pharmacies in the Lower Hutt area by deprivation



Produced by Health Intelligence & Decision Support, Hutt Valley DHB March 2019

Figure 4: Location of pharmacies in the Upper Hutt area by deprivation



Produced by Health Intelligence & Decision Support, Hutt Valley DHB March 2019

Current Pharmacist Services

COMMUNITY PHARMACIES

Community pharmacy services are strongly oriented towards dispensing (reflecting the current contract structure). There is a strong emphasis on blister packaging for medication management support, as it is for many NZ pharmacies, despite evidence showing there are more effective ways to improve medication adherence.

Medication supply and advice is provided in other settings apart from the pharmacy, including community and aged residential care facilities and prisons. Some pharmacies also deliver medication to less mobile people living in their own homes in the community, and at least one pharmacy provides anti-coagulation management support to a small number of patients in their homes.

Pharmacies also dispense a range of over-the-counter medicines and pharmacist-only medicines including: nicotine replacement therapy, emergency contraceptive pills, trimethoprim, chloramphenicol and sildenafil.

Some other pharmacy services indicate the potential for pharmacists to provide other health services without the need for prior referral:

- Monitored medication service (clozapine)
- Rheumatic fever prevention – antibiotics for sore throats
- Influenza vaccinations
- Blood pressure checks
- Anticoagulation management through point of care testing.

Many pharmacies help patients with financial access by allowing regular payments over time.

A number of pharmacists in Hutt Valley pharmacies are speakers of other languages.

OTHER PHARMACIST SERVICES

Te Awakairangi Health Network (TeAHN), the primary health organisation responsible for over 80 percent of primary care in the Hutt Valley has provided up to six Hutt Valley practices with clinical pharmacist services since October 2016 on a trial basis. The activity within the practices has included a number of areas to improve quality in the use of medication. The service has been funded by TeAHN in that time.

There is also one prescribing pharmacist practising independently in the Hutt Valley working directly with some general practices.

Summary Comment

Unlocking the potential in the community pharmacist workforce to contribute to health sector challenges depends on them embracing technology releasing them from the medication supply process and ensuring a greater focus on cognitive and preventative services.

The success of this strategy will also rely on integrating pharmacists into the wider care team including primary care, DHBs, community health, mental health and aged residential care providers. It will also require shifting some pharmacist resource towards the populations where our need is highest and pharmacists can make the most difference. To provide the range of services that populations need, pharmacists should be working in teams that are at a critical mass.

Aside from the electronic health record access and integration changes that may be achieved by technical means, cultural and work practice changes by pharmacists, and other professional groups, may be as important in making the transition. Regulatory changes will also support change if they can break down some barriers and allow pharmacists to work in a more efficient way.

STRATEGIC DIRECTION

Support living well

WHAT DO WE MEAN?

Living well means consideration of mental and physical wellbeing; preventing ill-health or further onset of disease by establishing good health, in its broadest sense, as early in life as possible and continuing to keep individuals and whānau well through the years.

Living well will require moving to a model based on engagement and active participation. Professionals will need new skills to support better self-management. Technology will need to better enable self-care and people must become actively engaged in their care. Some will become 'expert patients' as they partner with their health care team. Making a shift to living well requires collaboration across a range of sectors and wider communities working in partnership as a population health system.

WHY IS THIS IMPORTANT?

We know that over a third of health loss in New Zealand is potentially preventable and pharmacists can play a key role in this. By investing in wellness; screening for health conditions, engaging at-risk people early and helping to manage medication for existing long term conditions, we can prevent or limit avoidable health problems.

WHAT DO WE WANT IN FIVE YEARS?

- Pharmacist provision of pharmaceutical care services that enhance health and wellbeing with a focus on improving equity including, influenza vaccine, screening (eg blood pressure, and cholesterol), contraception and emergency hormonal contraception, and smoking cessation support.
- Pharmacists deliver messages about health and wellbeing and facilitate access to resources including apps, digital tools and on-line forums.
- Established relationships and referral pathways for pharmacists to refer at-risk patients to appropriate health or social services.
- Access to medication for priority populations that meets their health needs.
- More focus on addressing equity, with more targeted services to those whanau with social vulnerabilities.

INDICATORS

- Percentage of pharmacies providing influenza vaccine.
- Number of referrals resulting in smoking cessation service enrolment.
- Number of teenage pregnancies and number of terminations of pregnancy.
- Dispensing completion rates for Māori and Pacific people for specified long term medications.

STRATEGIC DIRECTION

Shift care closer to home

WHAT DO WE MEAN?

