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KAITIAKI RONGOĀ O TE WĀ

MAY 2020

Independent news and education for pharmacy

Anna Lee reports

COVID CONVULSIONS

The rise and fall of retail sales under lockdown

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Jonathan Chilton-Towle investigates

STOCK SHOCKS

Hunt for meds unlikely to ease

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Jonathan Chilton-Towle reveals

FRONTING UP

Leaders respond to criticism

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Pharmacy speaks out on what it really, really wants

PAGE 8

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EDITORIAL

The new abnormal

By **Ruth Brown**
editor@pharmacytoday.co.nz

New York rockers The Strokes were somewhat prescient with the title of their latest album, *The New Abnormal*, its launch coinciding with their home turf becoming one of the hardest hit by COVID-19.

Back in New Zealand, when you read this, it might be nearly time to poke your nose out of your bubble, sniff the air and think about what the post-virus world might bring.

For some, the future is already looking too bleak to contemplate and anyway, there are still too many unknown factors.

Pharmacy Today is just pleased to bring you another issue. It might be a little late but it's a triumph in a topsy-turvy lockdown world. You might also like to read the May issue in flipbook form, it's accessible from our home page: pharmacytoday.co.nz

Over the past few weeks, *Pharmacy Today* reporters have been reporting their hearts out in online news, covering the overriding concerns of pharmacy staff who find themselves in unprecedented circumstances forced on them by the global pandemic.

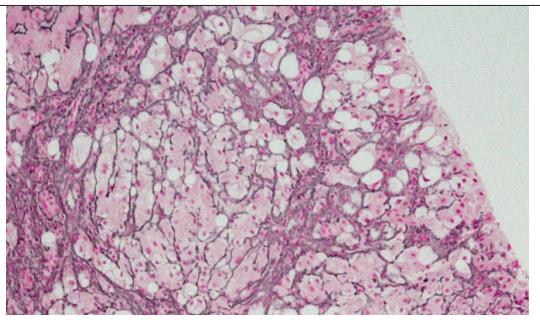
Pharmacy may be an essential service, but in the COVID whirlwind, there's been little guidance and little support. Pharmacies across the nation scrambled to make sense of the new rules, keeping their staff safe while maintaining services for vulnerable patients. In Canterbury, home deliveries in one form or another have continued by virtually all of the region's 128 pharmacies, a Canterbury Community Pharmacy Group has found. Is that amazing or what.

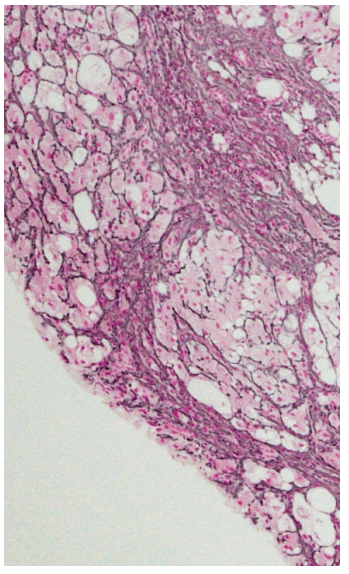
But all this busyness is not necessarily translating into income to pay bills, as Pharmacy Guild chief executive Andrew Gaudin reported to the parliamentary epidemic response committee on 22 April, in a heartfelt plea to MPs to urgently address the dire situation many pharmacist owners find themselves in.

The Government so far has shown little sign of moving in that direction – renewed calls for dropping the copayment yielding a lacklustre response from the health minister.

There are still options for pharmacies able and willing to pour resources into new directions. Some of them, outlined on page 8, are already in train.

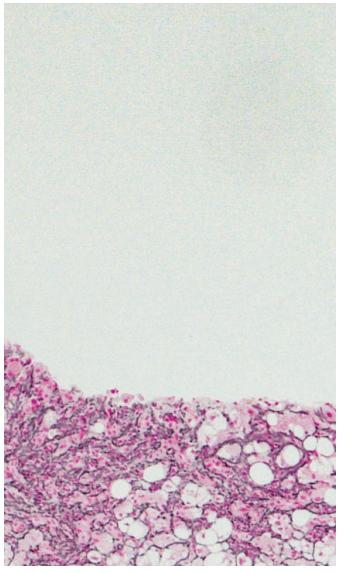
But many pharmacy staff are exhausted, stressed and overwhelmed by the changes forced on them in this "new abnormal". And if you're anything like me, you could do with a bit of a breather. PT

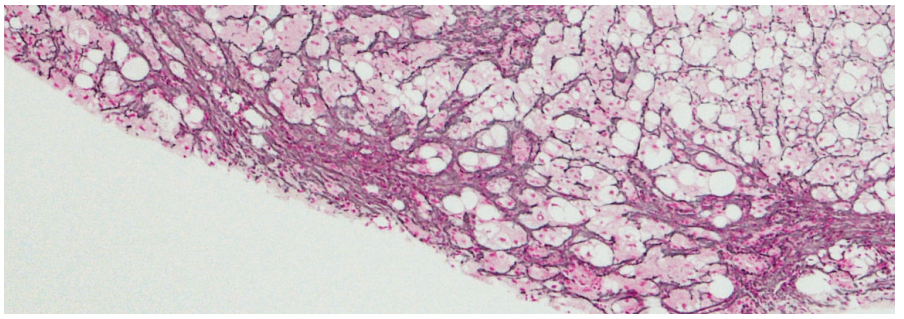




{ Education May 2020 }

Each month, *Pharmacy Today* presents cutting-edge clinical articles from our expert contributors to assist pharmacists and pharmacy staff with their professional development and continued education.





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No respite predicted from retail sales slump at Alert Level 3

By **Anna Lee**
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Moving to COVID-19 Alert Level 3 will offer no respite to the pharmacy sector's devastating retail sales slump, according to RPM Retail chief executive, John Saywell.

Throughout the month of March, retail sales skyrocketed – peaking on 23 March with an increase of 165 per cent compared with the same day last year, as patients scrambled to stockpile medication.

However, RPM Retail – which turns point-of-sale data from 100 pharmacies into online business intelligence, reveals retail sales at pharmacies across New Zealand have plummeted since the nationwide Alert Level 4 lockdown on 25 March.

On week one of Alert Level 4, weekly retail sales fell 18 per cent on average compared with the same period last year. On weeks two, three and four of Alert Level Four, weekly retail sales fell 17, 32 and 34 per cent respectively.

"It's certainly not a pleasant picture, when you consider pharmacy staff are working harder than ever and the turnover isn't there," says Mr Saywell.

"Pharmacies are sticking to their guns and providing an exceptional service to their communities…but it's certainly not rewarding financially for them."

In April, pharmacies located in tourist towns, central business districts or malls were the hardest hit, with retail sales down 47 per cent on average. Retail sales at beauty and gift-orientated pharmacies and medical centre pharmacies were down 36 per cent and 8 per cent respectively, while suburban community pharmacies enjoyed an 11 per cent rise on average.

Many pharmacies are still "really busy" in their dispensary but it isn't a profitable activity, which emphasises the fact pharmacy is not funded appropriately for the work done in the dispensary, says Mr Saywell.

"Some pharmacies are busier and doing better, while others are mostly busier but doing worse.

"There are still around 10 to 15 per cent of pharmacies that are up in sales because they're in suburbs where customers are now trapped, but there's also a bunch of pharmacies that are down a lot more than average – the big retail pharmacies, mall pharmacies or city pharmacies are down 50, 60, 70 per cent."

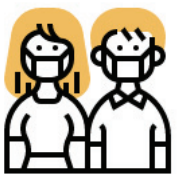
Mr Saywell predicts retail sales throughout Alert Level 3 will remain the same as Alert Level 4 due to customers having limited access to the shop floor, but is optimistic figures will begin to bounce back when New Zealand is in Alert Level 2.

"Financially, it's going to probably get worse before it gets better," he says.

"Pharmacies are still triaging customers predominately at the door or providing limited access to their stores, which is the right thing to do. [At] Alert Level 2, we'll definitely see some respite." PT

Tips to boost retail sales during Alert Level 3:

Get your customer triage area set up to provide safety and convenience for your customers
- well-trained staff
- clear signage with guidelines on customer enquiries, receiving prescriptions and shopping



Re-arrange product displays featuring top sellers for easy access for staff and customers.

Carry full stock levels of the top-selling retail products (order 60 days cover every two weeks).

Source hand sanitiser and face masks and advertise these clearly at your counters and on Facebook.

All staff know and promote the top-selling immune-boosting products.

Make it easy for customers to access in-store services (vaccinations and prescription-only medicines).

Post daily on your **Facebook page** and ensure that your opening hours and contact details are up to date **online**.

Medicine shortages a big part of COVID-19 battle

By **Jonathan Chilton-Towle**
jct@pharmacytoday.co.nz

THE STOCK SHORTAGES during the COVID-19 crisis are the worst Sara Dougherty, the dispensary manager at Auckland's Unichem Milford, has seen in her entire pharmacy career.

The shortages caused by the unprecedented medicine stockpiling before the lockdown have been widely publicised but when contacted on 22 April, Ms Dougherty was still struggling with daily stock shortages.

This is despite the Government restricting all funded medicines, except oral contraceptives, to monthly dispensing, from 27 March.

"Every day [when ordering medicines] we get probably five or six that come back as out of stock," she says.

Many other products can only be ordered in limited amounts and Ms Dougherty says her pharmacy has had to turn customers away because they couldn't fill their prescriptions.

The situation hasn't reached a point where she worried about patient safety, although it nearly did earlier in the lockdown when it was difficult to source Seretide inhalers for asthma patients.

Several respondents to a recent *Pharmacy Today* online survey about the crisis also note ongoing stock issues.

"I believe the instruction to go to monthly dispensing came one week too late. That delay created an enormous amount of pressure that we are only just coming out of now," one respondent says.

"We were experiencing higher than normal volumes but it's beginning to slow down. Delivery costs and sourcing stock has been an issue," writes another.

Noriday back in stock

Ms Dougherty and some survey respondents pointed to oral contraceptives, especially the progestogen-only pill Noriday, as being especially hard to source during the lockdown.

Unlike other funded medicines, oral contraceptives were restricted to only three-monthly dispensing down from their usual six-month supply.

On 22 April, Pharmac confirmed Noriday was back in stock and its supplier Pfizer was able to fill back orders.

International medicine manufacture not affected

Graeme Jarvis, chief executive of the branded prescription medicines manufacturers industry group Medicines New Zealand, says the shortages were caused by the supply chain struggling to catch up with medicine stockpiling which occurred prior to lockdown in February and March, not by problems with medicines manufacture.

Dr Jarvis believes this was mostly resolved by the Government limiting dispensing to a one-month supply, and gives "full credit" to the Pharmacy Guild and wholesalers for pushing for this outcome.

His members are not reporting any overseas manufacturing issues caused by COVID-19.

He has heard that a lockdown in the Indian province of Himachal Pradesh, where a lot of generic medicines are manufactured, has affected medicines production there. However, this has not affected any Medicines New Zealand members.

Some constraints have been placed on international deliveries of medicines. Dr Jarvis says most medicines are delivered to New Zealand on passenger flights, which have been greatly reduced.

While Dr Jarvis cannot predict if shortages will occur in months to come, he believes Pharmac's sole supply methods may be sorely tested as the crisis drags on.

Pharmac predicts more supply issues

In a written statement, Pharmac director of operations Lisa Williams predicts future disruptions to supplies.

"We know that COVID-19 is likely to have global impacts on medicine manufacture and supply chains for the remainder of 2020 and potentially beyond.

"We are working with all our suppliers – of both medicines and medical devices – to minimise any impacts on the supply chain to New Zealand. We will continue to update our website with information as the situation evolves."

Ms Williams says the recent $35 million increase to the Combined Pharmaceutical Budget was a welcome addition to support ongoing purchasing of all currently funded medicines and ensure Pharmac can continue to get funded medicines into the country.

Pharmacy Wholesalers (Bay of Plenty) Limited and ProPharma did not wish to provide comment for this article. PT

Stressed and worried pharmacy sector speaks out

A *Pharmacy Today* survey has revealed 60 per cent of respondents are worried about the future of their business as the COVID-19 pandemic drags on. **Jonathan Chilton-Towle** presents the findings

Most pharmacies now have personal protective equipment (PPE) but there is widespread concern about how the COVID-19 crisis will affect the long-term viability of pharmacies, a survey conducted by *Pharmacy Today* shows.

In mid-April, *Pharmacy Today* sent out a survey to gauge how pharmacy owners, pharmacists and retail staff are coping during the lockdown. A total of 425 responses were received – the majority (60 per cent) of respondents work in the three Auckland region DHBs.

In the initial stages of the lockdown, many pharmacists were concerned they could not access personal protective equipment (PPE). However, the survey shows now only a tiny minority of respondents (just over 1 per cent) do not have PPE – 47 per cent said they had PPE and the supply was adequate, 24 per cent said they had PPE, but not enough, and 17 per cent had PPE but weren't sure about future supplies.

The survey also asked how concerned pharmacists are about the viability of their business: 60 per cent said they were doing okay now but have concerns about the future, 14 per cent had no concerns and 15 per cent were already struggling before the outbreak. Two per cent said they were seriously considering closing.

Despite most respondents now having PPE, many were critical of how long it had taken to receive it, the quality of the gear received and lack of training on how to use it. Several respondents said they had tracked down PPE themselves.

"Personal protective gear is overrated without adequate training, which as pharmacists, we do not have," a Taranaki pharmacist says. "Guidance from a qualified person regarding appropriate see-through screens would have been nice. PPE is being collected for the pharmacy tomorrow and that is the first supply from the DHB, but no training [has been] given, so potentially [wearing it could be] more dangerous than not wearing it."

Where has the guidance been?

Many participants criticised the level of support pharmacies have received during the crisis so far, from DHBs, the Pharmaceutical Society and the Pharmacy Council.

"Some early direction from council or society would have been useful. It looks as though no one (except to some extent the [Pharmacy] Guild) has done any sort of pandemic planning," one Canterbury pharmacy owner wrote.

"Ultimately, no one has told us how to manage this event. What is best practice? Do we let asymptomatic patients in or don't we? If so, how many? Should we halt all cash transactions? Should we totally avoid all patient contact? Where has the guidance been? Plenty of pharmacists are furious about this and rightly so."

"Support was needed when the Level 4 was activated. Only after nearly falling over due to the increased workload did anyone on my local DHB start to listen to our concerns," a Bay of Plenty owner commented.

The survey comment section also made it crystal clear many pharmacy owners were doing it tough, both financially and in terms of mental health, and were worried about the future.

"A 50 per cent reduction in the number of prescriptions means we are heavily making losses by keeping our business doors open," a Counties Manukau owner commented.

"We are all exhausted and have barely been able to keep up with the daily deluge of scripts from email and fax. We all need a holiday and a good rest," said an Auckland owner.

"Scripts down 35 per cent. Turnover down 50 per cent," a Lakes DHB owner said.

"The Government were quick to label pharmacy as essential, I certainly hope they take this into account when we renegotiate our contracts," a Waikato DHB owner wrote.

"It is time they paid a fair price for the incredible job we do in the community. The DHBs threw all the PPE at GPs who had already closed their doors and provided us with nothing even though we were still dealing with the public face-to-face.

"My staff risk their lives every day they come to work – it is time that we were recognised for that."

Call for $5 copayment to end

Many respondents said the most important boost pharmacy could get during this time would be removal of the $5 copayment.

A Southern DHB pharmacy owner said their team was struggling with long shifts and reduced staff due to having to split into two teams.

"Removal of co-payment would reduce part of the financial burden as we are delivering an enormous amount of prescriptions with contactless delivery and charging to accounts for payment later."

This request has also recently been made by Green Cross Health and the Pharmacy Guild, which have asked for the fee to be removed for all vulnerable patients to ensure they can still access their medicines. PT

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Pharmacy sector leaders defend pandemic response

By Jonathan Chilton-Towle
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Pharmacy sector leadership groups are standing firm against accusations they haven't done enough to support pharmacists during the ongoing COVID-19 crisis.

The Pharmaceutical Society, Pharmacy Council and the Pharmacy Guild have all been criticised over their response – the primary complaint from pharmacists is that they were left to deal with the crisis without timely advice or support from these organisations.

This complaint has been repeated multiple times in recent months by pharmacists contacted by *Pharmacy Today* and in responses to two online surveys we conducted during the outbreak.

Summing up the feelings of many, one Canterbury pharmacist commented anonymously that they felt no one had told pharmacists what they should be doing.

Pharmaceutical Society chief executive Richard Townley is adamant the society has supported its members well during the COVID-19 crisis

> The society has sought to keep members as well informed as possible and supported in their practice with the appropriate guidance

"Ultimately, no one has told us how to manage this event. What is best practice? Do we let asymptomatic patients in or don't we? If so, how many? Should we halt all cash transactions? Should we totally avoid all patient contact? Where has the guidance been? Plenty of pharmacists are furious about this and rightly so."

