

Final Report – Executive Summary

Consumer Experiences, Needs and Expectations of Community Pharmacy

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1. EXECUTIVE SUMMARY

1.1 Research Aim

The broad research brief set by the Pharmacy Guild of Australia (PGoA) was to undertake research into consumer needs, experiences and expectations of community pharmacy. The aim of the research was to contribute to improving relationships between consumers, pharmacy staff and government, and to contribute to the development of consumer focused policy and pharmacy services.

1.2 Research Methodology

UniSA and its partners in the research team selected a mixed method methodology utilising both qualitative and quantitative methods for data collection, complemented by a review of relevant Australian and international literature. Statistical analysis was used for the quantitative data and thematic analysis was used for the qualitative data. Triangulation of the various data and information sources was used for the overall synthesis of results.

The six methods selected for the research project were:

- Telephone interviews with health consumers and the general population (n=2005)
- Exit interviews with community pharmacy customers (n=554)
- Pharmacist interviews (n=506)
- Face to face and telephone interviews with stakeholders (n=16)
- Focus groups with consumers (n=92)
- Literature review of Australian and international literature on consumer needs, experiences and expectations of community pharmacy

This report comprises detailed analysis, triangulation and synthesis of all results.

1.2.1 Definition of health consumer

It was agreed that the definition of health consumer should be someone who answers yes to the first of the following two questions, and at least once a month to the second:

“Do you personally, or does someone for whom you are a carer, have an ongoing condition requiring treatment, medication or monitoring?”

“How often, if ever, do you visit a pharmacy, either to buy something, get advice or browse?”

1.3 Profiles of consumers

1.3.1 General survey

2005 consumers were interviewed. Once the sample had been appropriately weighted to properly reflect the geographic, gender and age population distribution it emerged that 41% were health consumers defined (as agreed with the EAG prior to project commencement) as respondents who said that either they, or someone for whom they were a carer, had an ongoing condition requiring treatment, medication or monitoring and who indicated that they visited a pharmacy, either to buy something, get advice or browse, at least once a month. The highest proportion of health consumers was in Tasmania (54%) and the lowest proportion in Northern Territory (29%). Higher levels of health consumers were seen in rural and regional levels (44% and 43% respectively) compared to just over one third (38%) in the metropolitan area. Compared to non health consumers, health consumers were older, more likely to be female, to be retired or on a pension, to be in a household comprising an older couple with no children living at home and to have a lower household income.

1.3.2 Exit survey

554 consumers were surveyed as they left community pharmacies. In both metropolitan and regional areas, 43% of respondents qualified as health consumers. Similarly to the general public survey, health consumers tended to be older, were more likely to be female, to be retired or on a pension, and less likely to be employed full-time.

1.3.3 Focus groups

A total of 12 focus groups were conducted with participants from consumer organisations representing either general health consumers or consumers with specific health conditions. Specific groups included:

- people living in rural areas;
- older people;
- carers;
- people living with chronic conditions including arthritis, diabetes, mental illness, asthma;
- people from culturally and linguistically diverse communities;
- Indigenous groups

1.3.4 Organisation interviews

A total of 13 interviews were conducted, with 5 professional and/or government organisations and with 8 consumer organisations. Specific consumer groups represented were:

- people living in rural areas;
- older people;
- carers;
- people living with chronic conditions including HIV/AIDS;
- injecting and illicit drug users;
- people from culturally and linguistically diverse communities;
- Indigenous groups

1.4 Consumer Experiences of Community Pharmacy

1.4.1 Use of pharmacy services

In the general public survey:

- 16% of respondents were frequent users of pharmacies (once or more times per week), 65% were regular users (2-3 times a month to every few months), 15% were occasional users (once or twice a year or less often) and 4% never used pharmacists.
- A total of 54% of respondents stated that they used one particular pharmacy and 41% shopped at whichever pharmacy was the most convenient at the time.
- The most common reasons provided for choosing a pharmacy were 'close/convenient to home' (39%), 'friendly staff' (32%) and 'the staff and pharmacist know me' (25%).
- The most frequently purchased products were prescription medications (37% monthly, 21% quarterly) followed by OTC medicines (25% monthly, 25% quarterly), vitamins or herbal remedies (6% monthly, 10% quarterly).
- More than half (54%) of respondents had never visited a pharmacy to ask advice from the pharmacist or pharmacy assistant; 30% had previously used a pharmacy to decide whether to see a doctor; 13% had previously experienced a medicine review at pharmacy; 10% had used home delivery services; 8% had used health screening or monitoring facilities; 8% had used dose administration aids; 8% had used pharmacies for help to stop smoking; 2% had used needle exchange services; 2% had experienced a medicine review at home.

