



Quality Care
Pharmacy Program

An initiative of The Pharmacy Guild of Australia

EXCELLENCE

Supporting Excellence in Pharmacy

April – May 2011



Pharmacy of the Year –
Orana Mall Pharmacy, Dubbo NSW

THE PATIENT CHARTER – A KEY AGREEMENT DELIVERABLE

PHARMACY OF THE YEAR WINNER 2011

INTEGRATING PPI INTO YOUR QUALITY MANAGEMENT SYSTEM

CULTURAL DIVERSITY – DEVELOPING SOCIOCULTURAL COMPETENCE

WELCOME



A key driver for the development of professional programs within community pharmacy will be the new Pharmacy Practice Incentives (PPI) Program.

In recognition of the important professional services pharmacists are already delivering, the new incentives program will reward pharmacies that deliver key services to a defined quality standard.

At the March 2011 Australian Pharmacy Professional Conference (APP) participants were provided with information and insights into Pharmacy Practice Incentives (PPI).

To be eligible for the "start up payments" which are only available for participating pharmacies this financial year, pharmacies must register for PPI and be accredited by 30 June 2011.

A 5CPA online registration system, www.5cpa.com.au and information line 1300 555 262, were launched at APP.

As a result, as we go to press, over 2600 pharmacies have registered for PPI. Many pharmacies are keen and eager to make sure they are eligible.

On page 6 there are details on what you need to do to integrate PPI into your quality management system. The PPI requirements have been incorporated into the 2011 version of the QCPP Requirements Manual which will be distributed shortly. The key message is that your current accreditation status and whether you have already registered for PPI will govern your next steps.

1. **If you are currently accredited** make sure you are registered for PPI and stay accredited. When you receive the new (2011) QCPP Requirements Manual, start implementing your PPI choices (see table on page 7).

You will be assessed against these requirements at your next assessment from 1 November 2011. If your next assessment is between 1 July 2011 and 30 October 2011 the assessor will assess against PPI requirements if you are ready – that is, if you have your PPI related quality systems in place and have gathered sufficient evidence for assessment.

2. **If you are in the process of becoming accredited** – implement the requirements of the QCPP 2nd Edition Manual. Following your successful assessment on or before 30 June 2011 start implementing the PPI requirements detailed in the new QCPP Requirements Manual.

3. **If you are not accredited** (including lapsed and never accredited pharmacies) but want to register for PPI you need to take action now to set up your quality systems in accordance with the QCPP Manual 2nd Edition. Check to see if you are able to be assessed in time to be eligible for the start up payments (i.e. before 30 June 2011).

Remember if you have chosen DAA and Clinical Interventions, you will be required to submit data to Medicare after the first quarter of the 2011/12 financial year. Therefore, you will need to have your recording systems in place from 1 July 2011.

As we have over 5000 QCPP pharmacy members, at this point in time it's possible that 2400 pharmacies are yet to register and are at risk of missing out on the PPI start up payments. QCPP staff will be doing everything they can to assist but you can help by visiting the 5CPA website www.5cpa.com.au.



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Supporting Excellence in Pharmacy

Jenny Bergin

Director, Quality Assurance and Standards

CONTENTS

- 4** The Patient Charter – A Key Agreement Deliverable
- 6** Integrating PPI into your Quality Management System
- 10** Pharmacy of the Year 2011
- 12** Focus on Standards – Primary Health Care Services
- 17** A Different View of the Pharmacy
- 18** Cultural Diversity – Developing Sociocultural Competence
- 19** New Guidance on the S2/S3 Training Requirements



New QCPP Website and Multimedia Tutorials

The Quality Care Pharmacy Program (QCPP) new website and multimedia tutorials are now live! The QCPP website has been redesigned with a new look, a more user friendly format and updated with relevant information.

Currently there are two tutorials online, 'What is QCPP?' and 'Introducing the QCPP Requirements Manual'. These tutorials are interactive and focus on the QCP Program and new Requirements Manual. These tutorials are the first of a suite that will be added to the QCPP website over the next few months.

Visit www.qcpp.com now to view the updated look of the website and the new, interactive multimedia tutorials.

THE NEW QCPP REQUIREMENTS MANUAL

The 2nd edition Manual has recently been reviewed and updated to include all Fifth Community Pharmacy Agreement (5CPA) requirements and also to ensure all content is accurate and relevant.

All QCPP accredited pharmacies will receive a free copy of the new QCPP Requirements Manual. The manual will begin arriving in pharmacies during May.

The QCPP is now acknowledged as Australian Standard 85000:2011 – quality management system for pharmacies in Australia and as such, what was known as 18 Standards is now known as 18 Elements of the Standard.

The new requirements will not be assessed until 6 months after publication (November 2011). However, it is highly recommended that you begin integrating the new requirements as soon as the manual arrives in your pharmacy.

THE PATIENT CHARTER

– A KEY AGREEMENT

DELIVERABLE

By Jenny Bergin – Director Quality Assurance and Standards, QCPP

A Key Agreement Deliverable

Under the Fifth Community Pharmacy Agreement the new Pharmacy Practice Incentives (PPIs) are payments to accredited community pharmacies for providing professional services to a quality standard so as to improve patient health outcomes. They have been included as part of the Agreement to help ensure that patients receive the highest quality of care, information, advice and service. The majority of pharmacies are probably already providing many of these services.

To be eligible to receive the PPI, pharmacies will be required to display a Patient Charter as part of their QCPP accreditation.

The Australian Charter of Healthcare Rights

In July 2008, Australian Health Ministers endorsed the Australian Charter of Healthcare Rights (ACHR) and recommended its use nationwide. The ACHR specifies the key rights of patients when seeking or receiving health care services. The Charter was developed after wide consultation by the Commission on Safety and Quality in Health Care (the Commission) and describes three guiding principles and seven rights.

The Charter is a reference point for all healthcare organisations which will use it as the basis for informing patients and consumers of their rights.

QCPP Requirements

Patient Charter

The Patient Charter is a community pharmacy adaptation of the Australian Charter of Healthcare Rights. Under the Fifth Agreement all community pharmacies will be provided a copy of the Community Pharmacy Service Charter to enable them to comply with the requirements of accreditation.

The Community Pharmacy Service Charter is an approved adaptation of the Australian Charter of Healthcare Rights and will be accepted by a QCPP Assessor as complying with this component of Element 11 if the Charter is displayed in public view e.g. on counter, on wall or hanging space.

Legal and Professional Obligations Declaration

Pharmacists will also need to make their statement of compliance with their Legal and Professional Obligations Declaration (T1A).