But Pharmaceutical Society (PSNZ) chief executive Richard Townley disputes this, saying the society did provide regular advice and support to members.

"Understandably, people are under a high level of stress at this time," Mr Townley says via email.

"The society has sought to keep members as well informed as possible and supported in their practice with the appropriate guidance. The society has also provided suggestions for self-support and personal health and wellbeing."

Mr Townley says the society has been providing regular COVID-19 updates since the end of January using its Friday Newsroom online newsletter and PSNZ Pharmacy Practice Update emails.

He gives a timeline of the various notifications the society sent out during the crisis, starting with advice that COVID-19 was a notifiable disease on 31 January.

PSNZ published a restricted access poster for pharmacies to use on 16 March and weekly advice on changing regulations, pharmacy operations and COVID-19 status were notified to members twice weekly.

The advice included recommendations on how pharmacy staff should protect themselves and restrict access, sent out on 25 March the day Level 4 lockdown took effect.

At around the same time, the Royal New Zealand College of General Practitioners called for all GP clinics to close their doors and go virtual on 22 March.

Sector leaders meet

Before New Zealand moved to Level 3 on 23 March, a COVID-19 Pharmacy Sectors Leaders Group was formed to support frontline pharmacists. The group includes representatives from the society, guild, council, Green Cross Health, DHBs and the ministry; and meets several times a week to coordinate the pharmacy response and the messages sent to the sector.

Council chief executive Michael Pead says members, especially the society, the guild and Green Cross Health, were "extremely active" in providing technical advice, which they also had to rapidly create, to pharmacists.

However, he adds that: "The speed of travel into the lockdown, and ensuring consistency and approach across the country did place extreme demands on the provision of advice."

Mr Pead is confident the council responded in a timely and decisive way but says it will be reviewing its actions.

"Once we get to a post-COVID-19 period there will most definitely need to be an opportunity to consider what lessons can be learnt from the period of the pandemic."

The council has monitored advice to ensure it does not burden pharmacists with conflicting or duplicate messages.

It also enabled former pharmacists to get temporary practising certificates to return to work. So far, 187 former pharmacists have taken up this option.

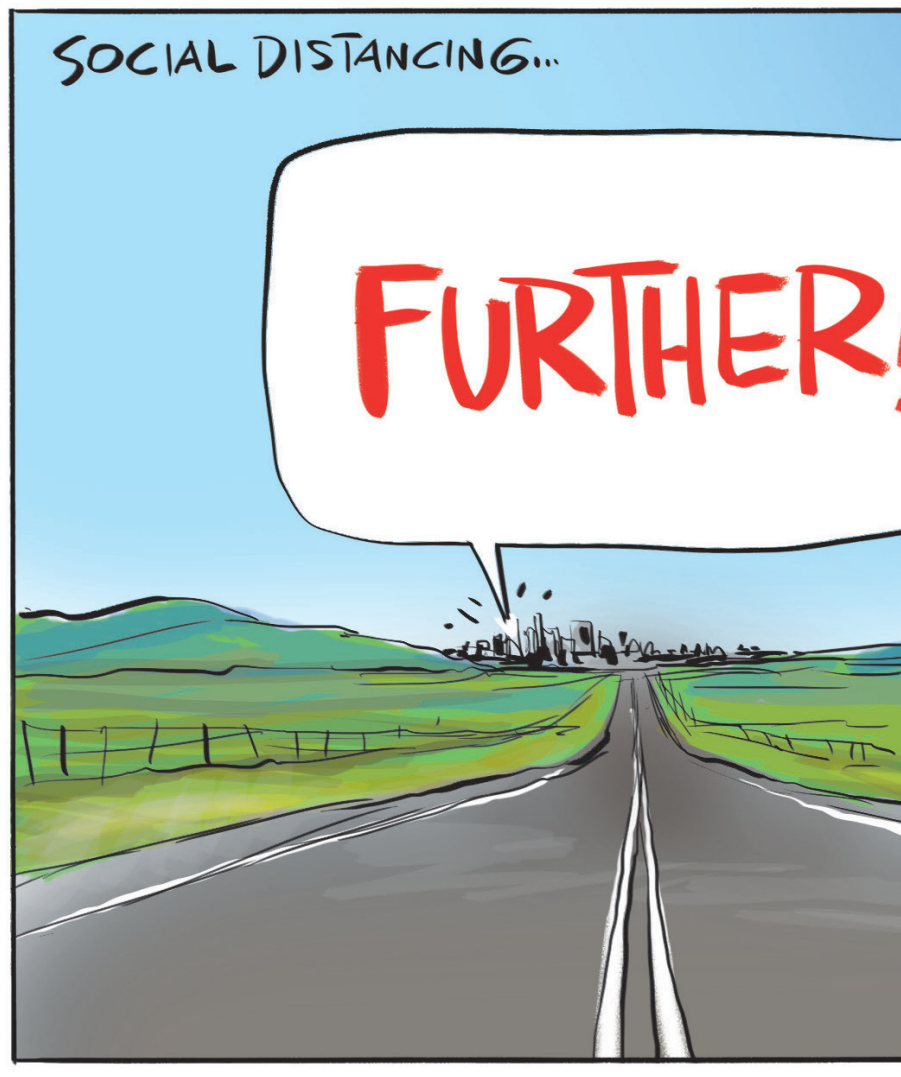
Pharmacy Guild supports members

Pharmacy Guild chief executive Andrew Gaudin did not provide comment for this article but earlier told *Pharmacy Today* the guild has worked with other organisations to coordinate the pharmacy-sector response.

It also worked to provide direct support to members and created a dedicated COVID-19 information section on its website.

Information topics include: a business continuity plan template, continuity of medicines showcards, COVID-19 guidance for employers, protection and cleaning tips, guidance on sending mass COVID-19 text messages to patients, and a pandemic and infectious disease outbreak plan.

"We appreciate this is an extremely challenging time for the sector and encourage our members to contact us if they need any support," Mr Gaudin says. PT



First two meetings to review pharmacy contract called off

The first two pharmacy services contract review meetings for 2020 were called off due to the COVID-19 outbreak but the DHBs say this will not affect any contract amendments coming into force on 1 October as usual.

Pharmacy sector and DHB representatives were due to attend two Integrated Community Pharmacy Services Agreement (ICPSA) national annual agreement review (NAAR) meetings in March and April.

The meetings are where amendments to the evergreen ICPSA are negotiated before they are agreed on by the DHB chief executives and then offered to contract holders.

Carolyn Gullery, lead pharmacy general manager planning and funding for the 20 DHBs, confirms in a written statement that the meetings in March and April were called off due to COVID-19.

"The ICPSA national annual agreement review meetings planned for March and April were postponed, due to the focus required to support the pharmacy sector with the COVID-19 response," Ms Gullery says.

"DHBs have been working very closely in March and April with the Ministry of Health, community pharmacy provider representatives and other sector organisations on responding to the rapidly evolving COVID-19 situation."

She says the NAAR meetings will recommence in early to mid-May and any changes agreed following the review process will still come into force on the usual date of 1 October. PT

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Will COVID-19 be the tipping point for pharmacy?

Many pharmacies have taken a pounding as a result of a huge drop in customers during lockdown. But reporter **Jonathan Chilton-Towle** unearths discrepancy of opinion over how seriously finances are affected

The Pharmacy Guild says the COVID-19 crisis puts pharmacies at risk of closure, but this observation differs from what a pharmacy sector accountant is seeing.

Since the Alert Level 4 lockdown began in late March, guild chief executive Andrew Gaudin has made a series of media appearances alerting the public and politicians to the financial pressures faced by New Zealand pharmacy during the COVID-19 crisis.

On 22 April, he appeared before the parliamentary epidemic response committee chaired by Simon Bridges and said pharmacies need urgent assistance to avoid closures.

"Pharmacies are in the red ink. Most of them are in the red ink. It's only a matter of time before the dominoes start to fall and they can't pay their creditors, can't pay their staff, can't pay their bills and can't pay their rent," Mr Gaudin said.

As a result of COVID-19, dispensing was down by 20 per cent and retail had also dropped by 20 per cent, he told MPs.

He added the sector had suffered years of neglect and already had serious issues with workforce sustainability.

In a media release on 8 April he said some pharmacies would close if the Government did not step in and help. The statement followed a $15 million government package for pharmacies.

However, Hugh Lopdell, director of Oak Park Chartered Accountants, says the guild's claims do not match up with the experiences during lockdown of pharmacies that his Wellington-based firm represents.

While he doesn't rule out the guild having access to information he hasn't seen, Mr Lopdell says, "What he [Mr Gaudin] said does not reflect what our 20-odd pharmacies have experienced."

"All my suburban pharmacies are fine. They are all down a bit on retail, about 20 to 30 per cent down, but their scripts are the same or up a little [compared with last year]."

He says the worst-affected pharmacies are inner-city pharmacies, mall pharmacies and urgent pharmacies.

Mr Lopdell is aware of only one business he would describe as struggling as a result of the COVID-19 crisis. This inner-city pharmacy has experienced a drop of more than 50 per cent in turnover, but Mr Lopdell predicts it will bounce back as long as the nation returns to Alert Level 2 this month.

The guild was approached for further clarification but we received no response before press time.

Jonathan Roberts, a director at accountancy firm Moore Markhams which represents 150 pharmacies, said the lockdown had had a greater impact on pharmacies than he had previously predicted across the board, although he is unaware of any closing because of it.

GPs closing their clinics and undertaking remote consults has meant fewer patients visit pharmacies attached to medical centres.

"A lot [of pharmacies] are suffering," he says. But he is optimistic most pharmacies will survive the crisis, if the country doesn't take too long to return to Alert Level 2.

"Most businesses will be able to recover if it's just a bad month."

Results of an online survey conducted by *Pharmacy Today* in mid-April also show only a tiny minority of pharmacies are considering closing due to COVID-19, although many are worried about its ongoing impact.

The survey drew more than 400 responses and just 2 per cent said they were seriously considering closing.

Asked about the viability of their business, 60 per cent said they were doing okay but have concerns about the future. PT

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TELL ME WHAT YOU WANT, WHAT YOU REALLY, REALLY WANT:

How pharmacy could turn a crisis into a godsend

Since the advent of the COVID-19 crisis, the New Zealand pharmacy sector has seen unprecedented and rapid changes. In the space of just a few weeks since the lockdown started, vaccination accreditation has been opened up, pharmacists have been permitted to vaccinate far more widely, and the legal requirements around prescriptions have been relaxed to name just a few. With so much change afoot, *Pharmacy Today* is asking what other updates pharmacists want to see

The COVID-19 pandemic has already created massive change throughout New Zealand society and community pharmacy has been at the forefront of much of it.

More pharmacists can offer more vaccinations than ever before, and many restrictions and regulations have been relaxed or removed.

These significant changes have done much to empower pharmacists, and many pharmacists hope the changes will remain after the epidemic is over, and that even more wide-ranging changes will be introduced.

Pharmaceutical Society president Ian McMichael believes there has never been a better time than now to achieve lasting changes in the pharmacy sector.

"Like never before have I seen all the industry reps and the funders around a table (at least via Zoom), working together to get change happening for pharmacists and their staff, and the good of the public," Mr McMichael says.

Changes made now will not only enable pharmacists to better support their vulnerable patients through the epidemic, they will allow them to better support them in the future.

"It's about increasing access, increasing affordability and providing more services," Mr McMichael says.

He recently posted on the NZ Community Pharmacy Chat Facebook page encouraging pharmacists to share their ideas for change. The post received more than 180 comments.

The following are some of the ideas suggested:

Remove the $5 copayment

The big-ticket change many pharmacists have been awaiting since before lockdown is the removal of the $5 prescription copayment.

Now, with widespread job losses and a predicted recession caused by COVID-19, removing the copayment might be an easy way for the Government to ensure patients can afford to collect their prescriptions.

Green Cross Health and the Pharmacy Guild are currently urging the Government to waive the co-payment for vulnerable populations to ensure delivery of the equitable response needed during COVID-19.

Cut through red tape and streamline procedures

Paul Grant, owner of two pharmacies in Hamilton, says much of pharmacists' time is spent fixing problems for other health professionals and he hopes the outbreak will create an opportunity to change this – both by educating other health professionals and changing procedures.

Pharmacists often encounter problems in scripts received, such as an unfunded medicine being prescribed, or scripts that are faxed or sent over the phone which don't have a prescriber signature.

> Pharmacy has shown we are front-line health professionals…but we are not sitting at the top table in the ministry

Pharmacists must then chase up the prescriber to correct the script or get a signature, which is often no easy task.

"They [doctors] don't seem to understand it is their responsibility to get it [the prescription] signed within five days," Mr Grant says.

Mr Grant wishes pharmacists were permitted to correct minor prescription issues, such as substituting unfunded brands for funded ones, without prescriber approval.

The current system wastes time for both pharmacists and prescribers and the advent of electronic prescriptions means there is an electronic record for auditors to follow if there is any suggestion of pharmacists acting inappropriately.

He has already noticed the relaxing of script rules during the crisis has freed up a lot of pharmacists' time but says there are still procedures that create delays.

For instance, the recent removal of the requirement for a prescriber signature only applies to electronic prescriptions – others need to be chased up as usual.

Minor Ailments Scheme

In Scotland and Wales, pharmacists are empowered to prescribe many items to meet the needs of patients presenting with common ailments.

The creation of a similar minor ailments scheme for New Zealand has been under consideration since 2016. There is still no firm date on when DHBs will progress the idea, but a report detailing the proposed scheme will be presented some time this year.

Many pharmacists believe the COVID-19 crisis is the perfect time to launch such a scheme – the public would have greater access to treatment for minor health issues and GP clinics will be freed up to focus on the outbreak and serious health issues.

Mr Grant says it's well known that there's

a shortage of GPs and a lot of the health issues they are dealing with are extremely minor – he can't understand why it is taking so long to introduce a minor ailments scheme.

"We're pretty much doing it anyway [by selling products]," he says.

Enable pharmacists to re-prescribe repeats

With many GP clinics locked down due to COVID-19, Mr McMichael says it is more difficult than ever for patients to collect repeat prescriptions.

Anecdotally, he has heard reports of GPs allowing pharmacies to generate repeat prescriptions for their patients and then signing them later. While this is far more convenient for patients and ensures access to medicines during a difficult time, it is also currently illegal.

Mr McMichael believes policy change should be introduced immediately, allowing pharmacists to generate repeats.

Funding pharmacies to offer all vaccines

The COVID outbreak has already resulted in large-scale loosening of restrictions on how pharmacists vaccinate.

Among other changes, pharmacists can now offer the influenza vaccine to all people who meet the criteria for funded influenza vaccinations set out in the Pharmaceutical Schedule, and it has become much easier to become an accredited vaccinator during the pandemic.

But Mr McMichael would like to see pharmacies able to offer all funded vaccines – the same as GP clinics.

This would improve public access to vaccines and ensure patients receive funded vaccines wherever they try to access them.

Enabling pharmacist prescribers to do more

Pharmacist prescribers are the most expert of all medicine experts, but surprisingly their ability to prescribe is among the most limited.

Unlike doctors, pharmacist prescribers can only prescribe a three-day supply of controlled drugs and cannot prescribe Section 29 or Special Authority medicines.

Penny Clark, a pharmacist prescriber working at the three Northcare medical centres in Hamilton, says these restrictions create huge barriers and delays for patients and she wishes they would be removed.

Ms Clark often deals with complex-needs patients taking multiple medicines and when they need a medicine she can't prescribe; she has to ask one of her GP colleagues to do it for her.

This can create delays, interrupt workflow, and increase the risk of an error occurring even on normal days.

During the lockdown, when staff are working remotely, it has become even worse.

"It's just another unnecessary thing we have to ask our GP colleagues to do, which we could be doing ourselves."

Common items pharmacist prescribers are unable to prescribe include the smoking cessation drug Champix, special foods, the sleep medication melatonin, the beta-blocker labetalol, the painkiller panadeine and the psychoactive drug benzodiazepine.

> Like never before have I seen all the industry reps and the funders around a table (at least via Zoom), working together to get change happening for pharmacists and their staff, and the good of the public

"I taught the practice how to prescribe Champix, but I can't apply for the special authority myself," Ms Clark says.

More pharmacy accuracy checking technicians

Pharmacy Accuracy Checking Technicians (PACTs) are often touted as the solution that will enable pharmacists to leave the dispensary and focus on providing clinical services.

The first PACTs graduated in 2017, but as of this year there are only 81 practising in New Zealand.

Rhiannon Braund, a professor at the University of Otago's New Zealand Pharmacovigilance Centre and the vice-president of the Pharmaceutical Society, was involved in the introduction and evaluation of PACTs.

Professor Braund is surprised by the slow uptake of PACTs and believes there are several rules left over from the initial pilot programme which could be changed to make it easier to become a PACT.

