

Submission to the Ministry of Health on Towards a New Zealand Medicines  
Strategy

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On behalf of  
**Nurse Practitioners New Zealand (NPNZ)**

Nurse Practitioners NZ (NPNZ) is a division of the College of Nurses Aotearoa (NZ). NPNZ provides a forum for New Zealand registered Nurse Practitioners (NP) to contribute to individual and national advancement of the NP role. Membership is open to New Zealand registered nurse practitioners and there are currently 31 registered Nurse Practitioners of which 11 have the right to prescribe within their identified specialty area of practice. However, all NP's have a role in influencing appropriate and timely prescribing and administration of medicines and are in a position to impact on patient self management, education and adherence with taking medicines.

The purpose of NPNZ is:

- To provide a professional formal network for registered Nurse Practitioners
- To provide a forum where practice direction is debated and formulated on a national level
- To provide a forum to guide and integrate the strategic directions into the context of Nurse Practitioner clinical practice
- To work with and co-ordinate effort with the Nurse Practitioners Advisory Committee of New Zealand
- To provide a forum to contribute the ongoing development of nursing as a discipline
- To act as a source of mentoring and support for all registered Nurse Practitioners in New Zealand
- To link with equivalent Nurse Practitioner forums internationally
- To provide a contact point for key stakeholders

The comments made in this submission are reflective of the overall views of members of NPNZ.

Introduction

NPNZ is supportive of a strategic approach to aligning the sector and systems that influence the use of medicines in New Zealand and in particular will continue to work towards achieving equitable access to appropriate prescribing of medicines to all New Zealanders regardless of their ability to pay. We

support ongoing consultation to ensure that the strategy accurately reflects the reality of health care delivery and its impact on patient outcomes.

NPNZ acknowledges the current disparities in health care including access to medicines for vulnerable populations such as the elderly, the chronically ill (including those requiring palliative care), Maori and Pacific Island people and those from lower socio economic groups.

**NPNZ has chosen to provide feedback on section 3 of the consultation document: Medicines:Current systems, Structures and Processes.**

The description provided in the document reflects NPNZ's understanding of medicines systems, structures and processes. To follow are specific comments relating to particular sections under 3.3 System Structures:

#### The Pharmacology and Therapeutics Advisory Committee

We support the involvement of clinicians from both medicine and nursing to assist PHARMAC with providing expert clinical advice on the public subsidy of particular pharmaceuticals. However, we would strongly encourage PHARMAC to include Nurse Practitioner's on the specialist sub committees to add depth to the decision making process.

#### Demand-side activities

Nurse Practitioners have the potential to make an important contribution on Demand-side activities.

#### Best Practice Advocacy Centre (BPAC) NZ

It would be helpful for NPs to be added to distribution lists to ensure that resources developed by Best Practice Advocacy Centre (BPAC) NZ are readily available to NP's.

#### Individual health practitioners: Nurse Practitioner prescribing

Currently the mechanism for nurse prescribing in New Zealand is via the role of nurse practitioners. Nurse practitioners are expert nurses who work within a specific area of practice incorporating advanced knowledge and skills. They are extensively prepared before being assessed and registered by the Nursing Council of New Zealand as nurse practitioners.

Nurse practitioners have improved access to health services and have safely and proactively met the needs of many consumers who have been traditionally hard to reach, impoverished, and who have become responsive to the nurse practitioner approach to care (Perry, Thurston et al. 2005).

NP's are currently described as "designated prescribers". This means that they may prescribe medication according to a specified list of medicines (which is then required to be reviewed regularly by the prescribing authority). This

arrangement is cumbersome and does not reflect the reality of a nurse practitioners practice. While the list is relatively extensive, it is not complete and limits nurse practitioners' ability to fulfill the requirements of their role. This means they are able to prescribe some of the required medications but leaving them dependent on working under standing orders to access other medications. The requirement that the specified list of medicines be regularly updated is unrealistic in practice. There will always be delays in such processes leaving the nurse practitioner unable to access new medications or advances in treatment.

In the near future, New Zealand NPs expect their prescribing status to change from 'Designated Prescriber' to 'Authorised Prescriber' to align their prescribing status with their level of academic and clinical preparation, and level of competence. This change will enable improved access of prescription medicines to high need and hard to reach population groups and will align systems with changes that have occurred in the health delivery arena. Furthermore, NP's include health education with all prescribing interventions thereby improving adherence, reducing wastage, and improving health outcomes through appropriate administration of prescribed medications

#### The Intensive Medicines Monitoring Programme (IMMP)

It is also recommended that PHARMAC include NP's in the collection of data for the Intensive Medicines Monitoring Programme (IMMP).

#### **Conclusion**

NPNZ is grateful for the opportunity to forward a submission on the Towards a New Zealand Medicines Strategy Consultation Document. NPNZ acknowledges the current disparities in health care including access to medicines for vulnerable populations such as the elderly, the chronically ill (including those requiring palliative care), Maori and Pacific Island people and those from lower socio economic groups. The suggested changes to the strategy (and NP prescribing status) will significantly improve nurse practitioners ability to contribute to improved population health outcomes while at the same time ensuring that strategy is aligned with the rapidly evolving models of care delivery.