We need to change the system so services come to people, community teams are truly community-based, and, where possible, people get most of their (non-complex) care closer to their neighbourhoods or homes.

Shifting care closer to home means people receive services either in their general practice, in community health hubs, or in the home. It means organising services around the people using them. Individuals and whānau will choose how and when they wish to receive services. Enhanced primary care services should facilitate this approach alongside broader health and social sector partners.

The workforce across the system will need to work differently. Different workforces will emerge and, as regulatory functions change, these new teams will take on tasks that were traditionally performed by medical professionals. The role of pharmacists will adapt and change, providing a much broader range of services in the community. Cooperation amongst clinicians will be a priority.

WHY IS THIS IMPORTANT?

Patient access increases when services are closer to home, and supports a positive patient experience. Many services provided by medical professionals could be provided by other health professionals. Pharmacists have the skills and knowledge to manage some of these activities as members of the primary care team. Some patients may not be able to see a pharmacist, at a pharmacy, for mobility or other reasons. Engagement with a pharmacist sometimes occurs indirectly through a family member or carer.

WHAT DO WE WANT IN FIVE YEARS?

- A streamlined dispensing service for adherent, health literate service users whose medication is unchanging and their condition stable.
- Better support for people to understand and manage their long term medications.
- Pharmacists providing more medication advice in health hubs, in conjunction with GPs.
- Pharmacists contributing to shared care plans for complex patients.
- A greater focus on those with the most room for improvement from medication use.
- Monitoring the impact of mental health medication on general wellbeing and appropriate service responses.
- Monitoring medication use of at-risk patients with long term conditions, and liaising with multidisciplinary team meetings (MDT).

INDICATORS

- Blood Pressure, HbA1c, Reliever: Preventer Ratio, INR Time in therapeutic range.
- Range of non-packaging options used to support medication adherence.

STRATEGIC DIRECTION

Deliver shorter, safer and smoother care

WHAT DO WE MEAN?

Making everyone's passage through the health system shorter, safer and smoother requires responsive, accessible, high quality and timely services. Services will streamline patient care, so individuals and whānau will spend less time waiting and shifting from service to service, and won't have to repeat their story. People will experience consistently high standards of care and health professionals will work off one shared care plan.

Primary health services (as the 'health care home' for individuals and whānau), will work closely with other health professionals and services to help navigate people through the appropriate health and social services seamlessly and quickly. Those working in the health system embrace continuous quality improvement.

WHY IS THIS IMPORTANT?

Valuing and respecting people's time by making access to health services easy and responsive encourages a more positive experience of the health system. The evidence suggests measures of people's experience are clear indicators of health care quality. Higher levels of engagement and satisfaction drive quality customer care.

WHAT DO WE WANT IN FIVE YEARS?

- Integration with the health team caring for complex patients.
- A unique medication chart and plan of care.
- Improved transition between care providers.
- More intensive, and mobile care services, such as medication education, medication review, and regimen simplification, for high-risk community patients.
- Improved care and advice for patients on multiple medications.
- Improved support for patients with complex mental health needs.
- Improved quality of care and medication related advice for people in aged care facilities.
- Improved access to medication by reducing financial and other barriers.
- Better access to high cost, low volume medication.
- Better facilities to enable privacy and confidentiality for service users to be safeguarded.
- More resilient pharmacist services in emergencies.

INDICATORS

- Percentage of long-term medications collected by the due date.
- Unused medication collected as waste (kgs).
- Percentage of complex patient shared care plans with pharmacist input.
- Percentage of pharmacies with a business continuity plan consistent with the DHB BCP.
- Percentage of Aged Residential Care (ARC) providers with pharmacists participating in MDT and medication review.

STRATEGIC ENABLER

Smart Infrastructure

WHAT DO WE MEAN?

New targeted drugs and personalised treatments, smart diagnostics, and digital technologies promise to redefine healthcare as a proactive system that everybody can tap into. The internet, cloud computing, block chain, big data and artificial intelligence technologies have potential to make better, more individualised care available for everyone, and allow people and whānau to be more informed and involved in their care.

People will become the 'chief operating officer' of their care. They will use technology to drive their own care; making their own appointments when it suits them, self-managing via telemedicine options, accessing their own data and diagnostics. Shared care plans will be the norm, with a person's full set of transactions and interactions with the health and social system in one place.

WHY IS THIS IMPORTANT?

A technology enabled health system will improve patient experience, quality of care, free up the workforce and support integration across health professionals. It will speed up care, and make high quality care more consistent. Technology will improve self-management capability and ultimately allow people and whānau to drive their own care. It will allow far better individualised and tailored care.

