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The Pharmacy  
Guild of Australia

## *Consumer Needs Executive Summary*

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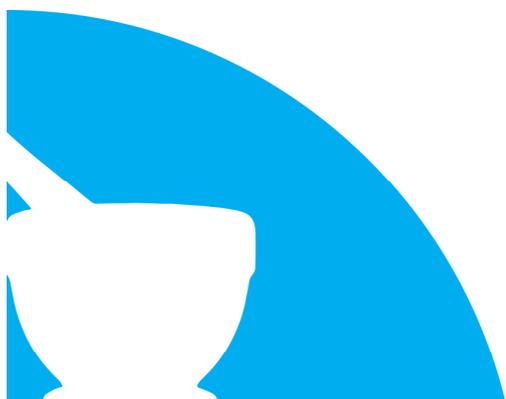
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**EXECUTIVE SUMMARY**

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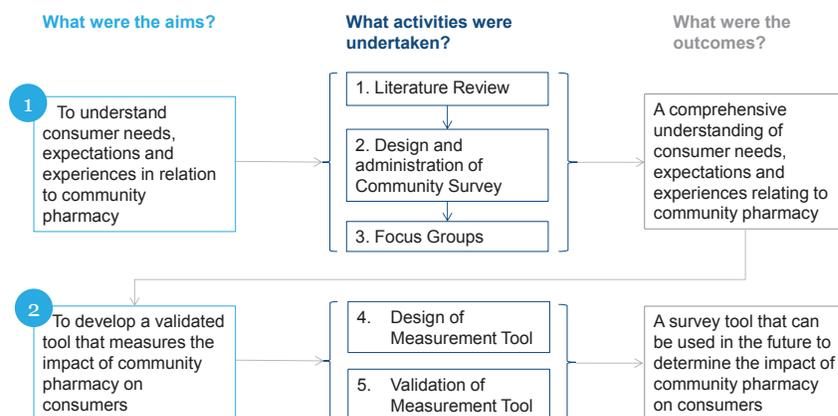
The Pharmacy Guild of Australia manages the Fifth Community Pharmacy Agreement Research & Development which supports research and development in the area of pharmacy practice. The funded projects are undertaken by independent researchers and therefore, the views, hypotheses and subsequent findings of the research are not necessarily those of the Pharmacy Guild.

# Executive Summary

A key focus for Australia's primary health care reform is to create a stronger primary health care system through the better coordination of care for consumers. Community pharmacy can play a pivotal role in this model as one of the most frequently accessed primary health care services. In order to inform the further development of consumer-focused policy in relation to community pharmacy services, consumer needs, expectations and experiences must be better understood. In addition, better insight into the benefits that community pharmacy services can provide to consumers is also required.

This was the basis for the *Consumer Needs* project which was funded by the Australian Department of Health as part of the Fifth Community Pharmacy Agreement (5CPA) Research and Development program managed by the Pharmacy Guild of Australia ('the Guild'). The objectives of the *Consumer Needs* project were to:

(1) develop, implement and pilot an appropriate methodology to inform policy related decisions on a population health basis to identify consumer needs, expectations and experiences of community pharmacy services; and (2) develop and validate a tool to measure consumer health impact and outcomes sensitive to the community pharmacy context.



## Key findings in relation to consumer needs, expectations and experiences

The key findings of the Community Survey include:<sup>1</sup>

- 49% of participants reported that their last visit to a pharmacy had been in the last week. The proportion of participants who had visited a pharmacy in the last week increased steadily with age; also females (58%) were more likely to have visited a pharmacy in the last week compared to males (39%).
- 82% of participants reported going to the same pharmacy for most of their pharmacy needs (i.e. more than 75% of the time), the proportion of participants going to the same pharmacy increased with age.
- 35% of participants reported that they seek health advice on the treatment and management of health conditions at their community pharmacy.
- 12% of participants reported having accessed a health service that did not involve the dispensing of medicines in the last 12 months. The most commonly accessed service was a medicines review/MedsCheck (9%). When participants were asked what services they would use now or in the future if they were available, the most commonly reported service was blood pressure monitoring / checks (26%).
- 16% of participants reported going to their pharmacy in the first instance 'always' or 'most of the time' for information on prescription medicines, compared to 40% for information on OTC and complementary medicines and 34% for information on minor ailments. When participants were asked where they would go in the first instance for future advice/information on prescription medicines, 65% chose their GP, compared to 36% who indicated that they would go to a pharmacy.
- When participants were asked where they would go in the first instance for future advice/information on minor ailments or chronic conditions, 51% chose their pharmacist, compared to 46% who chose their GP.

