

NOVA

Public Policy

Pharmacy Continence Care Program Stage 2

Final Report For the Pharmacy Guild of Australia March 2006

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Policy**

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Glossary of Acronyms

CATI	computer assisted telephone interview
CFA	Continenence Foundation of Australia
CQI	Continuous Quality Improvement
EAG	Expert Advisory Group
IIQ	Incontinence Impact Questionnaire
PCCP	Pharmacy Continenence Care Project
PEQ	Pharmacy Exit Questionnaire
PIQ	Pharmacy Initial Questionnaire
QCPP	Quality Care Pharmacy Program

Executive Summary

The Pharmacy Continence Care Project was commissioned by the Pharmacy Guild of Australia, through the Community Pharmacy Research and Development Grants Program, to develop, trial and evaluate a pilot program for national implementation and inclusion in the Quality Care Pharmacy Program (QCPP) that will:

- provide community pharmacists and assistants with the information and skills to significantly raise community awareness of the issue of incontinence and to recognise and promote help-seeking strategies by their customers
- promote widespread awareness of diagnosis and treatment services available
- encourage individuals to seek readily accessible, appropriate and discreet information about their condition/symptoms.

A first stage of the project, undertaken in 2003 by the Western Australia Continence Advisory Service, developed an education and training module for implementation in community pharmacies. The second stage was commissioned in October 2004 to develop, implement and evaluate a training program and materials for national roll-out in a subsequent stage of the project.

NOVA Public Policy, a consortium of consultants in health, economic and social policy, undertook the second stage of the project, from October 2004 to November 2005, and this report presents the approach, methods, findings and outcomes of this stage.

The NOVA approach to the pilot Program comprised six elements, running contiguously and sequentially through the life of the project.

In the inception phase, the NOVA project team consulted with the Pharmacy Guild of Australia research staff to establish the project plan and timetable and a strategy to recruit community pharmacies across Australia to participate in the project. NOVA also met with an expert panel of clinicians, pharmacists and a carer, put together by NOVA to advise on the development and implementation of the project.

The desk research element of the project proceeded in parallel with element 3, Implementation of the Pilot Program, which comprised the recruitment of the research sample of participating pharmacies, and consultation with stakeholders on pharmacy, consumer issues and continence care information relevant to the project.

The Stage 1 training materials and a substantial range of other continence education and training materials, developed through the National Continence Management Strategy or identified through the literature review, were assessed and extensive adaptation of materials was undertaken with clinical, academic and consumer advice and guidance from members of the NOVA Expert Panel. The penultimate draft of the training materials was further reviewed by the medical and pharmacy professionals on the Expert Panel and by the Pharmacy Guild training manager, prior to submission to the Pharmacy Guild Expert Advisory Group in February 2005.

The evaluation strategy for the project used a semi-structured two-stage telephone survey of the participating pharmacies—at baseline and following conclusion of the pilot Program—to measure change against Program objectives and performance indicators; and evaluation of consumer benefits through recruitment of customers (people with or at risk of incontinence, and carers) to a self-report survey instrument at enrolment (in-pharmacy) and by follow-up telephone interview at three months post baseline. Evaluation of sustainability of the

Program was based on assessment of health and economic outcomes and of the effectiveness and cost effectiveness of the overall intervention.

Implementation of the pilot Program involved developing a training package (available from www.novapolicy.com/pccp) and schedule; implementing the first stage of the outcomes and effectiveness evaluation through telephone administered interview of all participating pharmacies; delivery of the training; distribution of a counter-based kit of consumer recruitment and resource materials to all participating pharmacies; follow-up contact with all participating pharmacies to monitor progress and encourage recruitment of customers to the consumer survey; receipt of 45 customer surveys; exit interview of 32 of the 46 pharmacies who completed the Program; and follow-up computer-assisted telephone interview with 30 of the 45 participating customers.

The outcomes and effectiveness evaluation of the pilot Program has demonstrated pharmacy benefit:

- the Pharmacy Survey data indicate unequivocal support for the Program
- there has been a significant increase in the confidence and perceived knowledge and understanding of continence issues by pharmacy staff
- there is evidence of changes in pharmacy behaviour after only a brief intervention.

This indicates that the Program has significant potential to become an accepted new cognitive service within pharmacy practice. This pilot has demonstrated the efficacy of the training approach and materials for pharmacy staff, in that a significant majority reported increased confidence and knowledge of incontinence health issues and of the pharmacy perception of both consumer and business benefit.

In respect of consumer benefit, the evaluation strategy did not achieve an adequate rate of consumer participation and it is not possible to assess the PCCP's effect on the personal impact of incontinence and on health outcomes. On the basis of this project's experience, the project team recommend that consumer benefit should be assessed through an extended study accessing on a routine and regular basis consumer feedback from customers of participating pharmacies. However, the pilot, despite the very small sample of customers, has indicated that:

- hygiene is the most common area of concern for customers, followed by skin care
- disposable pads (either sanitary or incontinence) are the most commonly utilised product
- expenditure of continence care products (such as non-drug related products, skin care products and women's sanitary products) is most commonly under \$10 per week or between \$10-\$25 per week
- brochures/pamphlets provided by pharmacies are the most recalled information source
- people with incontinence, and those caring for people with incontinence, are generally not embarrassed to speak with pharmacy staff about incontinence
- for the majority, pharmacies are a comfortable place to discuss personal needs.

Six existing standards within the core standards for the Quality Care Pharmacy Program are particularly relevant and appropriate to the PCCP and would enable participants completing the training and implementation of the PCCP, as a component within the QCPP, to meet the requirements for provision of CQI points.

The Pharmacy Continence Care Program pilot has provided sufficient evidence to indicate that implementation of the Program in the longer term would be sustainable through demonstrated benefit to pharmacy practice in primary health care and to pharmacy business.

Further work would be required through implementation of the Program to assess adequately consumer benefit and contribution to improved health outcomes. Implementation of the Program is recommended, using the training materials, training modalities and communication resources and methods developed for this pilot. Implementation of the Program could be undertaken through full funding as an identified national health promotion and health intervention program or could be required to become financially self-sustaining.

Final Recommendation

- That the Pharmacy Continence Care Program be nationally implemented.

The Project team makes this recommendation on the basis of the reported benefits to pharmacies of the training and training materials, and the extent to which the evaluation demonstrates that the objectives of the project have been met through the training and training materials. These objectives were to:

- provide community pharmacists and assistants with the information and skills to significantly raise community awareness of the issue of incontinence and to recognise and promote help-seeking strategies by their customers
- promote widespread awareness of diagnosis and treatment services available
- encourage individuals to seek readily accessible, appropriate and discreet information about their condition/symptoms.

The Pharmacy Continence Care Program pilot has provided sufficient evidence against the first objective to indicate that implementation of the Program could be expected to be sustainable in the longer term, given the demonstrated benefit to pharmacy practice in primary health care and to pharmacy business.

The limited consumer sample achieved through this project methodology has not provided direct evidence against the second and third objectives. Further work is required through implementation of the Program adequately to assess consumer benefit and contribution to improved health outcomes.

1 INTRODUCTION

1.1 Background and rationale

Incontinence is a significant health issue that affects women and men of all ages and backgrounds, as well as children, with physical, social and economic implications for the individual, carers and the community.

Incontinence is a common health problem affecting over 2 million Australians, affecting one in 10 Australians, including up to 40 per cent of people over 75 years. Many more Australians are affected by the condition as carers of people with urinary or faecal incontinence.

Despite the prevalence of incontinence and the considerable impacts bladder and bowel problems have on the health and wellbeing and cost of living of the individual with incontinence, their family and carers, it is estimated that less than 50 per cent of people affected seek help. This common condition is one of the biggest health issues in the Australian community, affecting more than two million Australians. The Continence Foundation suggests that:

- 60-70 per cent of those affected could be cured or much better managed
- an estimated 50 per cent of people affected do not discuss their incontinence, even with their GPs
- incontinence is one of the three major causes (along with mobility and dementia) for admittance to an aged care home.

In 2001 the Department of Health and Ageing, under the National Continence Management Strategy, funded the Hunter Continence Awareness Project. Partners for that project included The Pharmacy Guild of Australia and the Continence Foundation of Australia. A model of coordinated care amongst GPs, pharmacists, continence nurses and other health professionals was developed.

There are about 5,000 community pharmacies and it is estimated that about 400,000 people visit a community pharmacy each day. Pharmacies therefore are positioned to become, and be recognised, as the most commonly access health service provider with the capacity to promote continence awareness and to offer support and/or referral to individuals with incontinence symptoms who have not sought diagnosis, advice or treatment.

Pharmacy and consumer awareness, together with effective information, advice and referral of people with incontinence symptoms and/or their carers, has the potential to reduce significantly the extent to which incontinence remains under-reported, with consequent benefits to the quality of life of individuals with incontinence, and their families and carers, and to the cost impacts of incontinence on government services.

In 2003, the Pharmacy Guild commissioned developmental work towards the establishment of a national Pharmacy Continence Care Program, through the Research and Development Grants Program, which was funded as part of the third Community Pharmacy Agreement between the Commonwealth and the Pharmacy Guild of Australia. Two stages in the development of this program have been commissioned.

Stage 1 of the Pharmacy Continence Care Program was undertaken in 2003 by the Continence Advisory Service of WA Inc. This project included a literature review with the brief to identify current best practice in continence care in community pharmacies in Australia and internationally and to research and develop pharmacy continence care resource

materials, the Pharmacist Training Module and the Pharmacy Assistant Training Module. Stage 2 of the Pharmacy Continence Care Program, which is the subject of this report, was commissioned in late 2004 to review the materials developed in Stage 1, and to research and develop a training package and strategy to trial and evaluate the implementation of the draft Pharmacy Continence Care Program by community pharmacies.

The Pharmacy Continence Care Program is intended to establish a role for pharmacists in continence care, a role that has not been formally developed and articulated prior to this. The Program has been designed for the pharmacist to assist in the identification of people who are at risk of incontinence, and to provide continued support and management to people with the condition. The Program is to enable the pharmacist to identify, advise, counsel and/or refer and promote continence awareness to people with or at risk of incontinence.

1.2 Stage 2 Pharmacy Continence Care Program

The second stage of the Pharmacy Continence Care Project (PCCP), which commenced in September 2004, was to design, implement and evaluate a pilot program to provide information and training to pharmacists and pharmacy assistants in community pharmacies, and to establish draft standards for a national sustainable and cost-effective accreditation program based on the Quality Care Pharmacy Program (QCPP) standards and requirements.

The project is considered by the Pharmacy Guild to be important to all areas of pharmacy, governments, and people affected by incontinence. The Guild considers the project offers the potential for pharmacists and pharmacy assistants to be more formally recognised in continence care and for the contribution they are able to make to the quality of life to those whose incontinence is undiagnosed, poorly managed or under treated. The project is to develop standards for possible incorporation into the Quality Care Pharmacy Program and would enable interested pharmacies to participate in a standardised and accredited quality care service in continence care.

This project (Stage 2) had a specific service development purpose rather than research *per se*. The research component required was a measurement of the health and economic outcomes of the program and an evaluation of the effectiveness and cost-effectiveness of the intervention. The agreed project design aimed to demonstrate the outcomes and benefits of the training materials, the training methodology, the pharmacy interaction with consumers, the business benefit to pharmacies providing a continence care service, and the health and other benefits to consumers, and, depending on the outcomes of the project, to consider the potential to demonstrate to government the cost-effectiveness of including pharmacists in the National Continence Management Strategy.

The project had four core tasks:

- to develop training and resource materials
- to develop and implement a training program
- to evaluate the outcomes of pharmacy-provided continence care following the training program
- to recommend on the potential for implementation of the program as a participatory and accredited quality care program for community care pharmacy.

The central research questions were the extent to which:

- participation in the training resulted in behaviour change in pharmacists and pharmacy assistants

- application of the learnt behaviours achieved change in pharmacy practice and business
- a pharmacy-initiated intervention with consumers led to behaviour, health, social and/or financial benefit to consumers.