WHAT DO WE WANT IN FIVE YEARS?

- One widely accessible source of information about a patient's medication.
- A shared patient plan of care that all members of the care team use and update.
- Electronic exchange of information between providers so they can work in a virtual team where face-to-face contact isn't needed.
- Technologies that support improved patient engagement and adherence.
- Pharmacists have access to health outcome information about service users.
- Lean engineering of the medication supply process.
- Robotic and other packing technology that frees up the pharmacist for more face-to-face time with patients.

INDICATORS

- Percentage of complex patients with electronic access to their shared care plan.
- Percentage of bar-coded scripts scanned by pharmacies.
- Percentage of pharmacies using robots for packing and checking medication.

STRATEGIC ENABLER

Adaptable Workforce

WHAT DO WE MEAN?

Professionals will need new skills to drive our strategic transformation to: support better self-management, work in multi-disciplinary teams co-ordinating care across community and hospital settings, participate in and lead quality improvement changes, use technology and data and take a system-wide view of health services and outcomes. In short, they will need to be flexible and adaptable.

All those providing services in the health system should be technology savvy and connected, sharing information and working as one team. All health professionals will understand their roles, and work cohesively across the system to share learning, innovation and expertise.

The workforce will work differently to today and as regulatory functions change, new healthcare teams will take on tasks that were traditionally performed by medical professionals, allowing them to provide a much broader range of tasks and services.

WHY IS THIS IMPORTANT?

Tapping into the full skill set and medicines management expertise to provide professional advice will enable pharmacists to offer an ever-expanding range of clinical services for supporting people in the community. Shifting the scope of practice boundaries will enable health professionals to work at higher levels.

WHAT DO WE WANT IN FIVE YEARS?

- Pharmacists spending more time on medication management and less time in the medication supply process.
- GPs relieved of the burden of repeat prescribing.
- Checking technicians who are able to do the final medication check.
- Professional development and training to support the strategic direction.
- Pharmacists qualified to provide minor ailment services.
- Supportive networks for community based pharmacists.
- Culturally competent pharmacists providing services to priority populations to reduce inequalities.
- Pharmacists making recommendations to GPs to optimise medication regimes.

INDICATORS

- Percentage of pharmacists with recent training in health literacy and cultural competency.
- Percentage of pharmacies with medication packaged and checked by technicians.
- Number of Māori and Pacific pharmacists and technicians.

STRATEGIC ENABLER

Effective commissioning

WHAT DO WE MEAN?

Commissioning is an ongoing process where health needs are identified, services are developed to meet those needs and responsible resource decisions are made. Good commissioning focusses on managing value rather than cost, and moves toward measuring outcomes. Our commissioning approach will allow us to continuously improve services and intentionally commit resources to achieve the best outcomes for populations, and what matters most to individuals. We will support the elimination of health inequities, and improve people's experience of care.

Our funding and business models will encourage and support collaboration and partnership; effective service delivery integration and responsible stewardship of our limited resources. Co-design of services, systems-thinking and planning for the long term are important foundations for this.

WHY IS THIS IMPORTANT?

Current models can't meet the demand for services. We cannot fund more of what we do now. The traditional way of planning and funding services does not encourage the system to act with a collective impact, using our financial resources to get the best value for the whole system.

WHAT DO WE WANT IN FIVE YEARS?

- Pharmacist involvement in the governance and development of community services.
- Clinically and financially viable pharmacist service providers offering a wide range of accessible services with choice and responsiveness for service users.
- DHB management of provider numbers and funding to match population needs.
- Population funding for the care of patients with long-term conditions that provides greater certainty and encourages medication optimisation.
- More medicines management services for at-risk groups and more simplified care for people able to self-manage.
- Service design and success measures determined collaboratively with providers and service users.

INDICATORS

- Percentage of pharmacist service providers working in teams with at least 3 pharmacist FTEs.
- Patient satisfaction.
- Pharmacist satisfaction.
- Percentage of Māori and Pacific people who have collected prescribed medication and repeats.
- Ratio of medication supply fees: cognitive service fees.
- Percentages of fee-for-service funding: fixed funding.

