



Community Pharmacy Roadmap Program Development Template

Program/Service	Pharmacy Depots
Quadrant	D – Outreach Health Services and Programs
1. Program/Service Description	
a) Background	<p>In 2006, 68% of the Australian population lived in major cities, 29% in regional areas and 3% in remote areas, with the general trend showing that, as remoteness increases, access to health professionals decreases. People living outside major cities are more likely to have a health problem, but are less likely to access support services.¹</p> <p>Consistent with the lesser availability of health care in remote areas, many isolated rural communities of Australia do not have convenient access to pharmacy services. This is influenced by a number of factors, including:</p> <ul style="list-style-type: none">• the size of the community required to support a viable fulltime pharmacy;• the availability of other health professional services, especially GP services; and• the capacity to recruit and retain pharmacists. <p>As a consequence, there is a need to consider other mechanisms to provide effective and quality-assured pharmacy services to these communities. ‘Pharmacy depots’ are one possible solution, where a depot is established under the control of a pharmacist/pharmacy in a nearby town. This gives community members access to non-prescription medicines and a point to drop off prescriptions, and subsequently receive dispensed medicines. New technology can improve the functionality of this service, such as videophones linking pharmacies with their depot, whereby advice from the pharmacist can be provided in a timely manner via videolink.² This capacity for depot staff and customers to access a pharmacist is of fundamental importance, to ensure the specialised professional support and advice that entails. Pharmacy depots are currently legal in Victoria and South Australia.</p> <p>State legislation determines the protocols in operation at depots. For example, in Victoria, if Schedule 2 (S2) medicines are to be stored at, or supplied from the depot, the depot must be connected to the managing pharmacy by an audio-visual link. Schedule 3 (S3) medicines must not be stored at the depot, but can be delivered from the managing pharmacy after appropriate consultation with the pharmacist. Staff training in the handling of S2 and S3 medicines should apply in the same way it applies to pharmacy assistants working in a pharmacy. Pharmacists must also commit to regular visits to depots to ensure correct procedures are being adhered to.³</p>
b) Brief Description	<p>Pharmacy depots will stock a range of non-prescription medicines and therapeutic agents. In addition, the depot provides a distant prescription service, where a prescription can be lodged at the depot for later collection, after it has been dispensed at the off-site pharmacy and delivered to the depot. Ideally, pharmacy depots would have a videophone installed to allow the pharmacist to counsel the patient at the time of prescription collection or when they require further pharmacist advice.</p>
c) Alignment with	<p>Extending pharmacy services to remote and isolated rural communities is consistent with</p>

¹ See AIHW: Rural, regional and remote health: indicators of health system performance: www.aihw.gov.au

² In 2003, the Victorian Government Department of Human Services instigated a Rural Pharmacy Videophone Program to subsidise videophones in pharmacy depots. The program was supported by and involved the Guild, Pharmaceutical Society of Australia (PSA), West Victorian Division of General Practice and the Victorian Department of Human Services.

³ Victorian Pharmacy Authority Guidelines, 2011- p20- Pharmacy Depots
www.pharmacy.vic.gov.au/cms_files/VPA%20Guidelines%202011.pdf

