

**MEETING DETAILS:**

<b>Meeting Title</b>	<b>ADHB Pharmacy Advisory Group</b>
<b>Date and Time</b>	Monday, 4 April 2011, 6.30pm
<b>Venue</b>	Alexandra Room, Greenlane Clinical Centre, Building 13, Level 8 Room 33
<b>Attendees</b>	Lorraine Fletcher, Maree Jensen, Albert Jordaan, Sunil Kumar, Hazel Rook,
<b>In Attendance</b>	Leanne Rhodes & Paulk Birch (COPD project)
<b>Apologies</b>	Trevor Lloyd, Andrew Coe, Sarah Fitt, Victoria Booth, Keith Crump, Linda Jones,

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

No	Item	
1.	<b>Welcome, Introductions, Apologies</b>	
2.	<p><b>COPD project update</b>                      A presentation was made by Leanne and Paul on the COPD project (see website for copy <a href="http://www.adhb.govt.nz/PHO/Community_%20Pharmacy.htm">http://www.adhb.govt.nz/PHO/Community_%20Pharmacy.htm</a>)                      Key items were:</p> <ul style="list-style-type: none"> <li>A stocktake of available diagnostic spirometry was underway (as opposed to screening). Leanne is the lead on this.</li> <li>The project has regional linkages with the POAC project and GAIHN work but is an ADHB project. Paul is the lead for Pulmonary Rehab and discussed what it is and how this programme is evidence based and its key points. 2 locality based clinics is the concept at present, this is going out as an EOI this week.</li> </ul> <p>How can pharmacists be involved?</p> <ul style="list-style-type: none"> <li>There will be 2 clinics and so once known meetings will be held with community providers to let them know about the service - Can be supported by PAG once locations known</li> <li>Opportunistic checking of patients inhaler techniques</li> <li>Be involved as part of a multi-disciplinary primary care team in patient education (variable support available at present)</li> <li>How do pharmacists link in with physios at present? Varies, some co-located, some phone depends on individual relationships</li> <li>It would be useful if patient could be flagged as part of this project in some way – perhaps on Testsafe or as a script notation? Will need to discuss with GPs and pharmacist so they know what its all about</li> <li>Pharmacist could provide an intermittent (3 monthly) checking point on progress on collection of meds, referrals back to programme if required etc</li> <li>PHO pharmacist are the most likely to have ‘free’ time to be involved in project, community pharmacist need to in pharmacy. Funding to cover locum costs could be made available to involve community pharmacists.</li> <li>Discussed potential for an ‘annual spacer review’ month. These can get very contaminated and need replacing. Can go hand in hand with an education review. Pharmacists no longer have free stock, only GPs.</li> <li>Discussed inefficiencies of nebulisers generally in comparison to an MDR spacer apart from certain conditions.</li> </ul>	<p>Paul to follow up</p> <p>?Paul to follow up</p> <p>Leanne to follow up (this was about spacers)</p>
3.	<p><b>Minutes / Matters arising</b>                      Synergia survey went well in the end. Results being collated now. Presentation to be arranged for next meeting.                      Other items covered under agenda items</p>	Hazel
4.	<p><b>Auckland Metro Variation Update</b>                      Shortlist of projects were discussed at the February leadership meeting. The</p>	

	<p>projects were prioritised to <u>ECP, Gout and MUR</u>. These projects will be fleshed out in more detail. The Regional Funding Forum is happy to move away from the current contract which is funding for all and towards a service based contracting option for the Auckland Metro variation component.</p> <p>Hazel and Maree to work on the service spec for ECP as Maree has follow up studies that may help and to share with PAG.</p> <p><u>Sharps</u> – copy of letter circulated regarding the lack of consistency in providing disposal for sharps through community pharmacy. This is contracted for under the Metro Variation currently but the PAG stated that this is for the disposal (i.e. removal) not the sharps containers. Maree has put forward a proposal previously that there should be an additional dispensing fee for those medicines that require sharps disposals to cover those costs, then patient could return sharps to dispensing pharmacist.</p> <p>Issue also been raised with Medical Officers of Health (public health issue). The group suggested that it could be contracted for directly by the DHBs with a waste company and cut out pharmacists, issues with this method in the past has been that there is no incentive to properly manage the waste, e.g. break it down as no costs incurred by the pharmacist so used inappropriately. What do GP's do? Who funds their sharps disposal – perhaps add on to this service?</p>	<p>Maree to follow up (please remind me for next meeting)</p>
<p><b>5.</b></p>	<p><b>BSMC activity update</b> Brief update on activity –</p> <ul style="list-style-type: none"> <li>• The business cases are being substantially involved in the DHB's annual planning process</li> <li>• The projects that are rolling over for this year some will be taken over by GAIHN</li> <li>• Waitemata PHO due to come into effect 1 July, many Healthwest practices have moved to Procure</li> <li>• Total Healthcare Otara joined Te Hononga from 1 April</li> <li>• Mangere Community Health Trust is ceasing operations from 1 July</li> <li>• National Maori Coalition is now called the National Hauora Coalition and is set to become a national PHO, some complexities around how this will work – this will affect Te Hononga in ADHB</li> <li>• Alliance Health+ progressing its IFHC</li> </ul>	
<p><b>6.</b></p>	<p><b>Syringe drivers – training needs</b> A stocktake of contracts held in ADHB has been done, this now requires follow up to see what training the providers have had and then resolve any gaps.</p> <p>A wider stocktake is going to occur of all contracts held by ADHB pharmacies with a cancellation in the new national contracting round of those which have been inactive. As part of this a protocol around clozapine will be drawn up</p>	
<p><b>7.</b></p>	<p><b>Other projects cross DHB's e.g. gout project in CMDHB</b> No updates available on this at present, we'll know more after the next programme managers and leadership meetings.</p>	
<b>THE NEXT MEETING WILL BE</b>		
	<p><b>Date/Time: Monday 13 June 2011 6:30pm</b> <b>Venue: Alexandra Room, ADHB, Greenlane</b></p>	