- When waiting for a prescription to be filled, the most common behaviours were to browse around the pharmacy (31%), leave and come back when it is convenient to them (19%), sit and wait (19%) or leave and come back when the prescription is ready (16%).

In the exit survey, 46% of respondents were visiting the pharmacy to have a prescription filled, 18% to buy OTC medicines, 5% to buy toiletries, 4% to buy vitamins or herbal remedies. Three quarters of respondents who were having a prescription filled had received the medication before (88% for health consumers and 61% for non health consumers). Consumers who used whichever pharmacy was convenient to them were more likely to receive their medication for the first time (35%) compared to respondents who only frequented one particular pharmacy (14%). While waiting for a prescription, 38% sat and waited, 24% browsed in the pharmacy while waiting and the remainder left and returned later (37%).

In the focus groups, when asked about their experiences of community pharmacy, access issues were raised in several contexts:

- geographic access: the limited number of pharmacies in some areas restricts consumer choice on the basis of service quality and prices, particularly in rural areas;
- opening hours: after hours access to pharmacies is limited in some areas;
- physical access: entry steps, overcrowded displays, absence of seats are of concern particularly for people with mobility restrictions.

1.4.2 General quality of services

In the general public survey, 68% of respondents claimed to have their prescription either always or usually filled within 10 minutes. When getting vitamins or herbal remedies 94% of respondents declared they always or usually received prompt attention. When asked what about using pharmacies that most needed to be improved, 59% could not think of anything, 12% said lower prices on medicines, and 12% said lower prices on other products.

In the exit survey, 80% of respondents waited less than 10 minutes for their prescription and 13% waited between 10-14 minutes. Generally, pharmacy staff were accurate in the waiting times they indicated to customers although one in ten waited longer than the predicted time. Respondents perceived the waiting time as extremely reasonable (rating 9.3 out of 10). When asked what could have been done differently to improve their visit, 79% of respondents said nothing, all was good; 13% could not think of anything. No suggestions of any note emerged.

In both surveys, consumers generally rated highly the performance of pharmacy staff. On a scale from 0 (0 extremely poor) to 10 (extremely well), the mean scores were:

- 8.1 and 9.6 for 'the pharmacist giving clear information and advice' in the general survey and exit survey respectively,
- 8.6 and 9.8 for 'being polite and courteous',
- 7.8 and 9.8 for 'being available when you need to speak with a pharmacist',
- 8.1 and 9.9 for 'listening to what you have to say',
- 7.0 and 9.7 for 'inviting questions'.

Performance ratings given by health consumers were consistently higher than those given by non-health consumers.

The performance of the pharmacy assistants was also rated highly:

- 8.8 and 9.7 for 'being polite and courteous',
- 8.4 and 9.6 for 'listening to what you have to say',
- 7.8 and 9.4 for 'being able to offer advice on products or services',
- 8.6 and 9.1 for 'making you feel welcome',
- 6.8 and 9.4 for 'calling you by name when you are leaving or collecting a prescription'.

The mean scores were consistently higher in the exit survey, probably reflecting that only people who had contact with the pharmacist or pharmacy assistant were asked to rate the performance of pharmacy staff in the exit survey.

In the focus groups, pharmacies were consistently described as a more relaxed and less pressured environment than doctors' rooms, and providing an opportunity for provision of written and verbal information about health conditions, treatments and services. Pharmacists were also described as using more consumer friendly language than doctors when explaining health treatments. Smaller pharmacies were seen by many participants as being more personalised in their service than larger outlets.

