BACKGROUND

The foundation of the SLA Charter is a commitment to act in good faith to reach consensus decisions on the basis of 'best for patient, best for system.' Each SLA member will sign the SLA Charter and agree to the principles contained within it.
The Canterbury Clinical Network (CCN) was established to provide clinical leadership and demonstrate alliance principles across a multi-disciplinary team. The CCN leads the development of services across the sector where innovation and transformational change is required. The CCN consists of:

1. Alliance Leadership Team (ALT);
2. Programme Office;
3. Workstreams or Focus Areas;
4. Service Level Alliances (SLAs).

GUIDING PRINCIPLES OF CANTERBURY CLINICAL NETWORK (CCN)

- Taking a 'whole of system' approach to make health and social services integrated and sustainable;
- Focussing on people, their families/whānau and communities, keeping them at the centre of everything we do;
- Enabling clinically-led service development; whilst
- Living within our means.

This SLA/WS will acknowledge and support the principles of partnership, participation & protection under the Treaty of Waitangi. We will strive for equitable health outcomes across our population/focus area through accessible, culturally appropriate services.

PHARMACY SERVICE LEVEL SLA

1. BACKGROUND

1.1. The Pharmacy SLA has been in place since 2010 initially to recognise the role of pharmacists in the safe dispensing of medicines; increase the role of pharmacists in the multi-disciplinary team; improve patient concordance; and optimise patient outcomes.

1.2. The Pharmacy SLA work programme was interrupted in June 2012 with the advent of a new national Community Pharmacy Services Agreement (CPSA) which introduced a new funding structure and LTC tool (for patients who meet specific long term conditions criteria). It was thereafter agreed to develop a variation to the national CPSA for local demonstration sites. The demonstration pilot projects variation agreements finished in June and October 2014 and this work is now considered "business as usual".

1.3. The PSLA focus has moved toward promoting proactive 'patient focused' integration Into the health care team, including the development of Medication Management Services (MMS) which focuses on helping people with their adherence to and optimising outcomes from their medicines within Canterbury.

1.4. Following the June 2016 release of 'Pharmacy Action Plan 2015-2020' by the Ministry of Health, PSLA has been more specifically focused on pursuing a whole of system approach for high quality, coordinated services for patients that focus on patient centred care and population health in Canterbury.

2. PURPOSE

The revised purpose of the PSLA is to:

2.1. Provide strategic direction, prioritisation and leadership to pharmacy services across the Canterbury health system by responding to the Pharmacy Action Plan 2015-2020. The PSLA will achieve this by :

2.1.1. Working to develop and promote the pharmacist role; creating new mind-sets about potential contributions of pharmacy to integrated, multi-disciplinary health care teams;

2.1.2. Working innovatively to increase collaboration and integration across primary care teams and between primary and secondary care through:
    2.1.2.1. Relationship development (especially with general practice teams and improvements with secondary care)
    2.1.2.2. Process improvement (through innovation, and proven 'Lean' principles)
    2.1.2.3. Configuration of services (including models of care development)
    2.1.2.4. Utilisation of enabling technology and workforce development
2.1.3. Contributing to the Integration SLA Governance and through that mechanism, align integration strategy with other integration programmes and enablers, i.e. IFHS, Collaborative Care, Enhanced Capitation, etc.;
2.1.4. Working to support innovation within the delivery of secondary and tertiary care pharmacy services;
2.1.5. Providing evidence to government regarding innovations both realised and potential in Canterbury in order to influence change and highlight areas of unnecessary bureaucracy;
2.1.6. Supporting regional and national Information Technology projects to further enable integration and collaboration with pharmacy
2.1.7. Fostering links with other CCN and Canterbury health sector activity.
2.1.8. Supporting and influencing service providers and health professionals (particularly pharmacy and general practice) to communicate to patients. Communications will be shared through existing channels that are already reaching the target audiences.

