Terms of Reference - Expert Advisory Group

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<th>Project Name:</th>
<th>Integrated Pharmacist Services in the Community: Expert Advisory Group</th>
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<tr>
<td>Author:</td>
<td>TAS Community Pharmacy Programme</td>
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**Introduction**

The current Community Pharmacy Services Agreement (CPSA), under which DHBs fund the services provided by each of the community pharmacies in their district, was introduced on 1 July 2012.

The current CPSA was initially for a three year period until 30 June 2015; and has since been extended to 30 June 2017, with a further extension to 30 June 2018.

The next contract developed by DHBs will further the transformational journey towards delivery of integrated pharmacist services in the community. It is to be commenced by no later than 1 July 2018.

TAS and the Community Pharmacy Services Programme have been given the mandate to support the development of the strategy for the next contract. Work has commenced and is being developed in consultation with a wide range of primary care stakeholders and consumers. This Expert Advisory Group is one component of the overarching work programme to achieve the delivery of a patient centric contract (see Appendix 1 for overarching Governance structure).

**Vision**

The vision for integrated pharmacist services in the community aligns with the Pharmacy Action Plan vision 2020.

*Pharmacist services, as an integrated component of a people-powered, collaborative model of care, will be delivered in innovative ways, across a broad range of settings, so that everyone has equitable access to medicines and health care services. The health care team will fully use the unique and complementary skill set of pharmacists, as medicines management experts. The focus will be on delivering high-quality care, supported by smart systems, that:*

- is responsive to the changing health needs of New Zealanders
- empowers them to manage their own health and wellbeing better, as part of a one-team approach that supports people to live longer, but also to spend more of that life in good health.*

**Mission**

To deliver a new direction that will see District Health Boards move away from a transaction-based funding system, to one that is flexible enough to meet local consumer need and enhances the healthcare and medicines management expertise delivered by pharmacists.
The way consumers receive pharmacist services in the future will be based on the services that each pharmacy or service provider is contracted to provide by their local District Health Board through a new contract that:

- places consumers at the centre of any service delivery
- promotes pharmacists as the experts in medicines management
- has the flexibility to support local service delivery to meet community needs
- aligns with obligations under the Treaty of Waitangi and key government strategies and plans

District Health Boards will focus on improving health outcomes for Māori and Pasifika, and the following identified target populations:

- Consumers with chronic conditions.
- Frail and elderly.
- Mental health consumers.
- Giving every child a healthy start.

For District Health Boards successful implementation and delivery of Integrated Pharmacist Services in the Community will mean different things for different people.

**For consumers it will mean:**

- They can understand what community pharmacists can do for them and what services can be provided to help improve their health
- They can access the integrated pharmacist services that matter to them where and when, and how they need them
- They can be confident that they are getting the right medicines and are being provided with advice on how to take their medicines safely.

**For pharmacists it will mean:**

- They are recognised by other health professionals and consumers as professional and valued members of an experienced clinical health care team
- Their skills and experience are more fully utilised to help consumers make the right choices
- They have more opportunities to build trusted relationships with the wider primary care team.

**For the wider health system it will mean:**

- We are all better able to support the health and wellness of New Zealanders
- We all use resources more effectively
- We all have a more integrated and cohesive system that works in the best interests of New Zealanders.

**Purpose**

The purpose of the Expert Advisory Group is to:

Oversee the development of the “Integrated Pharmacist Services in the Community” and related pharmacy and pharmacist contracts to support the alignment with the long term (2-5 years) vision for Integrated Pharmacist Services in the Community, with a strong focus on:
• service development
• equity of health outcomes for consumers
• delivery of relevant DHB Service Level Measures and health outcome targets.

1. Provide oversight to ensure the work of the wider governance structure including the Contract Group reflects the direction of the service model, and that the intent of the direction is achieved.

2. Provide advice and recommendations to the DHB GMs Planning and Funding on the development of the contract for Integrated Pharmacist Services in the Community. The advice and recommendations must aim to support:
   o that the next pharmacist contract aligns with the strategic direction set out in the Health Strategy and Pharmacy Action Plan and other government directives as relevant
   o that the pharmacist contract is developed for implementation by 1 July 2018
   o the development of a 5 year programme of work to deliver Integrated Pharmacist Services in the Community
   o that the contract delivers on the needs of the targeted populations (mental health, frail elderly, vulnerable children and chronic conditions)

3. Act in an advisory capacity for the Contract Group who are tasked with developing the new contract for 1 July 2018.

4. Provide advice on:
   • implementation pathways
   • prioritisation of service roll out.

5. Advise on outcome measures including identifying suitable targets and how they will be measured.

**Formal Accountabilities**

The Expert Advisory Group has delegated authority from DHBs GMs Planning and Funding to make recommendations and provide advice on all matters relating to the development and implementation of the pharmacists services contract, for services by July 2018 as per the Integrated Pharmacist Services in the Community programme of work. The DHB GMs Planning and Funding retain responsibility for all of the decisions and of the delivery of the contract.