For instance, a pharmacy cannot train one of its technicians to be a PACT unless it has at least three qualified dispensary staff in addition to the trainee PACT – meaning the training is out of reach for technicians in smaller pharmacies.

Also, an individual PACT can only work at one licensed pharmacy and cannot be moved between premises in companies with multiple pharmacies.

Many pharmacy owners appear not to fully understand the benefits of the programme, instead, focusing more on the cost and time required to train a PACT rather than the efficiencies PACTs bring to pharmacies, Professor Braund says.

In addition, pharmacies are facing significant financial pressure and even though in theory having PACTs will free up pharmacists to offer clinical services, the current funding model is focused on dispensing and doesn't necessarily make this worthwhile.

As previously reported, some technicians don't see the value in upskilling because they feel they won't get a pay increase for doing so. This has also been linked to underfunding, meaning business owners can't pay staff more.

"It's hard to justify changes to workflow without there being funding to back it up," Professor Braund says, adding that she doesn't have a "magic answer" to the problem but that a funding change being needed to make PACTs more viable creates a kind of "chicken and egg" situation.

There is also an ongoing debate about whether PACTs should be registered health professionals – currently they aren't.

Professor Braund believes PACTs should be registered as this would provide protection from liability for both PACTs and their supervising pharmacists, and increase public confidence.

However, registration would create additional costs and requirements, so any solution would need to be practical for both technicians and pharmacy owners.

Electronic controlled-drugs register

Maintaining the controlled-drugs register book is a dreaded and time-consuming task for many pharmacists.

Mr McMichael believes pharmacists should immediately be empowered to create electronic controlled-drugs registers, which would save time and improve safety by allowing controlled drugs prescribing to be monitored in real time.

He is also calling for the immediate creation of an electronic restricted-persons register to combat drug abuse in the community.

Codeine-containing meds rethink

Last year, the Medicines Classification Committee recommended that all codeine-containing medicines be reclassified as prescription only. The change will come into effect this year, although an exact date has not been set.

But Mr McMichael believes the lockdown period has proved the reclassification needs to go back to the drawing board.

At a time when vulnerable people have trouble accessing their GP, it is essential effective pain relief products containing codeine are available from pharmacies, he says.

Expanded sexual health role

Tighter access to GPs also means it is important that pharmacists be able to step up and provide for their community's sexual health needs.

Pharmacists can already provide repeat oral contraceptive supplies and the emergency contraceptive, but Mr McMichael would like to see pharmacists able to do more.

For instance, he suggests pharmacists could offer funded pregnancy tests without a prescription.

Chief pharmacist for the Ministry of Health

Mr McMichael is also calling for the creation of a chief pharmacist role at the Ministry of Health and for each DHB to have a board appointee with a pharmacy background.

He believes having pharmacists involved at the highest levels of governance will ensure pharmacists are better supported in future events. During the COVID-19 outbreak, Mr McMichael says the level of support pharmacists received varied between areas depending on whether pharmacists were involved in the decision-making process.

For instance, DHBs with pharmacist leadership were better at distributing personal protective equipment to pharmacies, he says.

"Pharmacy has shown we are front-line health professionals…but we are not sitting at the top table in the ministry."

Remove spot audits

Gemma Buchanan, the general manager of Unichem Buchanan's Pharmacy in Whāngarei, wants the practice of spot auditing pharmacies gone for good.

Medsafe has temporarily suspended its pharmacy audits due to COVID-19 but Mrs Buchannan believes the surprise audits should stay on hold.

"No other health professional is subjected to having a person walk in without any notice and the manager and pharmacist have to drop everything to do what they say."

She is happy with the continuation of planned audits which allow the pharmacy to put more staff on for audit days.

Mrs Buchannan says these are good for continuous quality improvement but says the goal of surprise audits seems simply to be to catch pharmacists out, which goes against the relationship of trust the Government is supposed to have with health professionals. PT

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On the front line: Helen Cant

It seems there's nothing Tokoroa-based pharmacist prescriber Helen Cant can't do.

Born in Canada, Ms Cant relocated to Nelson with her family at age 14, before eventually moving to Dunedin to study pharmacy.

"My career started off in community pharmacy in Southland and included a break from pharmacy when I worked in the microbiology laboratory at a dairy factory," she says.

"This was really useful when I moved back into pharmacy, because I learned a lot about quality systems as well as about microbiology."

Following this, she moved into hospital pharmacy working in mental health, and spent time as a pharmacy manager.

Now, Ms Cant works as a clinical pharmacist in two general practices in Tokoroa, specialising in long-term conditions.

"Along the way, I have completed my PG Dip Clin Pharm, and in 2017 I enrolled for the pharmacist prescriber course and I'm currently studying for a nutrition qualification."

What's one thing the pharmacy sector could do better?

I think we need to work out some way to have a united voice representing us nationally – pharmacy is such a diverse profession that it leads to multiple voices within the sector promoting different points of view. Pharmacy can contribute to healthcare in so many ways, but it seems like we get overlooked; we need to work out how to promote our varied services in a united way.

What takes up too much of your time?

Sorting out medication muddles caused by inaccurate or incomplete medication lists, or lack of medication reconciliation, eg, at admission, transfer, discharge, or by changes in medications not documented in any system that I can see.

People are frequently amazed to discover that the hospital computer systems don't talk to each other, to the GP system, or to the pharmacy system.

What's the next big thing in pharmacy?

More highly skilled pharmacists working directly with patients and with medical/nursing teams to optimise medication choices and improve people's understanding of their medications. Also, pharmacists practising in specialist areas, including prescribing where appropriate.

Pharmacists should be the medication experts, and with the advent of, for example, pharmacogenomics, we need to seize the opportunities.

But we need to make sure we have the appropriate skills for the jobs, so we need access to high-quality post-graduate education (and access to funding for the study), professional mentors, and the expectation that all pharmacists will continue to study lifelong and extend their areas of expertise.

What do you like most about your workplace?

I'm accepted as a very important part of the healthcare team with a different skillset that adds value to primary care. I'm also valued by the people who I see for medication review and education – it's personally and professionally very satisfying to see people understand what I'm saying and make significant changes that improve their health.

What's the most problematic aspect of pharmacy?

At the risk of being controversial, I think our own expectations of ourselves all too often hold us back.

If the profession is to survive, pharmacists have to be enabled to move to providing more professional/clinical services in all areas of pharmacy.

My question to the profession is this: if we had these positions and appropriate accessible education pathways, how many of us would choose to take these career options?

What is the weirdest question you've been asked by a patient?

Do you have to study to be a pharmacist?

What's your favourite 3pm snack?

I would have said chocolate or a muesli bar, but I have been experimenting with low-carb eating and I no longer crave sweet stuff most of the time. Snacks are now a mix of nuts and dark chocolate.

What are you most proud of professionally?

The role I'm in now, where I'm an integral part of the teams at both medical practices, working closely with the community pharmacies, and having the opportunity to work directly with individual people as well. And of course, the professional recognition last year from the Pharmaceutical Society as Pharmacist of the Year 2018 and the Innovation in Pharmacy Award 2019.

Your favourite pastime outside of work?

Our latest hobby is our "retired" ambulance, which Allen, my husband of 41 years, and I have converted into a campervan. It's called Lance – as in used to be an ambu...Lance.

What would you do if you weren't in pharmacy?

Cause trouble somewhere else. I think I would enjoy being a microbiology medical laboratory scientist or a geneticist, or a photographer. PT

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Gaining new perspective from my bubble

Young Christchurch pharmacist **Laura Pidcock** recalls the good, the bad and the chaotic of the first weeks of lockdown, while keeping safe in her bubble

LAURA PIDCOCK

DURING these unprecedented times, pharmacy has faced a series of new challenges in the lead-up to the COVID-19 lockdown. From there on, the pharmacy world became much calmer despite the many new rules. Although what those experience in the home bubble is something quite different.

As COVID-19 lockdown became imminent, pharmacies were hurled into a pre-apocalyptic state. Patients inundated us with prescriptions, demanding three months' at once. They bled pharmacies dry of paracetamol, inhalers and antibiotics, stirring commotion in our community that went against the grain of our Kiwi "she'll be right" attitude.

Hand sanitiser was selling out like the latest iPhone (at a similarly over-priced mark-up too) and Buccaline and vitamin C were emptied off the shelves at an alarming rate. Interestingly, vitamin D was a hit for those under the assumption we may never see the sun again.

It was all hands-on-deck and then the phone would ring. As predictable as the sun rising in the morning the same question would follow: "Have you got any face masks?"

Of course, it is no discredit to these people. It was merely a reminder we didn't even have these protective measures for ourselves. I could have pointed them towards Facebook marketplace where I had seen facemasks going for $40 each. Then the flu vaccines arrived. I say no more.

To my surprise, the events following the government-imposed lockdown were much more manageable. Non-stat rules meant a reduced amount of confusion over how much we could give at a time, and for interns tasked with the paperwork, the abolishment of fax-matching came as an absolute blessing.

The new restrictions on the number of customers in store meant fewer glaring eyes. Finally, Perspex and face masks arrived giving us peace of mind. Although, for a moment, as I pondered behind my Perspex face shield, I wondered where pharmacies would be in a few months' time when customers were content with their months' worth of stockpiled medicines at home. I suppose that's for later.

Right now I feel truly honoured to be an essential worker during this volatile time. For those stuck at home, they face an entirely different journey. This brings me to discuss the "home bubble".

As I head to work in the morning the days begin to blur into one for those stuck-in-the-home bubble; teetering on the brink of insanity.

My biggest regret is not convincing Mum to buy a new puppy before the lockdown given the opportune time at hand for puppy training. I woke up at 7am of only day two to find Dad watching YouTube videos of dogs - I think he regrets it too.

Current activities include:

- the world's largest WASGIJ
- reminiscing on times B.C. (before COVID)
- the mesmerising yet simultaneously disturbing story of Joe Exotic and the *Tiger King* Netflix series as a regular conversation topic
- rearranging yet another room
- walking walks one has never walked before
- devising a plan to make the best meal of the week
- debating the privilege of why someone should be selected as the designated isolate to do the groceries, given one of the most exciting parts of our lives at present is going the supermarket.

Curiously, I walked into Pak'n Save on the day following lockdown to find the shelves were more fully stocked than I have ever encountered albeit for the desolated home-baking section. I assume that everyone who had done their panic buying before lockdown had succumbed to boredom and turned to home baking to fill the hours of their self-isolation.

Enjoy your cake. Stay home. Save lives. PT

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Delivering equity in outcomes? You've got to really know your patients

By Anna Lee
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Community pharmacists have an important role in ensuring and delivering an equitable response for vulnerable communities – particularly Māori and Pasifika, during the COVID-19 crisis, says University of Otago School of Pharmacy associate dean (Māori), Leanne Te Karu.

"It is imperative that pharmacists and those in control of pharmacy services understand that the COVID-19 response exacerbates existing inequities."

When you're in Ngāruawāhia and you're a poor family, getting to Waikato Hospital is like going to Australia. You've got to have the petrol or the money for a bus ticket

Ms Te Karu (Ngāti Rangi and Muaūpoko), a prescribing pharmacist who also works at Pihanga Health in Tūrangi and Papakura Marae Health Clinic, explains unequal treatment is required to deliver an equal outcome for all – particularly during the global pandemic.

"All those inequities in access to healthcare, like transport, cost, hours of access, culturally safe practitioners are compounded and extended in the current situation."

Ngāruawāhia-based pharmacist Mary Roberts, who has worked in the Waikato town for the past 35 years, says it's important to "really know your patients", taking into account the context of their lives as well as what they can afford.

"Money is definitely a part of where things become inequitable, but it's also looking at access, low incomes, ethnicity, chronic conditions…" she says.

Many of the patients who had difficulty affording medicine at Mrs Roberts' two pharmacies – which she sold in February, were on longstanding, tailor-made payment plans averaging around $2.31 per week.

"Because of this those patients, when you come into a pandemic, they're okay. It covers them and their family, and puts a bit into their account which they would often use for seasonal medicines such as cough medicines," she says.

"The trick when you do something like that, though, is you've got to know your patients. Part of it is that the pharmacist has a huge responsibility in getting that contribution right, and being prepared to have times of the year where the patient might actually be in deficit, where they may not pay it off until later."

Making the effort to build trust and form relationships, she says, will assist pharmacists in realising equitable health outcomes for their community – especially during COVID-19.

"A lot of our patients don't have phones or money on their mobiles to ring up the doctor – you need to find those things out," she says.

Ngāruawāhia pharmacist Mary Roberts, who recently sold her pharmacy, has 35 years' experience of looking after vulnerable patients

"When you're in Ngāruawāhia and you're a poor family, getting to Waikato Hospital is like going to Australia. You've got to have the petrol or the money for a bus ticket."

However, Mrs Roberts recognises facilitating the delivery of medicines can "actually be a really difficult issue for pharmacies".

"Most pharmacies have split their teams into two during COVID-19, so when the teams are at the pharmacy they're working longer hours and working short-staffed."

But she says "pharmacies need to look at different ways of doing things" to meet individual healthcare needs in their communities.

"The relationships that we have were built over 35 years, so we know who to go to for what, and we know how to have discussions that don't put people on the spot. For example, we arranged for key people among Māori health workers at the marae to come and pick up medicines and deliver them to a lot of our kuia and kaumātua and that's been invaluable," she says.

And when there are rolling medicine shortages, the most vulnerable are prioritised.

"In our community, for many Māori their health status at 50 is what the health status of a 65-year-old Pākehā New Zealander would be. Here, the age that people are vulnerable at is an awful lot younger – that's where you need to be putting your energy and effort to make sure they don't fall through the cracks."

COVID-19 has highlighted how communities have the potential to miss out even more when there are large changes at pace and the changes are reactive to deliver to the majority, says Ngā Kaitiaki o Te Puna Rongoā o Aotearoa – Māori Pharmacists Association (MPA) past president Jo Hikaka.

"Those that are already in vulnerable situations because of the way healthcare is resourced, designed and delivered in Aotearoa, require a pro-equity response from the pharmacy sector. This needs to come from leadership right through to individual pharmacists and pharmacy staff," she says.

Ms Hikaka believes the funding of medicines and copayments, and funded medicine delivery services, is important to enable access to medicines to those who could not otherwise afford or access it.

To ensure whānau have access to general information about their medicines during COVID-19, MPA has relaunched their free phone line – 0800 664 688. PT

Copayment removal 'important now more than ever'

GREEN CROSS HEALTH and the Pharmacy Guild are urging the Government to waive the $5 dollar prescription copayment fee for vulnerable populations to ensure the delivery of an equitable response during the COVID-19 crisis.

The removal of the $5 copayment fee for vulnerable populations is "important now more than ever", says Green Cross Health's pharmacy and professional services manager Glenn Mills.

However, health minister Dr David Clark indicates the Government has no plans to remove the copayment.

Green Cross Health is working with members of the COVID-19 Pharmacy Sector Leaders group – including representatives of the Māori Pharmacists Association – Ngā Kaitiaki o te Puna Rongoā – on a "range of issues" including Māori health during COVID-19 and barriers to access that communities may be experiencing.

Pharmacy Guild chief executive Andrew Gaudin says even before the COVID-19 lockdown, 250,000 vulnerable adults were unable to afford to collect their prescriptions.

"Our members are already indicating unaffordability is on the rise, with more patients unable to afford the copayment due to reduced incomes and increasing unemployment due to COVID-19," he says.

Dr Clark says he is "aware of concerns" in the pharmacy sector regarding the impact of copayments, but says, "The government's priority in health is our response to COVID-19."

"I've received no advice the pharmacy copayment is affecting our efforts to keep New Zealanders safe from this disease," he says.

Green Cross Health, which represents more than 350 community pharmacies that collectively dispense over 31 million script items annually, is also advocating for other financial barriers to access, such as delivery charges, to be removed during COVID-19.

Mr Mills says "it is a challenging time for all New Zealanders but vulnerable populations face further challenges accessing services and support.

"It is also more challenging in Alert Level 4 as the collection of the copayment presents a further barrier, as the patient is not always presenting in person to the pharmacy to collect their prescription.

"The copayment, as we know, also adds an additional financial burden at a time when many people could be struggling financially and we know that the more barriers presented results in lower rates of medicine adherence, which in turn, drives negative health outcomes for our at-risk populations."

Mr Gaudin adds removing the copayment would also reduce transmission risk through not having to handle cash or cards during transactions.

"It will also help deliver a more stable and sustainable community pharmacy sector."

The copayment fee is a controversial topic within the sector, with Chemist Warehouse, Bargain Chemist and Countdown pharmacies all absorbing the $5 copayment fee to offer free prescriptions on fully funded medicines.

