

Pharmacy First

New Zealanders should not need to wait for a GP to treat minor conditions while a local pharmacy has trained medical professionals who are trusted and ready to do more.

The pharmacy network has untapped potential to deliver basic care – faster – to New Zealanders. But the sector has been held back by unnecessary red tape that ultimately leaves patients sicker.

ACT will empower pharmacists to deliver more basic care, manage long-term conditions, identify heart, diabetes, and melanoma risk early, with clear referral when a doctor is needed and cut red tape holding them back.

New Zealanders deserve timely access to healthcare, but we currently do not use the capacity available to us. Patients wait weeks to see a GP, often either skipping the care they need or going to the emergency department. EDs are tied up with patients that could have been served earlier, more affordably.

The most accessible health professionals in the country, pharmacists, are confined to a small number of permitted services. Meanwhile, time that pharmacists used to spend 'counting and pouring' is being

freed up by automation; at the same time, community pharmacies are under serious revenue pressure.

Pharmacists have the capacity, the need, and the proximity. All that's missing is permission.

ACT will empower pharmacists to do more.

In Government we have already delivered the first step. From June 2026 pharmacists have been allowed to provide funded treatment for seven common conditions: treatment for scabies, oral rehydration for children, pain and fever management for children, treatment of headlice, treatment for conjunctivitis for children, treatment for uncomplicated urinary tract infections and the emergency contraceptive pill.

Pharmacists have supported moves to expand their powers, and have told us they could deliver additional medicines and services in future. Pharmacies are well integrated into the health system and refer complex cases with unclear diagnoses to GPs.

PART ONE: MORE CARE AT THE PHARMACY

01 Treat more everyday conditions

New Zealanders should not have to wait weeks for a GP just to be treated for a sore throat, sty, period pain or impetigo. Unfortunately, pharmacists are not funded to treat these minor conditions, meaning many patients end up going to the emergency department. As a result, more serious conditions have to wait longer.

ACT will widen the Minor Ailments Scheme so pharmacists can assess and treat more conditions within, or just beyond, their current scope.

Pharmacists will also be able to order appropriate blood tests, either when a patient asks or when they spot a clinical need. Every one of these tests comes with triage and a clear escalation to a GP or specialist when that is in the patient's best interests.

ACT will expand the minor ailments scheme so pharmacists can treat more common conditions, with clear referral when specialist care is needed.

A full list of these conditions can be found at the end of this document.

02 Managing chronic conditions

People with chronic issues, such as hypertension, type 2 diabetes or hypercholesterolaemia, should not need a GP appointment to simply renew the same medicines. Pharmacists already see these patients regularly, understand their medicines, and are well placed to carry out routine monitoring.

ACT would allow pharmacists to provide funded chronic disease management for stable patients. Accredited pharmacists could conduct an annual medication review, order the standard blood tests needed to monitor treatment, and adjust doses within clear clinical protocols. Anything outside those limits would be referred back to the patient's GP.

This would not replace the person's GP who would still diagnose the condition and choose the treatment, but it would allow pharmacists to take on routine monitoring freeing up GP appointments for people who are acutely unwell or need more complex care.

ACT will let pharmacists co-manage stable chronic conditions.

03 Catching heart disease risk early

Cardiovascular disease causes around 30% of death in New Zealand, and much of that risk is found late. Allowing pharmacists to run short, standardised tests checking blood pressure, weight or waist measurement, and a structured conversation about family history and lifestyle, along with targeted blood glucose testing, will take pressure off of GPs and catch this risk early.

Patients would be able to be sorted into low, moderate or high-risk then be able to get self-management advice, or a follow-up and, when needed, a referral on. This would keep diagnosis with GPs and specialists, but allow for screening and triage by pharmacists.

ACT will enable pharmacy-based early cardiovascular and metabolic risk identification.

04 Spot suspicious skin lesions sooner

New Zealand has one of the world's highest melanoma rates but people have to either wait for a GP appointment or pay for private screening. Pharmacies are accessible and already field questions about changing moles and suspicious lesions, but there is no consistent pathway for assessing them.

ACT would allow for a pharmacy-based skin concern service. Trained pharmacists would record relevant risk factors and be able to take high-quality dermatoscope images, using technology to identify concerning changes over time. Patients who meet clear risk thresholds would be referred to a GP or specialist, with the images and clinical information needed to support faster prioritisation.

This would not diagnose melanoma or be a full screening programme. But it would provide a triage for people to have concerns addressed, which will be particularly useful in rural and underserved communities.

ACT will allow pharmacy-based skin lesion assessments to identify risk earlier and refer suspicious lesions for diagnosis.

PART TWO: CUT PHARMACISTS' RED TAPE

05 Scrap the five-pharmacy cap

The current law says no-one may hold a majority interest in more than five pharmacies. The Government's own review in 2025 found that the cap is not being meaningfully followed and simply hurts small operators seeking to expand.

ACT will remove the five-pharmacy ownership cap.

06 Stop blocking new pharmacies on proximity

Currently, a pharmacy seeking to dispense funded medicines needs an agreement with Health NZ which weighs how close it would be to existing services. This makes it more challenging for new pharmacies to open in areas that are considered 'well-served', even if it would allow more people to be seen.

