



Community Pharmacy Roadmap Program Development Template

Program/Service Quadrant	Palliative Care Services C – In-pharmacy health services and programs
1. Program/Service Description	
a) Background	<p>Palliative care is predominantly home based care and is often multi-disciplinary¹, requiring input from GPs, specialists, allied health workers and palliative care workers. It can also involve multiple sites of care, including hospital inpatient and outpatient facilities as well as hospice care.</p> <p>Many medicines used in palliative care are available through the Pharmaceutical Benefits Scheme (PBS) and poly-pharmacy is commonly required. Palliative care will sometimes necessitate the use of exceptional doses; use of medication outside registered indications; and use of non registered medicines¹.</p> <p>A Third Community Pharmacy Agreement (3CPA)² project focused on the identification of education needs of community pharmacists in palliative cancer care. The project identified a number of impediments to community pharmacist involvement and integration of community pharmacy practice into palliative cancer care service provision. These included:</p> <ul style="list-style-type: none">• a lack of education/knowledge regarding palliative cancer care by the majority of community pharmacists;• lack of remuneration for service provision;• infrequency of palliative care patients/carers visits to community pharmacies; and• workforce patterns of community pharmacists. <p>A subsequent Fourth Community Pharmacy Agreement (4CPA)³ project looked to specifically promote the alignment of community pharmacy with the National Palliative Care Strategy⁴. Key findings included:</p> <ul style="list-style-type: none">• active engagement of community pharmacists in palliative care, including the provision of advice to patients and their carers;• a number of barriers to stocking medicines used in palliative care; and• the Palliative Care Medication Management review (PCMMR) feasibility trial demonstrated that the role of pharmacy could be extended. <p>A Victorian-based project revealed that the inclusion of a pharmacist into a community palliative care service team⁵:</p> <ul style="list-style-type: none">• increased the knowledge of team members of medications used in palliative care and their management;• improved knowledge of potential problems with medications and how to manage them;• led to a change of practice for the benefit of patients ;• enabled ongoing education and support from the pharmacist to the team members;• allowed for inservice education to be provided;• assisted in improving contacts with the GP and palliative care service for the benefit of the patient and family; and• assisted the patient and family to better understand the medications.

¹ *Therapeutic Guidelines: Palliative Care* (version 3) (2010)

² 'Improving medication management of palliative care patients' (2005) 3CPA Research & Development Program.

³ 'The role of the pharmacist in the provision of palliative care' (2010) 4CPA Research & Development Program

⁴ *National Palliative Care Strategy – A national framework for palliative care service development* (October 2000) Commonwealth Department of Health and Aged Care

⁵ 'Pharmacist in community palliative care multidisciplinary team pilot project final report' (2010), Department of Health, Victoria. Produced for the *Palliative Care for People at Home Initiative*.

	<p>Further, the report states the inclusion of a pharmacist could also lead to:</p> <ul style="list-style-type: none"> • a reduction in medication error by both health professionals and patients/families; • an increase in medication concordance; • reduced hospital admissions due to medication errors; and • an increase in confidence by patients/families in the use of medications.
b) Brief Description	<p>A palliative care program for community pharmacists to deliver enhanced palliative care services would have two distinct elements; an educational component to increase the knowledge, understanding and beliefs of community pharmacists about palliative care, and the participation of specially trained community pharmacists as part of a multidisciplinary team through a Palliative Care Medication Management Review service.</p> <p>Within this framework, community pharmacists would be an integral member of the multi-disciplinary team providing care to palliative patients. In addition to dispensing medicines and related services within pharmacies, they would provide medication management services most appropriate for the patient. This would include the provision of patient-specific pharmacy services such as the monitoring of drug interactions and adverse events; review of drug product selection including appropriate dosage forms; compounding medications extemporaneously when required; improving drug storage and transportation; and educating staff, patients and families about the most efficient and effective methods of storing, handling and using medications.</p>
c) Alignment with Government Policy	<p>The service would support the Commonwealth Government’s National Palliative Care Strategy by improving community and professional involvement in palliative care services, improved quality and effectiveness of palliative care service delivery and support partnerships in the provision of palliative care across all settings⁴.</p> <p>Further, the National Hospital and Health Reform Commission report identified increased funding for sub-acute care facilities including palliative care⁶.</p>
d) Expected Outcomes for Government and Community Pharmacy	<p>For a government perspective, the provision of palliative care services through community pharmacy would improve the cost-effectiveness of pharmacotherapy in palliative care leading to improved health outcomes and budgetary savings.</p> <p>From a pharmacy perspective, there will be a greater recognition of the role of community pharmacists as members of the primary health care team. Community pharmacy will have the opportunity to develop a viable business involving service provision as an adjunct to product supply and will have a greater capacity to effectively utilise the increased number of pharmacy graduates in a manner that benefits both pharmacy practice and the community. Pharmacy graduates will continue to have a positive outlook for community pharmacy as a career, supporting the viability of pharmacy education providers.</p>
e) Consumer Benefits	<p>Medication regimes for patients in the last stages of life should be optimised for maximum patient comfort^{1,4}. Patients and carers would benefit from the integration of community pharmacy into palliative care services as the pharmacist can help identify the best pharmacotherapy solution in terms of effectiveness, including specific products, devices and services needed in palliative care, as well as monitor drug interactions and adverse events. Advice from pharmacists regarding a variety of issues including dosage, mode of administration and anticipated side effects would aid compliance and increase confidence of patients and carers.</p> <p>The accessibility of pharmacists through the 5,000-fold network of community pharmacies throughout Australia allows for extensive integration at minimal cost. The overall community stands to benefit by having the pharmacist as an integral member of multidisciplinary palliative care teams. Many patients in need of palliative care, and their carers, would already have a long and trusted relationship with their regular community pharmacist.</p>