Many community pharmacists argue the strategy leaves independently owned pharmacies struggling to compete. PT

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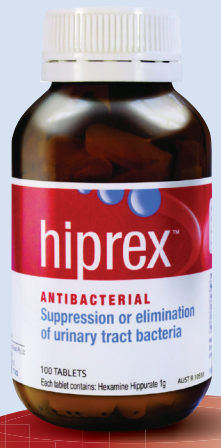

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Reference: 1. PHARMAC https://www.pharmac.govt.nz/news/notification-2019-11-08-flecainide-hexamine/. Accessed 15/11/2019. **2.** Geerlings SE et al. Infect Dis Clin North Am. 2014;28(1):135-47.
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Canterbury survey identifies pharmacies struggling with COVID-19 demands

A Canterbury Community Pharmacy Group survey of pharmacies shows 20 out of 128 are struggling with COVID-19 pressures and 87 pharmacies are considered at medium risk. **Ruth Brown** reports

General manager Aarti Patel and her staff at Canterbury Community Pharmacy Group have been calling pharmacies throughout Canterbury

Twenty Canterbury pharmacies have been identified as extra vulnerable according to a Canterbury Community Pharmacy Group survey on how the region's 128 pharmacies are handling the COVID-19 crisis.

Telephone surveys of community pharmacies were conducted last month, with help from Canterbury DHB, on everything from how pharmacies are coping to whether they are still vaccinating and how they're controlling the inflow of customers.

It was carried out as a pastoral care initiative to assess pharmacy status under COVID-19 restrictions and the need to protect staff and patients.

CCPG general manager Aarti Patel says, as a result, 20 pharmacies have been identified as having high vulnerability and CCPG has started contacting them and offering help in the form of talking through issues and referring them to government agencies for financial or other assistance.

"It's about supporting our pharmacists," she says.

Such pharmacies tend to be operating under extended hours, running a range of extra services, are sole-charge, rural or operating in an area with high levels of deprivation, she says.

Issues identified include being unable to screen patients through the door effectively or having staffing problems.

Staff at these pharmacies are often feeling overwhelmed and overloaded, she says.

The bulk of pharmacies – a total of 87 – surveyed fall into the medium-risk category, Ms Patel says, and she advises them to keep a close eye on the welfare of their staff. These pharmacies will also be contacted in coming weeks to see if they need help.

"People have been working on adrenalin," she says. "When you start to relax that's when stress hits."

With the country moving into Alert Level 3, the risks become greater, as children go back to school, and partners go back to work. Added to that, winter is on its way with all its usual seasonal demands.

Twenty-one pharmacies are considered low risk as they are doing well in managing their pharmacies and the COVID-19 risks.

The vulnerability assessment was based on:

- What services the pharmacy provides, eg, OST, CPAMS, vaccinations or rest-home contracts. These services may be compromised or stopped should the pharmacy close.
- The population the pharmacy serves. Pharmacies in high deprivation or rural areas where the population may be most affected, are deemed vulnerable.
- What staffing the pharmacy has and how this could affect a pharmacy closure.
- How income is affected by the pandemic. Pharmacies where a high proportion of their income is linked to retail sales are disproportionally affected and more likely to close.
- How a pharmacy may be affected by impacts on the supply chain. For example, insufficient vaccines, particularly in rural areas, will have the greatest impact.

The survey found 39 Canterbury pharmacies are running a shift system with rotating teams of staff, thus protecting the business in case one team must go into two-week isolation.

Almost all pharmacies are continuing home medicine deliveries in some form, and 55 have capacity to vaccinate.

Traffic light risk assessment

Ms Patel says the next step, which is currently under way, is to assess pharmacies' risk status according to information gathered on buildings and controlling patient entry, patient workload, how staff are coping, how income has been affected and the supply chain.

This information will give each pharmacy a red, amber or green rating, and any pharmacies at immediate risk, for example a rural pharmacy at risk of closing and leaving a community without a pharmacy, will be brought to the attention of the primary care emergency operations committee (EOC) in Canterbury, which was activated when the country reached Alert Level 4.

Ms Patel says many pharmacies and pharmacy staff are under stress, with increased phone calls from patients, lack of clarity over processes and procedures, staff working shifts getting tired, and falls in income which have affected all pharmacies but some more than others. **PT**

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Research backs funding pertussis vaccination in pharmacy

By Jonathan Chilton-Towle

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FUNDING COMMUNITY pharmacies to vaccinate pregnant women for pertussis (whooping cough) is likely to overcome some barriers to uptake by raising awareness of vaccines and increasing availability, a University of Auckland study has found.

Starting in November 2018, a team of researchers led by Natalie Gauld conducted 53 interviews in the Waikato DHB area with mothers, expectant mothers, midwives, GPs and pharmacies on their views on pharmacists vaccinating pregnant women. Nine of the 18 new mothers and pregnant women interviewed were Māori and one was Cook Island Māori.

Study participants were recruited by Waikato pharmacists and a midwife.

Published in *Vaccines* in late March, the study found respondents were largely in favour of funding maternal vaccinations in pharmacy.

Pertussis vaccination during pregnancy is already government funded through general practice but uptake is low.

According to University of Auckland research (*Pertussis and Influenza immunisation coverage of pregnant women in New Zealand* 2020; unpublished), just 43.6 per cent of women who gave birth in 2018 were vaccinated for pertussis.

For Māori women, the uptake was even lower – between 2013 and 2018 just 12.9 per cent of Māori who gave birth received a pertussis vaccination.

43.6%
of women who gave birth in 2018 had pertussis vaccine

Pharmacists have been able to offer the pertussis vaccination since 2017 but in most areas, patients have to pay for it. The exception is the Waikato where it is funded.

Pharmacists can already offer the other funded maternal vaccine – the influenza vaccine.

Most people interviewed for the study thought enabling pharmacists to conduct funded vaccinations for pregnant women would lift uptake because pharmacies are convenient and accessible.

Pharmacists carrying out un-booked, opportunistic immunisation was also considered a good way to increase uptake.

Some women said they had the vaccination in pregnancy only because of their pharmacist, having been unaware of it previously.

Dr Gauld says pharmacists are well placed to raise uptake rates because, whenever they encounter a patient wanting a pregnancy test kit or folic acid, they can immediately tell them about the vaccines available.

"We want to make it as easy as possible for women."

Women receiving vaccinations in pharmacy told the team they largely had positive experiences, although one woman had trouble finding a vaccinating pharmacist.

Only a small minority of health professionals expressed reservations about the move, primarily focused on procedural issues.

Some general practice staff and midwives were worried about pharmacies being too busy and their ability to manage adverse effects.

General practice staff also wanted notifications when vaccinations were administered in pharmacy. Some missed opportunities were also noticed, such as pharmacies providing no vaccines or having no promotional material and pharmacies not offering vaccines at the weekend.

Despite the study results showing GPs are mostly supportive, Dr Gauld says some pharmacists are reluctant to talk about vaccination with their local GP because it may be seen as encroaching on GPs' turf.

Her advice is to approach the subject as a conversation about how the GP clinic and pharmacy can work together to increase vaccinations in their community, especially for vulnerable patients. **PT**

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References: 1. de Looze, F et al. Eur J Gen Prac 2016;22(2).111-118. **Strepfen Intensive Throat Spray 15mL:** For the relief of painful sore throats. Pharmacy Medicine. Contains: Flurbiprofen 8.75mg per dose (3 sprays). Prec: Asthma or regular concomitant medications, history of peptic ulcer, GI bleeding, pregnancy. Contra: Stomach disorder incl ulcer, renal impairment, heart failure, pregnancy 3rd trimester, prolonged use (> 3 days), hypersensitivity to NSAIDs/aspirin. Dosage: Adults & adolescents 18 years and over. One dose (3 sprays) to the back of the throat 3 - 6 hours as required. Do not take more than 5 doses (15 sprays) in a 24 hour period. Reckitt Benckiser, Auckland. 0800 40 30 30. TAPS DA2041TA

Gisborne drive-through draws new customers

Gordon's Pharmacy in Gisborne has long been dedicated to going the extra mile, with twice-daily medication deliveries to rural communities up to 200km away. Now their strategies are smoothing the transition to COVID-19 restrictions for staff and patients. **Anna Lee** reports

Gordon's Pharmacy in Gisborne has had a drive-through pharmacy service for 45 years but now in lockdown it's coming into its own, and attracting more than the usual number of customers.

Gordon's Pharmacy has been in the hands of Hugh Gordon since 1963, and since then, as pharmacy manager and technician Nicole Christophers explains, Mr Gordon has been doing his best for his patients, from waiving copayments to providing free delivery of meds every day to patients further up the East Coast.

In 1975, he added a "drive-through" – which Ms Christophers believes is the first of its kind in New Zealand.

Far left: Hugh Gordon, who established Gordon's Pharmacy in 1963
Below: Nicole Christophers is pharmacy manager and technician at Gordon's Pharmacy in Gisborne
Left and bottom: Gordon's Pharmacy drive-through

As COVID-19 began to rear its head in March, the pharmacy, which has 12 mainly full-time staff, took preventive measures and closed off casual access to the shop floor – directing all customers to the drive-through's Perspex-shielded window to collect their prescriptions.

"Even before the lockdown was announced, we closed off our front doors and started sending people through to the drive-through," Ms Christophers explains.

"It's literally like a drive-through you would have for fast food. You pull up to the side, you push the buzzer and we open up the window."

> His main priority is people's health – that's always been his main focus: giving and doing as much as he can for his patients and his customers

And the pharmacy has been busier than usual.

"We've actually had quite a few new customers coming to us because of being able to simply go past and pick medication up, knowing that they don't have to come into the pharmacy and wait, or wait outside."

From the comfort of their car, customers can pay for the purchase via Eftpos and shop from a full range of retail products.

Pharmacy staff act as personal shoppers, while customers can also use the pharmacy's click-and-collect service.

Only customers with an appointment with a pharmacist for services such as flu injections or INR appointments, can physically enter the store.

"We have put in a big plastic screen with seating, so that people can come in and still have an isolated little bubble from within the shop," Ms Christophers says.

And the pharmacy's medication delivery service has also made for a smooth transition to lockdown restrictions, once delivery drivers donned masks and gloves.

Acknowledging the struggles for patients living in low-socioeconomic, rural communities in receiving care and medication, the pharmacy has been offering a free medication delivery service with help from the DHB, Hauora Tairāwhiti for years.

Thirty years ago it began delivering medication 56km up the East Coast to Tolaga Bay. Seven years ago, the service was extended to include 200km up the East Coast to seven different medication depots.

"They're really isolated up there," Ms Christophers says.

"We want to totally eliminate any barriers that are there for these patients. Many do struggle with money on a day-to-day basis. We don't charge the patients to get the medication up there, so they purely pay for their prescription and blister pack fees."

Twice a day, every day – with the exception of Saturdays, which is a once-a-day delivery service, a courier collects the medication from Gordon's Pharmacy and delivers it to isolated patients in need.

"We have a lot of our close customers that ring up and ask for stuff off the shelf to send on the courier too," she says.

"That means that patients that are up to 200km away can get their medication – normally within 24 hours, but sometimes on that same day, especially if they've gone to the doctor that morning. There's a large, large number of people who need help up there."

Ms Christophers explains that she has had to step in to ensure Mr Gordon, aged 79, took "a step back for the first time ever" from the pharmacy when COVID-19 arrived in New Zealand.

"I've been here now for over 13 years, and I've never known him to take a break. This is the longest time I think he's actually ever stayed home," she says.

"Even the customers are blown away he's been able to stay home and stay away from the pharmacy."

Mr Gordon would do anything for his patients, she says, and has devoted over 55 years to ensuring the health and wellbeing of his beloved community.

"Hugh has always been very big on helping. His main priority has always been that people get their medication. If someone was to come to him and say 'I can't pay it'…I've never, ever known him not to give medication to a patient.

"His main priority is people's health – that's always been his main focus: giving and doing as much as he can for his patients and his customers."

In 2015, Gordons Pharmacy launched extensive daily mental health medication oversight which operates 365 days a year – a hands-on initiative spearheaded by Ms Christophers.

The pharmacy has a large involvement with mental health within the community and caters for 350–400 patients, including those requiring clozapine, across Tairāwhiti.

"We have a good relationship and work quite closely with community mental health," she explains.

"This is a day-to-day, every day thing. Christmas, New Year, morning and night – every day of the year we're there."

For some, it's a drop-off service, for others, courier drivers are required to watch them consume their medications and report back if patients have missed their medications and if there might be cause for concern. **PT**

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^Pelen F, et al. Annales de Pediatre 1998; 45(10): 719–28.
Always read the label. Use only as directed. Incorrect use could be harmful. Do not use if your child has a stomach ulcer. If symptoms persist see your healthcare professional. Reckitt Benckiser, Auckland. 0800 40 30 30. TAPS DA 2008CO.

DARSHANA KANJEE

Awkward Corner

Skin tags can be unsightly if they're on a prominent part of the body, or can lead to skin irritation. Darshana Kanjee, pharmacist at Life Pharmacy Dunedin, discusses how to manage skin tags

SKIN TAGS

Skin tags, also known as acrochordons, can be an unattractive annoyance. They are common in both men and women, increasing in likelihood with age. Up to 50 to 60 per cent of adults will develop at least one of these harmless growths in their lifetime.

Skin tags are skin-coloured or brown growths that hang off the skin, they can appear alone or in clusters. They are connected to the skin by a small, thin stalk called a peduncle. They may be smooth or irregular in shape and soft to the touch. They are made up of a core of collagen fibres, nerve cells, fat cells and blood vessels surrounded by the skin. If a skin tag becomes twisted, it may turn black due to a lack of blood flow.

Skin tags tend to grow in the skin folds, where the skin rubs against itself. They are often found on the neck, armpits, around the groin, or under the breasts. They can also grow on the eyelids or under the folds of the buttocks. They can vary in size from 2mm to 1cm, some may reach up to 5cm wide.

Skin tags are more commonly found in:

- people who are overweight and obese
- people who have insulin resistance or type 2 diabetes
- women during pregnancy; due to hormonal changes
- those who have a family history
- people who have high cholesterol levels and cardiovascular disease
- people who have the human papillomavirus.

HAVING THE CONVERSATION

Let the patient know that this is a common issue. Let them know that many small skin tags may disappear over time. They should not pick or pull on the skin tags or try to remove them at home, due to the risk of bleeding and possible infection. If they do not go away treatment is safe, easy and painless. Reassure the patient that getting rid of a skin tag does not cause more to grow.

50-60
per cent of adults will develop at least one skin tag

WHEN SHOULD A PATIENT CONSIDER ASKING FOR HELP

Skin tags often go unnoticed, sometimes they rub or fall off painlessly. But patients need to seek help if the skin tag is:

- in a prominent place that is affecting self-esteem
- being bumped or caught on either clothing or jewellery
- causing problems when shaving face or under arms
- bleeding and causing pain
- on the eye or genital area
- itchy; changing shape or appearance.

TREATMENT OPTIONS

Tiny skin tags may rub off on their own. Most often, skin tags don't require treatment, however if they are a bother then having them removed is an option.

Dimethyl ether (chemical freezer) are single-use foam tips which are available over the counter. Chemical freezing is an effective method of skin-tag removal, as it freezes the entire tag. With freezing there is reduced risk of infection, but the area may be left with a slight blemish that eventually fades.

Please refer to the pharmacist if the patient is diabetic, is on other medicines or has other medical conditions; if the skin tags are located around the eyes or genital area, are very large, or causing pain, bleeding, or itching.

CASE STUDY

Jessica, who is slightly overweight and in her mid-40s, came into the pharmacy concerned about a growth that had developed around her armpit area. I took her into a private consulting room where she would be more comfortable. She showed me a small skin growth near her armpit. It appeared soft in texture and not discoloured. There was a clear sign of a stalk connecting it to the skin's surface. She said it was not painful but had noticed it while shaving. She had no other health conditions that required me to send her to her doctor for a further check-up.

I explained to her that this was most likely a skin tag, something that she would not have to worry about as they are common and rarely indicate anything more sinister. If she would like to remove it I suggested she try using Medi Freeze.

After a week of using the Medi Freeze, Jessica called to say the skin tag had fallen off and she was super relieved it was nothing worse.

LIFESTYLE ADVICE YOU CAN GIVE TO HELP

As skin tags are harmless, the best piece of advice is to tell patients to try to reduce friction points on their body. An example could be not wearing necklaces that rub on the skin, this can keep new tags from developing, or avoiding garments that cause a lot of friction with skin.

A healthy diet and regular exercise can lower the risk of obesity and diabetes. Also encourage patients with multiple skin tags to have skin checks with their doctor to ensure that the skin tag is not actually something else, such as a mole, wart, seborrheic keratosis or melanoma.