The research design therefore was based on recruitment of an invited sample of pharmacies broadly representative of the range and mix of community pharmacies across Australia, and a pharmacy-recruited sample of consumers responding to the offered intervention. The project comprised both design and testing of an education and training program supporting a capacity to offer a health intervention, evaluation of the pharmacy perception of benefit of that training program, and evaluation of consumer benefits through self-reported assessment by customers recruited in and by pharmacies.

The scope of the project was to:

- review and refine the Pharmacy Continence Care modules
- identify barriers to, and facilitators and resources for the implementation of the Program in community pharmacy
- develop an implementation strategy to pilot and then implement the program in a sample of pharmacies
- measure the health and economic outcomes of the Program and evaluate the effectiveness and cost effectiveness of this intervention with consideration of the recommendations of the National Continence Management Strategy Outcomes Measurement Suite project
- identify strategies for remuneration and sustainability for the service
- develop and/or recommend standards for possible incorporation into the QCPP
- develop a national implementation plan and communication strategy to promote the service
- provide a final report on the outcomes of the Program and review and refine the Pharmacy Continence Care Program module.

The project methodology comprised six elements, running contiguously and sequentially through the life of the project. The first element, Project Inception, was completed in November 2004. The other five elements of the project were:

- desk research
- implementation of pilot program
- outcome and effectiveness analysis
- development of draft standards
- development of national plan and communication strategy.

The project activities undertaken to complete these elements, and their timing, included:

- recruitment of participating pharmacies, from October 2004 to January 2005
- initial interview of pharmacies, March 2005
- training of pharmacists and pharmacy assistants, April – May 2005
- participating pharmacies' implementation of the pilot strategy for three months from June to the end of August, including active recruitment of pharmacy customers to participate in an intervention survey and potentially a follow-up telephone survey
- consumer and pharmacy follow-up survey from May to September 2005

- evaluation of the pilot program and design of a draft national strategy, for consultation with the Pharmacy Guild Expert Advisory Group (EAG) and the Pharmacy Guild, in October and November 2005.

This report presents a summary of each of the elements, the methodology applied, the findings and the application of those findings to the pilot program.

Chapter 2, *Methodology*, discusses the literature review, information collection, expert advice, and stakeholder consultations undertaken to develop the materials for the training and evaluation components of this project. It also discusses the tools and methods applied in the training program for pharmacists and pharmacy assistants, and the evaluation of outcomes and effectiveness of the pilot program.

Chapter 3 *Implementation of the Pilot Program*, summarises the implementation processes and results of the PCCP pilot program. The pilot relied on delivering training, and evaluating the effectiveness of that training, in a sample of pharmacies that was sufficient in size and demographic distribution to provide reliable information that could be used to draw conclusions about a wider scale implementation. Consequently the project team undertook a recruitment strategy to achieve participation by pharmacies from all states and territories and all broad regional groupings: metropolitan, regional, rural, and remote. A recruitment target of 50 pharmacies across this range was set and achieved at commencement of training. Ten per cent (5) of these subsequently withdrew once training commenced, for a variety of reasons, mostly related to the availability of staff, time or both, and an additional pharmacy was included after a late response.

The central purpose of this project was to assess the benefits of the pilot education and training program, in continence health issues and continence care, to pharmacy practice, in pharmacy contribution to primary health care services, and to consumers. Chapter 4 reports on the Outcomes and Effectiveness evaluation that has been undertaken, based on parallel and two-stage surveys of participating pharmacies and of recruited consumer survey participants. NOVA team members conducted structured telephone interviews with nominated personnel in each participating pharmacy, at the inception of the program prior to the training provided in each pharmacy (the Pharmacy Intake Questionnaire - PIQ), and again at the conclusion of the pilot program trial period in each pharmacy (the Pharmacy Exit Questionnaire - PEQ). A self-administered questionnaire providing pharmacy feedback on the training experience and outcomes was provided for completion by participating pharmacies at the conclusion of the program of training in each pharmacy.

A recruitment target of 500 participating consumers was established, based on the estimated numbers and proportion of customers with incontinence or caring for a person with incontinence in the general population and the population attending community pharmacies. A follow-up survey by Computer Assisted Telephone Interview (CATI) with a randomly selected sub-sample of 300 participating consumers was planned. Recruitment of consumers by pharmacies was very low, with only nine per cent of the target sample (45 consumers) recruited by pharmacies, despite various incentive and support strategies discussed in Chapter 4. The follow-up CATI survey was not undertaken randomly, given the low participation rate, and 30 of the consumers who consented to follow-up were subsequently re-interviewed. Of these, 18 consented to further interview, and the project team will undertake a semi-structured interview with those of this group who are available during November 2005, to obtain further and personal detail that can be used as de-identified case study material in information for pharmacies and consumers, in the future national implementation of this training program.

As part of the program, pharmacies were encouraged to seek feedback from their customers to gauge their satisfaction with the service they received from the pharmacy in relation to

continence care. A template for a customer feedback questionnaire was provided in the training materials. Sixteen of the 32 respondents to the Pharmacy Exit Questionnaire (PEQ) had sought such feedback.

Chapter 4, *Outcomes and Effectiveness Evaluation*, also discusses the effectiveness of the training of pharmacies and pharmacy assistants, assessed by self-administered interview of the participating pharmacies and by debrief interview of the contracted continence care trainers who provided face-to-face and group-based training of pharmacy staff. The chapter presents a summary of the results of the Pilot Program from the perspective of the participating pharmacies, and an analysis of the extent to which pharmacies reported the program as having enhanced their role, been cost-effective, and changed pharmacy behaviour. Pharmacies' overall impressions of the effectiveness of the program are presented in summary. Outcomes for consumers are also presented.

Chapter 5, *Discussion*, discusses strategies for the national roll-out of the program and for sustainability of this program as a new cognitive service for community pharmacies. This chapter discusses the method proposed for recruitment and training of pharmacies in a national roll-out, and the existing QCPP standards that are recommended as relevant to the Pharmacy Continence Care Program, providing the capacity for participants in the Program to acquire CQI points. The resource materials for training and for consumer information in an ongoing program are also discussed. Costs of the roll-out of a national program are identified, and potential sources of funding discussed. A communication strategy to engage pharmacies and achieve their participation, and to promote consumer and community awareness, is outlined. The chapter also identifies the potential for the program to provide an ongoing self-evaluation and to focus on consumer feedback and health outcomes assessment.

Chapter 6, *Recommendation and Implementation Plan*, presents the conclusions and recommendations of the project team.

Appendix 1 to this report provides the detailed methodology, timelines, participating pharmacies, training materials and consumer materials, and the pharmacy and consumer participation surveys. Appendix 2 maps the content of the National Pharmacy Assistant Standards to PCCP learner activities. Appendix 3 identifies the relevant QCPP standards for program implementation. Appendix 4 provides a summary of literature and training materials.

2 METHODOLOGY

The methodology for the second stage of the PCCP included the following seven elements summarised here. Appendix 1 provides further detail.

Element 1 – Project Inception

During this initial phase, members of the project team met with the project manager and finalised the project plan.

Element 2 – Desk Research

Members of the project team:

- reviewed and refined the Pharmacy Continence Care Program module developed in Stage 1 of the Project
- conducted a review of the commissioned literature review on incontinence (see Appendix 4)
- reviewed the results and findings of the Hunter Continence Awareness project
- reviewed other relevant literature, materials and programs
- consulted stakeholders by telephone or face-to-face interview, using a semi-structured interview schedule
- reviewed and refined the Pharmacy Continence Care Program module developed in Stage 1 of the Project
- assessed and modified the GP education and training materials, "Tackling Urinary Incontinence in the Community"¹ developed by Assoc. Professor Richard Millard, in conjunction with the Expert Panel to the project and with reference to the literature review undertaken in Stage 1 of the project
- designed the training materials and program for the project using the results of the literature review, the review of the PCCP module, the education and training materials for GPs, and relevant other information and training information.

Element 3 – Implementation of the Pilot Program

The desk research element of the project proceeded in parallel with element 3, Implementation of the Pilot Program, which comprised the recruitment of the research sample of participating pharmacies, and consultation with stakeholders on pharmacy, consumer issues and continence care information relevant to the project.

The project team and the project Expert Panel initially workshopped the barriers to, and the facilitators and resources for, the implementation of the program and this work guided the strategies developed to recruit pharmacies, train pharmacy staff, and recruit consumers to an evaluation component of the Program.

Recruitment of pharmacies entailed development of a recruitment strategy for a target number, range and spread of pharmacies across Australia. Pharmacy Guild of Australia communications and publications were used to attract pharmacies across Australia to participate in the Program.

¹ Millard R, 2004: Tackling Urinary Incontinence in the Community. CD ROM and text.

NOVA initially proposed to recruit 50 participating pharmacies from across four states and territories, including rural and remote pharmacies and pharmacies in areas of high migrant populations.

A brief notification of the pilot Program announcing the opportunity for pharmacies to participate was placed in the Pharmacy Guild e-newsletter in November 2004. A number of pharmacies contacted the NOVA Team for further information about the pilot and around 30 volunteered to participate. Other avenues used to recruit pharmacies included:

- approaching State branches of the Pharmacy Guild (ACT Guild)
- seeking participants from other Commonwealth-funded projects (participants in the Divisions of GP program in Tasmania and Victoria, and the Hunter Continence Care project in NSW)
- team members cold-canvassing, in person and by phone, pharmacies in Canberra, Sydney and Melbourne.

A total of 51 pharmacies volunteered to participate. These are listed in Appendix 1.3.

Pharmacy training methodology involved initial design and administration of an initial interview of each participating pharmacy at entry to the Program that included identification of preferred modes for training. Training methods and modalities were assessed and selected, an external training provider appointment. Training of the trainers was undertaken and a training schedule for all pharmacies established.

Training kits were distributed to each participating pharmacy and the training provider provided training for each pharmacy, through face-to-face, self-paced, telephone-based or group training. During the training sessions, pharmacies were provided with information and encouraged to undertake a number of activities that would contribute to continence care for their customers. These recommended activities included:

- providing information on incontinence and its management to customers (in accordance with Professional Practice Standard PPS 1 in the QCPP STANDARDS. A pack of consumer materials was provided to pharmacies including counter talkers (in the form of a business cards), stickers to be placed on relevant products, posters to be displayed in the pharmacy, pamphlets on incontinence issues and a specially produced edition of *Bridge*, the magazine of the Continence Foundation of Australia
- providing counselling on continence management issues as required or requested. The messages to be conveyed included incontinence may affect both men and women, it is not an inevitable consequence of ageing, and it should be managed appropriately. Pharmacies were provided with information and training on self-help strategies and management options that could be used by consumers to assist them to make informed choices and to take action
- providing information to customers on medications that may exacerbate incontinence or predispose a person to it, and medications that may alleviate symptoms.

The degree to which pharmacies implemented these components of the Program is analysed in Chapter 4 of this report.

At the end of training, the project team and the training provider reviewed the appropriateness and effectiveness of training, and sought post-training self-evaluation reports by facsimile from each pharmacy, together with a Program-supplied tax invoice for an incentive and compensation payment of \$350 plus GST in contribution to the pharmacy costs for participation in the training and pilot Program preparation.

Consumer recruitment was part of the evaluation strategy, designed to enable assessment of the benefits to consumers of the pharmacy's participation in this project. To provide an adequate sample size to assess consumer attitudes to and benefits from the Program, each pharmacy was asked to aim to recruit 10 or more customers to complete the questionnaire. The training materials to pharmacies included a template for a customer feedback questionnaire. Each pharmacy was provided with a substantial resource kit containing information for consumers, including specific information for particular age groups and conditions. Pharmacies were advised and encouraged to use display materials provided to profile their interest in and willingness to provide advice on continence care to their customers.

Element 4 – Outcomes and Effectiveness Analysis

An evaluation framework was developed to measure costs and benefits of the pilot project to pharmacies and benefits for consumers. The participating pharmacists were asked to recruit 10 consumers each to participate in the evaluation of the Program.

