

## PHARMACY/PHARMACIST INFORMATION STATEMENT

4 October 2018

Dear Pharmacy Owner,

You are invited to participate in the evaluation of four Sixth Community Pharmacy Agreement (6CPA) funded community pharmacy programs which are being independently evaluated by HealthConsult Pty Ltd

Register your interest to participate in the evaluation of any or all four community pharmacy programs (i.e. Dose Administration Aids (DAA), Staged Supply (SS), MedsCheck and Diabetes MedsCheck) funded under the 6CPA by emailing the two consent forms below by Friday 19 October 2018 to [6CPAeval@healthconsult.com.au](mailto:6CPAeval@healthconsult.com.au).

Participation in this evaluation is voluntary. By giving your consent to take part in this evaluation you are telling us that you understand what you have read; agree to take part in the evaluation as outlined below; and agree to the use of your personal and pharmacy information as described.

This evaluation is funded by the Australian Government Department of Health.

### Rationale for the evaluation

Under 6CPA all continuing pharmacy programs are required to undergo a cost-effectiveness assessment by an independent health technology assessment body such as the Medical Services Advisory Committee (MSAC). MSAC considered an evaluation of literature and the available data for these programs in 2016/2017 and concluded that there was insufficient data and empirical evidence in order to support a determination of their cost effectiveness. As a result of this finding, the Department has engaged HealthConsult to conduct a comprehensive evaluation that gathers the required data to determine the cost-effectiveness of four of the 6CPA funded programs including DAA, SS, MedsCheck and Diabetes MedsCheck.

### Overview of the evaluation

There are four key questions that the evaluation of the in-scope programs will seek to answer:

- Do the programs improve patients understanding of their medications and the importance of adhering to the prescribed medication regime?
- Do the programs improve the defined health outcomes of patients?
- Are the programs cost-effective?
- What are the barriers and enablers to providing an effective patient-centred 6CPA funded service and how can it be strengthened?

Ethics approval has been obtained from the Bellberry Human Research Ethics Committee.

## Data required for the evaluation

The evaluation requires the collection of information from several data sources in order to assess the effectiveness of the in-scope programs. The evaluation will utilise data collected already by the pharmacies (e.g. Attachment A program data), however, additional data is required to undertake a comprehensive evaluation of the in-scope programs. Informed consent will need to be obtained from all evaluation participants (including patients).

We seek your help in order to gather the required evaluation data and would greatly appreciate your voluntary participation in the evaluation of the in-scope programs. Up to 120 pharmacies will be recruited nationally.

If your pharmacy agrees to participate, your pharmacy will be required to recruit patients, as per the current program rules, for the in-scope programs. Patients recruited for the evaluation must have their initial consultation in the period between 1 October 2018 to 31 January 2019, with a follow-up consultation six months post initial consultation (in accordance with 6CPA program rules).

The evaluation has been designed so that pharmacies/pharmacist will not be required to collect a significant amount of additional data, instead the role of the pharmacist in the evaluation involves:

- continuation of the collection of Attachment A data (mandatory for all patients recruited to the evaluation) as per the current 6CPA program rules
- completion of a pharmacy survey (will take no longer than five minutes)
- dissemination and collection of a consumer questionnaire to the evaluation participant for completion before the start of the initial consultation and at the end of the follow-up service. The consumer questionnaire needs to be posted to HealthConsult for data entry and analysis. Completion and return of the patient questionnaire will be monitored centrally and pharmacists may be asked to follow up on completion and submission in selected cases as based on central monitoring.
- Dissemination of gift cards to participants to reimburse them for their time once the follow-up questionnaire has been completed.

In addition, up to 15 pharmacies will be randomly selected by HealthConsult and invited to participate in a pharmacy site visit to enable HealthConsult to gather a richer set of qualitative data to validate the survey process. If you are unable or unwilling to participate in the case study visit, we will select another pharmacy that has the same profile (e.g. location, size, and pharmacy ownership).

## Evaluation data collection and storage

All information collected for the evaluation will be kept strictly confidential and will not be published or communicated in a way that makes any individuals or pharmacies identifiable. All electronic data will be stored securely in compliance with HealthConsults' Data Privacy Policies.

The results of the evaluation need to be provided to a health technology assessment body in a report that meets the relevant Technical Guidelines for preparing assessment reports. Data presented in the report provided to a health technology assessment body will only be in aggregate form. No individuals or organisations will be identified to maintain confidentiality of all evaluation participants. The overall results for this evaluation will be available on the website of the Department of Health.

