



**Community Pharmacy Roadmap Program Development Template**

<b>Program/Service</b>	<b>Social Support Networks</b>
<b>Quadrant</b>	<b>D – Outreach Health Services and Programs</b>
<b>1. Program/Service Description</b>	
a) Background	<p>Social networking is a relatively recent phenomenon in which users embrace new technologies (primarily via the internet) that enable novel and evolving forms of communication, friendship and dynamic interaction.</p> <p>Traditional face to face interactions are increasingly being reinforced, or in some cases even replaced, by online services. Social networking enables people to gather online to share information, knowledge, and opinions using conversational media. Examples of social support networks include Facebook, Twitter, MySpace and LinkedIn among many others.</p> <p>Social networking services that will most likely interact with community pharmacy are those used by groups focused on a common interest that places them in the typical pharmacy customer demographics (for example, seniors support groups or mother support networks), or those groups concerned with a particular health condition (for example, an arthritis group).</p> <p>The challenge for health professionals is to recognise, interact and give support to these groups. Failure to do so may lead to advice from individuals within social networks becoming more highly valued than that of health professionals. Health professionals, including community pharmacists, have been slow to embrace social networking and the opportunities it presents. The risk here is that, in such a fast moving and ever-evolving space, the slow adopters might be completely left behind.</p> <p>The medicine management services provided by community pharmacies are focused on improving health outcomes, and require well developed communication skills. That process of communication must now expand to embrace social networking so as to facilitate health and medicine-focused conversations. No one person can control all conversations on a subject, but community pharmacists can potentially influence these conversations and improve health outcomes.</p>
b) Brief Description	<p>To meet the needs of a patient centred health system, each community pharmacy should develop a plan to embrace social networking (as well as other emerging technologies) as a communications tool. While some individual pharmacies have successfully embraced these new technologies, a national systemised network has not yet been developed, whereby the majority of community pharmacies can play a role.</p> <p>In the future, a patient may be linked to a community pharmacy via email, text messages, blogs or even social media communications, such as “Tweets” and videos uploaded to YouTube. The Guild stresses that, to succeed, the objective of these activities should not be to facilitate a sale of any individual item, but rather to develop a meaningful connection with consumers. Trust is also a vital ingredient, raising the need for high standards of professionalism. It is therefore important for all staff to separate their personal social networking from the community pharmacy networking.</p>
c) Alignment with Government Policy	<p>Utilising the expertise and accessibility of community pharmacists as part of the health support team, and the more efficient and cost-effective use of available health professionals are both consistent with recommendations from the National Health and Hospitals Reform Commission and Primary Health Care Strategy, promoting team care support. Similarly, improving consumer health literacy directly supports the objectives of the National</p>

	Preventative Health Strategy.
d) Expected Outcomes for Government and Community Pharmacy	<p>The Government will benefit from increased communication and activity between individuals, who might otherwise become socially isolated. This is particularly important for consumers in rural and regional locations, where there is a proven shortfall in primary care support. Improving and supporting patients' health literacy to better understand their condition through utilisation of highly trained, readily available health professionals through online networks should result in more efficient and cost-effective use of the health system as a whole.</p> <p>Participating community pharmacies will be rewarded with increased loyalty from patients. Success will be evidenced by patients - empowered by easy and convenient access - consulting community pharmacists for their health issues rather than friends or relatives. This will lead to better utilisation of health resources.</p>
e) Consumer Benefits	The availability of professional support and advice through community pharmacy provides at-risk patients with a greater opportunity to access services and to interact with a highly trained health professional. For conditions in which medicine use plays a significant role, utilising the pharmacist's expertise in medicines to support QUM should see more effective use of medicines and reduced risk of misadventure. This will improve patient adherence to their medicines, especially for chronic conditions, resulting in improved health outcomes and a better quality of life.
f) Who Performs the Service?	<p>Pharmacists Pharmacy assistants</p> <p>The service can be performed by senior staff. A specified staff member needs to lead this service which will initially be quite labour intensive. Some support may be required to set up the connectivity.</p>
g) Collaboration with Other Health Care Professionals	<p><i>Will service delivery require any formal collaboration with other health care professionals?</i> No.</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"> <li>• Consumer organisations</li> <li>• Disease management organisations</li> <li>• Funders</li> <li>• Government bodies</li> <li>• GP organisations</li> <li>• Pharmacy organisations</li> <li>• Pharmacy software vendors</li> <li>• Professional insurers</li> <li>• Relevant allied health professional bodies</li> </ul>
b) IT Requirements	<p><i>Is pharmacy software required to deliver this program?</i> Yes. The set-up can be relatively inexpensive. The resource material for a connection may, over time, be built by the Guild or an associated company, allowing things like embedded links to online video presentations about specific disease states.</p>
c) Infrastructure and Staffing	<p><i>Is a private consultation area required to deliver this program?</i> No.</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 likely to be needed?</i>  Services that require extended pharmacist intervention, consideration needs to be given to the need for another pharmacist to be available to manage other professional activities within the pharmacy, such as dispensing or the supply of Pharmacist Only Medicines.</p>
d) Training	<p><i>What additional formal training is likely?</i>  Nil.</p>
e) Supporting Standards, Guidelines and Protocols	<p><i>Will a QCPP standard be required?</i>  No.</p> <p><i>Will professional guidelines and/or standards be required?</i>  No.</p> <p><i>Will a service protocol be required?</i>  No.</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>  To be determined.</p>
f) Legislation/ Regulation Implications	<p>Pharmacists will need to be aware of privacy requirements.</p>
<b>3. Funding</b>	
Funding Options	<p>Possible funding options include:  User-pays – funding for this program would be private. Costs are estimated to be approximately \$2000 for setup plus 10 hours dedicated time per week from a responsible staff member.</p> <p><i>Has any funding for this program been secured?</i>  No.</p>
<b>4. Timelines</b>	
Timelines	<p><input type="checkbox"/> Established community pharmacy practice</p> <p><input checked="" type="checkbox"/> Immediate to short-term implementation (&lt; 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 (&gt; 1 July 2020 )</p>