Action 5 Element 1 now refers to:

“maintaining and following a system to ensure the pharmacy meets the requirements for privacy and confidentiality, and the Australian Charter of Healthcare Rights including the disposal of records.”

The Legal and Professional Obligations Declaration includes: “I declare that staff members of this pharmacy are aware of the Australian Charter of Health Care Rights.”

Customer Service Statement

The Customer Service Statement must also be publicly displayed and applied. This service statement should outline the services your pharmacy provides to the community. The pharmacy's Customer Service Statement may be displayed as part of an information display e.g. brochures or on counter, on wall or hanging space.

Customer Service Policy

One of the seven rights of the ACHR is the right to comment on or complain. Pharmacies will need to be familiar with Action 3 Element 11:

“maintaining and following a system for dealing with customers, including complaints.”

This means that the accredited pharmacy's operations manual will need to include a Customer Service Policy.

Customer Feedback

Customer feedback is also considered under Action 7 Element 7:

“maintaining and following a system for improving processes within the pharmacy which incorporates risk management principles and identification of opportunities for improvement.”

By complying with the requirements of the Patient Charter pharmacists can play a vital role in ensuring that QCPP is delivered to patients and consumers by:

- being aware of the Charter and its content
- understanding the rights of patients, consumers and their families (Seven rights are Access, Safety, Respect, Communication, Participation, Privacy and Comment)
- helping patients, consumers and families achieve their rights

The Patient Charter is not intended to create any new burden or requirement for community pharmacies. It is an improvement on the requirements of the 2006 QCPP Standard 11 and supports the standardisation of the health practitioner's approach to informing patients and consumers of their rights and the quality of health service delivery, regardless of the delivery setting.

Key Messages

- Pharmacies will be required to display a Community Pharmacy Service Charter as part of their QCPP accreditation and to be eligible to receive the PPI incentives
- Pharmacies will be required to display their Customer Service Statement
- Pharmacies are required to maintain and follow a system to meet requirements for privacy and confidentiality
- Pharmacies are required to maintain and follow a system for dealing with customers, including complaints

Element 1

Compliance with legal and professional obligations

	Evidence	Procedures/templates	Notes
Action 5 – maintaining and following a system to ensure the pharmacy meets the requirements for privacy and confidentiality, and the Australian Charter of Healthcare Rights including the disposal of records	The Confidentiality Policy. The signed undertakings in relation to maintaining confidentiality by all staff members or a maximum of five, whichever is less. Proof the pharmacy has access to the Australian Charter of Healthcare Rights.	P1A Confidentiality Policy T12E Offer of Employment	The assessor will need to sight the signed document which covers the staff member's obligations in relation to confidentiality. An assessor will require someone in the pharmacy to demonstrate access to the Australian Charter of Health Care Rights.

Element 11

Customer Service

Action 3 – maintaining and following a system for dealing with customers, including complaints	The Australian Charter of Healthcare Rights and Customer Service Statement. Proof the Australian Charter of Healthcare Rights and Customer Service Statement are publicly displayed and applied. Proof the procedure is applied. The procedure for dealing with customers.	P11B Customer Service Policy P11C Dealing with Customers T7C Incident Register T7D Incident Report T11C Customer Service Statement	The assessor will obtain proof by observation. The Patient Charter is a community pharmacy adaptation of the Australian Charter of Healthcare Rights. This approved adaptation of the Australian Charter of Healthcare Rights will be accepted by an assessor as complying with this requirement. Further guidance can be found on the QCPP website.
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5CPA AND PHARMACY PRACTICE INCENTIVES

REGISTER NOW

From 1 July 2011, community pharmacies all over Australia can access a range of Pharmacy Practice Incentives (PPIs) to improve health outcomes for Australian consumers. These payments will reward pharmacies for their delivery of quality health services.

To be eligible, pharmacies must be:

- An approved Section 90 pharmacy;
- Accredited by a pharmacy accreditation program (i.e. QCPP); and
- Agree to comply with and display the community pharmacy patient charter.

Eligible pharmacies registering before **30 June 2011** will receive significant once-only start-up payments for three of the six PPI priority areas, and ongoing payments throughout the Fifth Community Pharmacy Agreement, if they continue to meet the requirements.

If you have already registered, watch out for more information

Many community pharmacies have already registered for these incentive payments and will be contacted shortly to confirm their eligibility.

If you have not yet registered, it is not too late, but hurry.

Community pharmacies that are NOT currently accredited with a pharmacy accreditation program, such as QCPP, and wish to participate in these incentives will need to contact QCPP immediately to obtain accreditation prior to 30 June 2011 to be eligible for the once-only start-up payments.

Community pharmacies currently QCPP accredited just need to maintain their accreditation and register for the PPI priority areas they wish to participate in, prior to **30 June 2011**.

Can I register for PPI after 30 June 2011?

Pharmacies will still be able to register for the six priority areas of PPI (Dose Administration Aids; Clinical Interventions; Staged Supply; Primary Health Care; Community Services Support; and Working with Others) but will no longer be eligible for the 'start-up' payments. However, assuming they meet all of the eligibility requirements they will be able to receive the ongoing incentive payments for the PPI priority areas they choose to participate in from 1 July 2011.

To register for PPI visit www.5cpa.com.au or phone 1300 555 262 for general enquiries.

HOW TO INTEGRATE PPI INTO YOUR QUALITY

Peter Guthrey – Pharmacist Consultant, QCPP

The introduction of Pharmacy Practice Incentive (PPI) payments represents an exciting shift in incentivising accreditation within a quality framework. Community pharmacies will no longer be financially incentivised simply for being accredited under a quality accreditation system. The payment of PPIs are linked to outcome based measures and the delivery of a specific service to the quality Standard. Therefore, eligibility for each PPI category is linked to meeting specific requirements within QCPP. The table below is a quick reference to where the different PPI categories fit into the structure of QCPP.

How do PPI fit into QCPP?