Government Policy	recommendations from the National Health and Hospitals Reform Commission Final Report ⁴ , which advocates the expansion of specialist outreach services such as pharmacy to deliver better health outcomes for these communities.
d) Expected Outcomes for Government and Community Pharmacy	<p>From a Government perspective, pharmacy depots provide an opportunity to improve access to professional health advice and support for people in isolated communities. Utilising the existing community pharmacy network in this way is an efficient and cost-effective extension of professional service provision, and addresses the absence of health care in those communities whose size mean fulltime services are unsustainable. Also, by improving access to primary health support, the Government may see improved health outcomes for these people with potential savings to health expenditure.</p> <p>From a pharmacy perspective, there is the professional satisfaction of providing a highly valued health service to a community with little or no other available health support. The pharmacist managing the depot becomes an integral component of these people's health management. Additionally, with astute management of the pharmacy depot, the pharmacy can benefit from a broader client base, thus improving viability. Videophone facilities allow the pharmacist to supply a wider range of medicines and provide counselling and advice in a timely and personal manner.</p>
e) Consumer Benefits	<p>With access to a pharmacy depot, consumers in these isolated communities would:</p> <ul style="list-style-type: none"> • be able to obtain pharmacy medicines more quickly and conveniently • have more timely access to general health advice • benefit from reduced travel costs • benefit in overall community standard of living terms through the availability of primary health care counselling/services
f) Who Performs the Service?	Pharmacy assistants/technicians engaged at the pharmacy depot provide non-prescription medicines per general pharmacy protocols and handle the final delivery of prescriptions that have been dispensed at the off-site pharmacy. The pharmacist provides counselling and clinical advice via a videophone. Specific protocols concerning the handling of S2 and S3 medicines need to be adhered to, with S3 medicines delivered from the managing pharmacy after consultation with the pharmacist.
g) Collaboration with Other Health Care Professionals	<p><i>Will service delivery require any formal collaboration with other health care professionals?</i> Yes, where possible.</p> <p>In isolated communities there are often few or no other health professionals. The pharmacist will still attempt to collaborate as necessary with any appropriate health professionals, either in that community, or – if none exist - in other locations, to address any issues that can't be resolved at the pharmacy level.</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 organisations • Funders • Government and regulatory bodies • GP organisations • Pharmacy organisations • Pharmacy software vendors • Professional insurers • Relevant allied health professional organisations • Rural health organisations • Telecommunication bodies • Training bodies

⁴ NHHRC: A Healthier Future for all Australians – Final Report June 2009

b) IT Requirements	<p><i>Is pharmacy software required to deliver this program?</i> Yes. Pharmacy software should have an integrated videophone and recording system for service consultation. With the development of the Personally Controlled Electronic Health Record (PCEHR), there is the opportunity for consumers' use of therapeutic products and services to be recorded for access by other health professionals as required. Documentation and claiming software needs to be available for programs that support subsidised services and it is essential that systems are streamlined for ease of use and to maximise pharmacy workflow.</p>
c) Infrastructure and Staffing	<p><i>Is a private consultation area required to deliver this program?</i> Yes. The pharmacy depot will need a suitable consultation area to allow for private videophone consultations.</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> To be determined. Depending on the number of consultations and how the off-site pharmacy manages attendance at the depot, consideration needs to be given to the need for another pharmacist to be available to the off-site pharmacy to manage other professional activities, such as dispensing, the supply of Pharmacist Only Medicines and counselling via videophone. Pharmacies with more than one duty pharmacist at a time will be well placed to implement this type of service.</p>
d) Training	<p><i>What additional formal training is likely?</i> Apart from introductory instruction for staff members in relation to videophone operation and any legislative implications of operating a pharmacy depot, there should be no specific training required.</p> <p><i>Does any suitable training exist?</i> Not applicable.</p>
e) Supporting Standards, Procedures and Templates/ Checklists	<p><i>Will a QCPP standard be required?</i> Yes. Strict adherence by pharmacists to professional protocols set out in an auditable standard should ensure the public receives a standardised, quality-assured professional support service. Generic standards for professional support services are available as part of QCPP 2nd edition.</p> <p><i>Will professional guidelines and/or standards for pharmacists 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> To be determined.</p>
f) Legislation/ Regulation Implications	<p>There may need to be an amendment to:</p> <ul style="list-style-type: none"> • Commonwealth Legislation • State Legislation
3. Funding	
Funding Options	<p>Possible funding options include:</p> <ul style="list-style-type: none"> • A Commonwealth Rural Health Incentive Program • State/Territory Government Rural Health Incentive • User-pays – costs covered by the pharmacy depot owner and passed on to the consumer <p><i>Has any funding for this program been secured?</i></p>

	No.
4. Timelines	
Timelines	<input checked="" type="checkbox"/> Established community pharmacy practice <input checked="" type="checkbox"/> Immediate to short-term implementation (< 30 June 2015) <input type="checkbox"/> Medium-term implementation(1 July 2015 to 30 June 2020) <input type="checkbox"/> Longer-term implementation (> 1 July 2020)