## Your involvement in the evaluation

Your decision about your pharmacy's involvement in this evaluation is completely voluntary as is that of individual pharmacists who are involved in delivering the in-scope 6CPA programs. If you decide to take part in the evaluation, and then change your mind later, you are free to withdraw at any time. You can do this by contacting Geoff Hammond, Manager at HealthConsult on (03) 9081 1640 or [geoff.hammond@healthconsult.com.au](mailto:geoff.hammond@healthconsult.com.au).

### **What if you have a complaint or any concerns about the evaluation?**

Research involving humans in Australia is reviewed by an independent group of people called a Human Research Ethics Committee (HREC). The ethical aspects of this evaluation have been approved by the Bellberry HREC (ABN 16 109 019 730) in accordance with the National Health and Medical Research Council's National Statement on Ethical Conduct in Human Research (2007, incorporating all updates as at May 2015). This statement has been developed to protect people who agree to take part in the evaluation.

If you are concerned about the way this evaluation is being conducted or you wish to make a complaint to someone independent from the evaluation, please contact Bellberry using the details outlined below. Please quote the protocol title [Evaluation of the new and expanded Community Pharmacy Programs funded under 6CPA] and protocol number [2018-08-712].

The Operations Manager, Bellberry:  
Address: 129 Glen Osmond Road, Eastwood SA 5061  
Email: [bellberry@bellberry.com.au](mailto:bellberry@bellberry.com.au)  
Phone: 08 8361 3222  
Fax: 08 8361 3322

### **Risks and Benefits to you**

There are no perceived risks to participating in the evaluation. Participating in the evaluation will assist in assessing the value of the current 6CPA funded programs (to pharmacies, pharmacist, patients and the health system). It will also help shape any refinement to the programs under the 7CPA.

### **Benefits to patients**

HealthConsult will provide a \$30 supermarket voucher to all patients on receipt of the follow-up consumer questionnaire. This is included not only to provide an incentive for patients to complete the much-needed data but also to compensate them partially for their time spent completing the questionnaires. HealthConsult will send vouchers to each pharmacy corresponding to the number of patients who signed the consent. Content and quality of completion will not be assessed as part of remuneration.

Pharmacists will be asked to distribute the gift cards to patients upon receipt and completion of the follow-up questionnaire.

### **What do you need to do next?**

Should you have any questions about the evaluation, please do not hesitate to contact Geoff Hammond, Manager at HealthConsult on (03) 9081 1640 or [geoff.hammond@healthconsult.com.au](mailto:geoff.hammond@healthconsult.com.au).

**If you would like to participate in the evaluation, we would appreciate it if you could complete and return the consent form attached by 19<sup>th</sup> October, 2018.** You can do this either by scanning the next page and emailing it to [6CPAeval@healthconsult.com.au](mailto:6CPAeval@healthconsult.com.au) or by mailing it (without a stamp) to HealthConsult Pty Ltd, Reply Paid 87254, Melbourne, Vic, 3000.

Yours Sincerely,



### **Lisa Fodero**

Director, HealthConsult

**Evaluation of four Community Pharmacy Programs funded by the Australian Government Department of Health**

**Pharmacy Owner Consent Form**

I \_\_\_\_\_ from \_\_\_\_\_  
[Print your name] [Print your pharmacy name]

I have read and understood the information set out above and:

- No, I do not consent to participate in the evaluation
- Yes, I consent to participate in the evaluation

Please indicate which of the in-scope community pharmacy programs you would like to participate in the evaluation for  
(select as many as you like):

- Dose Administration Aids
- Staged Supply
- MedsCheck
- Diabetes MedsCheck

Best way to contact you?

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Pharmacy QCPP identification number: \_\_\_\_\_

Pharmacy address: (including postcode)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Evaluation of four Community Pharmacy Programs funded by the Australian Government Department of Health**

**Pharmacist Consent Form**

I can confirm that my employer has provided me with the Pharmacy/Pharmacist Information Sheet and I understand what my involvement in the evaluation of the four in-scope 6CPA programs will be. I can confirm I am a willing participant in the evaluation and that I will comply with the evaluation protocol.

Pharmacy Name: \_\_\_\_\_

Pharmacist Name 1: \_\_\_\_\_

Pharmacist Email 1: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Pharmacist Name 2: \_\_\_\_\_

Pharmacist Email 2: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Pharmacist Name 3: \_\_\_\_\_

Pharmacist Email 3: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please retain a copy of this signed Pharmacy Participant Information and Consent Form for your information.**