

Pharmacy Service Level Alliance Work Plan 2021-22

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"> Monitor and evaluate the rollout of electronic prescribing for Opioid Substitution Therapy (OST) across Canterbury and the West Coast. Plan for and rollout electronic prescribing for OST consumers in the GP Care program. 	<p>Q1: Electronic prescribing of OST implemented for consumers in the Canterbury Opioid Recovery Service.</p> <p>Q2: Evaluation of the rollout of the electronic prescribing for consumers in the Canterbury Opioid Recovery Service completed.</p> <p>Q4: Electronic prescribing of OST implemented for consumers in the general practice Care service.</p>	<ul style="list-style-type: none"> Timely access to primary care Increased planned care rate Delayed/avoided burden of disease and long term conditions
2. Develop and implement models of care that enable community pharmacists to improve care for patients with long-term conditions	<ul style="list-style-type: none"> Develop a condition-specific model of care, e.g.gout, or an event-specific package of care (such as, discharge from hospital), that could augment the current pharmacy long-term conditions (LTC) service. Prioritise and implement a new model/package of care. (EOA) 	<p>Q1-Q2</p> <ul style="list-style-type: none"> Project brief developed for a condition-specific module of care. Project brief developed for an event-specific package of care. <p>Q3: Implementation of a new model/package of care is underway.</p>	<ul style="list-style-type: none"> Delayed/avoided burden of disease and long-term conditions No wasted resource
3. Improve medication management for patients through improving the transfer of care process	<ul style="list-style-type: none"> Map the journey for consumers transitioning between hospital and community care from a medication management perspective. Examine relevant data to identify and prioritise opportunities for improvement. 	<p>Q1-Q2</p> <ul style="list-style-type: none"> The current medication management process for consumers transferring between community care and secondary care and vice versa is mapped. Opportunities for quality improvement in the current process are identified and prioritised. A business case/improvement project plan to address the opportunity with the highest priority is developed. 	<ul style="list-style-type: none"> Effective transfer of care
4. Understand our population's use of pharmacy services including by ethnicity	Identify the data available for the Canterbury population's use of pharmacy services, prescribing and use of medicines, medicines related adverse events, and areas of inequitable access or outcomes. (EOA, SLM)	<p>Q1-Q2</p> <ul style="list-style-type: none"> Relevant data to better understand our population are identified and used to inform the activity of PSLA workgroups and measure the outcomes. 	<ul style="list-style-type: none"> Understanding health status 'At risk' population identified Increased equity of access
	Analyse the available data to identify potential areas for quality improvement or service development. (EOA)	Q1-Q4: Data used to identify areas of service improvement.	
5. Equitable health outcomes for: <ul style="list-style-type: none"> Māori Pasifika Culturally & Linguistically Diverse (CALD) 	Identify opportunities to incorporate cultural safety training and or the Meihana model into practice across pharmacy services. (EOA)	Q1-Q4: New pharmacy services developed locally incorporate training in cultural safety and or the Meihana model.	<ul style="list-style-type: none"> Increased equity of outcomes

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Actions towards monitoring progress			
6. Monitor the sustainability of pharmacy services during pandemics or natural disasters	<ul style="list-style-type: none"> Monitor the potential impact of having a vulnerable workforce who would be unable to work in pharmacies if there was a widespread outbreak of infectious diseases. Advocate regarding the potential impact of this to local or nation bodies if necessary. 	Q1-Q4 Pharmacy services are prepared and responsive during pandemics and natural disasters.	
7. Improve patient health literacy to support their self-managing of their medicines	Monitor the provision of the Medication Management Service and Pharmacy Long Term Conditions Service to people with chronic conditions who need support to manage their medicines.	Q1-Q4 <ul style="list-style-type: none"> 14,000 people per annum receive the Pharmacy LTC Service 1,500 people per annum receive a Medicines Use Review 	
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. MTA quality measure – prescribing trends 12 months post-MTA			CCPG / CDHB SFN
3. Pharmacy Long Term Conditions Service patient enrolments			CDHB
4. Polypharmacy in people aged 65 and older			CDHB
5. Adverse drug reactions and Canterbury DHB hospital admissions trends			CDHB
6. Primary and Secondary care Patient Experience Survey data relating to medicines			CDHB
7. New Zealand Electronic Prescription Service (NZePS) uptake by Canterbury GPs			CDHB

The current CCN Work Plan for all alliance groups can be viewed on the CCN website [here](#).