3. EXPECTED OUTCOMES OF THE SLA

3.1. Improved patient outcomes through a collaborative Canterbury response to the Pharmacy Action Plan;
3.2. Monitored consumer feedback from people receiving pharmacy services in Canterbury;
3.3. Integrated pharmacist activity with the primary care team and other health care providers across the wider Canterbury health sector;
3.4. Innovative use of the national Long Term Conditions (LTC) service and/or electronic health record to participate in patient care planning;
3.5. Implementation and effective governance of the Medicines Management Service, including monitoring and evaluation to strengthen the Service;
3.6. Pharmacist time freed up and efficiencies gained for direct patient care;
3.7. Enhance cultural responsiveness and health literacy to targeted communities.

4. MANDATE

4.1. The PSLA has the mandate to make recommendations for pharmacy service development to the CCN Alliance Leadership Team.

5. SCOPE

5.1. In Scope:
    5.1.1. Interface of primary and secondary pharmacy services in the Canterbury region;
    5.1.2. Oversight to overall pharmacy services and programmes if these service provision agreements were established under the District Alliance.
5.2. Out of Scope: PSLA is *not* responsible for operational activity or standard contracts for services.

6. MEMBERSHIP

6.1. The membership of the SLA will include professionals who participate in pharmacy services across primary, secondary, urban and rural settings, and those who work in key related services and/or management from relevant health organisations and others who bring important perspectives, e.g. consumer, Maori, Pacific, migrant and/or rural;

6.2. Members are selected not as representatives of specific organisations or communities of interest, but because they provide the perspective and competency required for the SLA to achieve success;
6.3. The SLA will review membership annually to ensure it remains appropriate to the work plan; refreshment of membership will be on the basis of members' commitment/ability to fulfil point 6.2;
6.4. Membership will include a member of the Alliance Leadership Team (ALT);
6.5. Remuneration for meeting attendance will be as defined in the CCN Remuneration Policy. Attendance lists should be collected and forwarded to the Programme Office for payment;
6.6. It is the expectation that a member will be able to attend two-thirds of scheduled meetings annually, unless discussed and agreed with the Chair;
6.7. When a member is absent for more than two consecutive group meetings without prior apology, or if the member is not able to contribute to the progress of the group, the Chair will consider their membership status for revocation, following discussion with the member or reasonable attempts to contact the member;
6.8. Recruitment of members follow CCN Programme Office procedures; resignation is through a letter to the Chair;
6.9. Each SLA will be supplied with project management and analytical support as required through the Programme Office.

7. SELECTION OF MEMBERS, CHAIRPERSON AND DEPUTY CHAIRPERSON

7.1. New or replacement members will be identified by the SLA for their required skills/expertise. The appointment will require endorsement from the ALT on recommendation from the SLA;
7.2. The Chair and deputy Chair will, in most cases, be nominated by members of the SLA. Where there is more than one nominee for either one or both positions, the election will be put to a vote. In some cases, the role of Chair will be appointed by ALT (i.e. an independent Chair).

8. MEMBERS

The composition of the Pharmacy SLA is:

Name(s)	**Perspective/Expertise**
Anna Swain	*Practice nurse currently participating or preparing to engage in integration activity in order to support development and implementation of integration with health care teams.*
Bevan Harding	*Secondary Care Clinical Pharmacy perspective.*
Dr Ben Hudson	*General practice team member currently participating or preparing to engage in integration activity in order to support development and implementation of integration with health care teams.*
Dr Marie Burke	*General practice team member currently participating or preparing to engage in integration activity in order to support development and implementation of integration with health care teams.*
Gilbert Taurua	*Māori Health advisor with links to local Māori Providers, Iwi and Rūnanga bringing a Māori Health perspective to the PSLA.*
Kezia Buttle	*Community Pharmacist delivering top-of-scope services to support clinical discussion and service development, as well as support to the clinical leader.*
Laila Cooper	*PHO representative to influence uptake of general practice integration opportunities.*
Lyn Wright	*Consumer advocate providing a patient's perspective, especially in new service developments and integration activity.*
Lynne Dunlop	*Rural community pharmacist / business owner to support clinical discussion and service development, as well as support to the clinical leader. Engagement and influence with rural community pharmacy*