Safety and quality standards should stay exactly as they are, but distance from a competitor should not be a factor for the approval of a new pharmacy. Removing these requirements will allow more pharmacies to open, increasing competition and accessibility.

ACT will remove service-coverage and proximity considerations so that any pharmacy that meets safety and quality standards can open.

07 Stop renewing the same licence every year

Currently pharmacies have to renew their license every year at a cost of more than \$1,000 each time. Most renewals restate what Medsafe already hold. In the past five years Medsafe has only declined five licenses outright, usually because the applicant was not a pharmacist or the premises fell short. Other jurisdictions, such as New York and California, have longer licensing periods.

ACT would move to a staggered model, where a pharmacy's first licence would last 12 months, and subsequent renewals would last five years, with an obligation to notify Medsafe when something material changes.

ACT will allow pharmacy licences to run 12 months on first issue, then for five-year periods on renewal.

08 Let PACT technicians work where they are needed

Pharmacy Accuracy Checking Technicians (PACTs) serve an essential role in the pharmacy network, performing final checks on dispensed medicines. But if a certified PACT wants to move pharmacy, they currently must notify the Pharmaceutical Society and sit a transfer course, with a fee. They cannot do the job until every box is ticked.

This constraint is unnecessary and acts as a real barrier for the pharmacy workforce.

ACT would remove the requirement to complete a separate Pharmaceutical Society transfer course and approval process whenever a certified PACT changes or adds a workplace, while maintaining the requirement for the pharmacy to meet the applicable PACT requirements.

ACT will make PACT certification portable so technicians can work at any pharmacy meeting PACT requirements without a separate transfer process.

PART THREE: SMARTER DISPENSING

09 Enabling prescription e-lockers

Collecting a repeat prescription should not depend on whether the pharmacy counter is open. Secure e-lockers would allow patients to collect pre-dispensed medicines at any time using a code, scannable link, or other digital verification.

This would reduce the time pharmacy staff spend on routine handovers, freeing pharmacists to focus on clinical services such as treating minor ailments. It would also improve access in rural communities and other areas where pharmacies may not open every day.

Sensible safeguards would apply similar to the 12-month prescription requirements. E-lockers could not be used for refrigerated, monitored, or controlled medicines, and would be limited to patients with stable, well-controlled long-term conditions.

ACT will enable secure prescription e-lockers so patients can collect eligible medicines outside pharmacy opening hours.

In many cases, your pharmacist is the healthcare professional closest to you. ACT will empower pharmacists to deliver more services, improving your access to healthcare while easing pressure on GPs and emergency departments.

The Proposed Minor Ailments List

These are conditions pharmacists have suggested as suitable to assess and manage in the community, each with clear referral thresholds where a GP or specialist is needed.

ENT and Respiratory:

- Tonsillitis
- Acute sore throat
- Allergic rhinitis / hayfever
- Asthma reviews, spacer and inhaler technique checks

Skin:

- Warts and verrucae (cryotherapy)
- Impetigo / school sores
- Nappy rash and cradle cap
- Contact and seborrhoeic dermatitis
- Insect bites and stings
- Nail fungal infections (onychomycosis)
- Pityriasis versicolor

Musculoskeletal and pain:

- Tension headache and migraine acute management
- Acute lower back pain
- Osteoarthritis flare management
- Plantar fasciitis and tendinopathies
- Bursitis
- Gout

Eye:

- Dry eye
- Stye / hordeolum
- Blepharitis

Gastrointestinal:

- Constipation (acute and chronic)
- Reflux / GORD / dyspepsia
- Haemorrhoids
- Threadworms / pinworms
- IBS support

Sexual and reproductive health:

- Vaginal thrush
- Bacterial vaginosis
- Chlamydia and gonorrhoea testing (self-swab kits)
- HPV self-screening for cervical cancer (self-swab kit)
- Period pain / dysmenorrhoea
- Erectile dysfunction
- Menopause and HRT initiation/review
- Oral contraceptive consultations and continuation
- Pregnancy testing and counselling

Paediatric:

- Teething and infant reflux

Chronic disease screening and monitoring:

- Blood pressure checks and hypertension follow-up
- HbA1c / diabetes screening and monitoring and screening and monitoring for new proposed cardiovascular policy
- Lipid screening
- INR / anticoagulation monitoring
- Iron deficiency and anaemia
- Osteoporosis risk assessment / FRAX

Wound and minor procedure:

- Minor cuts, grazes, and wound dressing follow-up
- Minor burns
- Tick and animal bite assessment

Costing

The up-front cost of extending the Minor Ailments Scheme to these conditions is estimated at between \$50 million and \$100 million annually, depending on public uptake. Consultations would be co-funded, with patient charges capped at \$20, or \$5 for Community Services Card holders. However, the total net cost of this policy will be lower, because it shifts care out of more expensive GP, urgent-care and hospital settings to pharmacies. Ultimately, with clinicians freed to treat more complex patients sooner, ACT's policy will deliver savings for the health system.

Reduced revenue from five-year pharmacy renewals will cost Medsafe approximately \$0.8 million annually. This will be partially offset by administrative savings, and by a greater number of pharmacies renewing as a result of the removal of the five-pharmacy cap and proximity rules.