

Pharmacy Service Level Alliance Work Plan 2020-22

Objectives	Actions	Measures of Success / Targets / Milestones	System Outcomes
Priority actions towards transformational change, improved system outcomes and/or enhanced integration			
1. Create a platform and pathway for improved services for patients	<ul style="list-style-type: none"> Oversee the evaluation of phase 1 of the pilot service for people receiving Opioid Substitution Therapy (OST). Review evaluation findings and apply any learnings to further roll out. Monitor wider roll out. 	<p>Q1: Evaluation completed learnings applied and wider roll out progressed.</p> <p>Better system resilience and enhanced model of patient care.</p>	<ul style="list-style-type: none"> Timely access to primary care Increased planned care rate Delayed/avoided burden of disease & long term conditions
	Evaluation of wider roll out.	Year 2021/22	
2. Advance models of Care that enable community pharmacy to improve care of services for patients with long term conditions	<ul style="list-style-type: none"> Develop Long Term Conditions (LTC) project scope (including any implications and data). Refine the agreed principles and LTC framework that could be used to inform local redevelopment of the service. Develop timeframe for roll out of new service.(EOA) 	<p>Q1: Project scope developed.</p> <p>Q1: Principles and framework are refined.</p> <p>Q2: Proposed principles and framework used to inform local redevelopment of the LTC service.</p>	<ul style="list-style-type: none"> Delayed / avoided burden of disease & long term conditions No wasted resource
	SWOT analysis/literature review undertaken to determine what has led to effective implementation of services. Learnings from the review used to inform local service design.	Year 2021/22 Learnings are used to guide other local service redevelopment.	
3. Improve medication management for patients through improving transfer of care process	<ul style="list-style-type: none"> Develop a process map to identify gaps in the current patient transfer process, focusing on management of medications during admission from and discharge back to the community. Examine relevant data to identify risks and areas of opportunity to improve medication management. 	Q2-Q3: Improved transfer of care for patients being admitted and discharged from hospital.	<ul style="list-style-type: none"> Effective transfer of care
4. Understand our population's use of pharmacy services including by ethnicity	Complete a stocktake of what relevant data is available on population use of pharmacy services.	Q1-Q2: Relevant data that could be used to better understand our population identified.	<ul style="list-style-type: none"> Understanding health status 'At risk' population identified Increased equity of access
	Deep dive into the available data to identify any areas for improvement, including any inequitable access to pharmacy services. (EOA)	Q1-Q2: Data is used to provide a better understanding of our population's access to pharmacy services, and inform our future priorities.	
	Create a dashboard and regularly monitor relevant pharmacy data. (EOA)	Q3-Q4: Dashboard developed to monitor trends.	
	Continue to monitor dashboard and use it to inform our work direction.	Year 2021/22 Data used to inform our work direction.	
5. Equitable health outcomes for: <ul style="list-style-type: none"> Maori Pasifika 	Identify opportunities where the Meihana approach can be embedded into practice across pharmacy services.	Q1-Q2: A pathway/process for cultural competency training (including Meihana model) developed for pharmacy.	<ul style="list-style-type: none"> Increased equity of access

Objectives	Actions	Measures of Success / Targets / Milestones	System Outcomes
<ul style="list-style-type: none"> Culturally & Linguistically Diverse (CALD) populations 			
Actions towards monitoring progress			
6. Reduced patient risk from inappropriate polypharmacy and optimise their care	<p>Monitor the number of assessments of people who are most at risk from polypharmacy including:</p> <ul style="list-style-type: none"> Monitor initiative to link people referred to falls prevention with a review of their medication. Progress all general practices having polypharmacy audit capability. Identify opportunities to improve and integrate MMS and other services. 	<ul style="list-style-type: none"> Increase GP referrals to Medicines Therapy Assessments. Up to 240 MTA completed in 2019-20. New opportunities identified, scoped and discussed with PSLA members. 	
7. Improve patient health literacy to support their self-managing of their medicines	Monitor pharmacist support for people with chronic conditions to self-manage their medicines well.	14,000 people receive the Pharmacy LTC Service. 1,500 people receive a Medicines Use Review.	
	Undertake a stocktake of pharmacy related information being provided by the hospital and community pharmacies.	Q3-Q4: Consistent messaging is being provided by hospital and community pharmacy to patients.	
8. Equitable health outcomes for: <ul style="list-style-type: none"> Maori Pasifika Culturally & Linguistically Diverse (CALD) populations 	<p>Monitor existing and new partnerships to enhance the roles of pharmacists and support access to pharmacy services at events for Māori, Pasifika, Culturally and Linguistically Diverse (CALD) communities.</p> <p>CCPG to support Pharmacist champions to provide mobile clinics with a Kaupapa Māori lens including:</p> <ul style="list-style-type: none"> Performing the medication management service in ethnically appropriate locations and using an adapted Māori health framework. Leveraging existing health days, church projects and consider Community Outreach opportunities for Maori, Pasifika and CALD populations. 	<p>Patient feedback will be received regarding appropriate delivery of medication management services on Marae's.</p>	<ul style="list-style-type: none"> Delayed/ avoided burden of disease & long term conditions Decreased adverse events Decreased institutionalisation rates Decreased acute care rate Increased planned care rate
9. Improve uptake of electronic Prescribing (NZePS)	Monitor uptake of Electronic Prescribing across Canterbury.	Increase in uptake of NZePS.	

Key metrics to indicate progress delivering work plan actions, impact on health outcomes and/or monitor performance	
Description of metric	Data Source
1. MMS Provision – trends and variations by age, ethnicity and urban / rural location.	CCPG
2. Pharmacy LTC Service patient enrolments.	CDHB
3. MTA quality measure – prescribing trends 12 months post-MTA.	CDHB
4. The rate of people dispenses with 11 or more long term medications.	CCPG / CDHB SFN
5. Adverse drug reaction data.	TBC
6. Patient Experience data relating to medicines.	CDHB
7. Monitor uptake of Electronic Prescribing (NZePS).	Mike James

The 2020-21/22 CCN Work Plan for all alliance groups can be viewed on the CCN website [here](#).