The evaluation of the pilot Program was designed to comprise:

- a baseline survey of the pharmacies, undertaken through a questionnaire administered by a NOVA consultant
- a baseline survey of 500 consumers, to be recruited within and by the pharmacies over the period of the pilot project (April to June 2005). Each consumer consenting to be part of the pilot project was to be provided with a printed questionnaire, together with a printed reply-paid envelope, by the staff member of the pharmacy who engaged the consumer in discussion about incontinence
- a follow-up survey of the 50 pharmacies at the conclusion of the pilot, through re-administration of the baseline questionnaire by a NOVA consultant
- a follow-up telephone survey of 300 consumers randomly selected from the 500 who agreed to participate in the trial, using the baseline questionnaire with additional agreed items.

The review of literature and evaluation reports relevant to continence service provision, including the National Continence Management Strategy Outcomes Measurement Suite, indicated that outcomes and effectiveness were most likely to be indicated by:

- improved pharmacy knowledge and consumer-directed activity relating to continence
- measurable changes in pharmacy business activity
- better identification and onward referral of untreated/poorly managed incontinence
- better ongoing support and monitoring of people with incontinence and/or their carers
- improved consumer health (self-report) and quality of life
- improved self-reported carer health and wellbeing
- improved self-reported carer management of the incontinence needs of the person requiring care.

In addition, consumer benefits might include change in individual costs for incontinence care (such as purchases of disposables – pads, catheters, drip collectors – and costs of pharmaceuticals). The increases or decreases in costs ought to be correlated with the way the person with or at risk of incontinence perceives the outcome in terms of increase, decrease or no change in incontinence management or ability to maintain continence.

Two instruments are widely used for the measurement of consumer-reported incontinence and continence experience and impacts (social, physical and financial). The more extensive instrument, the Dowell Bryant Incontinence Cost Index (DBICI), was not considered suitable to administer, given time and cost limitations for the PCCP, as it is an extensive economic questionnaire that has been designed to be administered by nurse continence advisers. The Incontinence Impact Questionnaire (IIQ), which has been internationally and locally validated and which has both a long and short form, was determined, in consultation with the NOVA Expert Panel, to be the preferred instrument to measure changes in reported health and wellbeing outcomes for people with or at risk of incontinence. The project team used the IIQ question format to include assessment of carer perceptions of the social, physical and financial impacts for them of the incontinence of the person receiving care.

To evaluate pharmacy benefits:

- NOVA team members designed structured interview schedules for telephone administration with nominated personnel in each participating pharmacy. The first interview schedule, the Pharmacy Intake Questionnaire – PIQ, was administered by telephone at the inception of the Program, before the training provided in each pharmacy, and the second interview schedule, the Pharmacy Exit Questionnaire – PEQ, was administered by telephone at the conclusion of the pilot Program trial period in each pharmacy.
- The administration of the training program was evaluated through completion by participating pharmacies of a self-administered questionnaire providing feedback on the training experience and outcomes. To promote return of these questionnaires, participating pharmacies were offered an incentive payment of \$350, on receipt of the returned questionnaire, to defray costs to the pharmacy of participation in the training.

To evaluate consumer benefits:

- The training program and resources provided each participating pharmacy with information and guidance in identifying, by both observation and by medication dispensed, customers who potentially could be at risk of, or are not coping with, incontinence. Pharmacy staff were provided with information and advice through the training program on approaching customers and offering continence information. Through the training and the follow-up support by the project team, pharmacy staff were also encouraged to recruit customers who had responded to the continence care service to complete a research questionnaire whilst they were in the pharmacy.
- Market research firm Ipsos Australia Pty Ltd was sub-contracted by NOVA Public Policy to undertake the consumer survey component of the project. NOVA and IPSOS developed a baseline survey questionnaire for completion in-pharmacy by customers with whom a pharmacy staff member had discussed incontinence (the intervention). The consumer baseline study was designed to establish consumers' awareness of continence management, their experience of the social, financial and physical impact of incontinence, using the IIQ, and their past or present use of other health services for incontinence. To measure benefit, the questionnaire was adjusted to be administered post-intervention to respondents who consented to follow-up, at three months after the baseline questionnaire, through computer assisted telephone interview (CATI).

Element 5 – Develop Draft Standards

The project team was to develop standards for potential incorporation into the QCPP STANDARDS. The project results made clear, however, that the development of separate standards was neither appropriate nor desirable for the project. Consequently, an alternative

methodology that assessed the pilot Program against the existing QCPP standards was undertaken.

Element 6 – Develop National Implementation Plan and Communication Strategy

A draft national implementation strategy and a communications strategy were developed.

Element 7 – Final Report

This current report was prepared.

Appendix 1 provides a detailed account of the project methodology, together with the training materials and questionnaires.

Two summary flow charts (below) summarise the major steps in the recruitment and participation of pharmacies (Figure 1) and the subsequent process for the engagement of consumers including pharmacy-recruitment of consumers (Figure 2).

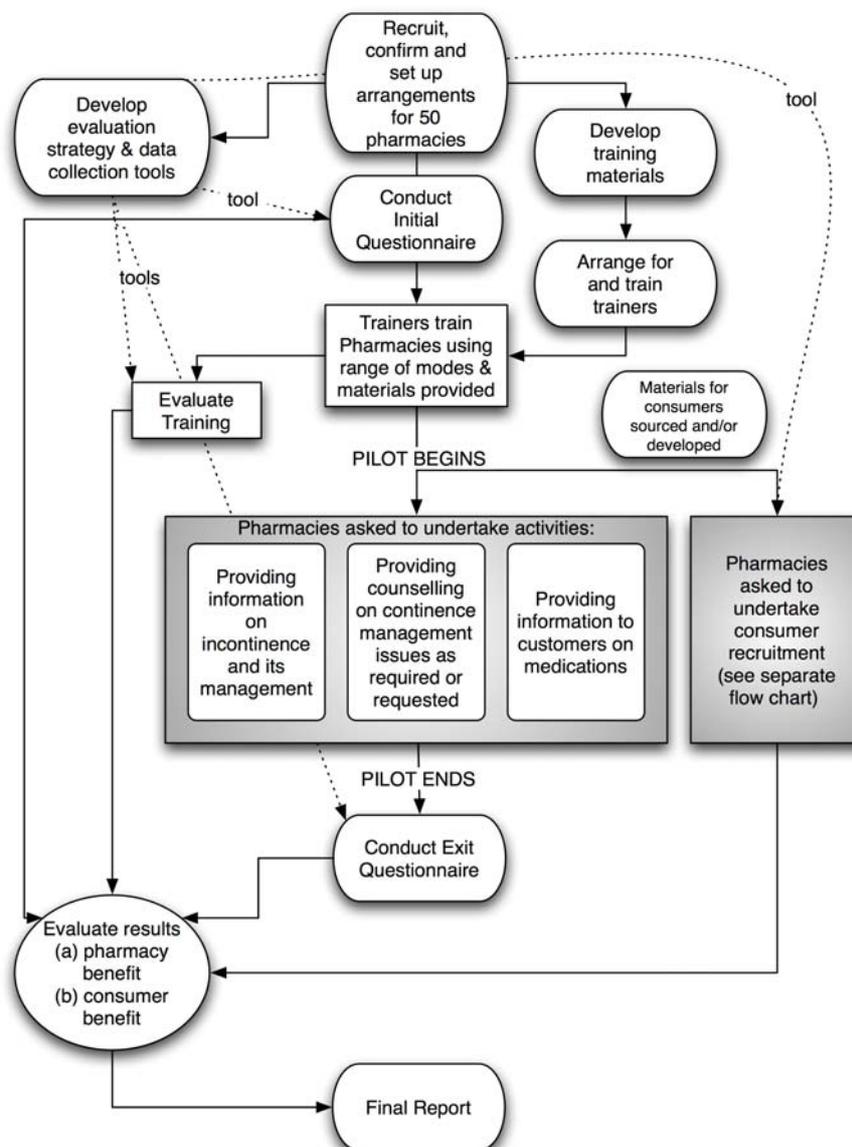


Figure 1. Major Steps in the methodology for the recruitment and participation of pharmacies in the program²

² In Figures 1 and 2 the term “pharmacies” means the participating pharmacists and pharmacy staff.

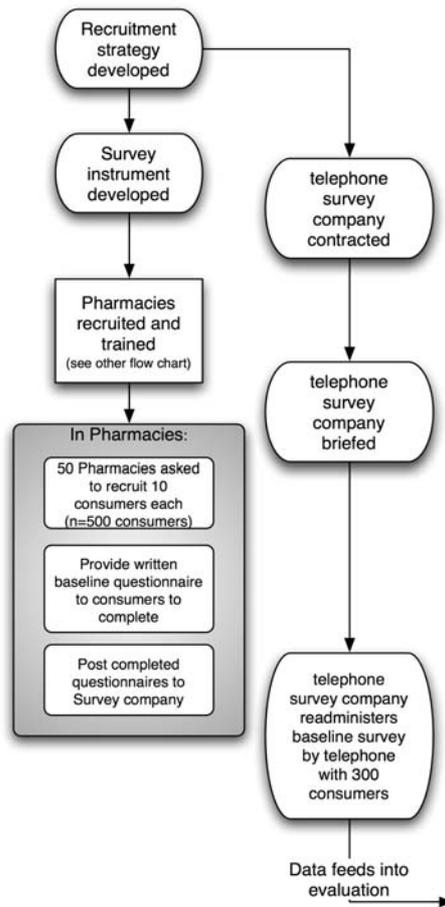


Figure 2. Major steps undertaken in the engagement of consumers during the project

3 IMPLEMENTATION OF THE PILOT PROGRAM

Implementation of the Program comprised:

- review of Stage 1 training materials and development of a training program and materials for implementation
- stakeholder consultations to inform the development of the project components
- recruitment of 50 pharmacies from across four states and territories, including rural and remote pharmacies and pharmacies in areas of high migrant populations
- implementation of the training program with the participating pharmacies
- evaluation of the training program outcomes and effectiveness through telephone and self-administered questionnaire
- a three-month intervention period consisting of:
 - pharmacy promotion of continence information and assistance to consumers
 - recruitment of a number of consumers (target of 10) by each pharmacy to the outcome and effectiveness survey
 - completion in-pharmacy by recruited consumers of baseline continence health survey and return of completed surveys by the pharmacies (supported by incentive payments to pharmacies)
 - follow-up outcomes CATI (computer-assisted telephone interview) of randomised sample of participating consumers and follow-up exit interview by telephone with all participating pharmacies.

3.1 Training Materials

The review of Stage 1 training materials and other training materials suitable for application to this project included:

- the existing training package developed for the Pharmacy Guild by the Continence Advisory Services of WA, which consisted of:
 - training modules for pharmacists
 - training modules for pharmacy assistants
- the text and CD, *Treating Urinary Incontinence in the Community*, developed by Assoc. Professor Richard Millard for general practitioners, which in 2004 was distributed to all GPs in Australia through the Department of Health and Ageing National Continence Management Strategy. The Expert Panel considered its application and adaptation for pharmacists and pharmacy assistants
- a substantial range of other continence materials, used in education and training undertaken through the National Continence Management Strategy or identified through the literature review, including other relevant materials developed by DoHA, the Pharmacy Society, and others including those funded by pharmaceutical companies
- extensive adaptation of available materials, and further review of the penultimate draft of the training materials by the medical and pharmacy professionals on the Expert Panel and the Pharmacy Guild training manager, prior to submission to the Pharmacy Guild Expert Advisory Group in February 2005. These materials are at Appendix 1.4.

3.1.1 Training delivery

Following discussion with individual pharmacies during recruitment and consultation with the NOVA Expert Panel, and on the basis of the extensive review of current education and training approaches relevant to this project, four training delivery platforms were provided:

- face-to-face in-house training of nominated pharmacists and pharmacy assistants. This training approach required approximately two hours for pharmacists and two hours for pharmacy assistants in each participating pharmacy. At least two staff (one pharmacist, one assistant) were trained in each participating pharmacy
- telephone-based delivery of training using CD ROM, Web or printed materials determined by the needs of the pharmacy
- CD-ROM-based self-paced training for nominated pharmacists and pharmacy assistants, with telephone advice and support by a nominated member of the NOVA project team, available by posted CD-ROM or accessed from the NOVA PCCP project website
- group-based facilitated training of the nominated staff of a small number of pharmacies in a major city (Canberra).