Elements which are related to PPI

Element 2 – Supply of Medicines, Medical Devices and Poisons

- Staged Supply (P2K, T2F)
- Clinical Interventions (P2H)
- Interprofessional Collaboration (P2I, T2E)
- Community Service Support (T2C, P2J)

Element 3 – Delivery of Health Programs and Services

- Dose Administration Aids (T3B)
- Primary Health Care (T3C, T3H, T3I)
- Community Service Support (T3A, T3D)

Element 11

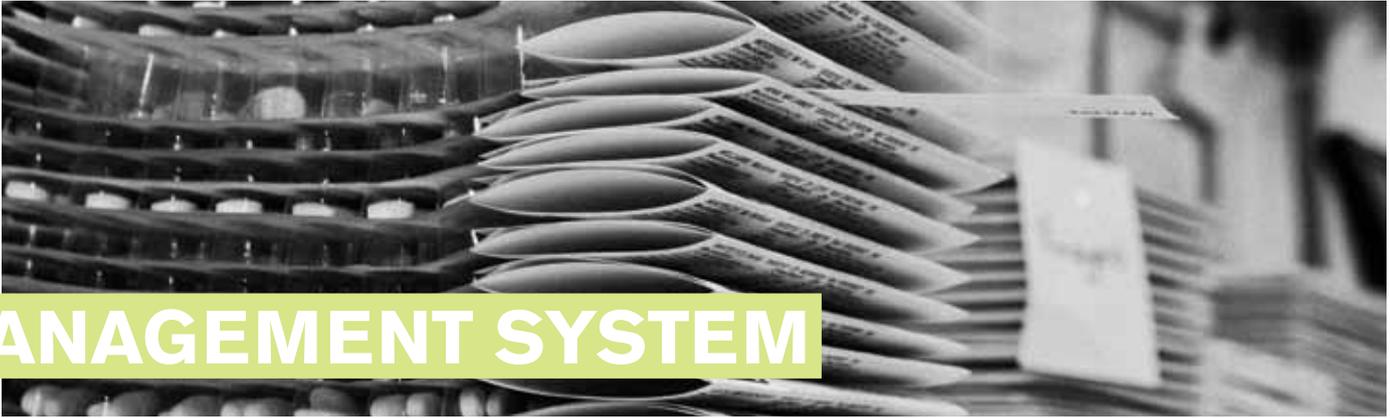
- Requirements relating to display of a Community Pharmacy Service Charter and Customer Service Statement (Action 3)

Element 18

- Community Service Support (eHealth – mandatory actions of Element)

In order to meet government policy objectives and data collection requirements, some materials within QCPP have undergone changes. These changes, in addition to other amendments can be seen in the 2011 edition of the QCPP Requirements Manual which you will receive soon.

The following pages describe what you need to do to integrate PPI into your quality management system and be eligible to receive payment for each PPI category. Many of the procedures and templates will be familiar to you as many of the materials have existed in QCPP for some time and are largely unchanged. The information over the next few pages explains which materials have changed, are new, or have been amended.



MANAGEMENT SYSTEM

1. DOSE ADMINISTRATION AIDS

Meet QCPP Requirement	What's new or updated	Features
T3B Dose Administration Aids Checklist	The existing template remains largely unchanged, but has been amended to meet the requirements of PPI.	<p>Key changes include:</p> <ul style="list-style-type: none"> Modification of personnel requirements Records must include a classification of the patient's residential setting. <p>Pharmacies will need to revise their procedures and records to comply with these requirements.</p> <p>In order to be able to provide quarterly volume data to Medicare Australia, the recording system will need to be in place by 1 July 2011.</p>

Element 3 Checklists (including T3A) relates to Element 3 Actions 1-5 of the Standard [AS 85000:2011].

2. CLINICAL INTERVENTIONS

Meet QCPP Requirement	What's new or updated	Features
P2H Clinical Interventions Policy	The Clinical Interventions and Adverse Drug Reactions Policy has been replaced by a new Clinical Interventions Policy	<p>Key issues for consideration in the new policy include:</p> <ul style="list-style-type: none"> How a consistent process for clinical interventions is applied What classification system should be used to classify clinical interventions (e.g. DOCUMENT) How clinical interventions will be recorded, including whether an electronic system that integrates with the dispensing system will be used. <p>Pharmacies will need to develop a policy for identifying and recording clinical interventions, including adverse drug reactions.</p> <p>In order to be able to provide quarterly volume data to Medicare Australia, a recording system will need to be in place by 1 July 2011.</p>

P2H relates to Element 2 Action 9 of the Standard [AS 85000:2011] (mandatory requirements).

3. STAGED SUPPLY

Meet QCPP Requirement	What's new or updated	Features
P2K Staged Supply T2F Staged Supply Checklist	These are new QCPP materials.	<p>Key features of the checklist and procedure include:</p> <ul style="list-style-type: none"> Packaging and labelling requirements Mandatory recording requirements, including recording the date and time of supply and pharmacist signature Requirements which apply to in-pharmacy dosing. <p>Pharmacies will need to review the Staged Supply Checklist (T2F) and take any action needed to ensure compliance with the checklist. When providing the service, pharmacies must follow the Staged Supply Procedure (P2K).</p>

P2K and T2F relate to Element 2 Action 1 of the Standard [AS 85000:2011] (mandatory requirements).



HOW TO INTEGRATE PPI INTO YOUR QUALITY MANAGEMENT SYSTEM

Continued

4. COMMUNITY SUPPORT SERVICE

Meet QCPP Requirement	What's new or updated	Features
<p>Meet at least TWO (2) of the following services/activities:</p> <p>T2C Supplying <i>Pharmacy Medicines</i> and <i>Pharmacist Only Medicines</i> Checklist (Requirement 2)</p> <p>T3A Opioid Substitution Program Checklist</p> <p>T3D Needle & Syringe Program Checklist</p> <p>P2J Return of Unwanted Medicines</p> <p>Element 18 eHealth</p>	<p>The requirements of these checklists have remained unchanged. Editorial changes have been made as part of the QCPP Requirements Manual reprint.</p> <p>Element 18 (Information Technology) remains largely unchanged.</p>	<p>Accredited pharmacies will likely already comply with the requirements of this category as the Supplying Pharmacy Medicines and Pharmacist Only Medicines Checklist (T2C) and Element 18 are already mandatory requirements for QCPP accreditation.</p>

T2C relates to Element 2 Action 2 of the Standard [AS 85000:2011] (mandatory requirements). P2J relates to Element 2 Action 11 of the Standard [AS 85000:2011] (mandatory requirement). Element 3 Checklists (including T3A, T3D) relate to Element 3 Actions 1-5 of the Standard [AS 85000:2011].

5. PRIMARY HEALTH CARE

Meet QCPP Requirement	What's new or updated	Features
<p>Meet the requirements for TWO of the following services/activities:</p> <p>T3H Health Promotion Checklist</p>	<p>The definition of Health Promotion has been amended, however the existing Health Promotion Checklist remains largely unchanged.</p>	<p>To be eligible to count towards PPI payment, pharmacies must comply with the requirements of the relevant checklists when implementing and delivering these services.</p> <p>More information about the health services which make up the Primary Health Care category is outlined in the Focus on the Standard article on page 12 of this newsletter.</p>
<p>Respiratory Health Mental Health Cardiovascular Disease Diabetes</p>	<p>Screening and Risk Assessment service (which complies with T3C Screening and Risk Assessment Checklist) and/or Disease State Management Service (which complies with T3I Disease State Management Checklist)</p>	<p>The existing Monitoring and Case Detection Checklist (T3C) has been renamed and modified to be more applicable to all screening and risk assessment services.</p> <p>T3I is a new template.</p>



6. WORKING WITH OTHERS

Meet QCPP Requirement

Show evidence of interprofessional collaboration with at least TWO (2) different registered health professional groups.

