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Boards of the Pharmaceutical Society of New Zealand  
And the New Zealand Medical Association.  
Wellington

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Tēnā koutou

### **Integrated Health Care Framework for Pharmacists and Doctors (“the Framework”)**

The New Zealand Nurses Organisation welcomes the opportunity to comment on the above document, which references both your joint Vision 2020: Partnership for Care statement, and the New Zealand Health Strategy 2016. We have consulted briefly with our members and staff, including all Colleges and Sections, Te Rūnanga, and our nursing, research, industrial and policy advisers, as the short timeframe was further limited by distribution issues. (For future reference, please add [policyanalysts@nzno.org.nz](mailto:policyanalysts@nzno.org.nz) to your distribution lists for consultation requests.) Despite that, the feedback we have received from nurses has been strong and consistent, from across all health settings, but particularly from primary health care settings – general practice, public health, community health and disability, Māori and iwi Health, Pacific Health etc. Nurses are frustrated, concerned and disappointed that the Framework is doctor- and pharmacist-centric and predominantly focused on integrating new *business* models of health care for general practice and pharmacies rather than an ‘integrated health care framework that encompasses the wider health team’. The failure to include other prescribers e.g. registered nurses (RNs), nurse practitioners (NPs), midwives, dietitians, psychologists, podiatrists etc., and to provide a structure that supports a fully integrated and multidisciplinary team (MDT) approach to collaborative prescribing practice, is unfortunate and short-sighted. NZNO **recommends** that a more inclusive framework, and tools, are needed to give effect to “patient centred, integrated care” and improve access to medicines, health outcomes and health equity. In particular, we recommend further consultation with nurse and other prescribers.

The Framework is clearly a response to the need to manage ‘widened access’ to some general practice services now delivered in pharmacies; but an integrated *business* model is not equivalent to an integrated health care model. Primary health services encompass and record a range of interrelated opportunistic and established health interventions, by a team of practitioners and health workers, in an environment that supports those activities. Broadening access to a narrow range of services in a different environment, without the same support structures and team, may inadvertently introduce a barrier to other health

promoting activities, as NZNO pointed out in its recent submission to PHARMAC on a proposal to fund 'flu vaccines in community pharmacies'<sup>1</sup>. The risk of what is ostensibly a 'bilateral' framework, even a voluntary one, is to establish or endorse further fragmentation of narrowly targeted, commercial, medical services rather than enabling the universal integrated primary health care articulated by the 1978 Alma Ata Declaration. There are significant health and workforce sustainability challenges in the current funding model for primary health care; long term, integrated planning for collaborative prescribing practice across sustainable health settings, public and private, is necessary to ensure efficient, equitable and safe access to affordable medicines.

In particular we recommend you note:

- There are critical areas where nursing involvement and access to nursing advice will have a strong relationship to the patient care journey and treatment outcomes eg *Person-Centred Integrated Care: I work with my team to agree to a care and support plan*" (Page 2). The Framework needs to identify who comprises the patient's care-team and what the plan should cover ie knowing what to do if things go wrong, determining the kind of support they want, reviewing care and treatment, getting help in early stages of crisis.
- While the Pharmacist Prescriber is mentioned, there is no recognition of the current nor future state of the designated nurse prescriber and the nurse practitioner, yet in many if not most circumstances eg palliative care, aged care, woundcare, infection control etc, it is *nurses* who provide the interface between the patient and the doctor/pharmacist.
- Co-development of pharmacist/doctor roles does not include the necessary shared care records across wider health providers, nor does occasional reference to MDT and other health workers, constitute integrated practice. It is critical that the Framework involves other health care providers in models of care: practice innovation is more than general practice and pharmacy practice.
- The example of the General Practice Pharmacist does not solve access issues, including access after-hours, time and method of access and the significant barriers to the *Enablers for integrated person-centred care: I can access the care I need through one first point of contact and this is coordinated around me and across the different providers and settings* (p8).
- Barriers to primary health care include GP shortages; poor health literacy; and cost, transport, location and cultural issues that can and should be considered as part of an integrated health Framework.

NZNO looks forward to further and more inclusive development of Framework to support for collaborative prescribing practice.

Nākū noa, nā



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<sup>1</sup> [http://www.nzno.org.nz/Portals/0/Files/Documents/Activities/Submissions/2017-02%20PHARMAC\\_Flu\\_Vaccine\\_NZNO%20.pdf](http://www.nzno.org.nz/Portals/0/Files/Documents/Activities/Submissions/2017-02%20PHARMAC_Flu_Vaccine_NZNO%20.pdf)

## NEW ZEALAND NURSES ORGANISATION (NZNO)

NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand. NZNO represents around 48,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment related matters. NZNO is affiliated to the International Council of Nurses and the New Zealand Council of Trade Unions.

NZNO promotes and advocates for professional excellence in nursing by providing leadership, research and education to inspire and progress the profession of nursing. NZNO represents members on employment and industrial matters and negotiates collective employment agreements.

NZNO embraces te Tiriti o Waitangi and contributes to the improvement of the health status and outcomes of all peoples of Aotearoa New Zealand through influencing health, employment and social policy development enabling quality nursing care provision. NZNO's vision is *Freed to care, Proud to nurse*.