PHARMACY GUILD OF NEW ZEALAND

12 December 2024

PHARMAC
PO Box 10254
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Sent via email to: *logan.heyes@pharmac.govt.nz*, *belinda.ray-johnson@pharmac.govt.nz*

Dear Logan and Belinda,

**Re: Practitioner Supply Order (PSO) pilot proposal and request for Expressions of Interest (EOI)**

The Pharmacy Guild of New Zealand (Inc.) (the Guild) is a national membership organisation representing community pharmacy owners. We provide leadership on all issues affecting the sector and advocate for the business and professional interests of community pharmacy.

We appreciate the opportunity to provide feedback on the Practitioner Supply Order (PSO) pilot and the related request for Expressions of Interest (EOI) from general practices. While we acknowledge Pharmac's commitment to improving patient access to medicines, we have significant concerns regarding the potential implications of this trial on community pharmacies and the possible future implementation of this proposal.

We request clarification on several aspects of the proposal and highlight some potential risks to patient safety, medicine management, equity, regulatory compliance and the long-term sustainability of both general practice and pharmacy services.

## Key concerns

### 1. Purpose and rationale for the change

The rationale behind implementing the PSO pilot in non-rural areas is unclear, particularly considering that the existing PSO system was specifically designed to address the limited access to community pharmacies in rural areas, and not the availability of prescribers. In non-rural areas, community pharmacies already provide a broad range of comprehensive services, including extensive access and support to scheduled medicines, expert medicine advice, and a wide range of clinical services, ensuring convenient and timely access to necessary medicines.

Given that community pharmacies are already providing extensive support and timely access to medicines in non-rural areas, we question the necessity of this trial. We request that Pharmac clarify the specific issues it seeks to address with the PSO pilot in non-rural areas, as it is unclear how this initiative would enhance the existing healthcare infrastructure, improve patient access to medicines, or contribute to better health outcomes.

### 2. Legal concerns

Community pharmacies and their staff are governed by extensive legal and regulatory requirements and accountability standards when handling and supplying prescription medicines. These regulations are designed to ensure that community pharmacies maintain high standards of patient safety and accountability. Will the general practices selected to participate in this pilot be held to the same rigorous legal and regulatory frameworks?


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The Medicines Act 1981 and Medicines Regulations 1984 outline the requirements for the secure storage of scheduled medicines, including prescription medicines, to maintain their stability and to prevent unauthorised access. What measures will be implemented for the selected general practices to ensure the secure storage and management of prescription medicines ordered through a PSO, safeguarding against theft, diversion, or misuse?

The strict rules outlined in the various legislation and standards governing community pharmacies include detailed requirements for maintaining comprehensive records of all medicines dispensed. We are concerned that providing prescription medicines directly from general practices, without integration into a centralised record system, introduces significant risks and there may be gaps in the patient's medicine history. Pharmacists and other healthcare providers, such as general practices, hospitals, urgent care clinics and other prescribers will not have access to accurate and up-to-date dispensing records, raising the risk of missed drug interactions, contraindications, duplication, or adverse events, which could compromise patient safety.

### 3. Patient safety concerns

Pharmacists undergo extensive education and training in pharmacology, drug interactions, medicine management, and patient counselling, which equips them with specialised knowledge and a higher level of expertise to ensure the safe and effective use of medicines. In contrast, general practitioners may not have the same level of expertise in the detailed management of medicines. With the removal of the pharmacist as an additional layer of safety and oversight could result in errors in medicine selection, appropriate dosage, or inadequate provision of instructions on how the medicine should be taken, increasing the risk of adverse effects, ineffective treatment, or even serious complications for patients.

One of the critical roles of pharmacists is to review a patient's full medicine history to identify potential drug interactions. General practitioners may not have the same comprehensive view of all the medicines a patient is taking, especially if those medicines have been prescribed by multiple healthcare providers or include over-the-counter medicines, herbal remedies or dietary supplements. Without a pharmacist's oversight, these interactions may go unnoticed, increasing the risk to harmful drug interactions, which could lead to severe adverse effects, worsening health conditions, long-term harm, or hospitalisation.