Evidence of interprofessional collaboration must comply with the requirements of the following QCPP materials:

T2E Interprofessional Collaboration

P2I Interprofessional Collaboration Policy

What's new or updated

The Medical and Other Health Professional Service Referrals Policy (P2I) has been replaced by the new Interprofessional Collaboration Policy

T2E is a new QCPP Template

Features

Key features of the checklist include:

- A requirement to have an interprofessional collaboration policy.
- Recording requirements, including the key points of the interaction and discipline of the health professional.

Pharmacies will need to read the Interprofessional Collaboration Checklist (T2E) and take any action needed to ensure compliance with the Checklist. Pharmacies will need to develop an interprofessional collaboration policy.

Interprofessional collaboration requirements exist in the following templates:

- **T2F** Staged Supply Checklist
- **T3B** Dose Administration Aids Checklist
- **T3C** Screening and Risk Assessment Checklist
- **T3E** Smoking Cessation Checklist
- **T3F** Medication Management Review Checklist
- **T3H** Health Promotion Checklist
- **T3I** Disease State Management Checklist
- **T3J** Medicines Adherence Checklist

There are new requirements for these templates, however, the collaboration requirement is a non-mandatory requirement in some templates

Records of interprofessional collaboration must meet the requirements of the Interprofessional Collaboration Template (T2E) to be considered evidence to support PPI payments. These records may be generated as a result of these services listed in the leftmost column.

T2E and P2I relate to Element 2 Action 10 of the Standard [AS 85000:2011] (mandatory requirement). All Element 3 Checklists relate to Element 3 Actions 1 – 5 of the Standard [AS 85000:2011].



PHARMACY OF THE YEAR 2011 ORANA MALL PHARMACY DUBBO

Orana Mall Pharmacy Dubbo, Pharmacy of the Year 2011

Dimitra Grehl – Marketing and Communications Coordinator, QCPP

Orana Mall Pharmacy, a finalist of the 2010 Pharmacy of the Year competition was determined to come back in 2011, bigger and better than before, their eyes set on the 2011 Pharmacy of the Year title.

Lisa Benton, co-owner of Orana Mall Pharmacy explains “In 2010 we were finalists for Pharmacy of the Year but did not take out the award! We had a number of areas we wanted to focus on. As a result, 2010 became a year of many changes. We installed our automated dispensing machine, a CONSID, expanded our professional services offering implementing Easy Clinic (health and wellness checks) and our home diagnostic service for sleep apnoea patients.”

“Undergoing the process of QCPP accreditation enabled our team to document, review and improve all processes within the business and develop our operations manual. This process has ensured that best practice standards are consistently met and the best health care outcomes for our customers are achieved. QCPP accreditation is beneficial for all levels of our business, for employees and customers and ensures we deliver high levels of customer service.”

Named the 2011 ‘Excellence in Community Engagement’ category winners, Orana Mall Pharmacy offer an impressive suite of services to their patients. All team members dedicate time and effort to various causes and perform over and above the call of duty, to reach out and engage with the local community.

“Our team engage in our community through donations to and fundraising for local charities such as the Royal Flying Doctors, Dubbo’s Dragon boating team and local schools. Money from our blood pressure testing in store is donated to a charity selected by our customers. Our team participates in the Meals on Wheels roster, regularly donate blood and often present on health topics to local community and support groups.”

Education is a priority in the community of Dubbo and the team at Orana Mall Pharmacy work diligently to present relevant topics to the local community.

“Our professionals are also linked to and communicate regularly with key allied health teams within the region through our professional services such as our home diagnostics service for sleep apnoea patients, our wound clinic and through referrals after spirometry testing.”

Orana Mall Pharmacy are no strangers to receiving awards for their exceptional customer focus, outstanding business and retail marketing. However, when asked about their greatest achievements, winning is not the first thing to come to mind; servicing the community in Dubbo always comes first.

“At Orana Mall Pharmacy we have a fantastic team passionate about delivering health services to the community. Two of our most recent achievements have been the development of our Easy Clinic, these are quick and convenient health and wellness checks and the implementation of home diagnostics for sleep apnoea.”

Orana Mall Pharmacy always keep an ear to the ground and their finger on the pulse in order to provide their local community with services based on their specific needs developing a range of services. Some of which include blood pressure and cholesterol testing, heart health education, blood glucose testing, diabetes education, community presentations for support groups, wound care, patient medication profiles, spirometry and asthma education just to name a few.

“In our ever changing industry we will continue to innovate and expand our professional services, maintain our close links with our local health care team and change with the needs of the industry to ensure our customers are our number one priority and their health care needs are met.”

“Being named Pharmacy of the Year 2011 is fantastic recognition of our team’s hard work, innovation and passion for improving patient’s health outcomes.”

Lisa Benton



Excellence in Innovation in Community Pharmacy

Pharmacy 777 Whitford City, WA

“Being named Pharmacy of the Year 2011 is fantastic recognition of our team’s hard work, innovation and passion for improving patient’s health outcomes. This is the highest recognition of excellence in our industry in business management, professional services and community engagement. Our team is very proud of this achievement.”

The celebrations continue at Orana Mall Pharmacy. “Recently an after hours staff meeting turned into a surprise celebration for all staff members when a letter saying ‘staff meeting OVER’ was slipped under the door of the pharmacy. The staff then made their way upstairs where waiting for them was champagne, gifts and lots of food” said Trish Crisante, Orana Mall Pharmacy’s Business Manager.

ChemistWorks Whitherill Park, NSW received the category award for Excellence in Business Management. This 24 hour, seven days a week pharmacy is a smooth operator, catering to tradespeople and other members of their local and extended community that aren’t able to make it to a pharmacy during regular trading hours. The pharmacy has even received late night phone calls from concerned patients from the other side of Australia who weren’t able to access a pharmacist.

Our other category winner, Pharmacy 777 Whitford City, WA lead the way in Innovation In Community Pharmacy. One example of this is making their business more ‘user friendly’ by providing a script application for iPhones, which allows patients to view which scripts they currently have at the pharmacy. Also, extending their range of service offerings to include innovative services in order to meet the needs of their local community with services they’re asking for.