3.1.2 Production of training manual

Existing Pharmacy Guild materials were used as the basis for content for the training materials, but reduced to accommodate the two-hour training time allowed. The materials were presented in web layout available to participants both on the project website (see Appendix 1.4) and in CD-ROM and print format. They are also available from www.novapolicy.com/pccp.

3.2 Stakeholder Consultations

Consultations with organisations representing consumers and carers informed the project about:

- consumer and carer issues in relation to continence management
- how to encourage consumer and carer involvement in the project
- the selection, development and use of consumer and carer materials
- the consumer survey
- the economic analysis.

Health provider organisations were consulted to advise major professional organisations of the project and to seek advice or information on recruitment of pharmacies, the development of appropriate training materials, and the design of the evaluation of the project.

Consumer organisations were more responsive and willing to participate in discussion than were health provider organisations. The consultations with both groups identified a range of issues to be addressed and/or evaluated in the pilot, and confirmed the core aspects of the issues identified in the literature review and in the NOVA team's proposed approach.

3.3 Pharmacy participation

The project design aimed to recruit a pharmacy sample size that was broadly representative of the range of mix of community pharmacies in Australia. The sample size target was set at 50, and the recruitment strategy targeted pharmacies with an interest in continence care,

based on either their customer population or business strategy. The pharmacy sample size was determined on the basis of the sample size of consumers that was considered sufficient to enable pre- and post-intervention assessment of the impact of the pharmacy intervention. The NOVA expert panel considered the available information on the incidence of customer identification of continence care issues in community pharmacies, and the age distribution and family characteristics of the majority of community pharmacy customers. It proposed that:

- recruitment of an average of 10 consumers by each pharmacy over a three-month period would be feasible
- a consumer sample size of not less than 300 and preferably 500 was preferred, and that a sample size of 500 surveyed at the point of intervention would enable a follow-up randomised survey of 300 consumers to assess outcomes and effectiveness of the intervention.

This design was to enable a substantial body of baseline information on consumer characteristics and experiences, with a subsequent focussed assessment of change in outcomes and experience on a randomly selected sub-sample.

Using Pharmacy Guild and Pharmaceutical Society of Australia usual communication avenues, including an e-newsletter, more than 40 pharmacies volunteered to participate in the Program. Cold-calling of pharmacies in under-represented areas achieved participation of 50 pharmacies.

The distribution of pharmacies by state is represented graphically in Figure 3, and the regional distribution is presented in Table 1 and Figure 4.

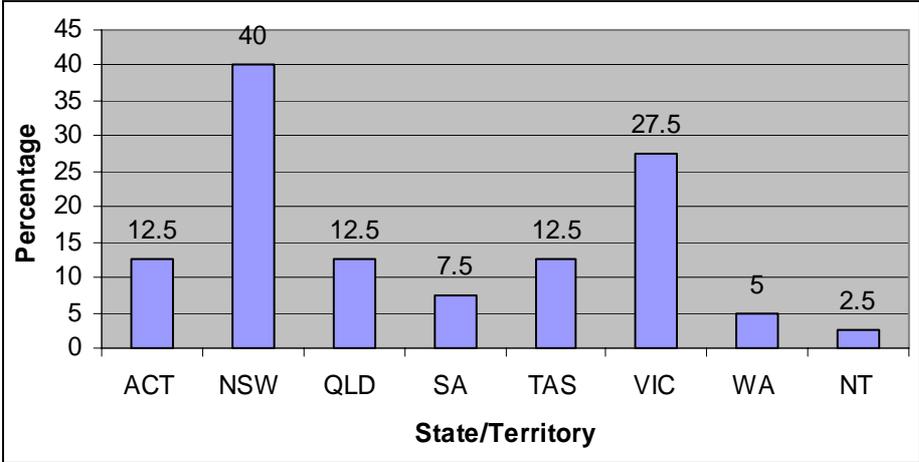


Figure 3: Percentage distribution of pharmacies by state

Table 1: Regional distribution of pharmacies

Region	Number of pharmacies	Percentage of total number of pharmacies
Metropolitan	24	49
Outer metro	4	8.2
Rural	6	12.2
Regional	12	24.5
Remote	3 (all from Tasmania)	6.1

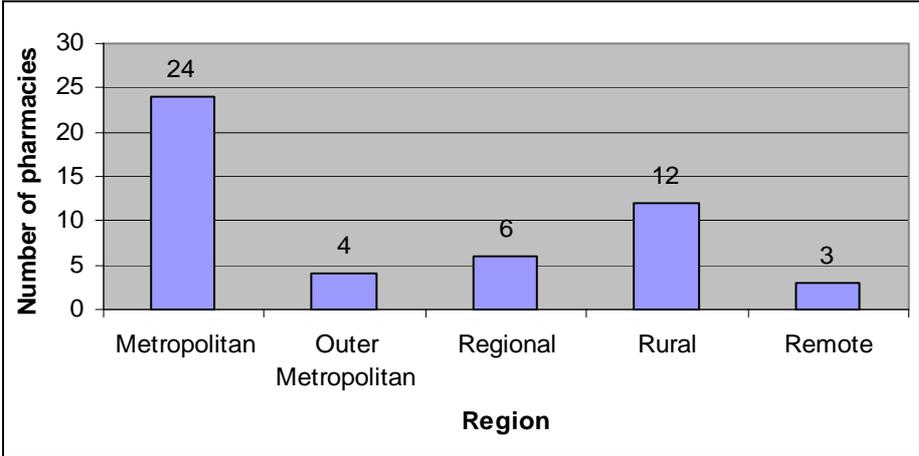


Figure 4: Distribution of pharmacies according to region

3.3.1 Number of pharmacies recruited

The pharmacy recruitment followed the methodology described in Appendix 1.1 Of the original 47 that nominated as a result of the Pharmacy Guild advertisement, eight dropped out for differing reasons during January 2005. By the time the training commenced there was a full complement of 50 pharmacies. Once training commenced, however, five pharmacies pulled out mostly due to availability issues or staff changes. An extra pharmacy was added at the last minute when they heard about the Program from a colleague. A total of 46 pharmacies completed the training.

3.3.2 Training

Forty-seven of the 50 pharmacies completed a training program in March and April that aimed to develop confidence and skills in pharmacy staff in providing information and advice to customers on continence care issues. The training utilised a kit of materials developed by the NOVA team.

The trainers were both continence care advisors and qualified workplace trainers and assessors, contracted from Abena-Sanicare by NOVA.

The different models of training that were trialled were:

- face to face in a small group at another site
- face to face by a trainer at their own site
- by distance (over the telephone) with a trainer
- self-paced using the printed materials

- self-paced using the CD-ROM/web site.

Regardless of the model accessed by the participants, their responses were overwhelmingly supportive of the value of the training in relation to raising awareness of how they can better meet their customers needs. NOVA has sought and received feedback on changes that they have made to their practices and pharmacy setup in response to this heightened awareness. This will be analysed and collated over the next month, and reported to the Guild.

At the time of recruitment, pharmacies were asked to indicate their preference for training type and time. The majority of pharmacies indicated a preference for face-to-face training at their site, with the most commonly preferred times being evening or mid morning. However pharmacies were informed that participation in the Program would involve “trailing” the different types of training. The breakdown of training delivered, as presented in Figure 5, was:

- 7 face to face
- 19 telephone
- 16 self-paced
- 4 at another site
- 5 did not complete.

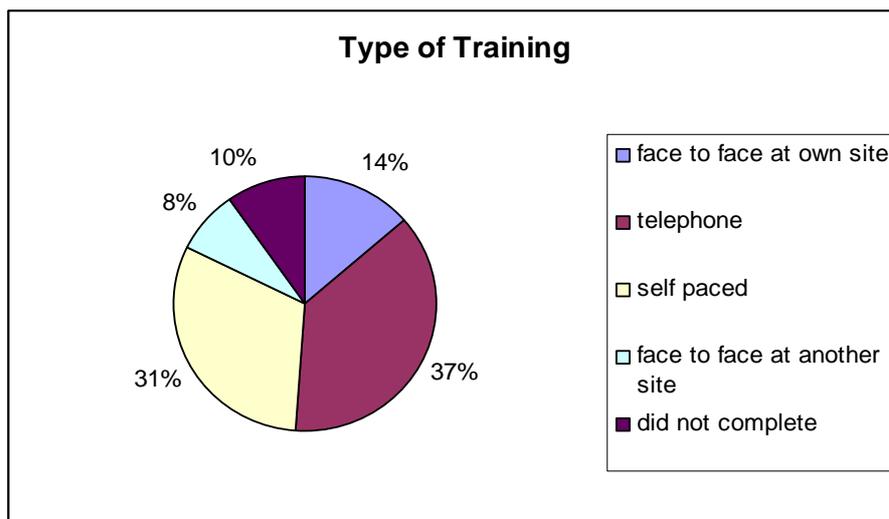


Figure 5: Breakdown of type of training for pharmacies

3.3.3 Reason for participating

At the time of recruitment, pharmacies were asked to identify their reason for wanting to participate in the Program. For those who did so (23 of the initial 50):

- eleven respondents (48 per cent) pharmacies indicated a desire to meet the needs of their client base (citing the elderly profile of the client base)
- four of the 23 respondents indicated that they had existing professional support staff and the Program would add to their existing delivery. The professional staff identified were: trained assistant, resident nurse, occupational therapist, and Care link Centre staff.

Other reasons provided were a “desire to change existing modus operandi,” “improving current lack of continence expertise”, “using a different approach to providing health advice”, “limited current knowledge” and “a commitment to quality care”.

One pharmacy indicated involvement in a previous project (the Hunter pilot). Later recruitment also enlisted another three pharmacies that had been involved in the Tasmanian Divisions of General Practice project.

3.4 Timeframes

The recruitment of pharmacies commenced in October 2004 and was finalised during January 2005. Once the NOVA staff identified that the most effective way to communicate with pharmacies was by fax and by telephone, preferably in the morning, communication became streamlined. Email is not a form of communication commonly used by pharmacies and was discarded as ineffective for this group.

The Pharmacy Initial Questionnaire (PIQ) was administered to pharmacies during March 2005 at the same time as the training materials were being finalised and sent out and the train-the-trainer program was being provided to the trainers.

Due to availability of both pharmacies and training staff, training commenced in mid April and was completed by the end of the first week in May. The different timing of school holidays across the jurisdictions became an unexpected consideration for timing of the training program.

Three months after the completion of training at each pharmacy, the Pharmacy Exit Questionnaire (PEQ) was administered by telephone (August 2005). Thirty-two of the 46 participating pharmacies were interviewed for the PEQ. Follow-up calls endeavouring to arrange an interview time were made to each of the non-responding pharmacies. Two to three telephone calls were required to secure an interview time, and non-responding pharmacies were unable to provide firm time for interview by the nominated staff member within the time period for the follow-up survey.

3.5 Pharmacy implementation of the Program

As part of the Program, pharmacies were encouraged to seek feedback from their customers to gauge their satisfaction with the service they received from the pharmacy in relation to continence care. A template for a customer feedback questionnaire was provided in the training materials. Sixteen of the 32 respondents to the PEQ had sought such feedback (see Figure 6).

