



11 May 2011

Hon. Tony Ryall  
Minister of Health  
PO Box 5013  
Wellington 6145

Dear Minister

I am writing on behalf of Nurse Practitioner New Zealand (NPNZ) group in regards to accessing pharmacological treatments through the Special Authority (SA) system. As you know there are both current and predicted clinical skill shortages in New Zealand which have highlighted the need to restructure our health workforce and implement alternative models of health care delivery to ensure that our nation's health needs are met. The development of the Nurse Practitioner role is a direct response to the changing needs of our workforce and our nation's health needs with the role offering an alternative to service delivery through greater substitution between clinical roles. Nurse Practitioners are clinically and academically prepared to practice with expertise in their area of practice.

Whilst it is a positive move forward to be able to access the majority of the Special Authority drugs as designated prescribers thereby promoting efficiency and flexibility in the use of valuable resources, there remain three areas of concern which are preventing optimal utilisation of the NP role.

- Specific drugs which are still inaccessible to NPs
- The inability of NPs to be able to do SA requests electronically as our medical colleagues can
- Moving from designated to authorised prescribers

Firstly In an effort to deliver care in line even further with the MOH's "Better, sooner, more convenient" focus, we are continually having to send people back to their GP which delays care, is an added cost and is inconvenient for the patient and the health professionals concerned. It also creates duplication of service and barriers to patients receiving best practice.

NPNZ would like Health Pac & Pharmac Special Authority approval to include the following drugs for NP prescribing. These particular drugs are very scope of practice specific relating to some NP's "area of practice" in which they are considered to be the clinical lead in their particular field of expertise, (with GPs referring patients into the NP as frequently the lead consultant, e.g. Respiratory, Cardiac, Mental Health NPs). As per the line "Applications only from a general practitioner or relevant specialist", we would like Pharmac / Health Pac to consider NPs as a relevant specialist.

The drugs identified as being of concern by NPs are;

- Tiotropium Bromide (Spiriva) not being able to be prescribed by Respiratory/Chronic care conditions NPs (whose main focus is Chronic Obstructive Pulmonary Disease (COPD) clients), as well as PHC and Rural NPs

- Candesartan, (Atacand) Losartan, Perhexiline Maleate not able to be prescribed by Cardiac/Chronic care conditions NPs ( whose main focus is acute and chronic heart disease clients) as well as PHC and Rural NPs
- Ethinyloestradiol; desogestrel ( Marvelon 28) not able to be prescribed for contraception by a NP working in a GP or Rural practice setting where the well population is managed.
- Olanzapine. Currently initial and repeat prescriptions can only be done by a psychiatrist; we would like this to be expanded to Mental Health Nurse Practitioners
- Nutritional Supplements by those NPs managing Chronic care conditions, as well as PHC and Rural NPs.

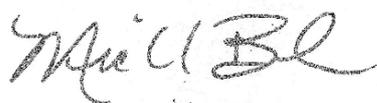
Secondly, Not having the ability to electronically send SA applications is inefficient and prone to error in the current situation of having to print off form, manually fill it, manually fax it, then manually scan into pt record and file it. A recent example of error; having faxed a SA application away, the fax which was thought to have been processed did not reach the destination and has resulted in a delay of 3-4 wks in the patient gaining Varenicline tartrate (Champix) to help them quit smoking. This most was unsatisfactory, sadly lacking in the "Better, sooner, more convenient" factor.

We understand that this is being looked into as the request has been known by the MoH for a lengthy period (several years)., NPNZ now request a specific time frame from Health Pac as to when the electronic processing of SA applications by NPs is to occur.

**With the advent of the pilots for designated prescribing capabilities for some Diabetes Nurse Specialists underway, and likely to roll out to Registered Nurses, NPNZ members anxiously await the long promised change in prescribing designation for Nurse Practitioners from designated to authorised prescribers.** Many issues that impede efficient care for patients could be averted if this issue was resolved. In the ten years that NPs have been able to prescribe in NZ, there has been no evidence that we have been unsafe prescribers. We feel that it is time to recognise the safe and effective care that we provide as NPs. Therefore we would welcome a specific time frame for the changes to legislation that will move NP's from designated to authorised prescribers.

Looking forward to your response.

Yours sincerely on behalf of NPNZ members,



Dr Michal Boyd  
NPNZ Chair

Cc: Peter Moodie - Pharmac