The Pharmacy of the Year competition is an excellent and informative initiative that provides the greater pharmacy industry with the knowledge of how your peers are performing and how they continue to innovate. Applications for 2012 Pharmacy of the Year competition open later in the year and we encourage all pharmacies to take the opportunity to showcase how your pharmacy services the local community and what it is that your pharmacy does best. ■



Excellence in Business Management
ChemistWorks Whitherill Park, NSW

To view Orana Mall Pharmacy’s presentation created for Pharmacy of the Year 2011 visit www.qcpp.com.

FOCUS ON STANDARDS

PRIMARY HEALTH CARE SERVICES

Peter Guthrey – Pharmacist Consultant, QCPP and Peter Reeves – National Manager Assessments, QCPP

Community pharmacies have a long tradition of providing health care services to their customers. In recent years, there has been a trend to formalise the services and expand the breadth of services provided. As community pharmacies look to differentiate themselves from their competitors and be more recognised as part of the health care team, the delivery and professionalism of quality health services has broadened.

Element 3 of the QCPP Standard sets out the requirements for the provision of health services. Element 3 states:

The pharmacy shall have systems to ensure health programs and services are provided effectively, efficiently and in accordance with professional standards.

To achieve this, the Element requires for each program or service offered that:

- Staff are appropriately trained
- Relevant reference material is accessible
- Facilities and equipment are provided, maintained and calibrated
- Processes and procedures are developed and consistently followed
- The service is appropriately documented and recorded.

To assist pharmacies in meeting the requirements of the Element, checklists which can be found in the Templates section of the QCPP Requirements manual, have been developed for services commonly delivered in community pharmacies. These templates outline minimum requirements for providing the service in a manner consistent with the quality standard.

As part of the Pharmacy Practice Incentive (PPI) payments under the Fifth Community Pharmacy Agreement, a series of pharmacy health services have been grouped into an incentive category known as Primary Health Care. This category consists of health promotion, screening and risk assessment and disease state management. To be eligible for this payment, accredited pharmacies need to offer at least two services in this category to meet the quality standard. In many cases, community pharmacies are already providing these services, however these services may not be delivered in a systematic or documented manner. The aim of the PPI category is to promote the delivery of existing and new primary health care services to a quality standard. For the purpose of PPI, four priority health areas have been targeted:

- Cardiovascular disease;
- Respiratory diseases;
- Diabetes; and
- Mental health.

For Screening and Risk Assessment, and Disease State Management Services, services which relate to these health areas will contribute towards the requirements for PPI eligibility. The article on page 6 of this newsletter explains the eligibility requirements for this payment.

Primary health care services in pharmacy should be provided as part of the patient's continuum of care – that is, seamless no matter what health care service is provided. The diagram opposite represents the potential pathway of a consumer through the pharmacy continuum of care. For example, a diabetes health promotion activity might prompt the consumer into a diabetes screening service, and, following referral to a GP and a subsequent diabetes diagnosis, the consumer may receive diabetes disease state management services from the pharmacy.

As such, when implementing new services, pharmacies may wish to consider how a consumer may move through this continuum and whether the pharmacy offers a disease specific service across the continuum or offer services in isolation with appropriate referral pathways to other health professionals.

The overlapping diagram shows the interface which exists between these services. Defining the boundary of this interface may at times require some thought. The following pages describe the three services and the requirements of the relevant checklists for offering the service.



“Primary health care services in pharmacy should be provided as part of the patient’s continuum of care – that is, seamless no matter what health care service is provided.”

ELEMENT 3 DELIVERY OF HEALTH PROGRAMS AND SERVICES



Primary Health Care – Continuum of care

Health Promotion

Broadly, health promotion is where the pharmacy actively engages consumers and the community to promote health and wellbeing¹. Health promotion includes strategies such as:

- Health education;
- Health counselling and skills development; and,
- Provision of health information.

The approach to health promotion should be planned and structured. For the purposes of QCPP assessment (and PPI), the requirements of Health Promotion services are defined as:

“Services delivered to members of the public at a population or group level. The aim of a health promotion activity is to enable people to learn, throughout life, to prepare themselves for all of its stages and to cope with chronic illness and injuries.”

For the purpose of assessment, a health promotion activity is not for example a health screening service or a weight management service delivered to an individual consumer. However, as can be seen in the flow diagram for Screening and Risk Assessment Services, health promotion activity may be the prompt for an individual undiagnosed consumer to participate in a Screening or Risk Assessment Service.

Services may be provided in school, home, work and community settings. For example a pharmacist may give a talk at a school or to a local community group. A blood pressure awareness activity held for a day in the pharmacy or in a service club setting would also be a health promotion service, regardless of whether a screening service was also part of the activity.

In many cases the starting point of the health promotion will be of contact with

other health professionals to cooperate and sometimes train staff in a particular aspect of health. Health Promotion is not just an opportunistic discussion with a patient, but rather a planned and implemented process for increasing awareness in a broad range of consumers and the community.

From a business perspective, health promotion can be an important strategy for building the business. Health promotion provides opportunities for customers and the broader community to engage in an aspect of health and for the pharmacist to get to know their customers better.

The requirements within QCPP for health promotion are laid out in checklist T3H. This checklist requires pharmacies to:

- Identify staff training needs and ensure such training occurs and is documented;
- Develop a procedure for how a health promotion opportunity is to be handled within the pharmacy; and,
- Maintain and follow a recording system for health promotions. Records are to include the details of the activities undertaken, details of when the activities were undertaken, the target audience and outcome/evaluation of the promotion.

When health promotions are done well, individual consumers and the community in general become better informed. The pharmacy will also benefit, as health promotion builds stronger customer relationships leading to increased customer loyalty, supporting a profitable and sustainable business. >

FOCUS ON STANDARDS

PRIMARY HEALTH CARE SERVICES

Continued

Screening and Risk Assessment

On average, customers visit pharmacies five times more frequently than any other health care setting. As trusted, accessible and frequently visited health care providers, community pharmacies are ideally placed to conduct Screening and Risk Assessment services to help identify undiagnosed and at risk consumers who may benefit from health advice or referral to another health professional.

The concepts of Screening and Risk Assessment, while similar, are distinct. Screening is defined by the Professional Practice Standards as a process of “undergoing tests or questions to identify individuals who may have the disease and ...require more specific investigation”. Such individuals would normally be referred to other health care professionals for a diagnosis.

Risk assessment involves identifying consumers who are at a high relative or absolute risk of developing a health condition, or people who are currently undiagnosed. It generally identifies the presence of factors which place an individual at an increased risk of a health condition. A risk assessment activity may result in recommendations to reduce risk, such as lifestyle adjustment or referral to another health professional.