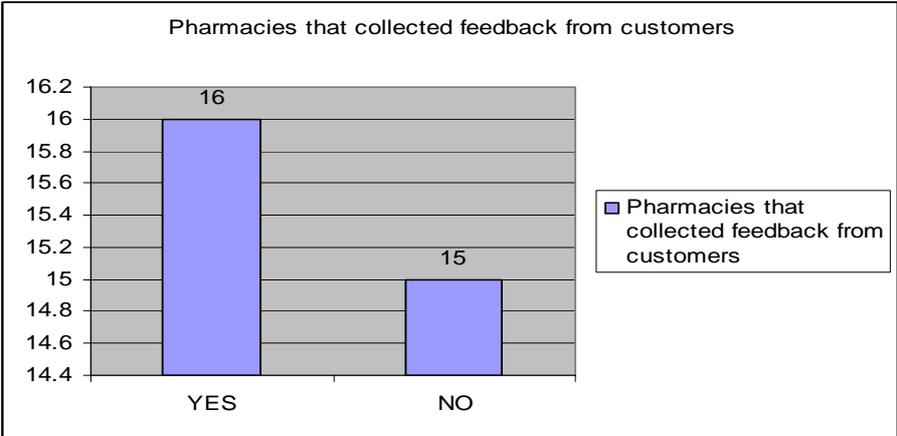


Figure 6: Pharmacies that collected feedback from customers

Of those pharmacies that had sought feedback, eleven (69 per cent) reported that customers had expressed satisfaction with services provided to them. This is a reflection of pharmacy perception of consumer satisfaction and not a collected data item, as the project

focus was on embedding the practice of seeking customer feedback. Consequently this is mainly a perceived benefit as reported by the pharmacy.

Pharmacies were also asked to report their perceptions of any increase in requests for and sale of continence products. Figure 7 shows the responses provided by pharmacies.

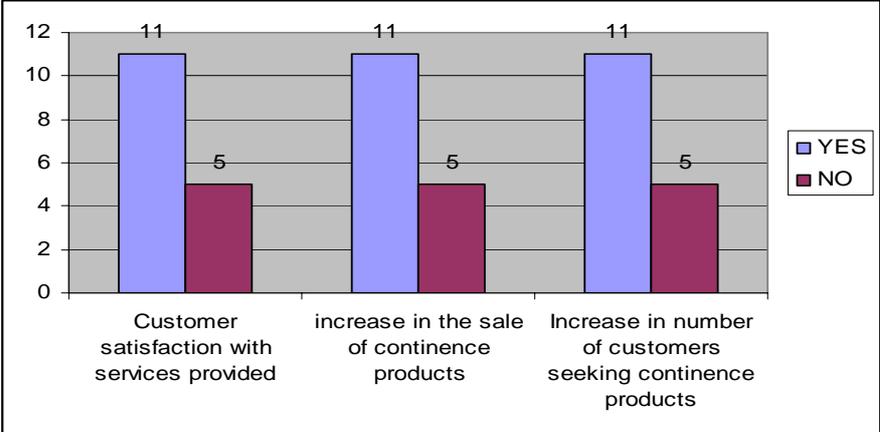


Figure 7: Customer responses to the Program as collected by pharmacies

3.5.1 Use of the project materials as reported by pharmacies

Figure 8 shows the degree to which pharmacies used the materials provided by the project team to assist in their services to clients. There was a very high take-up of use of the resources (average 71 per cent). Pharmacies also commented favourably on the training and the information Flip Chart, which many reported was a useful resource for explaining continence issues to clients. Those who reported using it stated that they left it on the shelf close to the continence products. At the minimum, it would appear that this resource would be well worth reproducing for distribution to all pharmacies. It would also lend itself to displaying a sponsor’s details, if production were to be funded in this way.

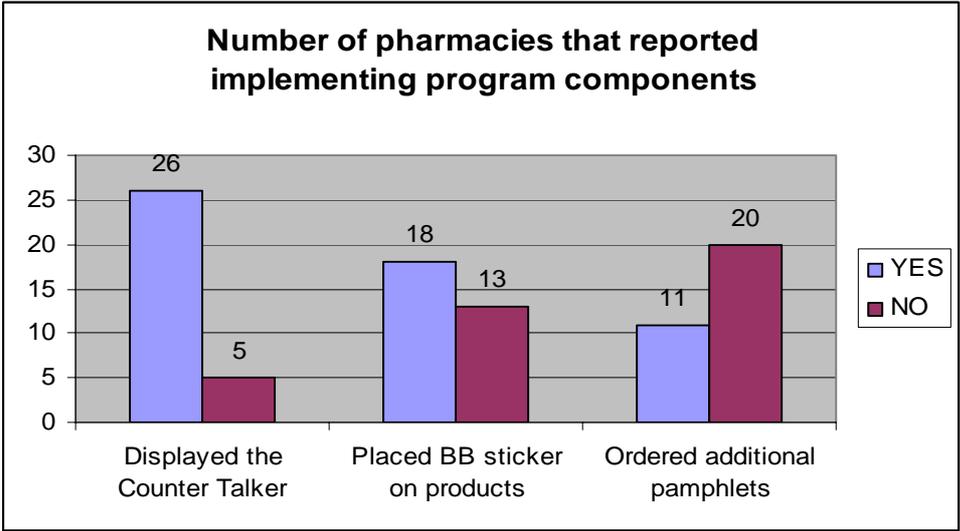


Figure 8: Number of pharmacies that reported implementing Program components

3.6 Consumer participation

Consumer participation in the project was a major aim with the objective of assessing the extent to which pharmacy provided information and assistance resulted in consumer benefit, including positive health behaviour or improved health outcome.

Despite a carefully designed and well resourced consumer recruitment strategy, however, the participating pharmacies recruited less than one tenth of the target number of consumers for evaluation of the health and individual benefits of the Program. Feedback from a number of the participating pharmacies has suggested that pharmacy staff consider consumers are hesitant to participate because of their reluctance to publicly self-identify as having continence issues. Follow-up by the project team indicated that pharmacies do not have a practice of seeking customer feedback and this may also have been a contributory factor.

To evaluate consumer benefits, pharmacies were asked to encourage and support customers to whom continence information, advice or referral was offered (people with or at risk of incontinence, and carers), to complete a baseline survey questionnaire in the pharmacy at the time of the intervention. In recognition of the time impost for customers likely to have limited time or interest in staying to complete a questionnaire after completing their visit to the pharmacy, incentives to participate were developed and identified in consumer information and on the consumer baseline survey questionnaire. Each consumer who consented to be part of the trial was issued a printed questionnaire, together with a printed reply-paid envelope addressed to the survey firm, Ipsos Australia, to protect respondent confidentiality.

The consumer recruitment target established by the project team, after literature review and consultation with members of the NOVA Expert Panel, was 500 consumers, an average of 10 consumers to be recruited by each pharmacy to respond to the pharmacy-based, self-administered consumer interview schedule. Each pharmacy was asked to enrol up to 10 customers to participate in the baseline and follow-up survey by completing the consumer questionnaire, in the pharmacy, at enrolment, and to consent to a follow-up telephone interview to complete the questionnaire at three months post enrolment. This sample size was considered to be achievable, based on the number of people with incontinence in the general population estimated to attend a community pharmacy, and the pilot Program trial period of three months was determined to provide pharmacies with sufficient time to recruit 10 or more participating customers. It was expected that larger pharmacies would potentially recruit more than 10 participating consumers, and that smaller pharmacies would potentially recruit five or more over the three-month trial period. The project methodology proposed that the 500 recruited consumers would be asked to consent to a follow-up study, to be administered to a randomly selected sub-sample of 300 respondents by Computer Aided Telephone Interview (CATI), by the market research firm Ipsos Australia.

Recruitment of consumer participants in the evaluation of the pilot Program was promoted at the time of the Pharmacy Initial Questionnaire through an interviewer information guide; through provision of a comprehensive and substantial consumer information resource kit to each pharmacy (see Appendix 1.1.3), and through a financial incentive offering participation in a draw for travel vouchers for pharmacies that succeeded in recruiting 10 or more consumers, and for those who succeeded in recruiting five to nine consumer participants. Participating consumers were advised in a brief introductory letter, attached to the printed consumer questionnaire and signed by the Project Director, and again on the questionnaire, that their participation would be recognised by inclusion in a draw for a travel voucher. Despite these strategies, at the conclusion of the pilot Program operational period, at the end of July, only 24 consumer questionnaires had been returned. In an endeavour to improve this extremely low recruitment, the project team advised pharmacies, by electronic

and faxed newsletter, of an extension of the Program for a further two weeks, and of the importance of recruitment of consumers. An incentive to participate in the additional two weeks and to encourage consumer participation was provided by the offer of participation in a further draw for travel vouchers.

At the conclusion of the extended consumer recruitment period, a total of 45 consumers (9 per cent of the target sample) were recruited by 14 pharmacies, with eight pharmacies returning two or more consumer questionnaires. Three of the respondents did not provide contact details, and of the 42 consumers who provided contact details, 30 were accessible on follow-up survey by Computer Aided Telephone Interview (CATI), undertaken for NOVA Public Policy by Ipsos Australia Pty Ltd, of Melbourne in September 2005.

Of these, 18 respondents, comprising 16 women and two men, agreed to participate further as potential case studies to provide further information on individual perceptions of the pilot Program for consumers. Three case study interviews were subsequently conducted. The case studies are an addition to the methodology, in recognition of the very low consumer sample size and also in recognition of the high interest level of those consumers who did participate in both intake and follow-up survey. The case study material is provided in Section 4.3.2 and may potentially enrich the consumer information materials available to the national roll-out of the Program.

4 OUTCOMES AND EFFECTIVENESS EVALUATION

4.1 Introduction

The evaluation strategy for this pilot Program aims to measure cost and benefits to consumers and pharmacies and the cost-effectiveness and sustainability of the Program.

At the outset of the project, the project team consulted with the Expert Advisory Group and the NOVA Expert Panel on validated or appropriate methods for measuring:

- business benefit and costs to pharmacists
- health gains and costs for consumers
- referrals to, and consumer take-up of, other health services.

The initial project design proposed:

- the testing, on a beta sample of pharmacists, of measures appropriate to identify
 - pharmacy benefits, particularly:
 - spending on incontinence and other products (turnover)
 - evidence of increased customer loyalty (visits/customer)
 - improved profile of pharmacy in community (yes/no?)
 - responses to provision of pharmacological advice
 - responses to referral to other health professionals
 - costs to pharmacists such as:
 - extra time serving customers, attending training (hours)
 - increased stock of information materials and products (\$)
 - assess provision of ongoing support/management
- testing with a selected sample of consumers of a benefit/outcomes baseline survey and follow-up survey to identify:
 - product consumption, contact with health professional/s
 - effect on mobility/social activities
 - effect on awareness/control of incontinence
 - effect on quality of life/satisfaction.

In the light of the consultation strategy with consumer organisations, and following consultation with the NOVA Expert Panel, the project team determined that beta samples of pharmacists and consumers were not possible in the time available to the project, nor essential to the testing of the evaluation tools. The NOVA Expert Panel has been closely involved in the development and review of evaluation measures, and the consumer strategy in particular is based on an internationally validated and reliable measure of incontinence impact on health and wellbeing.

In meetings in September and November 2004, the NOVA Expert Panel and the project team met to discuss the evaluation requirements for this project. The group determined that:

- to evaluate pharmacy benefits, a semi-structured two-stage telephone survey of the participating pharmacies (≈ 50) was appropriate, with a baseline instrument administered

prior to training (PIQ) and the same instrument administered at the conclusion of the pilot Program (PEQ) to measure change against Program objectives and performance indicators

- to evaluate consumer benefits, recruited customers (people with or at risk of incontinence, and carers) would be asked to consent to and respond to a self-report survey instrument at enrolment (in-pharmacy) for baseline data on awareness of continence management, on their experience of the social, financial and physical impact of incontinence, using the IIQ, and their past or present use of other health services for incontinence. To measure benefit, the questionnaire would be re-administered by follow-up telephone interview at three months post baseline
- to evaluate sustainability, the evaluation aimed to elucidate the business benefit to pharmacies, improved consumer quality of life and any downstream outcomes such as referrals to other health services.

In discussion with the Expert Advisory Group, it was agreed that the evaluation approach should concentrate on whether the PCCP was a sustainable strategy, and not endeavour to assess cost-benefit, which would not be possible in the time and with the data and resources available.