HEE SUENG LEE

Spotlight: Winter skin

Skin problems become more common every winter. But this year, they may be more common than ever before, as Kiwis attempt to protect themselves from COVID-19 infection, but damage their skin by wearing gloves and constantly using hand sanitiser. Auckland pharmacy owner **Hee Seung Lee** chats to reporter **Jonathan Chilton-Towle** about what pharmacy staff can do to help patients presenting with skin complaints

TYPES OF SKIN CONDITIONS

Dermatitis, or eczema, is especially common in the winter months, when the humidity level outside drops. This results in moisture leaving the skin more quickly, leading to scaling, itching, cracking, redness and fine lines on the skin. The three most common types of eczema are:

- **Contact dermatitis** which is caused by irritants creating a skin reaction.
- **Atopic dermatitis** which is caused by allergens and some medicines.
- **Seborrhoeic eczema** which is characterised by dry or greasy scales on the skin and seborrhoea (dandruff). In babies, it is called cradle cap.

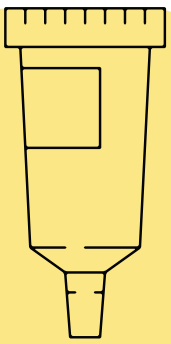
Dermatitis triggers and risk factors

- Recent exposure to allergens or irritants, such as a bee sting, pollen, soaps, shampoos, detergents or cosmetics
- Bathing in water that is too hot
- Seasonal changes. Eczema is worse in winter and spring
- Older people (those over 50) are more vulnerable
- Smoking
- Stress
- Some foods, including peanuts, soy, milk, wheat, fish and eggs
- Sweat
- Infections
- Hormones
- Some medicines

TREATMENT

There are a wide variety of treatments for dermatitis available in pharmacies, mostly moisturisers and emollients. Dr Lee advises pharmacy staff to recommend products containing at least one of the following ingredients, all of which are effective.

- Aquaporins
- Ceramides
- Glycerins
- Urea
- Plant butters or oils
- Salicylic acid
- Hyaluronic acid



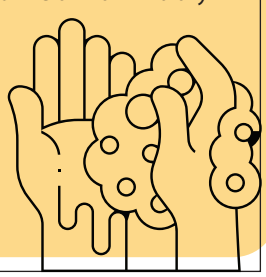
Products containing antioxidants may also benefit some patients, but there isn't a lot of evidence showing they are effective for treating skin conditions. Patients may also wish to try oatmeal baths or omega-3 products.

In the end, selecting the right product will often come down to customer preference, Dr Lee says. For instance, a vegan may not want to use a moisturiser containing lanolin, derived from sheep wool.

SKINCARE ADVICE

In addition to recommending a product, staff can give the following advice to help the patient avoid further flare-ups and take care of their skin:

- Use soap-free, gentle cleansers and exfoliants when washing the face.
- Have lukewarm showers, not hot ones.
- When drying the skin, pat it dry, don't rub.
- Moisturise frequently. Dr Lee recommends moisturising after each time you wash your hands and most importantly before you go to bed each night.
- When applying moisturisers or emollients to the skin, use a patting rather than rubbing technique.
- Always apply sunscreen when going outside, rain or shine.
- Always wear gloves when washing the dishes.
- Use a humidifier if you live or work in a dry environment, such as an air-conditioned office.
- Wear appropriate clothes to protect yourself from the climate.
- Avoid allergens and irritants, if known.

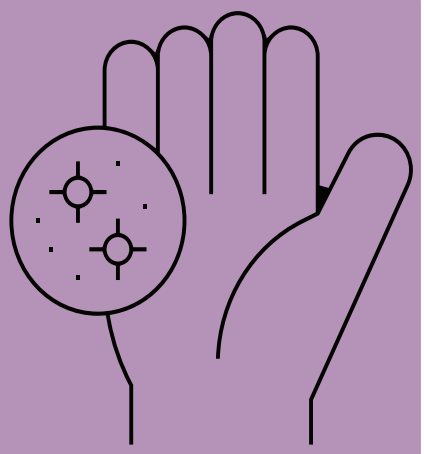


ASSESSING SYMPTOMS

The **WWHAM** Pathway is an internationally recognised tool used in the pharmacy sector to support both pharmacists and pharmacy assistants in starting conversations with patients and finding out more about their condition.

- **Who** is the medicine for?
- **What** are the symptoms?
- **How** long has the patient had the symptoms?
- What **action** has been taken previously to help with the issue?
- Is the patient taking any other **medication**?

SKINCARE ADVICE DURING COVID-19 PANDEMIC



As well as being a life-threatening illness, the COVID-19 outbreak also puts more wear and tear on New Zealanders' skins.

With people frequently using alcohol-based hand sanitiser, skin will be getting dried out more than usual.
In addition, many workers have to wear protective gloves, which trap moisture against the skin and create a breeding ground for fungus and infection.

Advice

Dr Lee has the following advice to protect the skin during the outbreak:

- When you use hand sanitiser or wash your hands, moisturise afterwards.
- If you are required to wear gloves for work, apply a barrier hand cream before putting on gloves.
- If you have a cut on your hands, use a waterproof plaster to cover it if you are required to wear gloves. Remember to change the plaster often because, like the glove, it can also trap moisture against the skin.

RED FLAGS

If you notice any of the following, recommend the patient see their doctor:

- Skin is infected
- Skin is bleeding
- Patient has psoriasis
- The patient's skin gets worse despite being treated.

Talking SHOP

How can pharmacy retail put its best foot forward? **Tina Hillier**, programme coordinator at the ENGAGE Pharmacy Group, looks at new products that are right for our times, offering selling tips for staff along the way

It would be nice to think that by the time this issue is published the nightmare of COVID-19 will be starting to recede. But I have a feeling this isn't going to be a quick fight and we may still be in the midst of it.

I am very proud to be a part of such an amazing industry. We have faced the challenges, adapted our homes, our pharmacies and our general way of life to suit these unprecedented times with little guidance and with amazing outcomes. We have delivered essential medications and services while keeping our teams safe, and we have been a solid and reassuring face in a time of uncertainty.

Every one of you should hold your head very high for what you have done for the public of New Zealand, and I thank you.

Now is the time to gather up the pieces of our lives and our pharmacies and show some good old-fashioned Kiwi grit and fight our way back to a new normal.

I hope you and your loved ones have stayed safe and well and continue to do so.

Tina

NEW RESCUE PLUS LOZENGES

I have always been a fan of Rescue Remedy products and have used them myself, for my children and even my dog. The poor pooch has had to fly a bit and he's not a fan! But I had no idea that they had been "the experts in nature's power for over 80 years, Rescue is the pioneer brand of the stress and sleep category".

Made with "original Bach flowers" Rescue products work naturally with your body and can be used long-term or short-term as needed as they have no side effects. They are also prescription free, non-drowsy, non-addictive and can be used alongside other medications and supplements.

As you can imagine, I was very excited to hear they were releasing a new product. It's been 10 years since their last product release which I believe were the pastilles in the very handy tin, which, I don't know about you, but I have had to give instore demonstrations on how to open and close!

The new Rescue Plus Lozenge calms and supports with new flavours of natural mixed berry, strawberry, raspberry and blackcurrant. Inside is a deliciously soothing liquid centre filled with the traditional Rescue essences, vitamin B5 and B12, all known to help manage stress and achieve mental clarity and composure.

These lozenges are encased in "easy to use", environmentally conscious packaging and will be a great way to introduce the range to customers. I typically travel with my job and these will definitely be a regular feature in my handbag and suitcase now.

Each lozenge contains four drops of Rescue essences and they're suitable for the whole family (obviously be aware of any choking hazards).

Because these are so tasty just be cautious not to have more than four per day as they contain natural sweeteners and may have a laxative effect... unless that's an effect you are after, then by all means have more.

SELLING TIP

Why not sample one lozenge to each customer for a day or two and see how they go? And remember, this is another area you could look at for companion selling, such as with travel sickness products.

GO VIR DEFENCE EXTRA STRENGTH RAPID

This extra-strength Go-Vir Defence is designed to deliver rapid immune defence when you need it most. I thought GO Healthy had come up with a winner when they released Go-Vir Defence, but the extra strength rapid has filled another gap in the market.

Each fast-release capsule contains high-strength olive leaf (oleuropein), along with other essential immune ingredients including echinacea, zinc and vitamin C. This year-round immune defence formula delivers rapid immune support for sinuses, throat and airways, plus it helps support recovery from winter ills and chills. These goodies are encapsulated in rapid-release Plantcaps™ to deliver fast results and are supplied in convenient blister packs. These capsules also contain BioPerine® for better absorption.

I take one to two of these capsules with my breakfast depending on how I'm feeling. These are not huge capsules so are easy to swallow, thankfully.

As always with GO Healthy products, this one is well supported with display materials and there's a great website full of product information. If that doesn't have the answers then ask one of their naturopaths. The added bonus of this product is if you would like more product training on your immune category you only need to ask your local GO Healthy representative and he or she will happily help you out.

SELLING TIP

So, when would you recommend this? If the customer wants something that offers quick immune support, I would recommend GO-Vir Defence Extra Strength Rapid to take as soon as possible. I would also suggest some GO Healthy Vit C (blackcurrant is my personal favourite) chewable tablets for a vitamin C boost.

As with all key seasonal products remember to price these sensibly to gain a higher stock turn.

GLAM XPRESS LASHES

Well, I was a lucky girl to have these arrive the week before we all went into COVID-19 lockdown. Of course, I wanted to try them as soon as they arrived, but I managed to make myself wait until the next morning.

Up early with my Glam Xpress Adhesive Eyeliner and Lash Kit by Manicare, on with the make-up, excluding my eyeliner and mascara as these bad boys have you covered for both.

I must say it was hard to choose out of the three different styles of lashes as they are all gorgeous, but I settled on the 'ella-rose' (natural) as I was applying them for day wear.

I proceeded to check the eye lashes against my eyes for size and trimmed slightly as directed, I then took a big deep breath and applied the liquid eyeliner which is a felt pen-type applicator. I found you have to move swiftly and apply the lashes from the outer eye into the centre. Also, only apply the eyeliner and lashes to one eye at a time, or the eyeliner will dry before you get a chance to attach the lashes.

That night I was to be going out for dinner, which turned out to be our last outing, so just as well I had a quick and easy switch to the 'ruby-grace' lash which intensified the look perfectly. Most importantly, when I got home much later that night the lashes came off easily and I gently wiped off the eyeliner with my make-up remover wipes.

The bonus with this system is that once you have the black eyeliner glue on and have the lashes in place your eyes are done, no need for mascara or more eyeliner.

Also they come in packs with the eyeliner (no glue needed) and one set of lashes. With three different styles of lashes, mia-louise (intense), ruby-grace (length) and ella-rose (natural) to choose from there is something to suit all occasions. The eyeliner and lashes are reusable, designed for all-day wear (I can vouch for that) and last for up to 30 applications.

SELLING TIP

I would recommend these amazing lashes to anyone who is wanting a quick, easy and good-looking lash. I wouldn't only show these off to people who ask for lashes, show everyone! You could easily launch these in store by having them on the counter with one open. Draw an eyelid shape on your hand and then stick the lash to it to demonstrate how easy they are to use. You could follow this up by showing how easily it all comes off!

Long-term hand care is vital for hairdressers and barbers

CASSIE, ONE OF YOUR LOCAL apprentice hairdressers, wants your advice on the best hand cream to use. She is a year into her apprenticeship but has terrible dermatitis on her hands.

There are many workplace hazards associated with hairdressing, such as scissor and razor wound injuries, burns from hot hair straighteners or hairdryers, and hair splinters that can penetrate the skin folds and cause abscesses.[1,2]

But contact dermatitis, either due to an irritant or an allergy, is the most prevalent condition that plagues hairdressers, affecting up to 70 per cent at some point during their career. Junior hairdressers and apprentices are particularly prone because they spend a lot of time washing people's hair, and an estimated 14 to 20 per cent are forced to withdraw from training because of skin reactions in their first two years.[1,2,3]

CARMEN FOOKES

Contact dermatitis affects the horny cell layer of the epidermis – the outermost layer of our skin. When healthy, this is slightly acidic and acts as a waterproof barrier, preventing allergens and other substances from penetrating the skin. However, excessive use of soaps or detergents (which are slightly alkaline), or repeated exposure to chemicals, can destroy this acidity and remove natural oils from the surface of the skin, compromising its effectiveness as a barrier.[1,3,4]

Irritant contact dermatitis

This is the most common form of dermatitis and may occur because of:[1,3]

- frequent contact with chemicals that irritate the skin
- overhydration due to the hands being repeatedly exposed to water – leaching natural moisturising factors out of the skin
- sweating inside gloves
- friction from touching hair, tools or instruments (including scissors)
- excessive drying of the skin from the use of hairdryers or hot surfaces.

Irritant contact dermatitis may occur as a single episode, repeated episodes, or it can persist long term. Most cases in hairdressers or barbers involve the hands. Symptoms may include:[1,3]

- dry, flaky or scaly skin; sometimes fissures (deep cracks) are present, particularly at the tips of the fingers or on the palms
- skin that looks scalded (burnt) or takes on a glazed appearance.

Skin damage can also predispose a person to bacterial infections. Symptoms include crusting, discharge and swelling in the area. Yeast infections may also affect the finger folds or around the nail cuticle.

Allergic contact dermatitis

This is caused by a person's immune system responding to an allergen. Symptoms are similar to irritant contact dermatitis and, in some cases, the person may have previously tolerated the allergen for years without a problem.

Dermatitis may occur not only where the allergen touched the skin surface but also at secondary sites where tiny amounts of allergen have been transferred inadvertently.

In hairdressers, common causes of allergic contact dermatitis include:[1,3]

- nickel – the most common allergen in allergic contact dermatitis; approximately 11 per cent of adult women are sensitive to nickel, which is found in jewellery, belt buckles, wristwatches, tools and metal surfaces
- preservatives – found in shampoos, conditioners, hand creams and any product that contains water
- perfumes and fragrances
- paraphenylenediamine, hair dyes, hydrogen peroxide, ammonium persulphate
- acid perming solution (glyceryl monothioglycolate allergy)
- rubber antioxidants in gloves.

Up to 70% of hairdressers get contact dermatitis

Your customer

Look at your customer's hands and ask how long they have had the problem, if there are any underlying skin conditions, such as atopic dermatitis or psoriasis, or if they have any medical conditions, such as asthma. For a list of who to refer to a pharmacist, see the "Dermatitis/Eczema" chapter of the Healthcare Handbook 2019–2020.[5]

Although it can be difficult to distinguish between allergic and irritant contact dermatitis, it is important to do so because treatment will not resolve the symptoms of allergic contact dermatitis if the causative allergen is not eliminated. If your customer finds it hard to identify what is causing the problem, refer them to a doctor for a patch test. Dyes or bleaches that contain ammonium and potassium persulphates or paraphenylenediamine are common triggers of allergic contact dermatitis.[1,3]

> If your customer finds it hard to identify the cause refer to a doctor for a patch test

Managing contact dermatitis in the workplace

Hairdressers should always follow the manufacturer's recommendations for particular products and protect their hands and eyes during the mixing, application and washing out of hairdressing chemicals. In most case, this

HEALTHCARE +HANDBOOK

JULY **2019** – JUNE **2020**

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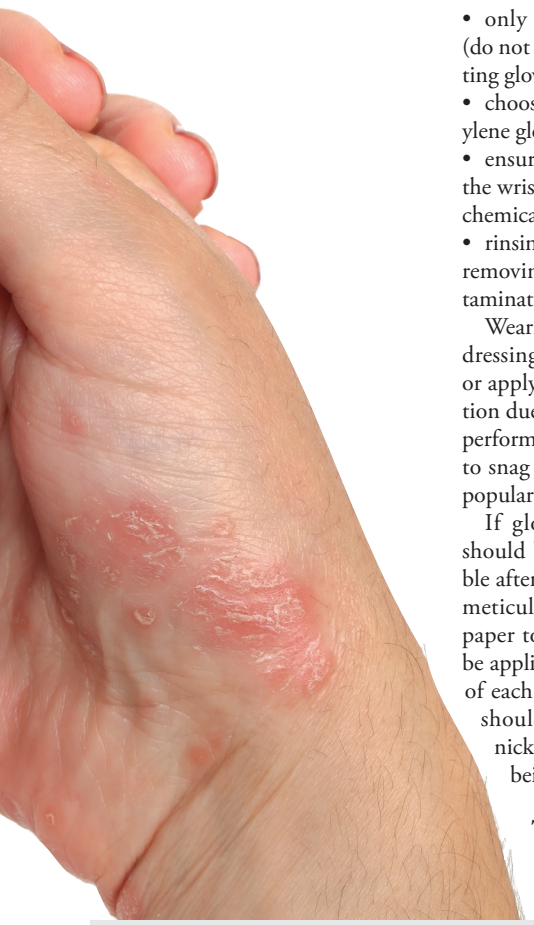
This article forms part of the Healthcare Handbook ELearning Path for pharmacy technicians and assistants. Once you have read this article on Dermatitis read the corresponding chapter Dermatitis/Eczema on pages 56–57 of the Healthcare Handbook 2019–2020.
Then go to pharmacytoday.co.nz, click on the ELearning tab and log in. Click the green Healthcare Handbook tile and the course will be there. Each course is worth 2 points, which are accumulated as you complete more courses.