Examples of Screening and Risk Assessment services offered in community pharmacies include blood pressure testing, cancer risk assessment (e.g. bowel cancer screening), diabetes screening and cardiovascular disease risk assessment.

The role of screening in community pharmacies is likely to expand with recent Australian research projects demonstrating community pharmacies are an appropriate setting to conduct lung function testing (spirometry) and chlamydia screening. The scope of services which are able to be counted toward PPI payment eligibility are limited to the four conditions specified in the introductory paragraphs to this article.

The flow chart demonstrates consumer pathways through the service. Two key points pharmacies should consider when implementing such services is the entry and exit points to the cycle of screening. For consumers to participate in the service there needs to be some form of prompt. Such a prompt could be an opportunistic observation made during dispensing a medicine; for example, dispensing varenicline for smoking cessation may prompt the pharmacist to suggest some cardiovascular screening activity. Conversely, the prompt may be broader, such as government advertising or a health promotion activity run by the pharmacy. Good prompts are essential to generating demand for screening and risk assessment services.

The screening service should not be viewed as a single event. From a health perspective, screening should occur as often as clinically indicated. For example, bowel cancer screening is recommended annually. By structuring screening services as regular and recurring, pharmacies can build customer relationships and generate repeat business.

Customers who are referred to other health professionals for a diagnosis should be followed up as part of promoting continuity of care and identifying customers who may benefit from an associated disease state management service following a diagnosis. In addition to supporting better health outcomes, this builds customer relationships and customer loyalty.

Screening and Risk Assessment services should not be used as a diagnostic tool, nor should such services prompt the initiation of medicine therapy or alteration of existing medicine therapy. Such functions are more appropriate within a Disease State Management service in collaboration with other health care professionals.

It would be commonplace for a Screening or Risk Assessment activity to be conducted as part of a broader health promotion activity. For the purposes of QCPP assessment, the broader health promotion activity would be assessed against T3H, while the individual patient screening service which is part of the broader activity would be assessed against T3C.

The QCPP requirements of Screening and Risk Assessment are set out in the T3C Checklist. This checklist requires that pharmacies:

- Train staff in the service, including the use of any testing equipment and limitations of staff
- Ensure relevant equipment (including protective equipment) and devices are available, maintained and calibrated



Disease State Management services may include diabetes, asthma, weight management, cardiovascular disease, mental health, chronic obstructive pulmonary disease or sleep apnoea. The scope of services which are able to be counted toward PPI payment eligibility are limited to conditions specified in the introductory paragraphs of this article.

The depth of a Disease State Management service is undefined. Disease State Management services may consist of regular short interactions with a customer regarding a health condition, such as regular check-ups of asthma management and inhaler technique when a customer comes into the pharmacy for prescriptions to be dispensed. Conversely, a Disease State Management service may be a more comprehensive and thorough review of Type 2 diabetes management, including a discussion of medicine therapy, dietary, exercise and other lifestyle factors. The services described above would be designed on improving patient health outcomes and are valuable in supporting your customers.

The diagram over the page illustrates a cycle for Disease State Management service provision. Similar to the previous discussion a tool to identify customer need for the Disease State Management service is vital for prompting patient participation and service viability. The prompt may relate to dispensing data, such as compliance scores (e.g. MedsIndex), or opportunistic discussions with customers.

Providing a Disease State Management service is not simply a medicine counselling session or provision of information. It is a two-way discussion in which the pharmacist must gather enough information to assess the Disease State management needs of the customer and tailor information provision and health Management strategies to the individual consumer, including setting goals. In some cases, tests (e.g. INR test, blood pressure tests) may be conducted as part of the activity.

In all cases, there is a need for the service to be documented and a facility to monitor progress and continue to move through the Disease State Management cycle.

While the service model, illustrated in the flow diagram, appears similar to Screening and Risk Assessment, there are key differences: ➤



Screening and Risk Assessment flow chart

- Maintain and follow a procedure for Screening and Risk Assessment, and a system for interacting with other health professionals
- Maintain records which include test results and recommendations

While the template has been reworded, renamed and adapted for the 2011 version of the QCPP Requirements Manual, the majority of the requirements are similar. Pharmacies who already provide Screening and Risk Assessment services should review and modify their processes and procedures to ensure consistency with the revised T3C Checklist.

Disease State Management

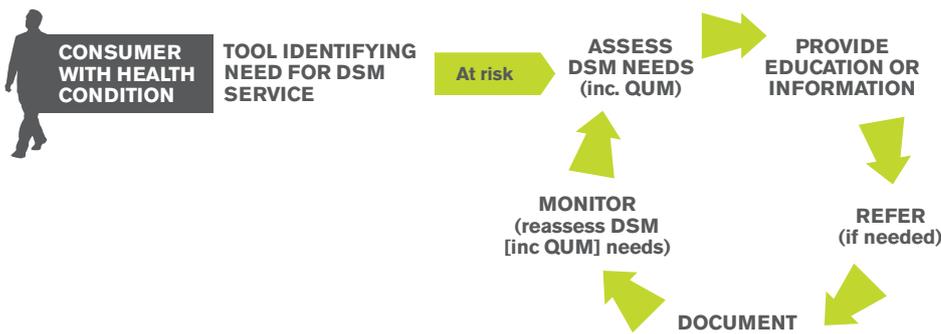
Medicines are the single most significant intervention made by the health industry in the management of most chronic health conditions. It is therefore unsurprising that pharmacists have a key role to play in the management of chronic diseases. While supporting patients to manage chronic diseases is not new in community

pharmacy, structured disease state management services are still relatively uncommon.

Disease State Management services are formalised processes within a pharmacy which help consumers improve their management of chronic health conditions. Disease State Management services are defined by the Professional Practice Standards² as:

A consumer-centred process that focuses on managing the health of consumers suffering from chronic [health] conditions, [It includes] monitoring, counselling, education, enhancing consumer self-management and [promoting] the quality use of medicines.

Focus on Standards – Primary Health Care Services continued.



Disease State Management Service flow chart

- Disease State Management services focus on a consumer who has already been diagnosed with a chronic health condition. As such, in a continuity of care model, there is no exit from the cycle.
- The tool for identifying potential service recipients is more likely to be linked to the dispensing of prescription medicines.
- Disease State Management is likely to involve medicine management.

The QCPP requirements for Disease State Management services are set out in the T3I Checklist. This checklist requires that, for each service provided, pharmacies:

- Ensure staff are trained
- Ensure staff have access to relevant resources, including program specific guidelines

- Ensure relevant equipment (including protective equipment) and devices are available, are maintained and are calibrated.
- Develop, maintain and follow processes and procedures for the service. These procedures must consider assessment of disease management, any tests which will be conducted, provision of information and goal setting.
- Maintain records of service provision, including patient records and service volume data.