The evaluation approach was consequently revised to accommodate two key evaluation components:

- an evaluation of the effectiveness of information and assistance provided by pharmacists
 - through increased identification and referral of consumers
 - by assessing the quality of life impact of the intervention
- an assessment of the cost-effectiveness of the service through assessment of the perception of business impact on the pharmacy and the perception of impact on consumer health and wellbeing.

The evaluation aimed to assess the extent to which the pilot PCCP Program, particularly the training and pharmacy information and training resources, assisted community pharmacies in:

- identifying those with untreated or poorly managed incontinence as well as people at risk of incontinence
- effectively advising people with or at risk of incontinence, with resulting customer loyalty and improved health outcomes
- providing a cost-effective service to those with or at risk of incontinence.

The evaluation considered both economic and non-economic behaviour on the part of pharmacists, consumers of pharmacy services and other stakeholders in the management and treatment of incontinence, across three broad dimensions:

- the business benefits and costs to pharmacies
- health gains and costs for consumers with or at risk of incontinence, and carers
- the take-up of/referral by other health services.

In addition, the effectiveness of the training provided was evaluated, as training is a key component of the PCCP and will need to be fully compliant with QCPP standards and be sustainable, affordable, attractive and effective for the PCCP to be provided nationally.

Appendix 1 provides the full text of evaluation instruments used.

The pharmacy questionnaires were administered by semi-structured telephone interview.

Each pharmacy was asked to enrol, up to 10 customers to participate in the baseline and follow-up survey by completing the consumer questionnaire, in the pharmacy, at enrolment, and by consenting to a follow-up telephone interview to complete the questionnaire at three months post enrolment.

4.2 Effectiveness of the training

The effectiveness of the training was evaluated through:

- administration of the PIQ and PEQ survey questions (number 1-13, 42-47 and 61)
- administration of the Evaluation of the PCCP training program Survey form, on completion of the training
- collection of feedback from the training providers in relation to training delivery issues and activities that may have an impact on implementation of a future program.

4.2.1 Administration of the PIQ and PEQ survey questions

The results of the analysis of these three approaches are discussed in the Section 5. In summary, the training was perceived by both pharmacies and trainers as being effective, despite the mode of delivery. The revised materials, based on the training manuals from Stage One of the project, were well received by the users and provide a good framework for national roll-out of the PCCP.

The PEQ and PIQ were used to evaluate the effectiveness of the training by recording responses of pharmacies before and after training to questions related to the following:

- changes in knowledge/understanding of:
 - the urinary and gastrointestinal systems
 - normal bladder and bowel function
 - the different types of urinary incontinence
 - faecal incontinence
 - the risk factors for bladder and bowel incontinence
 - medicines used in the treatment of incontinence
 - medicines that may cause or exacerbate incontinence
 - self-management options for people with incontinence
 - incontinence products and how to match these to customer needs
- changes in the level of confidence in:
 - initiating conversations with customers who may have incontinence
 - providing appropriate referrals for customers who may have continence problems
 - providing advice about continence self-management options such as diet and exercise
- changes in perceptions about the availability of suitable resources (e.g. information) to assist in talking to customers about continence issues.

It also sought an indication of preferred modes of training, before and after training delivery, to evaluate if there had been any shift.

Level of knowledge and level of confidence were indicated on a five-point scale where 5 is the highest and 1 is the lowest. Statistical analysis of all questions relating to level of knowledge and level of confidence showed a statistically significant shift towards a higher rating, post training, on all items. Figure 9 to Figure 21 illustrate this for questions 1-12 and question 22.

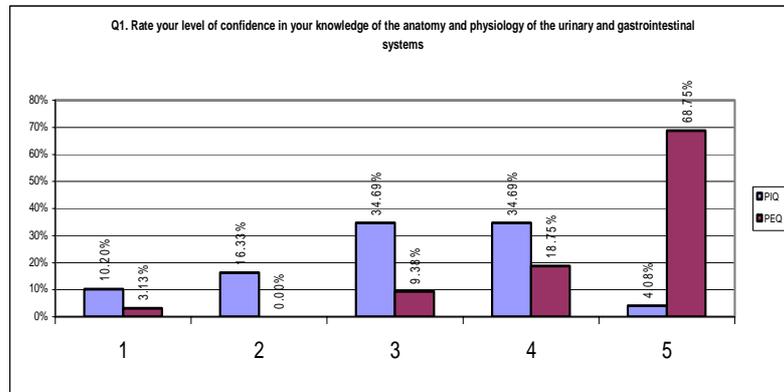


Figure 9: Pharmacy responses to PIQ and PEQ Question 1 – knowledge of the anatomy and physiology of the urinary and gastrointestinal systems

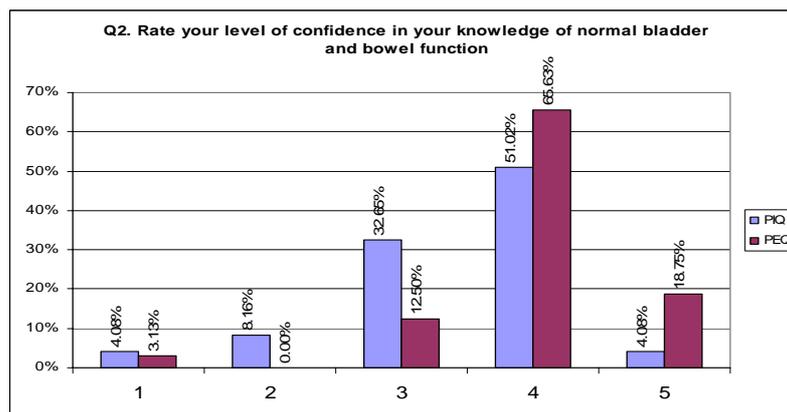


Figure 10: Pharmacy responses to PIQ and PEQ Question 2 – knowledge of normal bladder and bowel function

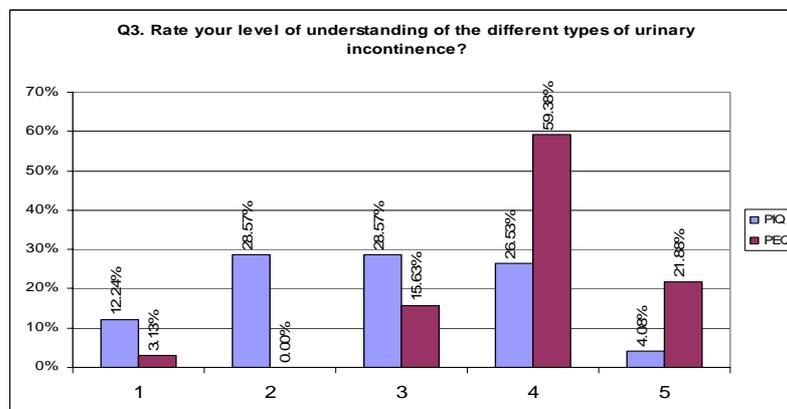


Figure 11: Pharmacy responses to PIQ and PEQ Question 3 – understanding of the different types of urinary incontinence

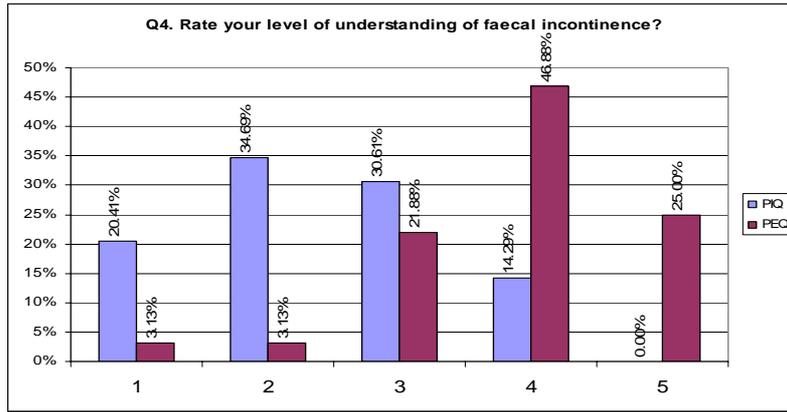


Figure 12: Pharmacy responses to PIQ and PEQ Question 4 – understanding of faecal incontinence

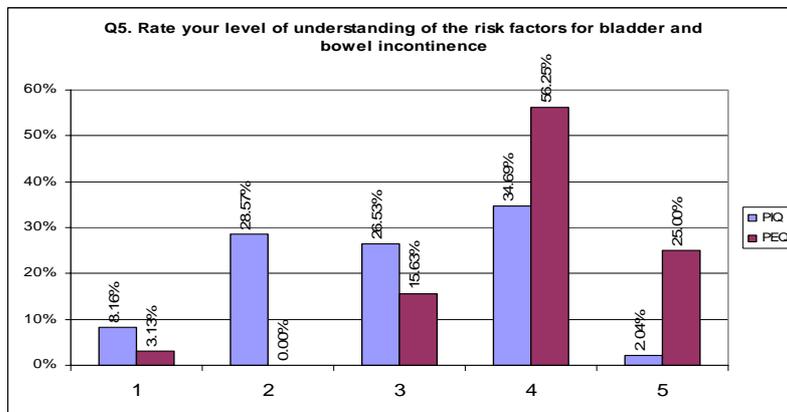


Figure 13: Pharmacy responses to PIQ and PEQ Question 5 – understanding of the risk factors for bladder and bowel incontinence

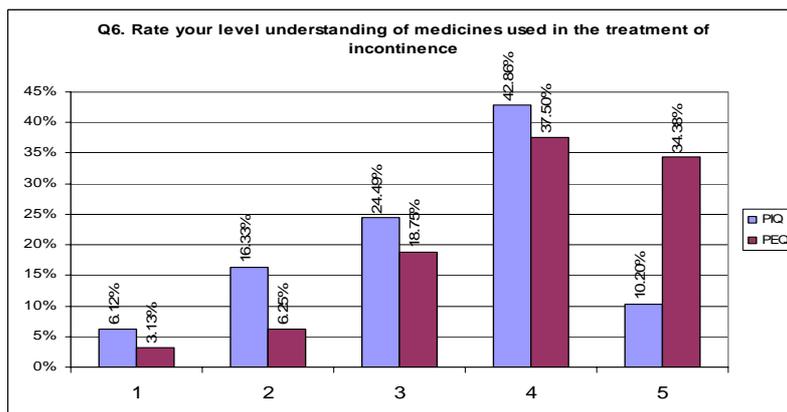


Figure 14: Pharmacy responses to PIQ and PEQ Question 6 – understanding of medicines used in the treatment of incontinence

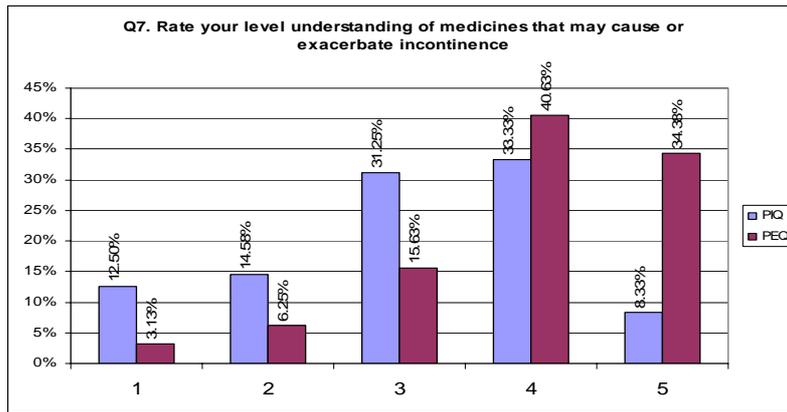


Figure 15: Pharmacy responses to PIQ and PEQ Question 7 – understanding of medicines that may cause or exacerbate incontinence