<sup>1</sup> There were a total of 3000 participants in the Community Survey, 70% were from major cities and just over half were female (52%).

- The four leading factors impacting participants' choice of pharmacy were: convenience (59%); knowing and trusting the pharmacist/staff (18%); cost (14%); and good service (6%). Convenience was the leading factor across all age groups. For participants below the age of 50, the second most important factor was cost, while for participants 50 or older, the second most important factor was the interaction or relationship they had with the pharmacist.
- 90% of participants reported being satisfied with the interaction they had with their pharmacist (based on the last three visits to the pharmacy), with satisfaction shown to increase with age, and higher among females and those taking one or more medicines. The main reason for satisfaction was that the pharmacist is knowledgeable and provides good advice (51%). The most important factor for participants in terms of expectations was to be treated with respect and consideration by the pharmacist and pharmacy staff.

Areas for improvement or changes noted by focus group participants included:<sup>2</sup>

- Greater services in the pharmacy to meet consumer needs and improved communication about what the pharmacy can offer – e.g. more information from the pharmacist about complementary medicines and their interactions with prescription medicines, and increased role in delivering primary health care (e.g. health assessments, wider adoption of home delivery services), electronic storage of medicines records and direct transfer to GP, longer opening hours, and improved services for people with English as a second language.
- Greater differentiation from supermarkets – by selling more specialised products and preserving the traditional role of the pharmacist both as a dispenser of medicines and someone who provides trusted health advice
- Greater privacy in community pharmacy – for improved discussion on private health matters.
- Improved integration with other health service providers – for example increased communication between pharmacists and GPs.

### ***Development and validation of a self-reported Measurement Tool***

The second objective of the Consumer Needs project was to develop and validate a self-reported Measurement Tool (the tool) to measure consumer health impacts and outcomes at a population level which is sensitive to the community pharmacy context. The purpose of the validation process was to develop a tool which could: (1) help government, policy makers and community pharmacy monitor the population level impacts that community pharmacy services have on the health outcomes of consumers; and (2) understand whether community pharmacy services are meeting the current needs of consumers, including consumers' satisfaction with community pharmacy. The long term goal of the tool is to measure the benefits of community pharmacy for both consumers and the health system at a population level.

The Literature Review showed that in terms of community pharmacist delivered care, three types of indicators were identified: (1) clinical; (2) humanistic and (3) behavioural. Studies showed many of the core measurement indicators were the same; suggesting that the measurement of a core group of indicators has the potential to observe the input and impact on consumer health outcomes across a range of areas in community pharmacy.

Building on the findings in the literature, a measurement tool was developed and validated. Questions were developed under four core domains: demographic and health information, utilisation of community pharmacy services, attitudes and beliefs around medicines – including self-efficacy around medicines, and the impact of community pharmacy on consumers, both in terms of overall consumer satisfaction and the impact of pharmacy on the health literacy of consumers.

A key goal of the project was to design a tool that could provide insights into how community pharmacy impacts consumers. This has been achieved, and is evidenced in the following statistical validation outcomes of the tool:

- The majority of scores reported high to very high internal consistency

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<sup>2</sup> Ten focus groups were undertaken with 106 consumers, each group was deemed to have a unique set of needed and experiences.

- Reproducibility was either moderate or substantial
- The tool was found to be sensitive to differences in population groups across age, gender, SEIFA, the number of medicines (prescription and non-prescription/complementary) a consumer was taking and a consumer's self-rated health status (SF1).

