



Community Pharmacy Roadmap Program Development Template

Program/Service Quadrant	Health Supplies B- Pharmacy Medicines and Health Products- Services and Programs
1. Program/Service Description	
a) Background	<p>Patient aids The provision of patient aids, such as blood pressure monitors, crutches and other mobility aids form an integral part of a pharmacy’s support to their local community. This places community pharmacy in a unique position to provide a comprehensive patient support service for patients requiring or seeking home health care.</p> <p>National Diabetes Supply Scheme (NDSS) The aim of the NDSS is to enhance the capacity of people with diabetes to understand and manage their life with diabetes, and to ensure they have timely, reliable and affordable access to the supplies and services they require to effectively self-manage their condition. It provides access to products and services needed for the self-management of diabetes at prices subsidised by the Australian Government. Products are provided to NDSS-registered people with diabetes all over Australia, through DA offices, by mail order and through accredited sub-agents such as pharmacies and hospital clinics.</p> <p>Continence Incontinence is a significant health issue affecting children and women and men of all ages. It has physical, social, quality of life, and economic implications for the individual, their carers and the community. The Australian Government’s National Continence Management Strategy (NCMS) was established in 1998 to provide funding to research and service development initiatives aimed at the prevention and treatment of this significant problem. The current phase (phase 3) of the NCMS (2006-2010) aims to improve continence awareness, management and treatment so that more Australians can live and participate in their community with confidence and dignity.</p> <p>From 1 July 2010, the Continence Aids Payment Scheme (CAPS) replaced the Continence Aids Assistance Scheme (CAAS). The CAPS is an Australian Government payment that assists eligible people with permanent and severe incontinence to meet some of the cost of their continence products. It is a direct payment to clients to increase flexibility and choice about where and when they purchase their continence products, including existing continence product suppliers, pharmacies or retail outlets, and on-line.</p> <p>The Pharmacy Guild of Australia has developed the Pharmacy Continence Care Program (PCCP) to provide community pharmacists and pharmacy assistants with information and skills to enable them to raise community awareness of the issues of incontinence and to recognise and promote help-seeking strategies by consumers.</p>
b) Brief Description	<p>Patient aids A patient aids service provides a range of aids and devices to assist a patient to both monitor aspects of their health and to maintain ‘normality’ in their daily lives. The range of products held by pharmacies will depend to some extent on the demographics of the pharmacy’s local community.</p> <p>NDSS Community pharmacies, acting as sub-agents for the NDSS, provide products and services needed for the self-management of diabetes to NDSS-registered people. These products include subsidised testing strips for checking blood glucose levels; free insulin syringes and pen-needles for people who require insulin (state and territory governments partially fund</p>

	<p>these items); subsidised insulin pump consumables (IPCs); and information services on managing life with diabetes.</p> <p>Pharmacy Continence Care Program (PCCP)</p> <p>The Pharmacy Continence Care Program was conducted as a pilot program with over 700 pharmacies participating in the project, with evaluation indicating positive results. The training provides community pharmacists and pharmacy assistants with the information and skills to:</p> <ul style="list-style-type: none"> • raise community awareness of the issues of incontinence • promote greater awareness of diagnosis and treatment services available, including ongoing management of bladder and bowel health matters <p>Through the training program, pharmacy staff received information about bladder and bowel health matters. Pharmacy staff who have undergone this training are available to talk to customers about factors which contribute to the condition, continence management, diet, lifestyle and exercises that help to manage it, and products and services which may assist a person in improving their quality of life. Sources of information on bladder and bowel health and referral to the National Continence Helpline are also available.</p>
c) Alignment with Government Policy	<p>The PCCP contributes to achieving the objectives of the Australian Government’s National Continence Management Strategy (NCMS). It does this through the promotion of bladder and bowel health across the lifespan, increasing awareness of bladder and bowel health within the population and improving access to quality continence care.</p>
d) Expected Outcomes for Government and Community Pharmacy	<p>From a government perspective, consumer access to health supplies, with the support of a highly trained health professional network, results in a greater capacity to self-manage conditions; this leads to a more efficient and cost-effective use of the health system.</p> <p>From a community pharmacy perspective, the provision of health supplies, as part of patient support services, places further emphasis on community pharmacy as a healthy living, health promotion and maintenance centre. For example, community pharmacists play a critical role in continence management, as they are the first point of contact for carers of incontinent patients and provide a valuable service without appointment.</p>
e) Consumer Benefits	<p>Health supplies provision, incorporating education and self-care/empowerment, plays a large role in improving consumer health outcomes. As an example, it plays a significant role in patient adherence to antihypertensive medication. This reduces morbidity and mortality, maintains or improves the patient’s quality of life, and improves the patient’s use of health resources. Enabling a patient to take their own blood pressure at home, through the supply of a monitor and instructions in its use, is another excellent way of achieving these goals¹.</p> <p>Consumers will also benefit in future, with data relating to the usage of devices such as blood glucose and blood pressure monitors to be ‘uploadable’ to the forthcoming Person Controlled Electronic Health Record (PCEHR), with patients able to do this in their homes. This will lead to better support for patients, via improved continuity of care and capacity for information sharing with medical professionals and carers.</p> <p>The PCCP provides a cost-effective and ready source of health supplies, advice and support in relation to continence issues for consumers. Due to the national network of pharmacies, community pharmacists can be the only health professional easily accessible to discuss incontinence concerns. There is also an opportunity to add value to existing services as well as linking with local continence services and providing referrals to general practitioners, continence nurses and physiotherapists.</p>
f) Who Performs the Service?	<ul style="list-style-type: none"> • Pharmacist • Pharmacy Assistant