The tension between the retail and professional roles of community pharmacists was a topic frequently raised by focus group participants. While acknowledging commercial imperatives, many felt that the balance had moved too far toward non-pharmaceutical products and OTC and complementary medicines. The emphasis seemed to be on the sale of the product, rather than the quality aspects of the transaction, such as checking the persons understanding of the medicines and their need for information. Participants were concerned that pharmacy location in supermarkets may lead to the loss of personalised relationships and consequent reduction in the provision of information and advice.

Packaging of dose administration aids was described as a valuable service with the added benefit of an accompanying record of the medicines. Home delivery was also frequently cited as a valued service, especially for those experiencing debilitating illness, disability and/or mobility problems.

There were a number of instances where consumers had been concerned by the quality of services, e.g. dosing error, absence of knowledge of the product being dispensed, stigmatization of people with mental illness or on opiate replacement therapy, lack of respect and recognition of patients' knowledge.

Consumer organisations reported that service experiences in community pharmacy varied and that older people tended to maintain a relationship with one pharmacist building rapport over time. This was also true of consumers from non-English speaking backgrounds, who would often seek out a language speaking pharmacy where one is available. However in both these instances, there was a need to ensure that this close relationship did not result in a monopoly over pricing or products to the disadvantage of the consumer.

In both focus groups and organisation interviews, direct access to the pharmacist was seen as restricted because of placement of pharmacists on a raised section at the rear of the pharmacy, and the necessity to deal with pharmacy assistants in the first instance.

Barriers could be magnified where there is limited choice of community pharmacies and where the consumer is known to the pharmacist. A number of peak organisations pointed to the difficulties experienced by consumers in small towns where the pharmacist may be a prominent person in the local community and where concerns or complaints about service standards in the pharmacy can be both negatively received by the pharmacist and divisive among community members.

1.4.3 Availability of medicines

In the general public survey, 73% of respondents stated that the 'pharmacy always had medicine in stock or could get it quickly' and 23% usually.

In the exit survey, 87% of respondents who were there for a prescription said that the pharmacy had their prescription medicine in stock or could get it quickly including 86% of the respondents in the metropolitan areas and 87% in the regional areas. There were important differences between States with the lowest rates of availability in NSW (51%) and the highest rates in Western Australia (98%). Of the consumers who purchased OTC medicines during their visit, 64% stated that the pharmacy had the medication in stock or could get it quickly.

In the focus groups, strong concerns about disruption of supply of medicines were raised. Disruption of supply could have severe health consequences for people who needed daily medications to maintain their well being e.g. people with asthma, arthritis, mental illness, or on opiate replacement therapy.

Specific concerns were raised about:

- availability of medicines in remote areas where supply is dependent on alternative services (e.g. Flying Doctor services or school buses) which may be interrupted for long periods (school holidays or wet season) and as Health Insurance Commission supply amount restrictions prevent consumers from stocking-up;
- availability of antiretroviral medications for people in HIV/AIDS in NSW where supply is principally through hospital pharmacies as this limits ready access and maintains the experience of HIV/AIDS as a condition requiring hospital treatment;
- availability of opiate replacement therapy that is limited to some pharmacies and prevents “normalization” of people’s life;
- withdrawal of some medicines (e.g. a monoamine oxidase inhibitor).

1.4.4 Communication with the pharmacist and provision of information

In the general public survey, 56% of respondents declared they ‘never or rarely receive written information on how to use the medicine’ when they get prescriptions or OTC medicines, 18% always, 10% usually and 15% sometimes; 30% said they never or rarely speak with the pharmacist about to use the medicine, 30% always, 17% usually and 22% sometimes. Health consumers were less likely to speak with the pharmacist than non health consumers (34% versus 16%). When asked to rate the performance of service-related attributes on a scale from 0 (0 extremely poor) to 10 (extremely well), the mean scores were:

- 8.1 for the pharmacist ‘giving clear information and advice’,
- 8.1 for ‘the pharmacist listening to what you have to say’,
- 7 for ‘inviting questions’,
- 7.8 for the ‘pharmacist being available when you need to speak to him’.

When getting vitamins or herbal remedies, 23% of respondents said they always or usually receive printed information about the health issue relating to the product; 67% said they always or usually receive advice that the product is right for them.