People Get The Most Benefit From Medication Use, Regardless of Their Condition or Location

Strategic Directions

	Living Well	Care Closer to Home	Shorter, Safer, Smoother Care
What do we want in five years	• Pharmacist provision of **pharmaceutical care services that enhance health and wellbeing** including, influenza vaccine, screening (eg blood pressure, and cholesterol), contraception and emergency hormonal contraception, and smoking cessation support. • Pharmacists deliver **messages about health and well-being** and facilitate **access to resources** including apps, digital tools and on-line forums. • Established relationships and **referral pathways** for pharmacists to refer at-risk patients to appropriate health or social services. • **Access** to medication **for priority populations** meets their health needs. • **More focus on addressing equity**, with more targeted services to those whanau with social vulnerabilities.	• **A streamlined dispensing service** for adherent, health literate service users whose medication is unchanging and their condition stable. • **Better support** for people to understand and manage their long term medications. • Pharmacists providing more **medication advice** in health hubs, **in conjunction with GPs.** • Pharmacists contributing to **shared care plans** for complex patients. • A greater **focus on those with the most room for improvement** from medication use. • **Monitoring of the impact of mental health medication** on general wellbeing and appropriate service responses. • **Monitoring medication use of at-risk patients** with long term conditions and liaising with MDT (to head off the need for more intensive health need).	• **Integration with the health team** caring for complex patients. • **A unique medication chart and plan of care.** • **An improved transition** between care providers. • **More intensive, and mobile care services**, such as medication education, medication review, and regimen simplification, for high-risk community patients. • **Improved care and advice for patients on multiple medications.** • **Improved support for patients with complex mental health needs.** • Improved quality of care and medication related **advice for people in aged care facilities.** • Improved access to medication by **reducing financial and other barriers.** • **Better access to high cost, low volume medication.** • Better facilities to enable **privacy and confidentiality** for service users to be safeguarded. • More **resilient pharmacist services** in emergencies.
Measures	• Percentage of pharmacies providing influenza vaccine. • Number of referrals that result in smoking cessation service enrolment. • Number of teenage pregnancies and terminations of pregnancy. • Dispensing completion rates for Māori and Pacific people for specified long term medications.	• Blood Pressure, HbA1c, Reliever: Preventer Ratio, INR TTR. • Range of non-packaging options used to support medication adherence.	• Percentage of long term medications collected by the due date. • Unused medication collected as waste (kgs). • Percentage of complex patient shared care plans with pharmacist input. • Percentage of pharmacies with a business continuity plan consistent with the DHB BCP. • Percentage of ARC providers with pharmacists participating in MDT and medication review.

Strategic Enablers

Smart Infrastructure

- **One widely accessible source of information** about a patient's medication.
- A **shared patient plan of care** that all members of the care team use and update.
- **Electronic exchange of information** between providers so they can work in a virtual team where face-to-face contact isn't needed.
- **Technologies that support improved patient engagement and adherence.**
- Pharmacists have **access to health outcome information** about service users.
- **Lean engineering of the medication supply** process.
- **Robotic and other packing technology** that frees up the pharmacist for more face-to-face time with patients.

Adaptable Workforce

- Pharmacists spending **more time on medication management** and less time in the medication supply process.
- **GPs relieved of** the burden of **repeat prescribing.**
- **Checking technicians** who are able to do the final medication check.
- Professional development and **training to support the strategic direction.**
- Pharmacists qualified to provide **minor ailment services.**
- Supportive **networks** for community based pharmacists.
- **Culturally competent pharmacists** providing services to priority populations **to reduce inequalities.**
- Pharmacists making recommendations to GPs to **optimise medication regimes**.

Effective Commissioning

- **Pharmacist involvement in** the **governance** and development of community services.
- **Clinically and financially viable pharmacist service providers** offering a wide range of accessible services with choice and responsiveness for service users.
- DHB management of **provider numbers** and funding to **match population needs.**
- **Population funding** for the care of patients with long term conditions that provides greater certainty and encourages medication optimisation.
- **More medicines management services for at-risk groups** and more simplified care for people able to self-manage.
- Service design and success **measures determined collaboratively** with providers and service users.

- Percentage of complex patients with electronic access to their shared care plan.
- Percentage of bar-coded scripts scanned by pharmacies.
- Percentage of pharmacies using robots for packing and checking medication.

- Percentage of pharmacists with recent training in health literacy and cultural competency.
- Percentage of pharmacies with medication packaged and checked by technicians.
- Number of Māori and Pacific pharmacists and technicians.

- Percentage of pharmacist service providers working in teams with at least 3 pharmacist FTEs.
- Patient satisfaction.
- Pharmacist satisfaction.
- Percentage of Māori and Pacific people who have collected prescribed medication and repeats.
- Ratio of medication supply fees: cognitive service fees.
- Percentages of fee-for-service funding: fixed funding.

Appendix 1

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