Pharmacists play a vital role in providing detailed medicine counselling, ensuring patients understand how to take their medicines correctly, including the proper dosage, timing, side effects and drug interactions, and the importance of adhering to a prescribed regimen. They also offer tailored advice for patients with complex health conditions or those on multiple medicines, helping to minimise side effects and coordinate care. If prescription medicines are issued directly by general practices, the consistency and quality of this counselling could be significantly compromised, as general practitioners may not have the same level of expertise or time to dedicate to detailed medicine counselling. In the absence of pharmacist counselling, patients may struggle with medicine adherence, have a reduced understanding of their treatment, and face an increased risk of adverse effects and medicine-related problems.

### 4. Ethical concerns

Dispensing medicines directly in general practices could undermine the equity of the current co-payment fee and Prescription Subsidy Card (PSC) system, leading to disparities in access to medicines. Some patients may be able to avoid paying the standard government co-payment fee

required at some community pharmacies, which could create an uneven playing field where some patients receive medicines at no cost, while others are still charged the co-payment fee.

Allowing non-rural general practices to provide a greater range of medicines may not be equally beneficial to all patients, particularly those who depend on the additional expertise and services offered by pharmacies. Vulnerable groups, such as patients with chronic health conditions, low health literacy, or limited healthcare access, could miss out on the personalised care and counselling that pharmacists typically provide. This could lead to disparities in health outcomes and worsen inequities in access to quality care.

Pharmacists play a crucial, independent role in ensuring safety between the prescribing and dispensing of medicines. Merging these functions within general practices could compromise the important safeguard that pharmacists provide, with a potential increased risk of over-prescribing, under-prescribing, or improper medicine use, ultimately compromising patient safety. Ultimately, this shift in responsibility may undermine the collaborative care model that involves multiple healthcare professionals, which is essential for ensuring comprehensive, patient-centred care.

Effective healthcare relies heavily on the collaboration and communication between various healthcare providers, including general practitioners, other prescribers, and pharmacists to provide patient-centred care. Excluding pharmacists from the dispensing process risks disrupting this collaborative network, leading to fragmented care and poorly coordinated treatment plans. Pharmacists play a key role in services such as medicine reviews, patient education and counselling, and ongoing monitoring of therapy, which are essential for detecting adverse effects, drug interactions, and signs of non-adherence. Without their involvement, these critical functions may be missed, increasing the risk of medicine errors, miscommunication, or a lack of support for patients in managing their treatment.

5. Strategic misalignment

Community pharmacies are already well-equipped to deliver medicines safely, efficiently, and equitably, ensuring that patients receive high-quality care through established systems and processes. In areas where community pharmacies are well-established and easily accessible, it is unclear how the PSO pilot would improve patient care or outcomes. Rather than addressing a clear gap in service, the trial may inadvertently duplicate services already provided by community pharmacies, offering no added value beyond the current, streamlined system. This may not only increase the complexity for both patients and healthcare providers, but also bypass the expertise and safety mechanisms inherent in pharmacy practice, ultimately fragmenting care and compromising the quality of service patients receive.

General practices are under considerable strain, with staff stretched thin due to increasing patient demand, administrative burdens, and workforce shortages. Adding responsibilities, such as the provision of medicines, to general practices could exacerbate these pressures, diverting time and resources away from essential medical services. This extra workload may overwhelm healthcare providers, reducing their capacity to focus on diagnosing and treating patients effectively, leading to longer wait times, reduced attention to individual patients, and a potential decline in patient satisfaction. The increased burden on general practices could also contribute to burnout among healthcare professionals, further impairing the healthcare system's ability to meet the needs of patients in a timely and comprehensive manner.