	sector expected.
Michael James	*Planning & Funding management to bring Ministry and pharmacy sector information and data to the PSLA as well as Planning and Funding priorities and potential enablers. (See section 23.)*
Phil Hall	*Consumer advocate providing a patient's perspective, especially in new service developments and integration activity.*
Prof Ian Town	*ALT appointed Independent Chair of the PSLA*
Prof Stephen Duffull	*Academic pharmacist resource to support critical analysis, development and review of initiatives within pharmacy and the wider health care team. National and international pharmacy education perspective.*
Simon Church	*Urban community pharmacist / business owner to support clinical discussion and service development, as well as support to the clinical leader. Engagement and influence with community pharmacy sector expected.* *ALT member to provide links between the Alliance Leadership Team and the PSLA to assist with setting priorities and support discussions on work activity in the SLA and across the pharmacy sector. (See section 20.) Also Deputy Chair for the PSLA.*
Stella Ward	*Senior level allied health management to provide whole sector links as well as insight into District Health Board and Ministry priorities in community pharmacy and across the multi-disciplinary team.*
Ex officio members:	
Dr Aarti Patel	*Operations management to implement and support service delivery across community pharmacy.*
Gareth Frew	*Clinical leader to support integration activity and capture of lessons learnt, quality assurance and dissemination to wider community pharmacy sector.*
Rebecca Muir	*Project facilitation to support administration of PSLA and its subgroups.*
As required	*Other advisors with expertise to achieve PSLA outcomes, e.g., central engagement, quality improvement etc.*

9. ACCOUNTABILITY

9.1. The SLA is accountable to the ALT who will establish direction; provide guidance; receive and approve recommendations.

10. WORK PLANS

10.1. The SLA will agree on their annual work plan and submit it to the ALT for approval via the CCN Programme Office. The work plan will be influenced by the CCN Strategic Plan, Ministry of Health Targets, the CDHB Annual Plan, legislative and other requirements;

10.2. The SLA will actively link with other CCN work programmes where there is common activity.

11. FREQUENCY OF MEETINGS

11.1. Meetings will be held six to eight--weekly or as agreed by the Alliance.

11.2. Meeting dates will be arranged annually, taking into consideration ALT meetings; to ensure reporting is current and up to date.

12. REPORTING

12.1. The SLA will report to the ALT on an agreed schedule via the CCN Programme Office;

12.2. The SLA will contribute to the Canterbury District Health Board Annual Plan reporting as required;
12.3. Where there is a risk, exception or variance to the SLA work plan, or an issue that requires escalation, a paper should be submitted to ALT in a template provided by the CCN Programme Office;
12.4. Where there is a new innovation or service recommendation, a paper should be submitted to ALT in a template provided by the CCN Programme Office.
12.5. Where applicable, reporting will include progress against or contribution to Ministry of Health Performance and Health Targets.

13. MINUTES AND AGENDAS

13.1. Agendas and minutes will be coordinated between the SLA Chair and facilitator;
13.2. Agendas will be circulated no less than five days prior to the meeting, as will any material relevant to the agenda;
13.3. Minutes will be circulated to all group members within five working days of the meeting and minutes remain confidential whilst 'draft' and until agreed.

14. QUORUM

14.1. The quorum for meetings is half plus one SLA member from the total number of members of the SLA.

15. INTEREST REGISTER

15.1. Prior to the start of any new SLA or programme of work, interests will be stated and recorded on an Interest Register;
15.2. Where a conflict of interest exists, the member will advise the Chair and collectively decide how the conflict will be managed;
15.3. The Interest Register will be a standing item on SLA agendas and be available to the Programme Office on request.

16. REVIEW

16.1. These terms of reference will be reviewed annually and may be altered intermittently to meet the needs of the SLA and the Health System.

17. EVALUATION

17.1. Prior to the commencement of any new programme of work, the SLA will design evaluation criteria to evaluate and monitor on-going effectiveness of activities. Any evaluation will comply with the evaluation framework outlined by CCN and/or the ALT or CDHB as the funder.

RESPONSIBILITIES

18. RESPONSIBILITY OF THE SLA

18.1. The application of funding, establishment of workgroups, design of evaluation criteria – will be done by teams/workgroups/consultants;
18.2. The strategic development, value proposition and guidance will be the work of the PSLA, providing recommendations that prioritise funding for patient-centred pharmacy services;
18.3. Identify and guide service design through works groups;
Evaluate and monitor effectiveness of service delivery. Any evaluation will comply with the evaluations framework outlined by CCN and/or the ALT or funder.