In the exit survey, 77% of the consumers spoke to the pharmacy assistant only during their visit to the pharmacy, whilst 10% spoke to the pharmacist only and 6% spoke to no one. Of the consumers who lodged or collected a prescription, 7% received written instructions on how to use the medicine apart from what is on the bottle or packaging; 19% spoke with the pharmacist about the medicine or related health issue (5% initiated by the pharmacist and 12% initiated by the consumer), 15% spoke with the pharmacy assistant (7% initiated by the assistant and 8% initiated by the consumer). Respondents who were receiving the medication for the first time were more likely to speak to the pharmacist about using the medication (47%) and to receive written instructions (15%) in comparison to respondents who

had received the medication on a prior occasion (15% and 4% respectively). Health consumers were more likely to seek advice from both the pharmacy and pharmacy assistant (54%) during their visit compared to non-health consumers (46%). When purchasing OTC medicines, 44% spoke with the pharmacy assistant about the medicine or related health issue (9% initiated by the assistant and 36% initiated by the consumer) and 9% spoke with pharmacist (3% initiated by the pharmacist, 6% initiated by the consumer).

In the focus groups, participants consistently reported that information about medicines tends to be provided in limited ways and on limited occasions. Consumer Medicines Information (CMI) was rarely offered and broader information about health conditions and their treatments is rarely drawn to consumers' attention. When available, information sheets and cards were described as most commonly associated with product marketing such as vitamins and complementary medicines, rather than being from independent information sources. The focus of the transaction around payment is seen as limiting the consumer's opportunity to ask questions.

Consumer and carer peak organisations describe the provision of both written and verbal information as variable. Carers may be denied information on the basis of privacy concerns; while one peak consumer organisation which has been promoting the uptake of CMI through peer education activities has received reports of consumers being denied this. The reasons pharmacists have given for not providing a CMI were that the consumer didn't need it, that it was too technical and that the consumers wouldn't understand it. In some instances, pharmacists have sought to charge consumers for providing a CMI. All of these reasons were seen as unacceptable.

1.4.5 Privacy

In the general survey, the mean scores given for maintenance of privacy by the pharmacist and the pharmacy assistant were 7.8 and 8 respectively on a scale from 0 to 10. In the exit survey, the maintenance of privacy by the pharmacist and the pharmacy assistant were rated 9.7 for both.

In the exit survey, of consumers who spoke to either the pharmacist or pharmacy assistant, 94% responded that their privacy was quite well or very well maintained. Health consumers were more likely to indicate that their privacy was very well maintained (94%) compared to non health consumers (58%).

In the focus groups, many participants noted the lack of privacy and consequent concerns about confidentiality. There were many examples provided of overhearing other people's medicines history. It was of particular concern to people with mental illness and on opiate replacement therapy. Privacy was also viewed as a major issue by organisations, especially with the trend to development of additional professional services.

Consumer organisations reported that younger people and those in small towns might not be satisfied, especially for example where the young consumer was seeking products such as condoms or emergency contraception.

1.4.6 Costs

In the general survey, when asked what about using pharmacies most needed to be improved, 12% of respondents indicated 'lower prices on medicines', and 12% 'lower prices on other products'.

Concerns on costs were raised in focus groups and by peak organisations on a number of issues:

- default mark-up previously contained in pharmacy software;
- variations in costs of medicines between pharmacies;
- records of subsidised medicines through "safety net stickers" reported to be inconsistent;
- additional charges being levied over the safety net price;
- costs of buying whole packets of products such as dressings instead of single products;
- substantial dispensing costs for opiate replacement therapy;
- supply charges for medicines only available through hospitals such as some kind of eye drops;
- higher costs of complementary medicines, devices and consumables compared to alternative suppliers.
- costs of additional services such as packaging of dose administration aids.

There was a general view that the additional charges applied to medicines needed to be more open and transparent to consumers.