As with all Element 3 checklists, health promotions, Screening and Risk Assessment activities and Disease State Management services offered by pharmacies will be assessed during the QCPP assessment. The assessment of these checklists which make up the

Primary Health Care PPI category will then be reported to Medicare Australia as part of the eligibility criteria for the payments.

The Primary Health Care PPI category will play an important part in engraining the consistent delivery of quality professional services in Australia's community pharmacies over the life of the Fifth Agreement. Over the coming years QCPP, in conjunction with the Department of Health and Ageing will be providing ideas and materials to assist pharmacies in implementing these primary health care services. More information will be available through our regular communications channels as it becomes available. ■

¹ Professional Practice Standards Version 4, 2010, Pharmaceutical Society of Australia, Standard 13 Health Promotions

² Professional Practice Standards Version 4, 2010, Pharmaceutical Society of Australia, Standard 17 Disease State Management

CFEP SURVEY

In the last issue of Excellence we reported on the recent patient surveys being undertaken by 600 pharmacies located around Australia. This survey was a pilot conducted by Client Focused Evaluations Program (CFEP) on behalf of The Pharmacy Guild's Quality Care Pharmacy Program (QCPP).

Michael Greco of CFEP reported that "the initial findings from these surveys have been encouraging. The majority of customers indicating that there is greater patient experience with communication and interpersonal skills of the pharmacy staff such as listening, respect, trust, confidence in ability and acknowledgement of concerns/fears.

However, lower patient experience scores were identified in the following areas:

access (location, parking) availability of privacy, waiting time, comfort of surroundings (seating, waiting facilities) and information about prevention."

Pharmacies that had the opportunity to participate in the CFEP Surveys will receive documentation that details the feedback provided by patients about their business and also a business plan that reflects the feedback provided through the surveys.

Consumers are savvy and understand they have options. If they don't receive service they are happy with, they know they can go elsewhere. As such, the voice of the consumer is becoming increasingly more important. Michael Greco said "It's what pharmacies do with the results of the

survey that will make the difference to the patient experience of their services".

"In order to achieve this goal, pharmacies need to dedicate time to discuss the survey results with their staff and to identify small but effective improvement strategies. Often the adopted strategies may appear small, for example adopting a more user friendly telephone greeting but they can have a significant impact on how customers view the quality of your pharmacy."

"Evidence shows that health organisations that seek patient involvement in the planning and evaluation of their services can often reduce the costs of the services and attract more market share against their competitors." ■

A

DIFFERENT VIEW OF THE PHARMACY

Frances Stanton – Program Manager Assessments, QCPP



QCPP Assessment – A Fresh Set of Eyes

Did you get a new assessor this year? QCPP now allocates assessors to pharmacies to conduct assessments for initial or continuing accreditation. The allocation model for assessments is a requirement of the Joint Accreditation System of Australia & New Zealand (JAS-ANZ) and in order to meet the standards the QCPP must adopt this system.

Aside from the assurance of being assessed under a National Standard by an accredited organisation, the allocation model also provides the opportunity for pharmacies to reduce the assessor travel costs as well as have a fresh set of eyes to see how your pharmacy is performing against the Elements of the Standard.

The interpretation of the requirements and the evidence required for assessment remain consistent among the QCPP Assessors but the assessment approach may vary slightly. The flow of the assessment should enable the pharmacy to get new ideas for improving procedures and performing day to day activities more effectively. This is a great example of continuous improvement in action! So don't be afraid of having a different assessor at your next assessment – your pharmacy may benefit from the interaction.

QCPP understands that there are exceptional cases where conflict of interest or difficulty in finding a mutually convenient assessment date may arise. If this applies to your pharmacy, you may request for an alternative assessor. You can do this by sending an email to the National Manager of Assessments, Peter Reeves at assessments@qcopp.com and he will take your case under consideration. Please note that this request must be made BEFORE you agree to a date with your current allocated assessor.

May and June 2011 are proving to be busy months for accreditation! Act now to ensure you get your accreditation requirements completed on time and be eligible for available incentives! If your current accreditation runs out before the 30 June 2011 contact your assessor now, book a date and submit your appointment form as per the instructions. If you are about to be assessed for your initial accreditation or your accreditation is currently lapsed, it is best to contact QCPP on 1300 363 340 (select option 1 when asked) as soon as possible to request your pharmacy to be allocated an assessor. ■



NEW GUIDANCE ON S2/S3 TRAINING REQUIREMENTS

Peter Reeves – National Manager Assessments, QCPP

In March 2008 it became a mandatory requirement of QCPP accreditation that all Pharmacy Assistants that supply *Pharmacy Medicines* or assist in the supply of *Pharmacist Only Medicines* had successfully completed an approved training program. The approved training program was defined as training and assessment by a Registered Training Organisation (RTO) for the unit of competency SIRPPKS001A Support the sale of pharmacy and pharmacist-only medicines.

Although the wording of the requirement appeared to be clear, a number of pharmacists and pharmacy assistants interpreted the word 'supply' to mean the actual provision of the product to the consumer and therefore staff that made the final sale, often at a checkout were not 'supplying' but were 'making the sale' and therefore did not need the training. The correct interpretation of the wording has now been decided on by the committees that are responsible for the partiality and governance of QCPP processes. The

interpretation has also been endorsed by the National Council of the Pharmacy Guild of Australia.

The interpretation is:

- all pharmacy assistants and dispensary assistants who supply or handle scheduled medicines must be trained and that this includes check out personnel and all other staff; AND
 - the number of trained staff must represent at least 50% of the pharmacy assistants rostered on at any particular time;
- OR
- in all cases where all *Pharmacy Medicines* or *Pharmacist Only Medicines* products are out of customer access all staff who work in this area must be trained

This is a clear recognition that all pharmacy assistants must have the approved training. There are only two exceptions. The first exception will be if the pharmacy assistant takes no part

in the supply or handling of *Pharmacy Medicines* or *Pharmacist Only Medicines*. This may occur if the staff member works only in a section of the pharmacy, e.g. cosmetics or photo lab, which excludes access to all medicines. Even in this case if more than 50% of the staff are involved in non-medicine processes, a minimum of 50% of all the non-pharmacist staff must have undergone approved training.

The second exception is when all scheduled medicines are out of reach of the consumer and must be handled by a staff member. In this case all non-pharmacist staff handling medicines in the area where the medicines are supplied must have the approved training.