ROLES

19. CHAIR

19.1. Lead the team to identify opportunities for service improvement and redesign;
19.2. Lead the development of the service vision and annual work plan;
19.3. Develop the team to respond to a service need; engaging with key stakeholders and interested parties best suited for the purpose of service innovation;
19.4. Work with the project manager/facilitator and/or analyst to produce work plans and other reports as required;
19.5. Provide leadership when implementing the group's outputs;
19.6. Work with the facilitator to facilitate meetings to achieve outcomes in an economical and efficient manner;
19.7. Be well prepared for meetings and ready to guide discussion towards action and/or decision;
19.8. Meet with the other CCN leaders to identify opportunities that link or overlap, share information and agree on approaches.

20. ALT MEMBER

20.1. Act as a communication interface between ALT and the SLA;
20.2. Participate in the development and writing of papers that are submitted to ALT;
20.3. Act as Sponsor of papers to ALT so papers are best represented at the ALT table.

21. CLINICAL LEADER

21.1. Provide strong clinical leadership across all SLA work activity;
21.2. Serve as mentor and provide clinical guidance to work stream/SLA members (where relevant).

22. SLA MEMBERS

22.1. Bring perspective and/or expertise to the SLA table;
22.2. Understand and utilise best practice and alliance principles;
22.3. Analyse services and participate in service design;
22.4. Analyse proposals using current evidence bases;
22.5. Work as part of the team and share decision making;
22.6. Actively participate in service design and the annual planning process;
22.7. Be well prepared for each meeting.

23. PROJECT FACILITATOR

23.1. Support Chairs and/or clinical leaders to develop work programmes that will transform services;
23.2. Provide or arrange administrative support;
23.3. Document and maintain work plans and reports to support the group's accountability to the ALT;
23.4. Develop project plans and implement within scope following direction from the group, CCN programme office and/or ALT as appropriate;
23.5. Work with the Chair to drive the work plan by providing oversight and coordination, managing the resources and facilitating effective teamwork;
23.6. Keep key stakeholders well informed;
23.7. Proactively meet reporting and planning dates;
23.8. Actively work with other CCN groups to identify opportunities that link or overlap, share information and agree on approaches;
23.9. Identify report and manage risks associated with the SLA work activity.

24. PLANNING & FUNDING REPRESENTATIVE

24.1. Provide knowledge of the Canterbury Health System;
24.2. Support the group to navigate the legislative and funding pathways relevant to the SLA;
24.3. Facilitate access to analytical support for the purpose of evaluation, reporting and monitoring.

TERMINOLOGY

- **SLA Charter** – outlines the purpose, principles, commitments and mandate of SLA leadership teams; provides a basis for individuals on the leadership teams to commit to the approach.
- **Alliance Leadership Team (ALT)** – the CCN alliance leadership team responsible for the governance of clinically-led service development.
- **Canterbury Clinical Network (CCN)** – an alliance of health care leaders, including rural and urban general practitioners and practice nurses, community nurses, pharmacists, physiotherapists, hospital specialists, Manawhenua ki Waitaha, CDHB planning and funding management, and PHO and IPA representatives.
- **Service Level SLA** – a group of clinical and non-clinical professionals drawn together to lead the transformational redesign, delivery of services or group of services in a specific area of the Canterbury health system.
- **Workstream** – a group of clinical and non-clinical professionals drawn together to lead the transformation of a sector or service. Not a contracting entity, they guide the decision making of the ALT through initiative design.
- **Alliance Support Team (AST)** – an operational group of alliance partners who supports the workstreams and service SLA groups with prioritisation of design and delivery of health services. They support the ALT and assist with delivery of its goals.
- **Programme Office** – includes the AST, the Programme Director, Programme Manager; Communications Advisor and Administration/ Project Coordinator as well as a flexible resource pool of administration, project management and analysis for Workstream and SLA groups.

ENDORSEMENT

Date of agreement and finalisation by SLA members: **1st August 2018**

Date of endorsement from ALT: 20th August 2018

Date of Review: May 2019