1.4.7 Generic medicines

In the focus groups, participants expressed concerns that the emphasis on generics focused on costs with a number believing that generics were either not as effective or had different side effects. Some participants were unwilling to take a risk with generics when ongoing therapy is required. Concerns were also raised on frequent changes in appearance and brand name within short time periods of supply. Organizations reported that consumers were frequently confused by the various terms applied to generics such as "home brand" or "chain brand".

1.4.8 Pharmacy assistants

In the general public survey, when purchasing vitamins or herbal remedies, 80% of respondents declared that pharmacy assistants were 'always or usually knowledgeable about health products', 75% that 'assistants refer them always or usually to the pharmacist when preferred'. Mean scores for performance of pharmacy assistants were generally high: 8.8 for 'being polite and courteous', 8.6 for 'making you feel welcome', 8.4 for 'listening to what to have to say', 7.8 for 'being able to offer advice on products or services', 6.8 for 'calling you by name when you are leaving or

collecting a scrip'. Scores given by health consumers were always higher than those by non health consumers.

In both focus groups and organisation interviews, pharmacy assistants were consistently described as variable in their interactions with consumers. While many were reported to be knowledgeable and effective in checking and referring to the pharmacist where appropriate, a number of instances were cited where the assistant was seen as a barrier to accessing the pharmacist and on occasions provided incorrect advice or had inappropriate attitudes with consumers with mental illness or on opiate replacement therapy.

1.5 Consumer needs and expectations

1.5.1 General quality of services

The general public survey indicated that almost all of the respondents had a need for the medicine to be in stock or be accessed quickly by the pharmacy (87% of the total sample) and most wanted short waiting times for the prescription to be dispensed (<10 minutes). Couples or singles with children living at home strongly expressed this need, perhaps reflecting the concerns of parents when a child is sick or time pressures.

All participants in the focus groups identified community pharmacy as a key source for meeting their prescription medicines needs and expected that supplies would be readily available. They expected that medicines remained the major focus of pharmacies and were critical of the development of the non-pharmaceutical section in many pharmacies. Pharmacists were seen by most participants as experts in medicines, more so than doctors. A number of participants described the pharmacist as a first stop for primary health care enquiries and some older participants noted that this role seemed to have declined over the years. The role of pharmacists in preventative health care was also seen by a number of participants as important.

All peak professional and government stakeholders identified the need for high standards of service in community pharmacy, provided by well trained staff that are familiar with the products they are supplying. There was a general enquiry across focus groups about the training standards and requirements for pharmacy assistants and concern that they may be principally trained by product suppliers to promote those products.

All participants reported that personalised service from their community pharmacist was highly valued and a key need and expectation. Those participants who had developed such a relationship with their pharmacists found that they tended to get additional benefits such as written and verbal information, assistance with maintenance of their prescription records, and home delivery where required; and that other professional services were offered such as dose administration aids and Home Medicines Review.

1.5.2 Information provision

In the general public survey, the needs the most frequently identified were:

- ‘to receive advice that the non prescription health products were right for them’ (74%),
- ‘to speak with the pharmacist about how to use the medicine’ (65%),
- ‘to receive printed information about the health issue relating to the product’ (56%),
- ‘to receive written instructions on how to use the medicine’ (46%).

Both consumer and carer peak organisations highlighted the need for consistent provision of written information, both about medicines and about the services that community pharmacy offers.

In the focus groups, information was identified as a major need and expectation of community pharmacy. The type of information sought was about prescription, OTC and complementary medicine, how to take it, side effects, interactions and costs. A major theme in most of the group discussions was that information should be provided in a context of dialogue with the consumer. There was also an expectation of impartial and professional advice free from commercial considerations. Provision of information to people from non-English speaking background was also reported as essential.

Consumers also want prominent signage encouraging consumers to ask for both written information about their medicines and independent information brochures on health treatments (eg for the 10 most common conditions) were available.

1.5.3 Other services

From the general survey, when asked about more specific health care needs, the only service needs that were strongly expressed were ‘health screening and monitoring’ (with 29% claiming that they would use this service either biannually or quarterly), followed by ‘medication reviews at the pharmacy’ (23% using biannually or quarterly) were. The small proportion that identified these needs is not surprising as only a small percentage of the population would have any real need for these services; for example medication reviews are probably only considered relevant by those with complex medication regimen.