Now that the tool has been validated, it is fit for use and will help to better understand and measure the benefit and experience that consumers gain from community pharmacy and to inform future policy and investment in programs and services. Examples of how the tool could be used in the future include identifying differences between population groups in terms of how consumers experience community pharmacy and what the barriers/enablers are in terms of accessing services and determining the impact of a community pharmacy intervention on a group of consumers.

The tool needs to form part of a better measurement strategy in primary health care. For example, administering the tool may provide an initial step in informing cost benefit analyses on the value of community pharmacy run programs or interventions. The tool is designed to show value or impact at a consumer level which is important to consider in addition to value at a health system level. For example, administering the tool before and after a community pharmacy program may show tangible improvements in a consumer's level of health literacy or self-efficacy around medicine management. The dollar value of these changes could then be calculated in a cost benefit analysis aimed at determining whether or not the program should be continued or discontinued.

### Discussion of findings

Community pharmacy has great potential to play a much larger role in reforming the way primary care is delivered. The accessibility of community pharmacy, with its convenient location, longer opening hours and appointment free visits, means that it is often the first point of contact between consumers and the health care system. In order for community pharmacists to become integrated into the system, there is a need for both collaboration with other health professionals, namely prescribers, and greater focus on the consumer – i.e. delivering a service that goes beyond just providing a product.

Community pharmacy can play a significant role in helping consumers better manage their health conditions in the community and also in health promotion and prevention. Two key identified areas of focus are: (1) helping individuals better manage their medicines (e.g. medicines reviews); and (2) increasing consumer health literacy, empowerment and self-efficacy.

In order for community pharmacy to play an increased role in the delivery of primary health care services, it is important that there is a comprehensive understanding of consumer needs, expectations and experiences as they relate to community pharmacy. This is essential in terms of informing the pharmacy profession and policy makers which areas are currently working well and those that require change or development. A better understanding of consumer needs, expectations and experiences is also important from a business perspective for community pharmacy, given the growing competition from discount pharmacies and supermarkets.

The *Consumer Needs* project has begun to form a baseline understanding of consumers of community pharmacy through the Literature Review, Community Survey and Focus Groups.

In terms of consumer needs from community pharmacy, there was very little information found in the literature. This is likely to be attributed to the lack of consensus on the definition of 'need', as well as the difficulty consumers have differentiating specific health needs from expectations. In terms of consumer expectations as they relate to community pharmacy, it was found that consumers expect:

- the pharmacist to provide advice on medicines
- to be offered a generic version of a medicine if it is available
- to be informed when updated information becomes available on medicines
- for the pharmacist to provide health advice on minor conditions
- for the pharmacist to collaborate with their GP if necessary
- to be able to speak privately with the pharmacist
- to be treated with respect and consideration.

Both the literature, and the Community Survey and focus groups, showed that overall consumers are satisfied with the services used in community pharmacy and the interactions they had with their pharmacist or pharmacy staff. However, the literature review and focus groups also found that there is a perception of pharmacists being 'too busy' to provide personalised advice to consumers. Further, there was a perceived lack of time for community pharmacists to provide health services other than prescribing medicines – for example health promotion and management services. It was also found that a lack of privacy in the pharmacy creates a barrier to the uptake of these services.

Overall, many of the findings of the Community Survey and Measurement Tool were in line with the findings and perceptions in the literature.

This research project has highlighted two key areas for focus for community pharmacy in the future:

- There is a need to increase consumer awareness around what health services, other than the dispensing of medicines, can be accessed in community pharmacy. This will be important in terms of increasing consumer recognition of the full capabilities of community pharmacists and further the integral part they play in the primary health care team.
- Community pharmacists can play a greater role around helping consumers better manage their medicines, including complementary medicines. In particular, around the possible interactions with prescription and over the counter medicines. This can be expected to have an impact on the number of medicine related adverse events.

Other areas identified for change included:

- Greater differentiation of the pharmacy from the supermarket
- Increased use of electronic transfers and storage of information
- More privacy to discuss health matters with the pharmacist
- More integration with other health service providers, for example increased communication between pharmacists and GPs
- Increased communication to the community, for example around extended opening hours, pricing of prescriptions and what services are offered.

However, the cost effectiveness of these areas for change needs to be determined before implementation.