It should be noted that this is not a new requirement, but an interpretation of the existing requirement. As such it is the mandatory interpretation from May 1, 2011. Any completed assessment prior to this date will not be affected, but all QCPP accredited pharmacies are now required to implement this interpretation. ■



ACCREDITATION AND NATURAL DISASTERS – Disaster Relief

Have you been affected by natural disasters?

Do you need assistance with your QCPP accreditation? If so, please make an application to the National Manager of Assessments, Peter Reeves, at assessments@qcpp.com. Each application will be handled on a case by case basis.

CULTURAL DIVERSITY– DEVELOPING SOCIOCULTURAL COMPETENCE

Andrew Matthews – National Manager Accreditation and Standards, QCPP

Cultural diversity is a central feature of Australia's identity. A quarter of all Australians were born overseas and in the 2006 census, 16% of respondents stated they spoke a language other than English at home. The National Prescribing Service in its Winter 2010 edition of 'Medicines Talk' discussed some of the cultural differences that affect the use of medicines, including cultural beliefs about medicines, fasting, and sharing of medicines¹. Did you know that in some cultures the colour of a tablet may have special significance – for example a red tablet may be interpreted as being a strong medicine?

Australia's linguistic and cultural diversity is recognised not just in our customers, but also in our profession. At The Pharmacy Guild of Australia's APP 2011 National Conference, QCPP was pleased to sponsor several sessions including a Business Bites session 'Cultural Diversity in Community Pharmacy- opportunities and challenges.' Anita Mak, Professor of Psychology at University of Canberra and pharmacist Satish Maganlal from the School of Pharmacy at Griffith University were invited to discuss some of their research and curriculum initiatives to enhance the intercultural capabilities of pharmacy lecturers and students.

All pharmacy students need to learn to meet the needs of customers from cultural and linguistically diverse (CALD) backgrounds in Australia's multicultural society. In addition, pharmacy students from CALD backgrounds, even those with good spoken and written English often struggle to learn and work in their new country because they lack the sociocultural competence expected in the Australian environment. The EXCELL intercultural skills program developed by Anita Mak and her colleagues, including Professor Michelle Barker at Griffith University, focuses on development of six key intercultural skills:

- making social contact
- seeking help
- giving feedback
- participating in a group
- refusing a request
- expressing disagreement

For many of us, these important interactions with others are difficult, but for some cultures, refusing a request or expressing disappointment may not be just be difficult, but socially unacceptable. For example, refusing a pseudoephedrine sale may be required from a professional practice perspective, but may be difficult for some because of their cultural beliefs or lack of experience in appropriately refusing a request.

Satish Maganlal, working closely with Michelle Barker, incorporated and piloted the EXCELL training into the Introduction to Pharmacy and Practice course in 2010 at Griffith University. The program was successful in improving students' social confidence and interaction skills. In 2011, the course has been extended to all first year students enrolled in the Pharmacy Foundations course. The aim is two-fold: (i) to further develop the communication skills required by CALD students to be socioculturally competent practitioners in Australia, as well as facilitating their social acculturation and integration; (ii) to prepare all students to interact effectively with customers from CALD backgrounds.

The Pharmacy Guild of Australia is assisting Professors Mak and Barker to promote their work for which they have been awarded an Australian Learning and Teaching Council Priority Grant. Their grant aims to develop resources and curriculum strategies to build the capabilities of not only CALD students, but also lecturers and local students. It is hoped their work will enhance students' intercultural communication skills so they are better equipped to provide safe, effective, professional caring in a multicultural society.

We look forward to QCPP members assisting Anita, Michelle and Satish in their research via completion of a research survey that will be promoted in future QCPP newsletters. ■

¹ National Prescribing Service. Cultural differences affect use of medicines. Medicines Talk 2010; 34: 1-3. Available from : <www.nps.org.au/consumers/publications/medicines_talk/medicinesstalk_no_34_winter_2010>. Accessed 14 April 2011.



LAST CHANCE

IMPORTANT INFORMATION ABOUT THE FINAL QCPP QMA PAYMENT

QUALITY MAINTENANCE ALLOWANCE

After 30 June 2011, the Quality Care Pharmacy Program (QCPP) Quality Maintenance Allowance (QMA) will come to an end. To ensure your pharmacy is eligible to receive a final QMA payment, **you must complete all accreditation processes by 31 July 2011**. This applies to any pharmacies with an accreditation date prior to 1 July 2011, any new pharmacies or any pharmacies that have lapsed accreditation.

If you are a new (to QCPP) pharmacy or a lapsed pharmacy, you must be assessed by a QCPP Assessor before 1 July 2011. To receive the QMA final payment, you must complete any remedial

actions, submit the Legal and Professional Obligations Declaration (T1A form) and pay your QCPP membership invoice by 31 July 2011 to be included in the last round of payments.

If you are currently QCPP accredited and are due to be assessed before 1 July 2011, you must book an assessment within the allowable time frame, complete any remedial actions, submit your T1A form and pay your QCPP membership before 31 July 2011.

If you are QCPP accredited and your anniversary falls before 1 July 2011 (that is the second year of the two year cycle) you must submit your T1A form and pay your QCPP membership by 31 July 2011.

The sooner you complete your QCPP accreditation, the sooner you will receive your 2010/2011 QMA payment. **If you would like to confirm your accreditation due date or discuss your pharmacy's situation, email the Administration Helpline at help@qcpp.com or call on 1300 363 340.** ■

KEY DATES

May 2011 The new QCPP Requirements Manual will begin arriving in pharmacy. The new manual will include all requirements relating to the Pharmacy Practice Incentives (PPI). New requirements will not be assessed until 6 months after publication – November 2011.

30 June 2011 Any pharmacy assessed before this date MUST complete all remedial actions and finalise these with their Assessor by this date.

30 June 2011 Registrations for PPI 'start up' payments close (you can continue to register after this date but you will not be eligible for the once only 'start up' payments). Register online NOW at www.5cpa.com.au.

31 July 2011 Your QCPP invoice and T1A form must be finalised by this date to receive the final QMA payment.

CONTACTING QCPP

Phone 1300 363 340 Website www.qcpp.com

QCPP STATE MANAGERS

ACT

Lisa Gibbons
02 6270 8900

NT

Vicki Hulands
08 8982 1024

SA

Catherine Wohling
08 8304 8300

VIC

03 9810 9999

NSW

Meryl Kane
02 9467 7120

QLD

Nicole Floyd
07 3831 3788

TAS

Sally Davis
03 6220 2955

WA

Cathie Marshall
08 9429 4154



Quality Care
Pharmacy Program

An initiative of The Pharmacy Guild of Australia

Supporting Excellence in Pharmacy