In the focus groups, a number of pharmacy services were seen as very valuable:

- packaging of dose administration aids;
- home delivery;
- return of unwanted medicines;
- medication list printouts.

Consumers expressed a need for more information about services such as Home Medicines Review, medicines delivery or medicines records assistance.

Consumers would like regional arrangements in place to ensure extended hours availability on a more consistent geographic basis and information about pharmacy locations and opening hours easier to find.

Several peak consumer organisations identified specific needs in relation to generic medicines:

- increased access to generic medicines in particular for people with asthma and those with mental illness;
- more information on generics beyond issues of cost;
- better identification and consistency of supply to avoid confusion.

1.5.4 Continuity of care

In the focus groups a number of participants suggested much closer working relations and interactions need to be developed between local pharmacists and GPs. Where they are closely located, these arrangements are seen by consumers often to work well. Additional options identified by some participants included more systematic engagement possibly facilitated through Divisions of General Practice. Some groups noted the ageing population and growth of services such as Hospital in the Home, and wanted to see community pharmacists much more engaged as a part of the “total health care team”.

Most peak organisations identified the importance of effective working relationships between doctors and pharmacists.

1.6 Recommendations

1.6.1 Medicines information

Recommendation One

It is recommended that:

The PGoA works with the Pharmaceutical Society of Australia (PSA), other pharmacy professional bodies and the Pharmacy Boards as part of an integrated strategy to improve the provision of information on medicines to consumers to:

- a) Emphasise, promote and monitor the routine proactive provision of both verbal and written medicines information to all community pharmacy customers.
- b) Review of the Professional Practice Standards on patient counselling to ensure the inclusion of the recommendations regarding the provision of Consumer Medicines Information (CMI) contained in the PSA guidelines on ‘Consumer Medicine Information and the Pharmacist’.
- c) Ensure that pharmacists and their staff are fully aware of the professional standards relating to patient counselling and provision of information to consumers.
- d) Ensure compliance of pharmacists and their staff with the PSA Professional Practice Standards and standards for the provision of pharmacist only and pharmacy medicines through proactive monitoring of these standards
- e) Ensure that compliance with these standards is a mandatory requirement of the QCPP.
- f) Develop in collaboration with the Consumers’ Health Forum of Australia (CHF) a campaign through consumer organisations to encourage health consumers to request the provision of information and CMI when they are provided with medicines through pharmacies.
- g) Require all pharmacists to clearly advertise the availability of medicines information within their pharmacies.

1.6.2 Raising expectations of community pharmacy professional services

Recommendation Two

It is recommended that the PGoA:

- Encourages all pharmacies to clearly advertise the availability of specific professional services such as home delivery, dose administration aids, return of unwanted medicines, home medicines review, medication list printouts.
- Works with the PSA, other pharmacy organisations, the Pharmacy Boards and CHF to develop a consumer version of the PSA Professional Practice Standards and Standards for the provision of pharmacist only and pharmacy medicines which could be distributed to consumers.
- Consults with CHF about the development of consumer materials about training of pharmacists and pharmacy assistants. The dissemination of those materials could be co-ordinated through CHF to a wide range of consumer organisations. The materials should also be displayed in community pharmacies.
- Develops resources for all community pharmacies that promote and foster consumer feedback on the services in the pharmacy,
- Develops resources for all community pharmacies to clearly explain the pharmacy's complaints process and the role of the State Pharmacy Boards.

1.6.3 Privacy

Recommendation Three

It is recommended that the PGoA:

- Undertakes further research with consumers and consumer organisations regarding privacy issues in community pharmacy. The research should explore consumers' views, especially those from disadvantaged or marginalised groups, on how privacy is dealt with in the community pharmacy context and propose recommendations to ensure patient privacy in specific situations.
- Pharmacy professional organisations and Pharmacy Boards ensure that adequate guidance is provided to pharmacies participating in methadone programs to protect patient privacy during the dispensing process.

1.6.4 Medicines supply

Recommendation Four

It is recommended that the PGoA further investigates matters affecting the timely availability of medicines to consumers through community pharmacies, particularly in NSW.