QUESTIONS

1. What percentage of hairdressers are estimated to withdraw from training due to contact dermatitis?
2. Nickel causes allergic contact dermatitis rather than irritant contact dermatitis. **True or False?**
3. Which of the following can be sold by a pharmacist?
4. Which of the following statements is **NOT** true?
5. People with asthma are more likely to suffer from what type of dermatitis? **(HCHB Dermatitis/Eczema)**
6. Which of the following is NOT a humectant? **(HCHB Dermatitis/Eczema)**
7. Customers should moisturise their hands before applying gloves. **True or False?**



involves wearing gloves and safety glasses. Prolonged glove wearing itself can also cause irritant or contact dermatitis from glove components. These risks can be minimised by: [1,2,3]

- only putting gloves on dry skin (do not moisturise hands before putting gloves on)
- choosing nitrile, vinyl or polyethylene gloves, instead of rubber ones
- ensuring gloves fit well and cover the wrist when mixing and applying chemicals
- rinsing gloves before removal, and removing them safely to avoid contaminating the skin.

Wearing gloves during other hairdressing tasks, such as cutting hair or applying foils, may not be an option due to the dexterity required to perform these tasks. Gloves also tend to snag and pull on hair, so are not popular with customers.[1,3]

If gloves are not worn, hands should be washed as soon as possible after chemical contact and dried meticulously with a soft cotton or paper towel. Barrier creams should be applied at the beginning and end of each working day, and jewellery should not be worn, to prevent nickel allergy and solutions from being trapped.[1,3]

Treating dermatitis

Avoid hand washes that contain ingredients such as sodium lauryl sulphate, which is a surfactant and foaming agent that tends to strip natural oils from the skin. Alcohol (used in hand sanitisers) is also very drying. Instead, choose an emollient, soap-free product for washing hands.

Dry hands thoroughly after washing and apply a non-greasy, easily absorbed hand moisturiser that is free from petrochemicals, colourings and perfumes. If the dermatitis is severe, apply the moisturiser at night and then cover with a pair of lightweight cotton gloves.[1,3]

Occasional use of moderate-potency corticosteroids may be needed (eg, clobetasone butyrate [pharmacist only] or betamethasone valerate [prescription]). Combination steroid/antibiotic creams, such as betamethasone/fusidic acid, may also be used short-term if there are signs of infection.[1,3,5]

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CASSIE SUSPECTS it is a combination of hair washing and hand sanitiser use that is causing her dermatitis. You explain that washing her hands with an emollient, soap-free product and thoroughly drying them is as effective as, if not better than, hand sanitiser, and she should do that instead. You suggest she wears gloves to wash people's hair whenever she can, to remove these after a single use, and to wash and dry her hands thoroughly after each time.

You sell her an emollient, soap-free wash, a cortisone-free skin cream and some cotton gloves so she can wear the cream on her hands at night. If this doesn't help, you advise that she can purchase clobetasone butyrate from a pharmacist to use short-term. But you stress that it is good adherence to long-term hand-care measures that will help keep her free from dermatitis throughout her career. PT

Carmen Fookes is a clinical pharmacist and Healthcare Handbook *technical editor*

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Preconception to birth: A window of opportunity

In this article, Christchurch pharmacist **Sarah Mooney** explores how pharmacies can support women and couples during the period from preconception to birth

Lisa is a fit, healthy young woman who rarely visits the pharmacy – just the odd trip to pick up her oral contraceptives and some sports tape. All that changes when she and her husband start trying for a baby. Keen not to let any time go to waste, she is at the pharmacy for the first of many more visits to come – to buy an ovulation kit and prenatal vitamins as she starts her journey to motherhood.


SARAH MOONEY

The first 1000 days of life, from conception through to around a child's second birthday, is a window of opportunity to shape the brain of that child for life. Decisions made and the support provided to the mother during this first 1000 days can be the difference between raising world leaders and determining who will fill our future prisons. This is also an opportunity for pharmacies to build strong relationships with these mothers and babies, to secure customers for life.

Trying to conceive

While this is as easy as one-two-three for some couples, the struggles with fertility that others experience has created a billion-dollar industry for products that help. Unfortunately, in many pharmacies, these products are relegated to a lower shelf almost out of sight. Consequently, pharmacy staff need to know the products and have fertility services advertised for patients to know what to ask for.

SwimCount

SwimCount is a product regularly seen in pharmacies that may provide some relatively cost-effective reassurance to men. It can be done in the privacy of their own home, which is a massive plus compared with lab testing. Many testing labs don't have rooms for men to do this, and the sample needs to be at the lab within 30 minutes of producing the sample – a bit difficult if you live an hour from the nearest testing facility.

The test measures the number of sperm that are able to swim and, in 30 minutes, gives a result of whether this is above or below the WHO standard. By comparison, the traditional lab test gives the exact number of sperm, the percentage of sperm that can swim (motility) and a comparison of sperm morphology (size and shape).

Ovulation kits

Almost all urine test kits look for the surge in luteinising hormone that occurs 24–48 hours prior to ovulation, giving a clear indicator of when to have intercourse for the best chance of success. Ideally, ejaculation should occur 48 hours before that as well, to ensure the sperm are "fresh".

Clearblue Digital might be the simplest to use. It is the most expensive of the at-home ovulation kits on the market but also the most accurate, and it is still cheaper than paying for blood tests for ovulation monitoring (or paying for any fertility treatment for that matter).

Other ovulation monitoring methods include measuring basal body temperature, ovulation tests that look for changes in saliva (a skill to master), monitoring cervical mucus and tracking all of the above via apps.

Antenatal advice

Vitamins for her

We hear mixed messages from the medical community about this. Health Navigator tells women to take folic acid and iodine, and to only take extra vitamins on medical advice. The Ministry of Health recommends some women take vitamin D and iron on medical advice. Most official sources recommend a healthy diet over extra multivitamins. However, for women struggling to eat due to morning sickness, that can be hard to hear.

BPACnz advises health professionals to tell women to take a minimum of 400mcg folic acid throughout pregnancy, increase iodine intake and take a low-dose iron supplement throughout the second and third trimesters.

For women who need vitamin D and are unable to get much sunshine throughout pregnancy, or for vegans who don't eat dairy, this can mean taking a lot of supplements, which can make a single-dose multivitamin an attractive, easier option. Some multivitamins (eg, Elevit) contain vitamin C, which helps with iron absorption, and pyridoxine, which may alleviate morning sickness.

Vitamins for him

Vitamins to help with male fertility are relatively new to the market, starting with the Elevit companion product Menevit. Menevit contains a range of antioxidants to improve sperm health and is recommended by Fertility Associates. As sperm production takes 74–78 days, Menevit should ideally be taken from three months before couples start trying to conceive.

Probiotics

There is a probiotic for almost every ailment these days, and pregnancy and breastfeeding are no exception, with a few brands marketing probiotics especially for this reason.

Research is ongoing, including among New Zealand's own universities, into the benefits of probiotics during pregnancy, which have been touted to potentially prevent allergies and eczema in children, postnatal depression in mothers, pre-eclampsia and preterm birth, among others.

As is the case with many probiotics, the evidence is scarce, but some small, well-designed studies are out there. However, due to the size of these studies, we can't make any conclusions. Probiotics are extremely unlikely to do any harm, so if the patient can afford it, it's worth explaining the available evidence and letting them decide if it's a cost they want to incur.

Conception-friendly lubricants

Another relatively new player to the fertility scene, conception-friendly lubricants purport to create a sperm-friendly environment in the vagina (some traditional lubricants alter vaginal pH or contain spermicides).

In a healthy, fertile woman, the vaginal secretions change prior to ovulation to a discharge that aids the travel of semen through the cervix. Conception-friendly lubricants purport to mimic this environment and rebalance the vaginal pH.

Pregnancy tests

Many couples trying to conceive understandably want to find out as soon as possible if they have been successful. Most pregnancy test kits recommend, for optimal (99 per cent) accuracy, to test on the first day of a missed period, about two weeks from ovulation (the two-week wait).

The tests may show a positive result earlier than that, but some argue that testing for pregnancy early may cause more emotional harm than good as many unviable pregnancies spontaneously abort before a missed period.

In theory, if the woman doesn't test, she would never know she was pregnant and wouldn't experience as much emotional harm from the pregnancy loss. Of course, this is another area that causes a lot of debate.

Support during pregnancy

The wide array of products for trying to conceive are just the tip of the large iceberg of ways that pharmacies can help women and unborn children during the first 1000 days. Pregnancy itself brings an equally endless array of symptoms to make life uncomfortable, and pharmacies have a seemingly endless array of potential solutions. So, to end this article on the beginning of the childbearing journey, here is a quick-fire list of minor pregnancy ailments and the solutions pharmacies may offer without a prescription.

Pharmacies can provide many OTC solutions to the minor ailments of pregnancy

Morning sickness
Ginger tablets and lozenges, high-dose pyridoxine, acupressure bands, electrolytes and sedating antihistamines, such as promethazine, cyclizine and doxylamine (sold as Dozile sleeping capsules). In the US, doxylamine combined with pyridoxine is sold as a US Food and Drug Administration-approved product for morning sickness.

Most official sources recommend a healthy diet over extra multivitamins

Vaginal thrush
Clotrimazole cream or pessaries can help with vaginal thrush. Fluconazole is rated category D in pregnancy, so is inappropriate. Some midwives promote Aci-Jel for prevention of recurrent thrush.

Indigestion and heartburn
Antacids (taken at least two hours apart from prenatal vitamins and proton pump inhibitors) are safe, and a product with an alginate (eg, Gaviscon) should be recommended for those with heartburn. Omeprazole, for more severe cases, should be sold after a consult with the pharmacist about the risks versus benefits.

Constipation
For constipation, any product containing an ingredient that causes smooth muscle contraction (eg, Senna) should be used as a last resort after consultation with the patient's midwife due to a theoretical risk of uterine contractions.

Fibre supplements and Kiwi Crush should be first-line options. Benefiber is a fantastic fibre supplement that is water soluble and tasteless, so it can be added to anything.

Haemorrhoids
Haemorrhoids are caused by increased blood flow to the area and worsened by constipation. The constipation should be treated and the patient told to rest as much as possible. Proctosedyl ointment and other steroids are considered potentially harmful to a foetus, so should be considered a last resort.

However, the New Zealand Formulary states there is little information available for rectal administration, and it is not expected to be harmful in the second and third trimesters.

Sleep
Especially in the third trimester, growing baby bumps can make sleeping rather uncomfortable. Pregnancy pillows sometimes help with making sleeping in the optimal side position easier, although the amount of shelf space they occupy might make them unviable for pharmacies to stock. **PT**

Can hepatitis C be eliminated from New Zealand?

The current epidemic of hepatitis C began in the 1970s following parenteral transmission through either contaminated blood products or injecting drug use. Although the prevalence of hepatitis C has plateaued in New Zealand, mortality from liver complications continues to rise annually. Professor of medicine at the University of Auckland School of Medicine and chair of the Ministry of Health Hepatitis C Implementation Advisory Group, **Ed Gane**, provides an update on the recent advances in antiviral therapy and describes why we need a national action plan to improve awareness, testing and linkage to care in the community if we are to achieve hepatitis C virus elimination

LEARNING OBJECTIVES

1. Describe the prevalence of chronic hepatitis C
2. Describe treatment options for chronic hepatitis C
3. Identify barriers to hepatitis C diagnosis and elimination in New Zealand

Globally, an estimated 75 million people are currently living with hepatitis C virus infection, with almost 500,000 deaths per annum. In New Zealand, HCV infection is an important and growing cause of morbidity and mortality – it is now the leading cause of cirrhosis, liver failure, liver cancer and liver transplantation. Last year, more than 200 New Zealanders died from these complications, a figure that is increasing by almost 10 per cent per year. By comparison, deaths from AIDS are now rare, reflecting better awareness, testing and treatment of HIV infection in this country.

A large US study demonstrated that patients with HCV infection live, on average, 18 years fewer than those without (*Clin Infect Dis* 2014;58:1047–54). Even before the onset of cirrhosis, patients infected with HCV can become unwell from extrahepatic manifestations, including arthritis, skin rashes, thyroid disease, sicca syndrome and chronic kidney disease. And almost everyone with chronic HCV infection will suffer from fatigue and depression, both of which negatively impact productivity at work and quality of life.

>99.5%
patients cured with Maviret

All these liver and extrahepatic complications can be prevented through early diagnosis and treatment of HCV infection, which can now be provided in primary care. In addition, primary care plays a crucial role through counselling and management of the lifestyle factors associated with progression to cirrhosis (alcohol, drug use and obesity).

In New Zealand, the first HCV infections were thought to have been transmitted in the 1960s through contaminated blood transfusions. The incidence of HCV infection rose rapidly throughout the 1970s–1990s, secondary to the popularity of injecting drug use (IDU) in those years.

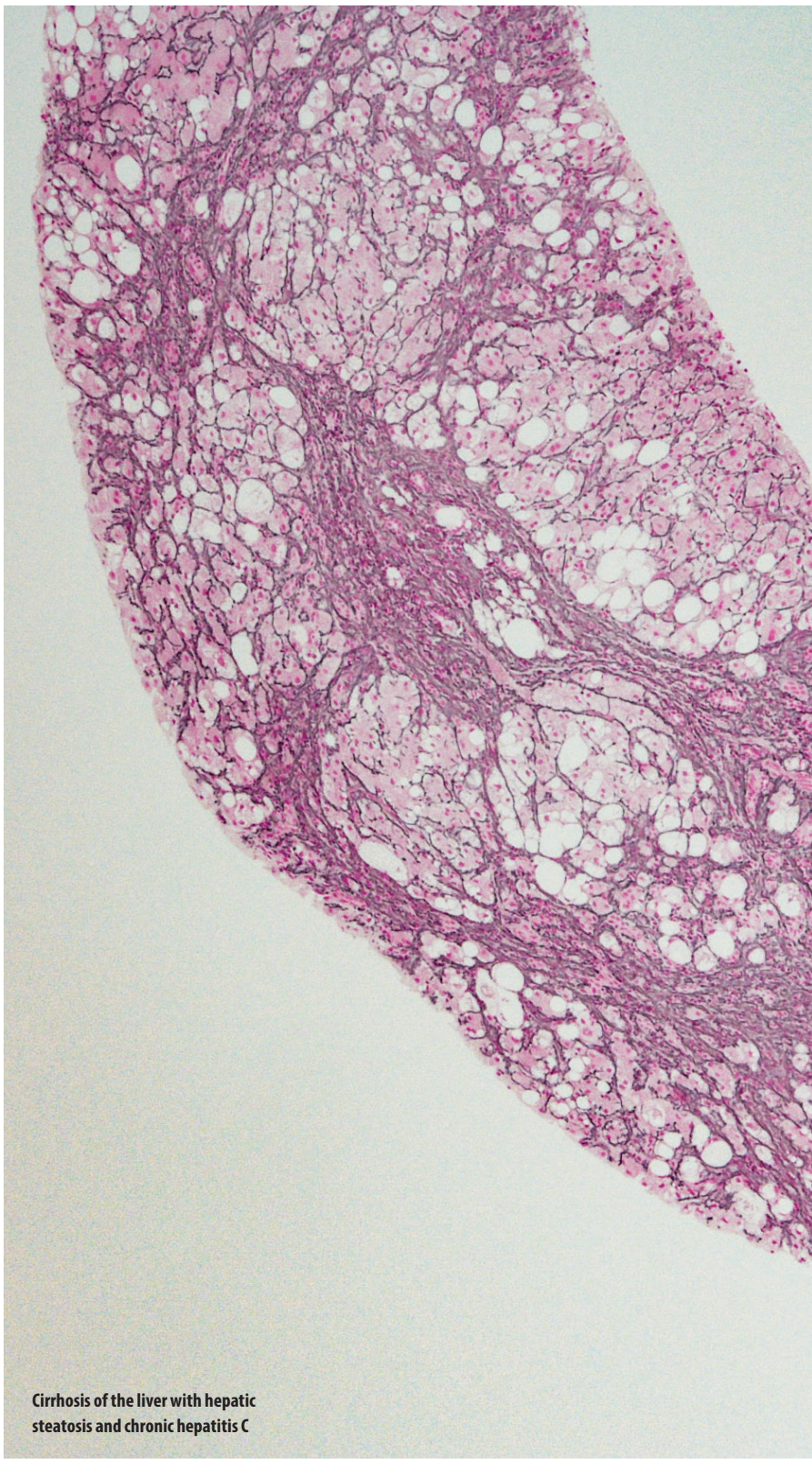
Transfusion-associated HCV infection disappeared following the introduction of universal donor testing in 1992. IDU-associated infections have fallen slowly since 2000, reflecting both a reduction in IDU in those aged less than 25 and the benefits of harm-reduction initiatives, such as needle exchanges, opioid substitution programmes and community-based alcohol and drug support services.