**Principles**

The Expert Advisory Group shall work according to the following principles:

**Collective responsibility for the support of key government priorities and objectives**

• Demonstrate positive leadership and publicly support the key government priorities and objectives including, but not limited to:-
  • Health and Disabilities Act 2000
  • Treaty recognition (underpins the relationship between the Government and Māori and specifically Mauri Ora, Whanau Ora and Wai Ora)
  • National Māori Health Strategy - He Korowai Oranga (revised 2014 version)
  • Pathways to Pacific Health and Wellbeing 2014-2018 - Ala Mo’ui
  • New Zealand Health Strategy
  • Pharmacy Action Plan
• Health of Older People Strategy
• Implementing Medicines New Zealand

Collective responsibility for delivery of the statement of purpose
Group members shall work constructively, collaboratively, cooperatively and with pace regarding all their work and interactions with the common aim of improving the impact and outcomes of Integrated Pharmacist Services in the Community in New Zealand.

Mutual respect
Group members shall communicate openly and honestly with each other and treat each other with respect.

Openness and transparency
The Group shall adopt open and transparent processes, subject to information not containing sensitive or confidential information.

Fairness
Group members shall act in good faith and fairly in making appropriately considered recommendations for change. The intention is to ensure maximum benefit for patients (particularly the most vulnerable and those with the greatest ability to benefit) while ensuring due regard is given to the community pharmacy sector as a whole.

Service sustainability
DHBs are committed to ensuring viable and sustainable community pharmacy services into the future.

Value for money
DHBs require value-for-money (defined as ‘benefit achieved for patients per dollar invested’) from community pharmacy services and understand the importance of supporting community pharmacies to continually improve the efficiency of their business models in order for them to deliver pharmacy based services within the available funding envelope.

Evidence-based decision-making
The Group will undertake its activities in accordance with best practice and adopt an evidence-based approach to its work.

National consistency with local flexibility
The pharmacist services in the community contract are agreements between a DHB and a pharmacist in that DHB’s region. Each such agreement uses, as its base, a nationally consistent set of standard terms for individual service agreements between DHBs and community pharmacists. It allows individual DHBs and pharmacists the flexibility to develop services and include additional provisions in order to meet the specific local needs of their respective populations.

Membership
Membership has been designed to provide a range of appropriate subject matter expertise whilst retaining an efficient group size. If members leave, then the group will support the chair to decide if they should be replaced or if the remaining members are sufficient to cover all relevant aspects of business.
It is expected that all members will attend all meetings.

Membership will consist of the following:

- Māori perspective, two
- Consumers, two
- District Health Board personnel up to four (including lead DHB CEO as Chair and lead DHB GM Planning and Funding)
- Practising Pharmacists to provide integrated pharmacist in the community perspective, four
- Practicing Pharmacist from the Pharmacy Sector Agents Caucus in the Contract Group, one
- Government agencies, two (Ministry of Health x 1 and PHARMAC x 1)

In addition to the core membership, meetings may be attended by topic specialists concerning specific items on the agenda. These attendances can be requested by the Expert Advisory Group and must be agreed by the Chair. Such specialist attendance will not have membership or voting rights and will be there in attendance only.

**Responsibilities of the Chair**

The Chair is a member of the Expert Advisory Group. A Deputy Chair will also be appointed from within the members of the group.

The responsibilities of the Chair are as follows:

- To ensure the meetings run efficiently and effectively, which includes completing a summary of actions and recommendations at the end of each meeting.
- To facilitate discussions and ensure adequate input from all members and, preferably, consensus recommendations.
- Act as a spokesperson for the Group.
- Support the Programme Director and/or Programme Manager to report on:
  - workstream project progress,
  - recommendations for agreement, and
  - any risks and issues identified by the working group.
- To determine appropriate actions where a perceived or actual conflict of interest is identified that may impact on the effectiveness of the group.
- To avoid actions and recommendations agreed at a meeting being re-litigated at a later date unless there is a relevant change of circumstances.
- Managing member behaviour that does not align with this Terms of Reference, including revoking membership from the Expert Advisory Group if needs be as a last resort.

**Responsibilities of All Expert Advisory Group Members**

Members attend meetings and undertake Expert Advisory Group activities as independent persons responsible to the Group as a whole. Members are not appointed as representatives of professional organisations and groups.

Members are expected to be subject matter experts in their speciality area.
Members are to promote a clear and positive understanding of the aims, objectives and process of the project in such a way as to assist in its success and the acceptance of all stakeholders of the changes inherent in the project and programme of work.