Recommendation Five

It is recommended that the exit survey method using an expanded sample of pharmacies across Australia should be routinely used as part of the re-accreditation processes of the Quality Care Pharmacy Program (QCPP). The results of the exit surveys should be presented in the annual reports of the QCPP.

1.6.5 A way forward

Recommendation Six

It is recommended that:

- the Sustainable Model of Consumer Engagement in Community Pharmacy Policies and Practices as outlined in section 7 be accepted by the PGoA and that a Community Pharmacy Consumer Advisory Council be established as a matter of urgency to oversee the implementation of the full model by December 2006. It would be an advisory group to the profession, hosted by the PGoA and supported by the CHF.
- the recommendations of this report be priority items on the agenda of the Advisory Council. Terms of Reference would include:
 - Oversight of a national campaign to raise awareness of professional community pharmacy services amongst consumers and pharmacy staff
 - Oversight of the framework and model of consumer participation in community pharmacy
 - Developing a mechanism for consumer input to:
 - the Pharmacy/Government Agreement negotiations
 - the PSA Professional Practice Standards and the QCPP accreditation development and review processes
 - the training of pharmacists and pharmacy staff
 - Monitoring and advice on key consumer issues:
 - CMI
 - Counselling
 - Consumers with special needs
- The PGoA negotiates through the Guild/Government Agreement appropriate resources for the implementation of the Sustainable Model of Consumer Engagement in Community Pharmacy Policies and Practices.

- The CHF be funded for the equivalent of a FTE Project Officer and travel budget to support the National and State Advisory Structures that are part of the Model.
- The PGoA should draft a strong statement of support for consumer involvement in community pharmacy at all levels and seek the support of the PSA, the Australian College of Pharmacy Practice and Management (ACPPM), the Department of Health and Ageing, the Association of Professional Engineers, Scientists and Managers (APESMA) and the CHF. The statement would be posted on all relevant pharmacy profession related websites and published in all relevant pharmacy publications
- The PGoA actively supports regular monitoring of consumer involvement and feedback at the local pharmacy level during the QCPP accreditation process.

Recommendation Seven

It is recommended that all States and Territories have their own community pharmacy consumer advisory structure.

The Terms of Reference would include:

- Consumer input to continuing professional development activities for pharmacists in relation to consumer engagement strategies, medicines information provision, and other key consumer issues
- Act as a resource for local pharmacies to test ideas and discuss issues with consumers
- Encourage and support local pharmacies to undertake consumer engagement activities by assisting in the implementation of the recommended strategy from this research.

Membership would be comprised of nominees of relevant State and local consumer organisations (the diversity of community pharmacy consumers would be reflected in the membership).

State coordinators should be appointed to support the State consumer advisory structure and resource the implementation of the consumer engagement strategy in the State.

1.6.6 Monitoring research on consumer experiences of community pharmacy

Recommendation Eight

It is recommended that research on consumer experiences, needs and expectations of community pharmacy be undertaken to monitor changes in consumer experiences improvements in consumer engagement in community pharmacy in line with the Guild/Government Agreement cycle, commencing the next research in July 2007 to ensure it is complete in early 2008 in time for negotiations on the next Agreement.

1.7 Conclusions

The research into consumer experiences, needs and expectations has provided the pharmacy profession with a rich source of information about the consumer perspective of community pharmacy.

Consumers' experiences of community pharmacy have generally been positive, however some groups of consumer, notably those with significant health needs have less satisfactory experiences than general consumers.

Information was identified as both a major need and an expectation of community pharmacy.

Consumer needs most frequently identified through the research were:

- Ready access to needed medicines including shorter waiting times for prescriptions to be dispensed
- the need for consistent provision of written information, both about medicines (prescription and non-prescription) and about the services that community pharmacy offers
- to speak with the pharmacist about how to use the medicine and to receive written instructions on how to use the medicine

Pharmacists were seen by most participants as experts in medicines, more so than doctors. All participants reported that personalised service from their community pharmacist was highly valued and a key need and expectation.

All peak professional and government stakeholders identified the need for high standards of service in community pharmacy, provided by well trained staff who are familiar with the products they are supplying.