⁶ ‘A healthier future for all Australians – Final Report of the National Health and Hospitals reform Commission’ (June 2009)

f) Who Performs the Service	<ul style="list-style-type: none"> • Pharmacists • Members of the palliative care multidisciplinary team
g) Collaboration with Other Health Care Professionals	<p><i>Is the service likely to require any formal collaboration with other health care professionals?</i> Yes - In delivering palliative care services, pharmacists would work closely with GPs, specialists and palliative care nurses and other members of palliative care teams.</p>
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/advocacy/supporting organisations relating to palliative care • Pharmacy organisations • GP organisations • Trainers • Government bodies • Funders • Product sponsors • National Pharmacy Board • Pharmacy software vendors • Professional insurers • Other allied health professional bodies
b) IT Requirements	<p><i>Is pharmacy software required to deliver this program?</i> IT solutions will assist in the delivery of palliative care services. Program software should ideally be integrated with pharmacy software, streamlined for ease of use and consistent with pharmacy workflow.</p>
c) Infrastructure and Staffing	<p><i>Is a private consultation area required to deliver this program?</i> Existing consultation areas are likely to suffice, with modifications where required to ensure sufficient customer privacy.</p> <p><i>Is the program within the pharmacist's/pharmacy assistant's normal scope of practice?</i> Yes</p> <p><i>Will an additional pharmacist be needed?</i> Individual pharmacies will need to assess their workload capacity and the extent of pharmacist consultation involved. There may be a need for another pharmacist to manage other professional activities within the pharmacy, such as the supply of Pharmacist Only Medicines.</p>
d) Training	<p><i>What additional formal training is likely?</i> Pharmacy graduates should be trained to a level where they can confidently provide support services upon registration. Training for pharmacists and pharmacy assistants should include on-line training where possible to maximise participation. Refresher training should also be available for registered pharmacists so that services remain aligned with current guidelines.</p> <p><i>Does any suitable training exist?</i> Yes - a number of programs designed to enhance the knowledge and skills of health professionals are available. Specific on-line educational materials have been developed for pharmacists through the 4CPA Research & Development project³. However, additional specific training for MMR-accredited community pharmacists would be required per the identified protocol.</p>
e) Supporting Standards, Procedures and Templates / Checklists	<p><i>Will a QCPP standard be required?</i> Yes.</p> <p><i>Will professional guidelines and/or standards be required?</i> Yes</p>

	<p><i>Are there any national guidelines which need to be taken into account in developing the program to ensure consistency with best practice?</i></p> <p>The following should be considered:</p> <ul style="list-style-type: none"> • Palliative Care Australia - Standards for Providing Quality Palliative Care for all Australians (2005) • Therapeutic Guidelines - Palliative Care version 3 (2010) • The Society of Hospital Pharmacists of Australia - Standards of Practice for the Provision of Palliative Care Pharmacy Services (2006)
f) Legislation / Regulation Implications	It will be necessary to ensure all elements are aligned with relevant legislation.
3. Funding	
Funding Options	<p><i>Possible funding options include:</i></p> <ul style="list-style-type: none"> • Community Pharmacy Agreement • Alternative Commonwealth Program (e.g. National Palliative Care Strategy, Palliative Care for People at Home Initiative.) • State/Territory Health Departments <p><i>Has any funding for this Program been secured?</i></p> <p>No.</p>
4. Timelines	
Timelines	<p><input checked="" type="checkbox"/> Established community pharmacy practice</p> <p><input checked="" type="checkbox"/> Immediate to short-term implementation (< 30 June 2015) – subsidised service</p> <p><input checked="" type="checkbox"/> Medium-term implementation(1 July 2015 to 30 June 2020)</p> <p><input type="checkbox"/> Longer-term implementation (> 1 July 2020)</p>