Between 1960 and 2015, the incidence of HCV infection has remained relatively stable at around 900 new infections per annum. Because few patients were receiving effective antiviral therapy during this period, the prevalence of HCV infection steadily increased and peaked around 2015 when 50,000 New Zealanders were estimated to be living with HCV.

However, since then, the introduction of direct-acting antiviral therapy has resulted in a rapid increase in treatment uptake (greater than 10-fold) and efficacy (from <20 per cent to >95 per cent). Almost 8000 people have already accessed the new DAAs, either through participation in clinical trials, importation of self-funded generics through the FixHepC Buyers Club, or with Pharmac-funded DAAs prescribed by their GPs or specialists.

Today, an estimated 45,000 New Zealanders are still living with chronic HCV infection, and only 50–60 per cent have been diagnosed.

Chronic hepatitis C is associated with reduced life expectancy, quality of life and productivity, all of which can be improved with effective antiviral therapy. The recently funded oral DAAs will cure almost 100 per cent of people infected with HCV and provide an opportunity to eliminate this infection from New Zealand within the next 10 years.



Cirrhosis of the liver with hepatic steatosis and chronic hepatitis C

Interferon only funded option prior to 2016

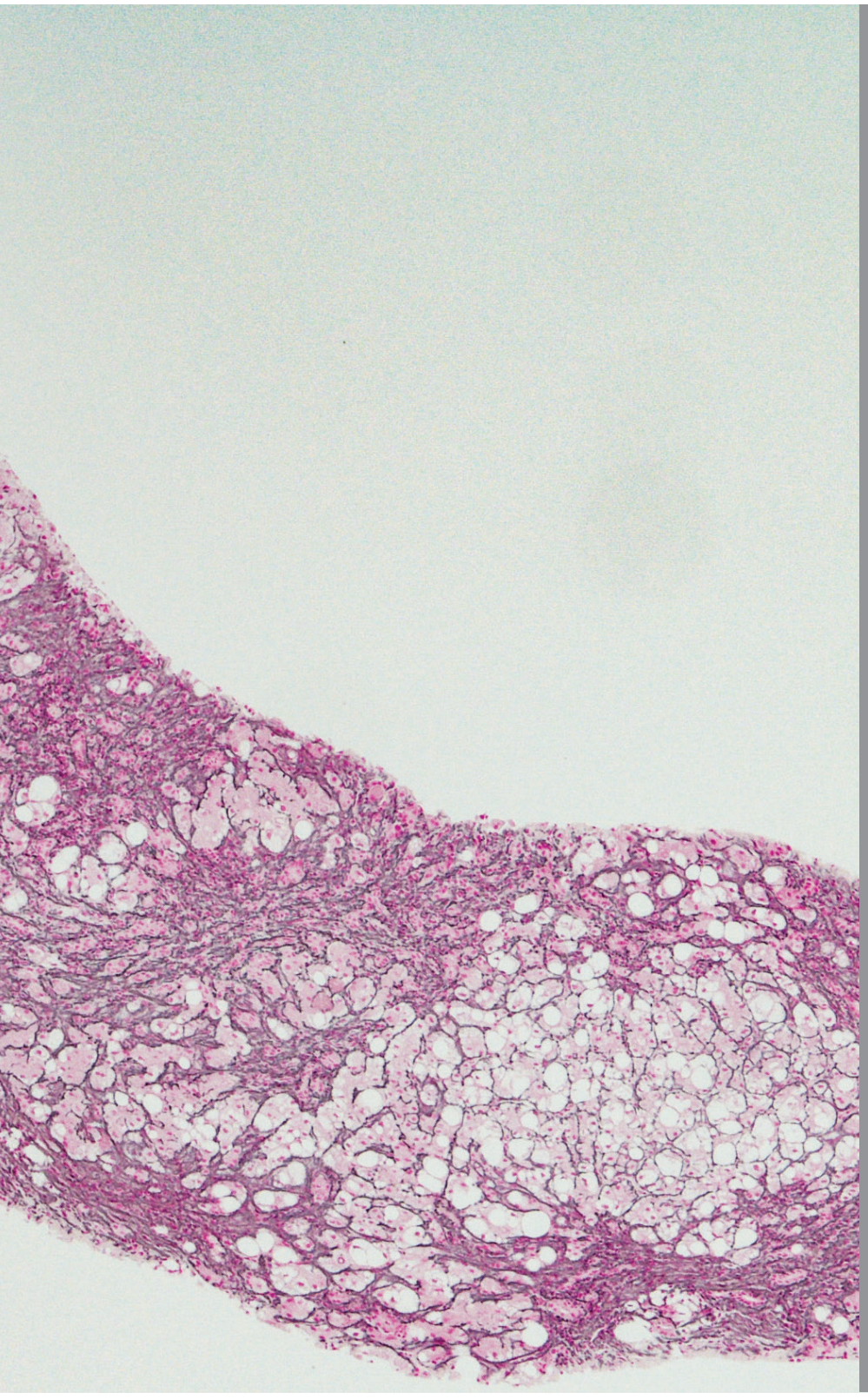
Before 2016, the only funded treatment for patients with HCV infection was interferon, which must be administered as subcutaneous injections either three times or once per week. Interferon does not directly block HCV replication but stimulates the patient's own immune responses against HCV. This systemic response causes the severe flu-like symptoms, depression and weight loss that result in a high rate of treatment withdrawal.

Contraindications to interferon include age (<15 or >65 years), autoimmune diseases and any significant medical or psychiatric comorbidities. In patients who complete six or 12 months of interferon treatment, fewer than 20 per cent are cured. The poor tolerability and efficacy of interferon significantly limited treatment uptake in this country – prior to 2016, fewer than 200 patients per annum were treated, or 0.5 per cent of the total infected population.

Current therapeutic options

Hepatitis C is a blood-borne communicable disease caused by HCV, a single-stranded RNA virus from the same family (*Flaviviridae*) as the yellow fever virus. HCV has a very high mutation rate due to its error-prone RNA-dependent RNA polymerase. Over the last century, it has evolved into six major genotypes and multiple subtypes. Although the natural history of chronic hepatitis C is comparable across all genotypes, treatment response has not always been similar.

Generally, patients are only infected with one genotype but, at any point in time, carry hundreds of variants of the virus (quasi-species). This high rate of



Motivation improves testing and treatment uptake

Incentivisation with either money, peer support or other benefits has been shown to improve testing and treatment uptake for tuberculosis and HIV infections in people with ongoing substance abuse. Recent pilot studies have also demonstrated that this approach can improve testing and treatment of hepatitis C in previously difficult-to-reach patient populations, including prisoners and people who inject drugs.

At a New York needle exchange, a $25 voucher increased both testing for HCV (74 per cent versus 40 per cent when not incentivised) and treatment uptake (53 per cent versus 10 per cent when not incentivised). This incremental, small cost seems justified given the high cost and high success of DAA therapy.

In New Zealand, several financial incentives are available for both GPs and patients:
- The usual pharmacy fee is waived for all patients when they attend one of the 400 AbbVie Care Pharmacies enrolled to dispense Maviret (**https://bit.ly/2kzen2K**).
- Patients with a Community Services Card do not pay any part charge to their GP.
- Special Needs Grants are available from Work and Income to cover any additional transport, accommodation, food or medical costs during DAA therapy (**https://bit. ly/2kN8HIX**).
- GPs are able to access a Primary Options for Acute Care payment of up to $115 to supplement the government subsidy for each patient who starts treatment (**https://bit.ly/2kUcZHZ**).

virus mutation has prevented the development of an effective vaccine and results in the selection of resistant strains to new oral DAAs when they are used as monotherapy. Current regimens use at least two different classes of DAAs without overlapping resistance patterns.

Direct-acting antivirals

DAAs are small molecules that directly block compounds associated with different steps of HCV replication, including:
- the HCV polymerase, which makes HCV RNA
- a protease required for HCV protein processing
- the non-structural 5A protein, which assembles the virus prior to release.

Combining two or more different DAAs prevents emergence of resistance and increases potency. HCV infection can be eradicated completely within 12 weeks. Unlike interferon, these DAAs are oral and well tolerated with few or no contraindications. Their simplicity makes them ideal for community prescribing and provides an opportunity of eliminating hepatitis C from New Zealand within our lifetime.

Viekira Pak regimens

In July 2016, ombitasvir/paritaprevir/ritonavir copackaged with dasabuvir with or without ribavirin (Viekira Pak and Viekira Pak-RBV) became the first all-oral hepatitis C regimens to be funded in New Zealand. This treatment was approved for community prescribing in order to overcome the barriers to treatment uptake – namely, the costs, inconvenience and perceived stigmatisation associated with attending hospital clinics. To optimise the success of this community-based HCV elimination programme, efforts were made to improve GP and patient engagement (see the panel for incentives currently available for hepatitis C treatment in New Zealand).

From July 2016 to January 2019, 3200 patients were treated with Viekira Pak regimens, of whom almost 40 per cent were treated in primary care. Outcomes of Viekira Pak treatment were collected in almost 2000 patients.

> Maviret is a very simple regimen and ideally suited to community prescribing

ELEARNING CREDITS

- You may allocate up to 0.5 ENHANCE group 1 points, if you read this article, and do not do the assessment; or,
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PCNZ COMPETENCE STANDARDS
M1.6 Make effective decisions
M2.1 Communicate effectively
O1.1 Consult with the patient
O1.2 Provide healthcare
O1.3 Review and manage patient's medicine therapy
O1.4 Deliver quality and safe services
O1.5 Access, evaluate and provide medicines information
O2.1 Contribute to community health
O2.2 Health promotion
O3.5 Provide patient counselling

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Overall, 96 per cent were cured, and this rate was the same whether patients were treated in primary care or by hospital specialists.

Despite this initial success, the Viekira Pak regimens were never going to be able to eliminate HCV. They are complicated to use, and the need for ribavirin to treat HCV genotype 1a infection reduces tolerability and entails regular monitoring for anaemia. Treatment duration varies between eight, 12 and 24 weeks according to genotype, previous interferon use and cirrhosis status. Furthermore, the high rate of drug–drug interactions (DDIs) requires close review of all prescribed or OTC medicines in case these need to be stopped or the dose reduced.

However, the most important limitation of this first-generation DAA treatment is its lack of effectiveness against HCV genotypes other than genotype 1, which prevented treatment of more than 50 per cent of HCV-positive New Zealanders (40 per cent infected with genotype 3; 10 per cent with genotype 2; 2 per cent with genotype 6).

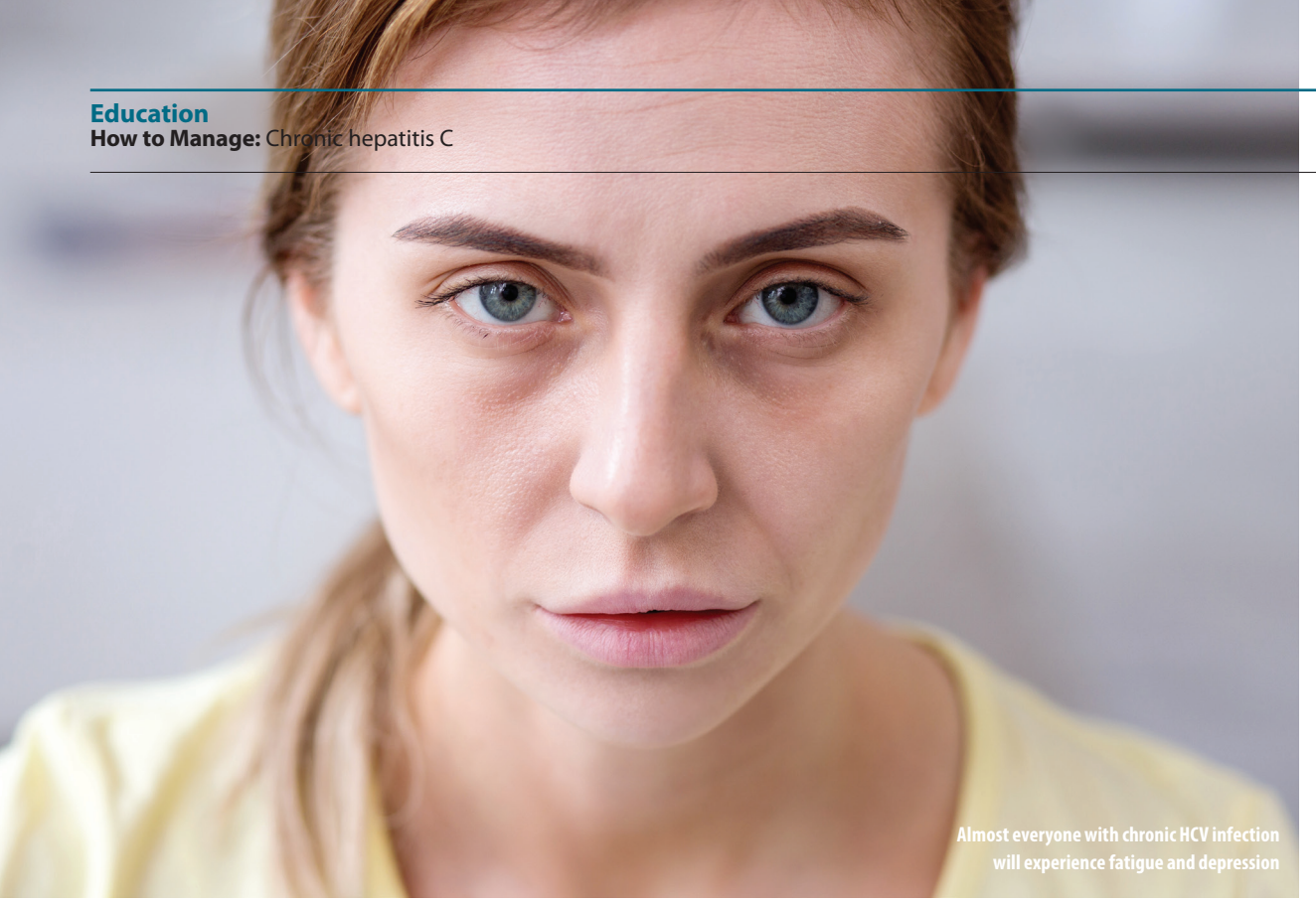
Maviret

In February 2019, Pharmac funded the next-generation DAA regimen, glecaprevir/pibrentasvir (Maviret). Compared with the Viekira Pak regimens, Maviret is a very simple regimen and ideally suited to community prescribing; therefore, it is a useful tool for HCV elimination. Most patients take three tablets, orally, once daily with food for eight weeks.

Maviret is the most effective regimen ever – in clinical trials and the large, real-world series, Maviret cured more than 99.5 per cent of patients. It is truly pangenotypic: cure rates are similar across all HCV genotypes.

Maviret is very safe and has no specific toxicity. It does not need the addition of ribavirin and, therefore, does not require any monitoring during treatment. DDIs are very uncommon and predictable, the most common of which is with oral contraceptives containing ethinyloestradiol. Alternative forms of contraception should be used during Maviret therapy.

Other less common DDIs can be checked on several online resources. ➤➤



Almost everyone with chronic HCV infection will experience fatigue and depression

The best is the University of Liverpool's Interaction Checker on the HEP Drug Interactions website (www.hep-druginteractions.org). This is very user friendly – simply select "Glecaprevir/Pibrentasvir" from the left-hand panel and enter the concomitant medication in the right-hand panel. Your result will be either green (no interaction expected), yellow (potential weak interaction), amber (potential interaction) or red (do not coadminister – stop or switch to a safe alternative).

Other online resources include:

- the Medsafe-approved data sheet (https://bit.ly/2nlFJdJ)
- the BPACnz website (https://bit.ly/2mq6RaQ)
- the regional HealthPathways (https://bit.ly/2kXlhyU).

AbbVie Care Pharmacies will also review all concomitant medications at the time of dispensing Maviret and alert the prescriber of any potential DDIs.

Stage of liver disease

Although genotyping is no longer required, it is still important to determine the stage of liver disease prior to starting Maviret, for the following reasons. First, the current recommended duration of Maviret treatment is only eight weeks in patients without cirrhosis but 12 weeks in patients with cirrhosis. However, the recent phase III EXPEDITION-8 study of patients with cirrhosis demonstrated that eight weeks of Maviret treatment was as effective as 12 weeks. Therefore, later this year, the duration of treatment will be shortened to eight weeks for cirrhotic patients infected with HCV genotypes 1, 2, 4, 5 and 6. In 2021, Maviret treatment will also be shortened for patients infected with genotype 3.

Second, patients with advanced cirrhosis (ie, hepatic decompensation) cannot be treated with Maviret and should be referred to secondary care for treatment with ledipasvir/sofosbuvir (Harvoni) plus ribavirin.

