

PHARMACY TRIAL PROGRAMME

Summary report of the stakeholder consultation forum held on 26 October 2015

1. Background to the Pharmacy Trial Programme

The Pharmacy Trial Programme (PTP) will trial new and expanded community pharmacy programs which seek to improve clinical outcomes for consumers and/or extend the role of pharmacists in the delivery of primary healthcare services through community pharmacy. The Australian Government has provided \$50 million in funding for the PTP through the Sixth Community Pharmacy Agreement.

In determining priorities for the PTP and the trials to be undertaken, the Department plans to consult with a range of stakeholders. As part of the initial consultation with stakeholders on the PTP, the Department of Health convened a short stakeholder consultation forum on the PTP where it was introduced to stakeholders and initial feedback and input sought on the principles and priorities.

2. Forum program

The forum included the speakers as outlined below.

Welcome and opening address

The Hon Sussan Ley, Minister for Health, Minister for Aged Care, Minister for Sport, opened the stakeholder consultation forum and introduced the PTP to participants. The Minister stated that the PTP is an important opportunity that should:

- be focused on consumer needs and have patients at its centre;
- be evidence based;
- integrate with other health care, for example aged care, ehealth and the primary care reform work in chronic disease; and
- have a focus on Aboriginal and Torres Strait Islander people, and people from rural and remote regions.

Overview of the Consultation Process and the Proposed Approach

Mr Andrew Stuart, Deputy Secretary, Health Benefits Group, Department of Health

Opening Perspectives

Ms Leanne Wells, Chief Executive Officer, Consumers Health Forum

Dr Lance Emerson, Chief Executive Officer, The Pharmaceutical Society of Australia

Ms Fiona Mitchell, Group Executive, Pharmacy Viability, The Pharmacy Guild of Australia

Dr Brian Morton, Chair, Council of General Practice, Australian Medical Association

Wrap Up

Emeritus Professor Lloyd Sansom AO, Special Advisor, National Medicines Policy

Closing Remarks and Next Steps

Mr Andrew Stuart, Deputy Secretary, Health Benefits Group, Department of Health

3. Table discussions

Forum participants broke into small groups at their tables to discuss the following two questions:

1. *What should be the key design principles for the PTP and any trials?*
2. *What should be the priority areas of focus for the PTP?*

This section includes a summary of the key themes and issues raised in these discussions based mainly on the response sheets completed by tables and individuals.

3.1 Key design principles

The main themes that were raised in relation to key design principles for the PTP and any trials are outlined in the table below, in no particular order of priority:

Themes	Summary of key points raised
Patient need	<ul style="list-style-type: none">• In relation to trials, consider:<ul style="list-style-type: none">○ needs analysis;○ areas of health priority;○ unmet patient needs;○ gaps in clinical care; and○ targeting specific patient groups based on factors such as priority, risk and means.
Flexible design and delivery	<ul style="list-style-type: none">• Models used in the trial designs should be able to be adapted to other settings, and be able to be delivered across a range of jurisdictions, locations and patient groups.• The PTP should consider innovative design and models and settings, and a systems level focus in implementing trials.
Streamlining the patient journey	<ul style="list-style-type: none">• Trials should seek to minimise and reduce duplication in patient care, and focus on streamlining the patient journey.• The trials should aim to be integrated within the health system and utilise existing infrastructure (for example Primary Health Networks and eHealth records).• Communication and collaboration across professions and sectors to ensure a team approach will be important. Defining and agreeing scope of practice will assist in preventing duplication and minimising harm.
Scalability	<ul style="list-style-type: none">• Trials should be fit-for-purpose, and able to be scaled up for implementation on a wider scale, taking into consideration broad workforce needs and capacity.
Patient focus	<ul style="list-style-type: none">• Trials should be designed and implemented with a patient focus• Suitable identification of patients and target groups will be important.

Themes (continued)	Summary of key points raised (continued)
Evidence base	<ul style="list-style-type: none"> • Trials should consider existing research, evidence and literature. • Trials should identify measurable patient-relevant health outcomes as well as relevant cost inputs and savings
Co-design	<ul style="list-style-type: none"> • The trial process should include and engage stakeholders, including consumers and those who would participate in the trial, and provide opportunities for input to designing the trial and its implementation. • Different models may be required for different settings, with input from relevant stakeholders. • QUMAX model is an example of a potential framework for the trials.
Feasibility	<ul style="list-style-type: none"> • Trials that are based on international research and practice will need to be relevant to the Australian health context and able to be applied to particular settings, for example rural and remote. • Other considerations include data collection and sharing, and scope of practice.
Workforce	<ul style="list-style-type: none"> • Trials will need to consider workforce: <ul style="list-style-type: none"> ○ capability and any development required; and ○ capacity, particularly in rural and remote areas.

3.2 Priority areas

A number of broad themes were raised in relation to potential priority areas of focus for the Pharmacy Trial Programme and any trials, are outlined in the table below, in no particular order of priority:

Priority area	Summary of key points raised
Aged care	<ul style="list-style-type: none"> • Considerations could include medication management in both residential aged care and in the community, in relation to polypharmacy, including reviews, information and communication activities and links with the active ageing agenda.
Integration of care	<ul style="list-style-type: none"> • Consider opportunities to work within existing systems and structures, including in relation to eHealth and how the trials will fit with health care reform including Primary Health Networks.
Quality use of medicines and reducing harm	<ul style="list-style-type: none"> • Solutions and interventions for: <ul style="list-style-type: none"> ○ better medication management; ○ improved medication adherence; ○ avoidance or reduction unnecessary hospital admissions; ○ management of co-morbidities; ○ avoidance of harm from adverse drug reactions; ○ improvement in health literacy; and ○ quality prescribing and describing.

Themes (continued)	Summary of key points raised (continued)
Transition of care	<ul style="list-style-type: none"> • Management of medications in the transition between care settings, to ensure a continuum of care particularly in relation to acute care, including: <ul style="list-style-type: none"> ○ hospital and home; ○ acute and tertiary setting; and ○ specialists and general practitioners.
Chronic disease	<ul style="list-style-type: none"> • Areas to consider could include: <ul style="list-style-type: none"> ○ risks associated with long term medication use and polypharmacy; ○ early intervention for newly diagnosed patients; and ○ opportunities to link patients with related services, eg lifestyle modification programmes and social engagement programmes (for patients with mental health issues).
Gaps in access to services	<ul style="list-style-type: none"> • Consider opportunities to enhance service delivery through improved integration and collaboration between health professionals and through additional or extended roles. • This is a particular issue for rural and remote regions. • Access to culturally appropriate services including medication reviews. • Target people that find it difficult to access current services.
Prevention	<ul style="list-style-type: none"> • Consider opportunities in relation to prevention of chronic disease.

4. Next steps

The Department will continue consultation over the coming months to inform the development of the PTP, including the release of a discussion paper for consultation with stakeholders.

The Department is currently establishing a technical advisory committee, the Trials Advisory Group (TAG), to provide advice on the development of the PTP. The TAG will be chaired by Emeritus Professor Lloyd Sansom AO.