

# HAWKE'S BAY COMMUNITY PHARMACY PROJECT

Hawke's Bay community pharmacy project focuses on safe, effective medicines use

Valuable pharmacy dispensing data and practice insights are being gathered from a clinical pharmacist population health role, Hawke's Bay DHB pharmacy planning and commission manager, Di Vicary says.

With dispensing data from Hawke's Bay community pharmacies analysed monthly, and findings on key medicines shared with general practice prescribers, it's making a huge difference to how we practice, she explains.

"We have a clinical pharmacist population health facilitator position that is jointly funded by the PHO and the DHB. The focus is on the safe and effective use of medicines across Hawke's Bay, working with primary care prescribers."

Di says monthly meetings to review dispensing data from community pharmacies provide valuable insights.

"We look for increases and decreases of use, but also analyse the data by the age, ethnicity and location of the person receiving the medicine. This gives us the ability to see if there is variation across the district.

"From that analysis, the clinical pharmacist population health makes a call on what will become an area of focus for us to work on with primary care, in particular GPs, nurse practitioners, nurse prescribers and pharmacist prescribers."

She says prescribers are given their anonymised individual data and can also see what the other prescribers in their practice are doing.

“The pharmacist will then have individual practice meetings with the prescribers and discuss the results. They facilitate the discussion and the interpretation of the data. Prescribers know their population, so they can put that lens to it.

“Ours is very much a facilitation role – we don’t make any judgements on the data; rather we share it with prescribers, with best practice messages around the use of medicines.”

Di says the data usually prompts valuable discussion among prescribers in a practice.

“They then take that information back to their everyday prescribing and use it in the way that works best for them and their patients. For example, they may ask the practice-based clinical pharmacist facilitator to work with them to review a patient’s medication. Or they may just make changes in their prescribing themselves as they renew prescriptions.”

She says the programme has had a positive impact in its 10 years.

“There have been many, many drugs we have fed back about. Augmentin (amoxicillin and clavulanic acid) was one of the first and the conversations we’ve had with prescribers have modified and influenced our Augmentin prescribing rates. Sometimes we want our prescribing rates to go up, like with Allopurinol, and we have seen that.

“We also talk to prescribers about new medicines – as soon as bisoprolol came on board we talked to prescribers about where it fitted with other beta blockers. Sometimes we can help find out additional information about a drug. For example, a GP wanted to know when they should stop amiodarone. We found a guideline overseas around when you review that

drug and stop it, then worked with our cardiologists to modify to suit New Zealand and Hawke's Bay before sharing it with all prescribers.

“Sometimes it's just letting prescribers know that a new medicine is available.”

Di says the role is very much a partnership with prescribers. Monthly review meetings are attended by her, the region's chief pharmacist, the clinical pharmacist facilitator team leader and the clinical pharmacist: population health.

“We take our partnership with prescribers very seriously – we are there to facilitate and assist where we can. Everyone gets the same messages.”

She says watching the results is fascinating.

“We can watch our prescribing data and know when we've visited all the practices, and see the trends change.

She says there is also a strong focus on equity.

“We know for example that despite having a much higher birth rate than European ethnicities, pregnant Māori women have half the dispensing rates for iodine. We can take that information to the wider group and have broader conversations, such as with Māori health team members and midwives.”

Di says relationships with secondary care are also very important.

“We always link in with the specialists in whatever area we are talking about, so they are kept well informed and are across messages in a timely way.”

Di says while this role began well before *Choosing Wisely* was introduced in New Zealand, it links closely with the campaign's philosophy.

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