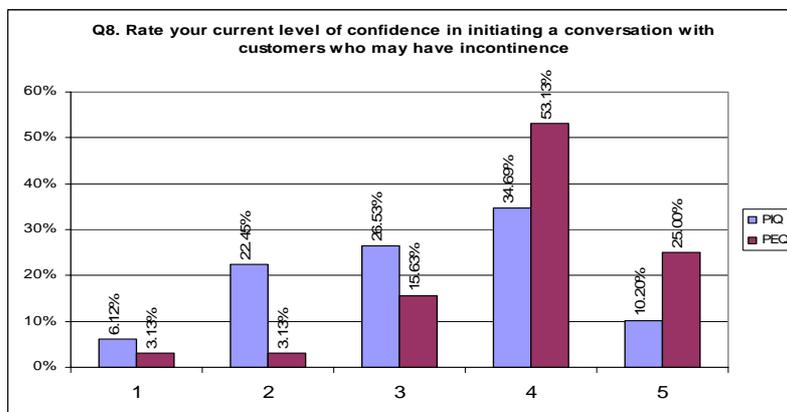


Figure 16: Pharmacy responses to PIQ and PEQ Question 8 – confidence in initiating a conversation with customers who may have incontinence

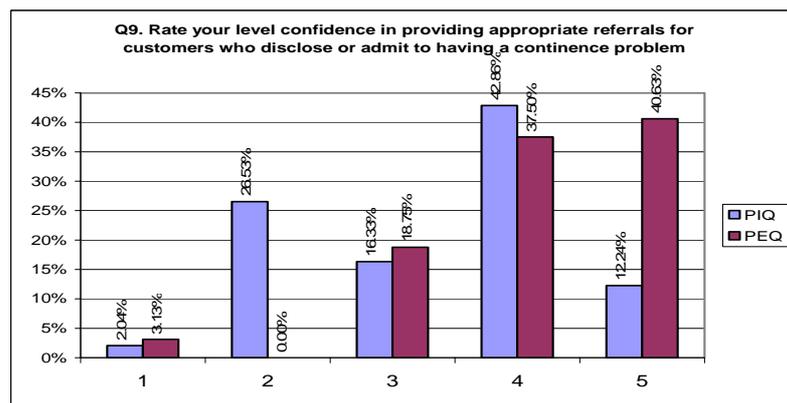


Figure 17: Pharmacy responses to PIQ and PEQ Question 9 – providing appropriate referrals for customers who disclose or admit to having a continence problem

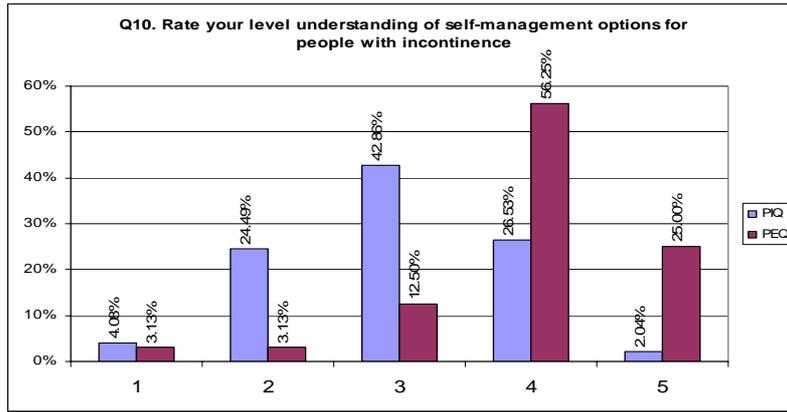


Figure 18: Pharmacy responses to PIQ and PEQ Question 10 – understanding of self-management options for people with incontinence

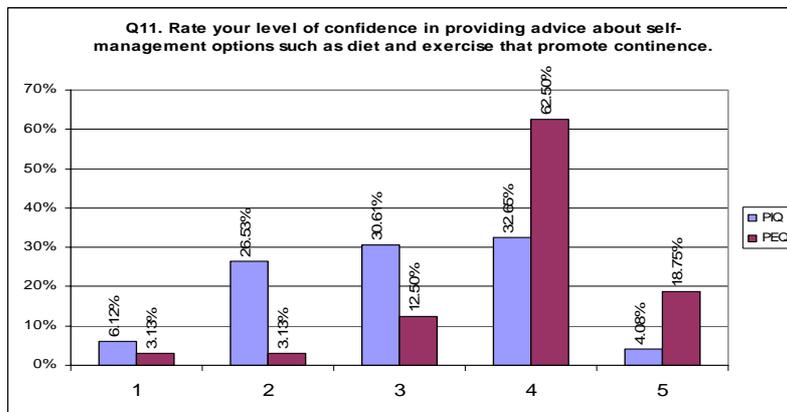


Figure 19: Pharmacy responses to PIQ and PEQ Question 11 – confidence in providing advice about self-management options such as diet and exercise that promote continence

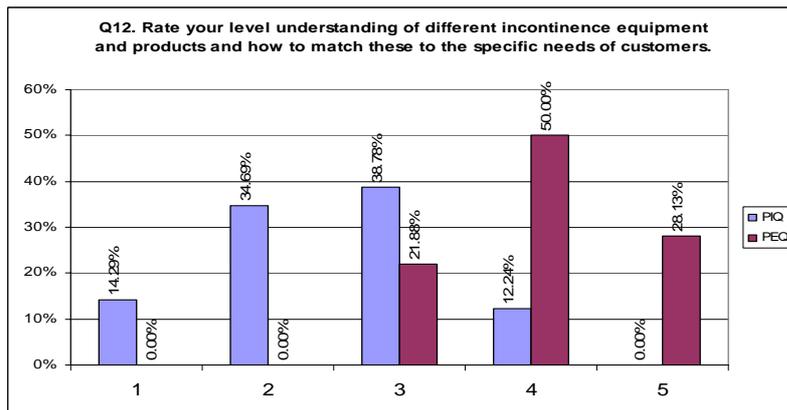


Figure 20: Pharmacy responses to PIQ and PEQ Question 12 – understanding of the different incontinence equipment and products and how to match these to the specific needs of customers

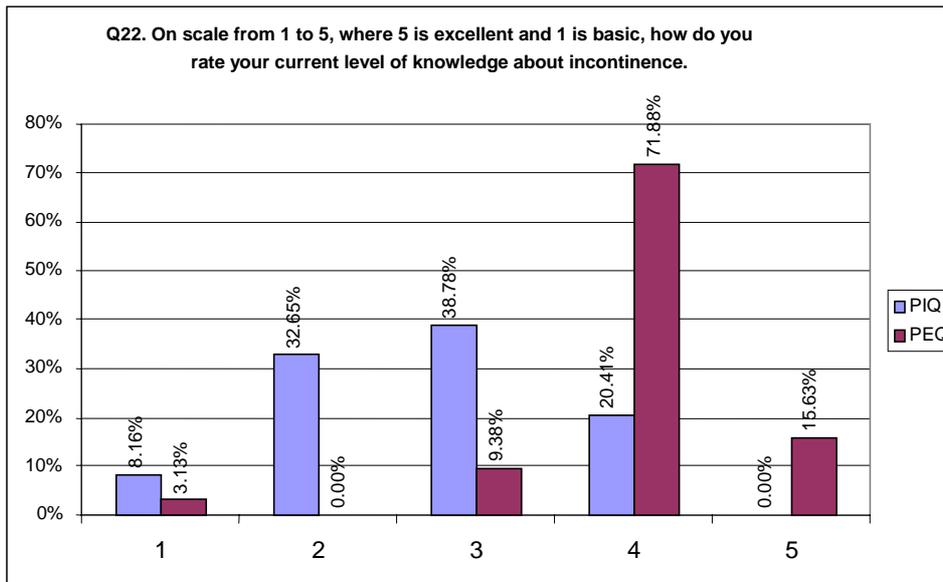


Figure 21: Pharmacy responses to PIQ and PEQ Question 22 – rating of current level of knowledge about incontinence

These results indicate that at the least, the training improved the confidence of all participants in their own level of knowledge of continence issues. This would indicate a high degree of success for the training program and its components.

4.2.2 Evaluation of the Training Program Survey

Of the 45 pharmacies that completed the training, training evaluation forms were received from 38 participants, representing 29 pharmacies.

Respondents were asked to indicate, as a percentage amount, their level of knowledge and skills in relation to providing continence care services before and after the training. The average “before” response was 40.5 compared with average “after” response of 74.7. This was a significant increase. Figure 22 indicates the distribution of before and after responses.

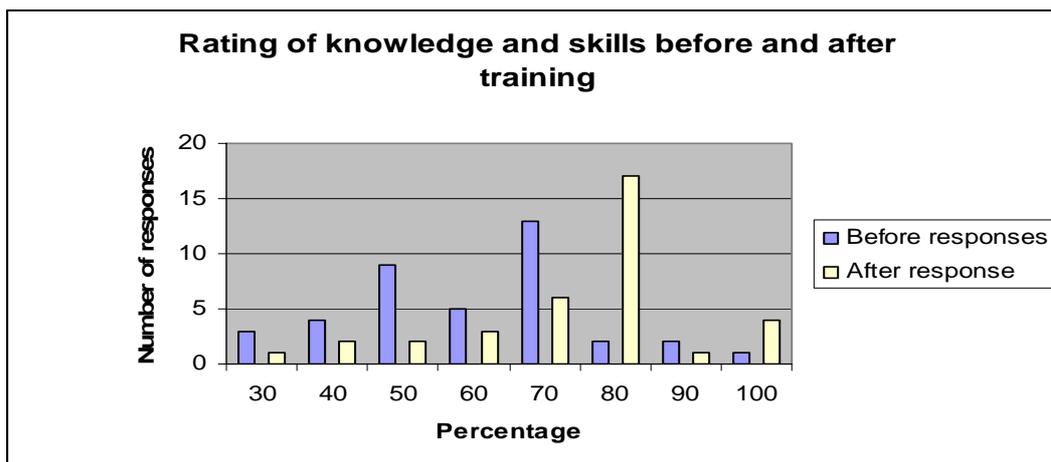


Figure 22: Pharmacies’ rating of knowledge and skills before and after training

The responses to questions relating to overall satisfaction, degree to which the training program met expectations and the perceived usefulness of the Program in assisting in providing better continence care services to customers were analysed according to:

- type of training provided

- location
- respondent type
- pharmacy size. 0000147A five point rating scale was used for each question: 5=Very high level, 4=High level, 3=Moderate level, 2=Low level, and 1=Very low level.

The following is a summary of the analysis.

Differences in satisfaction level linked to training type

The analysis of training satisfaction rating indicated there was no significant difference in the satisfaction level with the overall Program according to the type of training. Figure 23 shows the levels of satisfaction by training mode. All the average scores are in the range of “High” level of satisfaction. This is interesting given that the majority of pharmacies originally indicated a preference for face-to-face training at their own site.

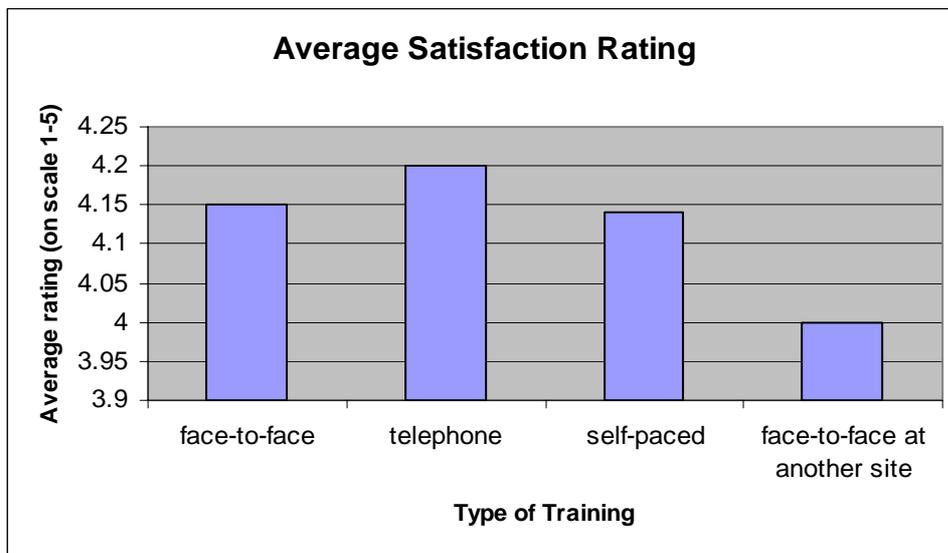


Figure 23: Average satisfaction rating

Differences in results according to location

Participating pharmacies were from all jurisdictions and responses to the PIQ/PEQ were also received from all states and territories. Pharmacies were classified by five areas – metropolitan, outer metropolitan, regional, rural and remote – and responses were examined for any differences in level of satisfaction according to degree of rurality.