Members are expected to:

- Prepare adequately for active participation in meetings and discussions
- Provide subject matter expertise from their own perspective
- Nominate a deputy chair who is not part of the Community Pharmacy Programme.

**Note:** We are not expecting the group to represent the full range of all stakeholder perspectives or to consult or act as a conduit to broader stakeholder groups.

If a member is unable to attend three (3) consecutive meetings, their membership may be reviewed and an alternate member be sought.

**Quality Assurance**
Independent quality assurance may be undertaken. This function will report to the Expert Advisory Group.

**Frequency of meetings**
A schedule of meetings will be drawn up and published by the Programme in consultation with the Chair.

**Quorum and decision making**
A minimum of six members must be available to attend any given meeting for it to be a quorum. The quorum must include:

- two DHB personnel
- two pharmacist perspectives
- two others from Government agency, consumer or Māori.

The Chair is entitled to accept recommendations based on the views expressed by those attending without recourse or re-litigation by those who are absent. It is therefore urged that members attend whenever possible. If a member is unable to attend, they may present their views in writing or in verbal form to the Chair or Project Lead, at least one working day ahead of the meeting, and these will be presented to the meeting. Where a vote is necessary on a particular item and members are unable to attend the meeting, members can vote by email within 1 day of the meeting.

The Chair may decide to defer a discussion until subject matter experts are present as appropriate to the material discussed.

**Proxies and Observers**
As this is an Expert Advisory Group, not a representative group, neither proxies nor observers will be permitted.
Recommendation-making Process
The Expert Advisory Group is to arrive at recommendations during meetings wherever possible, by consensus or by clear majority. Where a consensus or clear majority cannot be reached, the alternative recommendations and supporting advice will be forwarded to DHB GMs Planning and Funding for their decision; or recommendation to the DHB CEs (depending on level of authority required).

All recommendations will be entered in the Action and Recommendation register (refer ‘reporting and documentation’ section of these Terms of Reference) and are not expected to be re-litigated.

Reporting and documentation
All meetings will have recommendations and actions recorded. Any conflicts of interest will be noted.

Confidentiality
Confidentiality agreements will be signed by each member of the Expert Advisory Group about the treatment of information and material, relating to contract development for Integrated Community Pharmacist Services, or any other matters raise in this forum.

Frequency of Meetings
A schedule of meetings will be drawn up and published by the TAS Community Pharmacy Programme Team, in consultation with the Chair.

Meeting Documentation
Meeting documentation will be sent to members three business days in advance of the Expert Advisory Group meeting. The documentation will include, but won’t be limited to, the following:

- Agenda
- Minutes of the previous meeting
- A status report for the project
- Any other documents/information to be considered at the meeting.

Resourcing
The TAS Community Pharmacy Programme Team will provide secretariat and administrative services (the Secretariat) to support the functions of the Expert Advisory Group, in accordance with the instructions of the Chair, including ensuring that a record of recommendations and actions are kept.

Funding, Fees and Expenses
The Community Pharmacy Programme will provide Programme and Project Management support.

Participation by DHB employees and Government agency members will be funded by each participating DHB or Government Agency including the costs of teleconferences/videoconferences and travel.

Practicing community pharmacists, consumers and other relevant members will be reimbursed as individually advised by TAS Meeting Fees Policy.
Any other costs associated with your work on the Expert Advisory Group will be remunerated as per the State Services Commission Framework and will be agreed by the TAS Community Pharmacy Programme Team prior to any additional work commencing.

**Expert Advisory Group Tenure**

The Expert Advisory Group tenure will be reviewed at least annually to determine its ongoing tenure. A recommendation will be made to the DHB GMs Planning and Funding will be required to extend the tenure of this group at the time of review.

**Declaration of interest(s)**

All members must disclose any perceived or actual conflict of interests at each meeting.

Members must perform their functions in good faith, honestly and impartially, and avoid situation that might compromise their integrity or otherwise lead to a conflict of interest. Proper observation of these principles will protect the Expert Advisory Group and its members and will ensure it retains public confidence.

Members are required to declare any actual or perceived interest to the Expert Advisory Group. The group will then determine whether or not the interest represents a conflict, and if so, what action will be taken.

In general, no member may take part in any deliberation, discussion or recommendation relating to the matter in which they have a conflicting interest, unless given leave by the Expert Advisory Group. If the group allows a member with a conflict of interest to take part in any action, it must be recorded in the minutes:

- that the Expert Advisory Group permitted the conflicted member to take part,
- the reasons for this permission being granted,
- a summary of what the conflicted member said in any deliberation or discussion. The Chairperson will ask members to declare any actual or perceived interest at the start of each meeting.

If members believe that a perceived or actual conflict of interest exists that has not been declared by a member they have a responsibility to inform the Chair. The Chair is to work in conjunction with the Programme Director in determining appropriate next steps which may include, but not be limited to, taking legal advice.