## Recommendations

Based on our concerns and issues identified with the PSO pilot proposal, we strongly recommend the following:

### 1. Clarify and re-evaluate the purpose and rationale for the PSO pilot

Provide a clear explanation of the objectives and intended benefits of implementing the PSO pilot in non-rural areas, especially given that community pharmacies already provide comprehensive access to medicines and associated services in these regions. Additionally, re-evaluate whether the pilot addresses specific gaps in healthcare access or medicine supply or whether it risks duplicating existing services well-established and managed by community pharmacies and strains existing resources and workflows in general practice. Also explain how the pilot will contribute to improved patient outcomes, enhance access to care, and integrate effectively into the current healthcare system without creating unnecessary complexity or fragmentation

Given the potential risk to patient safety and complexity of implementing a new model of medicine supply, it is critical that practising community pharmacists be involved in the re-evaluation of this pilot before its implementation to identify potential risks, assess practical implications of changes to dispensing models, and ensure that safety mechanisms, collaborative care and best practices are upheld, to align with a patient-centred approach that prioritises safety, equity, and seamless inter-provider communication while strengthening the existing healthcare system.

### 2. Centralise dispensing records

Any pilot that involves the supply of prescription medicines outside of a pharmacy must include robust systems to ensure all dispensing records are fully accessible to healthcare providers to mitigate risks associated with missed drug interactions, adverse events and incomplete medicine histories. To achieve this, we recommend that all prescriber Practice Management System (PMS) platforms be mandated to record PSO-supplied medicines into the national Conporto system via reScript, to ensure that general practitioner-dispensed medicines are captured centrally and made available to other healthcare providers, fostering improved coordination, reducing the risk of medicine errors, and supporting informed clinical decision-making.

Additionally, we propose reinstating funding for pharmacist access to the national Conporto system if the proposal proceeds to enable pharmacists to maintain real-time access to up to date and accurate patient medicine history records, enhancing oversight and safety, and supporting a collaborative, patient-centred care.

### 3. Mitigate equity disparities and address ethical concerns

Before implementation, assess whether allowing general practices to dispense prescription medicines directly to patients, bypassing community pharmacies, risks creating inequities, especially for vulnerable populations reliant on pharmacists' expertise and services. Ensure patients who depend on tailored medicine advice, counselling, and additional support from community pharmacists are not disadvantaged by this shift. Any changes should avoid creating financial barriers, uphold equity, and ensure all patients can access necessary medicines and support without facing systemic disadvantages or reduced service quality.

### 4. Implement a comprehensive risk assessment and pilot evaluation plan

Prior to full implementation, develop a comprehensive risk assessment process to monitor potential impacts on patient safety, equity, administrative strain, and other unforeseen

consequences, such as medicine errors, gaps in patient medicine histories, and disruptions to care coordination. Structured, ongoing evaluation processes with clearly defined metrics should be implemented to assess whether the pilot achieves its objectives, and should focus on patient safety outcomes, equity impacts, administrative demands, and overall efficiency, ensuring that the trial remains aligned with its intended goals without compromising health outcomes.

This pilot should avoid unnecessarily fragmenting care or weakening established, trusted, and efficient pharmacy systems. Community pharmacies provide essential services, such as expert medicine management, counselling, and adherence support, that are key factors in patient safety and health equity. Any pilot model should complement, rather than undermine, these established systems, and must include input from general practitioners, pharmacists, other prescribers, and patients during the evaluation process to ensure all perspectives are considered.

We strongly believe that community pharmacies remain the most efficient, safe, and equitable mechanism for dispensing medicines in New Zealand. We urge Pharmac to re-evaluate the necessity of this pilot in non-rural areas and instead focus on enhancing collaboration between general practices and community pharmacies to achieve shared healthcare goals.

If you have any questions about our response, please contact our Senior Advisory Pharmacists, Martin Lowis (martin@pgnz.org.nz, 04 802 8218) or Cathy Martin (cathy@pgnz.org.nz, 04 802 8214).

Yours sincerely,

**Nicole Rickman**
General Manager – Membership and Professional Services