¹ American Pharmacists Association. Handbook of Nonprescription drugs. 16th ed. 2009.

g) Collaboration with Other Health Care Professionals	<p><i>Will service delivery require any formal collaboration with other health care professionals?</i> Yes -These could include:</p> <ul style="list-style-type: none"> • GPs • Possibly physiotherapists and occupational therapists (Patient aids) • Continence nurses
2. Implementation and Enablers	
a) Stakeholder Consultation	<p><i>Representative bodies from the following areas will need to be consulted in order to fully develop and implement a program:</i></p> <ul style="list-style-type: none"> • Consumer Organisations • Pharmacy Organisations • GP Organisations • Trainers • Disease Management Organisations • Government Bodies • Funders • Product Sponsors • Professional Insurers • Other allied health professional bodies • Continence Foundation of Australia • Carers Australia • Australian Physiotherapy Association
b) IT Requirements	<p><i>Is pharmacy software required to deliver this program?</i> IT enablement could support relevant programs which would allow records to be uploaded to the forthcoming PCEHR.</p>
c) Infrastructure and Staffing	<p><i>Is a private consultation area required to deliver this program?</i> Existing consultation areas meet requirements.</p> <p><i>Is the Program within the pharmacist's/pharmacy assistant's normal scope of practice?</i> Yes.</p> <p><i>Is an additional pharmacist likely to be needed?</i> This will depend on the particular pharmacy's operational model.</p>
d) Training	<p><i>What additional formal training is likely?</i> A combination of face-to-face and on-line training may be required depending on service provided.</p> <p><i>Does any suitable training exist?</i> Yes - A continence training program for pharmacists and pharmacy assistants currently exists. It involves face-to-face training, telephone-based training and self-paced learning through CD-Rom and DVD. The appropriate modes of training delivery are informed by the geographical and time constraints of pharmacies and their staff, as well as providing different options that suit the learning needs of participants. The training strategy is expected to have an impact on consumers' own management of continence.</p>
e) Supporting Standards, Procedures and Templates / Checklists	<p><i>Will a QCPP standard be required?</i> Yes – depending on service provided.</p> <p><i>Will professional guidelines and/or standards for pharmacists be required?</i> Yes.</p> <p><i>Are there any other national guidelines which need to be taken into account in developing the program to ensure consistency with best practice?</i> To be determined.</p>

f) Legislation/ Regulation Implications	Nil
3. Funding	
Funding Options	<p>Possible funding options include:</p> <p><input type="checkbox"/> Community Pharmacy Agreement</p> <p><input checked="" type="checkbox"/> Alternative Commonwealth Program (NDSS; National Continence Strategy)</p> <p><input type="checkbox"/> State/Territory Government</p> <p><input type="checkbox"/> User-pays (Review GST implications <input type="checkbox"/>)</p> <p><input type="checkbox"/> Other</p> <p><i>Has any funding for this program been secured?</i></p> <p>The PCCP pilot program is currently funded as part of the National Continence Management Strategy. Subsidies for training will be required for the ongoing success of the program.</p>
4. Timelines	
Timelines	<p><input checked="" type="checkbox"/> Established community pharmacy practice</p> <p><input type="checkbox"/> Immediate to short-term implementation (< 30 June 2015)</p> <p><input type="checkbox"/> Medium-term implementation(1 July 2015 to 30 June 2020)</p> <p><input type="checkbox"/> Longer-term implementation (> 1 July 2020)</p>