Finally, all patients with cirrhosis need long-term surveillance for hepatocellular carcinoma with six-monthly liver ultrasounds (eg, FibroScan) and serum alpha-fetoprotein measurements. Staging for cirrhosis must always be performed prior to starting treatment. If the FibroScan is delayed until after treatment, the liver stiffness measurement may be normal, even in patients with established cirrhosis. This is because liver stiffness represents a composite score of stage of fibrosis and grade of inflammation. Because inflammation resolves completely following virologic cure, the liver stiffness will be factitiously low, and therefore unreliable, if measured after treatment.

Is hepatitis C elimination possible?

New Zealand is one of the 194 WHO Member States to adopt the 2016 strategy to eliminate viral hepatitis as a major public health threat by 2030. WHO's vision for this global strategy is "a world where viral hepatitis transmission is halted and everyone living with viral hepatitis has access to safe, affordable and effective prevention, care and treatment services".

Barriers to HCV elimination

Pharmac funding of a highly effective and well-tolerated pangenotypic treatment for all New Zealanders with hepatitis C has provided a unique opportunity to eliminate this disease as a major public health threat within the next 10 years. But to achieve this goal, we would need to treat at least 3000 patients every year.

The initial treatment uptake with Maviret was unprecedented – exceeding 550 patients in the first month and 1500 in the first three months. However, the uptake has declined steadily since then, and just over 200 patients started Maviret in the month of August 2019.

This same trend was observed after the funding of Viekira Pak in 2016 and can be attributed to the warehousing of already diagnosed patients within secondary care clinics. Although a few DHBs took the initiative of referring all simple-to-treat, non-cirrhotic patients back to primary care for treatment (in the hope that this would engage primary care in the testing and treatment of HCV infection), most DHBs treated these patients within the hospital clinics. As a result, community testing and treatment has remained low.

The greatest barriers to HCV elimination in New Zealand, and most other countries, are the current low rates of diagnosis (estimated to be only 50–60 per cent) and poor community access to care, especially for those patients who are marginalised because of ongoing substance use, mental illness or homelessness.

The National Hepatitis C Action Plan

In 2016, WHO published the *Global health sector strategy on viral hepatitis 2016–2021*, which emphasises the need for each government not only to provide unrestricted access to DAAs but also to develop and provide a budget for a national plan on viral hepatitis. Such plans should focus on awareness, testing and linkage to care, and include national targets with defined indicators for monitoring and evaluation, to track ongoing progress to elimination.

In January 2019, health minister David Clark commissioned a working group to develop the first National Hepatitis C Action Plan. This group consisted of representatives nominated from all parts of the health sector, including the affected community, the RNZCGP, the New Zealand Society of Gastroenterology, Community Alcohol and Drug Services, needle exchange services, Māori and Pasifika health advisors, Department of Corrections, PHOs, DHBs, public health and the Ministry of Health.

The draft plan was circulated for wide consultation, incorporating the feedback in the final version sent to the minister of health. The major areas for focus outlined in the plan include improved awareness and understanding of hepatitis C, improved prevention and harm reduction, increased testing and diagnosis, and improved community access to care.

Towards universal testing

It is clear the current approach of targeted testing has failed. This is based on patients disclosing recognised risk factors of previous or current IDU, imprisonment, blood transfusion prior to 1992, unsterile tattooing or body piercing, or emigration from a country with endemic HCV. Several recent epidemiological studies in Western Europe have shown this approach misses almost half of all infected individuals, primarily because of the stigma associated with IDU, which is responsible for more than 95 per cent of infections.

The US adopted a different approach – birth cohort screening – based on the incorrect assumption that HCV transmission was highest in the 1960s and 1970s. Their Centers for Disease Control and Prevention recently recommended a switch to universal testing of all adults, a practice already in place in several countries that are tracking to elimination, such as France, Iceland and Georgia. Universal testing removes any need to disclose risk factors for HCV exposure, thereby preventing the discrimination associated with past or present IDU.

For universal testing to be cost-effective in New Zealand, we would need low-cost HCV antibody testing at community laboratories (with reflex antigen or RNA testing in those people who test positive). We would also need to prevent duplicate testing of patients who have already tested negative or who previously tested positive but have subsequently been treated. This would require the set-up of a national registry, which would also ensure immediate linkage to community treatment for all new diagnoses.

For now, primary care should offer testing for anyone who requests it and has not already been tested. Everyone diagnosed with HCV infection without cirrhosis should be considered for treatment with eight weeks of Maviret. This simple regimen is safe, effective and ideally suited for primary care, with all patients gaining immediate and long-term health benefits.

Summary

If New Zealand eliminates hepatitis C before 2030, many thousands of lives will be saved and the current leading indication for liver transplantation will disappear, thereby shortening wait times for all other patients with end-stage liver disease. For this goal to be achieved, we need to increase public awareness and community access to testing and treatment. This will only be achieved when HCV management shifts from secondary to primary care. PT

Further reading

- **BPACnz. *Hepatitis C management in primary care has changed*. BPACnz; January 2019. https:// bpac.org.nz/2019/hepc/docs/hepc.pdf**
- **Goodfellow Unit. Curing chronic hep C with Maviret. March 2019. https://bit.ly/2U6wNIF**
- **Hepatitis C Implementation Advisory Group. *Guidance to support the development of regional services to deliver identification and treatment for people at risk of or with hepatitis C*. Ministry of Health; January 2019. https://bit.ly/2leW5UM**
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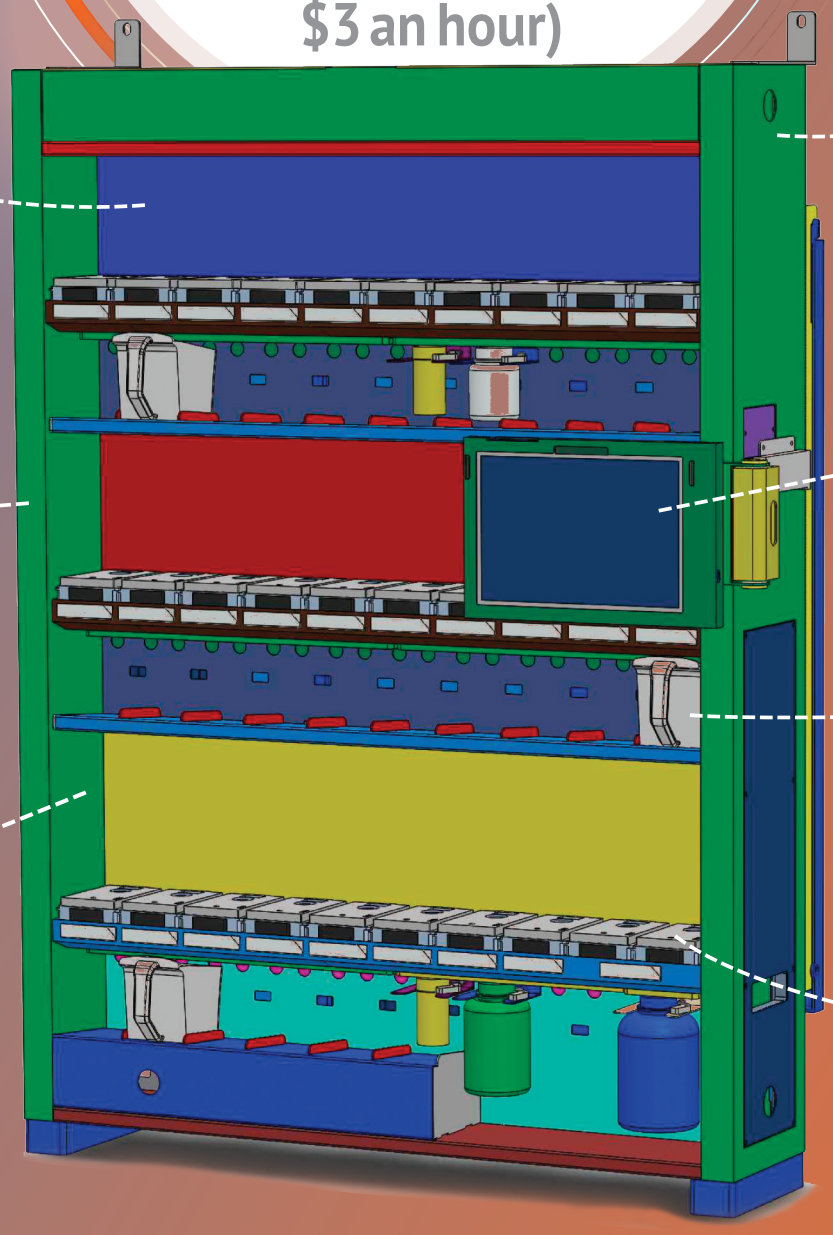

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When she isn't in the pharmacy, Wellingtonian Bronwen Shepherd lives a double life as a ranger and conservationist

Pharmacist's weekend job as a wildlife ranger

During the week, Green Cross Health regional manager **Bronwen Shepherd** is a well-known face in the Wellington pharmacy sector. But in the weekend, she can usually be found working as a ranger at the Zealandia wildlife reserve or in Thorndon, battling to save a local native snail from extinction. **Jonathan Chilton-Towle** talks to Bronwen about her passion for conservation

Has wildlife conservation always been important to you?

No. I didn't have much experience in conservation growing up. I was a keen tramper and enjoyed the outdoors but I wasn't quite the bird nerd I am now.

How did you get involved?

As a young pharmacist, I was looking for a volunteer opportunity that was flexible around my work commitments. A fellow pharmacist recommended Zealandia ecosanctuary, a nearby pest-free fenced sanctuary, so I signed up. I soon realised that being outdoors in nature was a perfect counterbalance to the bustling world of community pharmacy. From day one, I absolutely loved it.

What was the first role you had in conservation?

I started out as a weekend ranger about 10 years ago at Zealandia ecosanctuary, after undertaking a ranger course. Conservation is resource poor and has endless need, so I became more involved in other activities including pest control, planting, nest monitoring, bird handling, mist-netting, those sorts of things.

I did that for a couple of years and then my first research opportunity came up. A Victoria University researcher, Helen Taylor, was looking for volunteers to study the little spotted kiwi.

All of the 1700 remaining little spotted kiwis are descended from just five individual birds, translocated to Kapiti Island at the turn of the century.

Every weekend and holiday for three years, I helped chase, track, and catch kiwis in the wild, helping Dr Taylor assess the implications of this genetic "bottleneck".

It was exhausting and it was fabulous. These are the sort of places where very few people have been to, with no cell phone coverage, accommodation or facilities. There is a real sense of awe being cast away with only our rarest precious species as company.

This joy is of course balanced with the practical challenges (I once slept in an old WWII bunker among little blue penguins which literally "honked" all night.

What other research have you done?

The next project I helped with was studying a species of nocturnal duck called the pāteke that I chased up muddy creeks for years on end to help ascertain its behaviour.

It's a cute little duck that I am extremely fond of, especially as it is one of the lesser known endangered species that are a wee bit overlooked. They are precious, with only a couple of thousand of them left in New Zealand

They are mainly on offshore islands to protect the species but that isn't their natural habitat.

At one point you looked after Sirocco, the famous head-humping kākāpō

Yes, he's a gorgeous bird. Kākāpō are also tucked away on offshore islands. However, the Department of Conservation (DOC) took Sirocco on tour to the mainland to give New Zealanders the rare opportunity to meet one of these iconic flightless parrots.

There was a DOC caregiver and they needed a second person to help feed and do tours and look after Sirocco. I took up the weekend shifts for two or three months while he was staying at Zealandia.

Did he hump your head?

No, I escaped that, thank goodness. It was the boys he used to go after. We had a vet, who he had a strong liking to.

There is a bit of a sad story behind that hilarious Stephen Fry video.

Sirocco was hand-reared because he had severe pneumonia as a chick and, as a result, he imprinted on humans which meant his sense of attraction was all confused. Unfortunately, Sirocco can't be rehabilitated, and does not associate with other kākāpō (and is unlikely to ever breed). I guess one positive out of this, is that he has become an effective advocate for his species.

And you run your own volunteer group to protect a native snail in Wellington?

Yes. Unfortunately, once you open your eyes to the plight of ecosystems and nature in general, you can't close them.

I happen to live right by, and often go for walks on, a patch of publicly owned land on Te Ahumairangi Hill, which is just 1km from the Beehive.

I noticed there were lots of endangered species living there, like kākā, kākāriki, kārearea, and was surprised to discover there is a critically endangered native freshwater snail living there too, completely unloved, overlooked and in trouble. The snail is called *potamopyrgus oppidanus* – it's tiny, only about the size of a grain of rice – and its habitat has been devastated by a network of illegal mountain bike tracks. That started a huge project for me.

I've just finished writing a species management plan for Wellington City Council and have received a permit and a small amount of funding to carry out research. The volunteer group planted about 1400 trees last year, and undertake weeding and water-quality testing, alongside snail habitat restoration. Running a volunteer group has been a simple undertaking, as it's easy to recruit for conservation. Everyone is increasingly engaged.

What have you learned from conservation work?

Conservation work can be pretty exciting and extremely rewarding, but it's also heartbreaking. At the coalface of conservation, much of the job seems to be the scientific documentation of ecological obituary.

I suspect a lot of New Zealanders assume our endangered species are safely tucked away on DOC land. The reality is they are in our backyards, on roadsides and in overlooked places. We are facing a serious biodiversity crisis in NZ with 4000 of our species at risk of extinction, and so it's definitely a bit more than a hobby for me, as I'm driven by a strong sense of urgency.

More than anything, I would like New Zealanders to think about how we can better bring humanity back into balance with nature (rather than engineering nature to meet the needs of humanity).

Do you think humans can live near native species without harming them?

I think it's easier than a lot of people think. Nature bounces back with every chance you give it. Nature is ridiculously easy to look after, but we just don't.

I think COVID-19 has shown this resilience – we've had reports of birds in Wellington central that you would never normally see, like a native falcon eating an exotic pigeon in the middle of Lambton Quay the other day.

Teeming bird life has become a part of our identity and just about every Wellingtonian has a pest trap in their backyard. We are rewarded with a morning chorus of kākā and tui. **PT**

The hihi is one of the native birds Bronwen has studied

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Pharmacy rolls out the red carpet for 'VIPs'

By Anna Lee
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Len Hooper Pharmacy owner Lynda Battah, pharmacist Jill Daly and pharmacy technician Lisa Duncan are giving customers the 'VIP' treatment

A community pharmacy in Lower Hutt is rolling out a glamorous red carpet to give customers an exclusive VIP – very isolated person – treatment, during COVID-19.

Len Hooper Pharmacy owner Lynda Battah "couldn't handle" looking at the orange road cones that were originally placed in front of the pharmacy for queuing customers.

"We started out with orange cones – because everything happened so quickly, and they were really ugly, and I couldn't handle looking at them for weeks on end."

For her Epuni pharmacy, Ms Battah bought four gold stanchions from a local crowd-control business and borrowed the red carpet and curtains from a theatre company to fashion an Oscar-worthy red-carpet experience.

Now, glimmering golden statues – awards for "best social distancing", "best sneeze, cough into elbow" and "best hand-washing" adorn the shopfront, while customers queuing to get into the pharmacy wait behind velvet ropes and golden stanchions before receiving "exclusive access".

"They're our VIPs – very isolated people – so their VIP experience awaits once they get inside. They've got sole access to the pharmacy for the duration of their visit – that sort of thing," she says.

Despite initial concerns, Ms Battah is thrilled feedback from the customers has been overwhelmingly positive.

"I was a bit worried because I didn't want in any way to come across as flippant or making light of the situation, but nobody has seen it that way which is great," she says.

"The customers love it! They really, really love it. It's been really fun, and it's lifted our spirits too because it's nice to look at, instead of horrible cones. If you can put a smile on someone's face, I think it makes everything a bit brighter."

Ms Battah says she has no plans to stop rolling out the red carpet any time soon for her beloved local community. "Realistically, physical distancing is going to be a thing for quite some time. For as long as physical distancing is recommended, we'll keep it."

The pharmacy originally belonged to her father: "We've been open since 1965. We are a part of the furniture, we know everyone by name and they know us. Our older customers saw me growing up and now I see their grandkids, so it's a really traditional community pharmacy and it's really nice to do something like this."

Like other pharmacies across New Zealand, Len Hooper Pharmacy experienced a surge in sales as customers raced to stockpile medication in late March before the Alert Level 4 lockdown.

"In the three days leading up to lockdown all hell broke loose, honestly. Patients were acting like we were never going to open again, that doctors were never going to open again – it was just mental. We couldn't handle it."

Since lockdown, the pharmacy has settled into a "new normal". However, Ms Battah explains she feels guilty about "doing well" while some other pharmacies "aren't doing so good".

"We're still much busier than we normally are. We've been very fortunate, but I really feel for pharmacies in the city because there's no one there – it would just be awful," she says.

"There's a bit of guilt there as well, you just feel for those pharmacies that are not doing well during this time, it's really not good." PT