There was a significant difference in satisfaction with the Program based on the degree of rurality of the pharmacy: metropolitan pharmacies were more likely to express satisfaction than regional pharmacies, independent of the type of training that was delivered. Regional pharmacies were also less likely to indicate that their expectations had been met by the Program and rated the usefulness of the Program lower than the other groups (see Figure 24). Once again the level of satisfaction expressed by all groups was high, even for the regional area.

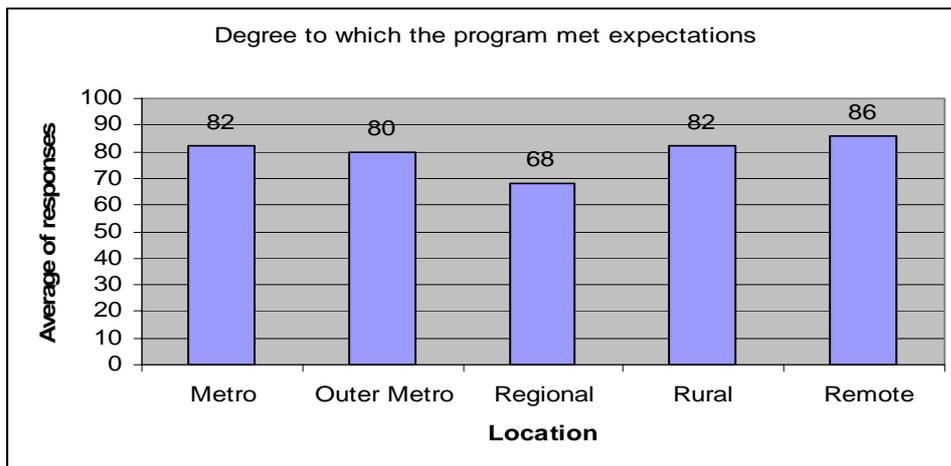


Figure 24: Degree to which the Program met pharmacies' expectations

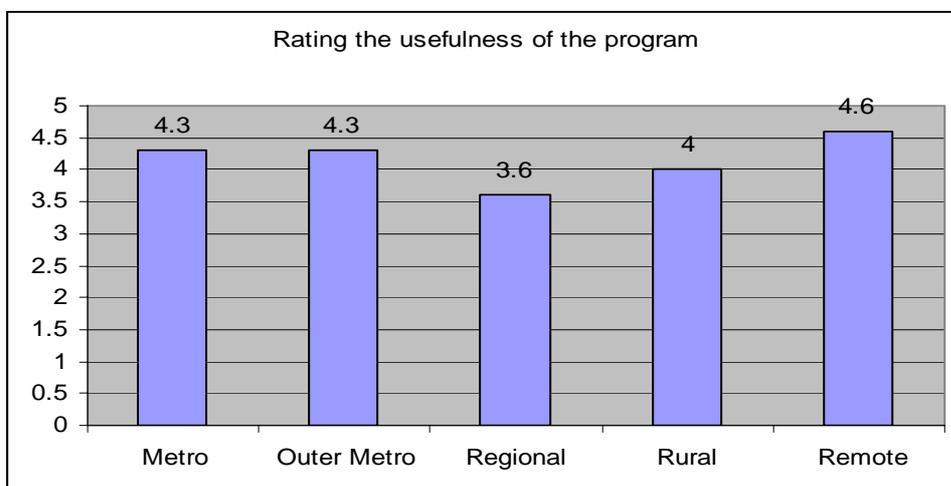


Figure 25: Pharmacies' rating of the usefulness of the Program

Recommendation

Future implementation of the Program will need to explore more fully this difference between the location types.

Differences according to respondent type

The breakdown of respondents to the training survey was:

- 15 Assistants
- 24 Pharmacists.

Responses were examined for differences according to the type of respondent, and the analysis showed:

- no difference in the level of satisfaction with the Program between pharmacists and assistants, including when the different types of training were taken into account (high degree of satisfaction)
- no difference between pharmacists and assistants in the degree to which the Program met expectations (met expectation to a high degree)

- no difference between pharmacists and assistants in the degree to which the Program was perceived as useful (high level of usefulness).

Differences according to pharmacy size

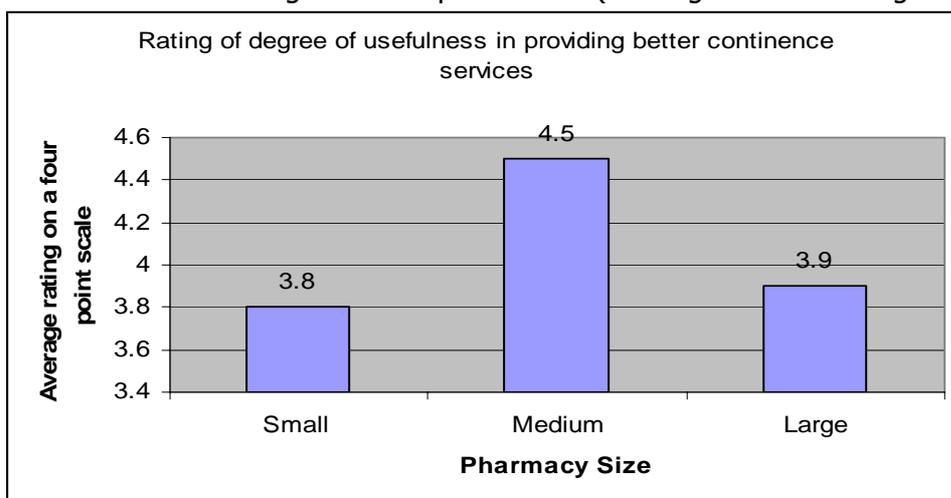
Pharmacies that participated in the program were asked to indicate their size on a three point scale: large, medium or small. Of those who responded the size breakdown was:

- Large (average size 102 employees) = 15
- Medium (average 15.4 employees) = 21
- Small (average 8.3 employees) = 13

Responses were examined for differences according to the size of the pharmacy, and the analysis found:

- no difference in the level of satisfaction with the Program between pharmacies of different sizes, including when the different types of training were taken into account (high degree of satisfaction)
- no difference between pharmacies of different sizes in the degree to which the Program met expectations (met expectation to a high degree)

a significant difference between pharmacies of different sizes in the degree to which the Program was perceived as useful. Medium sized pharmacies were more likely to rate higher on usefulness than large or small pharmacies (although all rated a high level of usefulness).



- Figure 26 illustrates the differences.

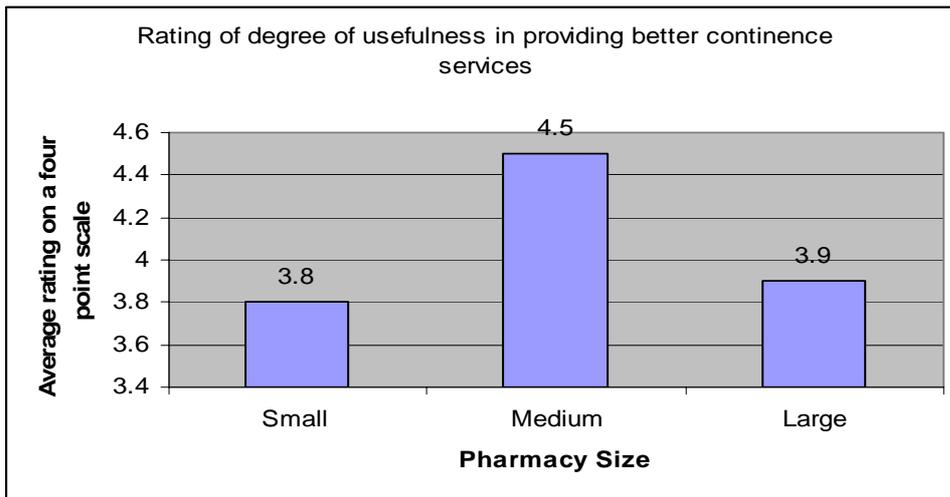


Figure 26: Pharmacies' rating of degree of usefulness in providing better continence services

The training evaluation survey also aimed to elicit any change required for the five training models, by seeking respondents' rating on the relevance and quality of each module. The five modules are:

- Module 1 Role of the Pharmacy
- Module 2 About Incontinence
- Module 3 Management of Incontinence
- Module 4 Guide to Incontinence Products
- Module 5 Medications and Continence

Between the different groups (pharmacist and pharmacy assistants) there was no significant difference in rating of the modules, with all modules rating highly on both characteristics (see Figure 27).

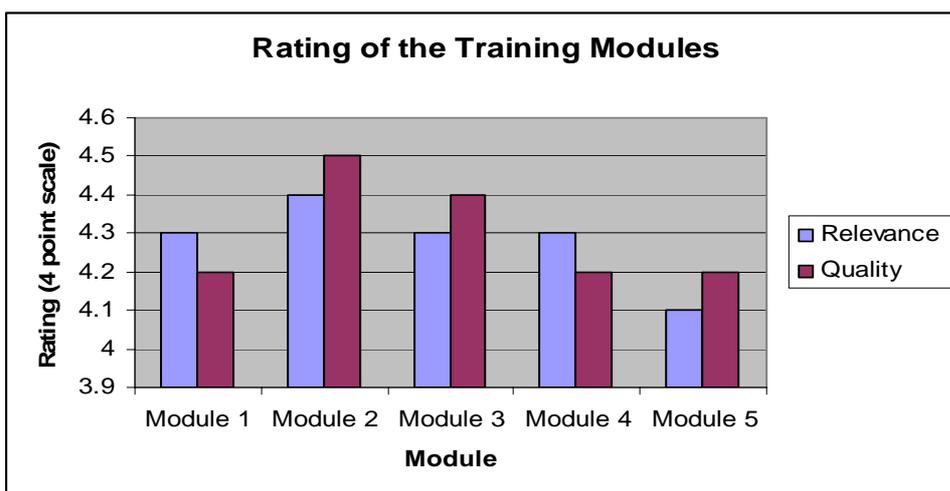


Figure 27: Rating of the training modules

4.2.3 Collection of feedback from the training providers

At the completion of the training, Abena-Sanicare trainers provided a summary of the work they had undertaken. This was followed up with a face-to-face meeting on 30 May 2005 to

seek their qualitative feedback on the training implementation. The following is a summary of both those forms of feedback:

- The trainers found this a high quality program overall.
- The logistics of arranging individualised training for all pharmacies was time-consuming, with the most time-consuming aspect being setting it up. This included telephone and self-paced training, which required an average of two phone calls to each pharmacy to set up the training arrangements (face-to-face training required three calls on average). The trainers suggested that having a training calendar that allowed pharmacies to sign up according to availability would overcome some of these “set up” issues.
- The face-to-face session had significant drop-out rates, with participants not turning up and training sessions having to be rescheduled. This would be a very costly exercise indeed if it was magnified by 5000 (the number of pharmacies nationally).
- Availability of samples of products was an initial issue. Both pharmacies and trainers expressed the need to have hands-on examples of products which they could use to demonstrate application to specific client needs.
- Some changes are needed to the materials (revising the anatomy diagram).
- Training over the telephone was often difficult when trainees did not understand terminology. It was not always easy to explain without visual aids.
- Production of a video of the training (provided by a qualified trainer) would be a cost-effective way of assuring consistent quality of delivery to remote and all other locations. The Pharmacy Guild should consider production of such a resource. Given the availability of the materials, the high acceptance of the training session and the availability of trained trainers, this would be an economical way to address national roll-out.
- Abena-Sanicare also expressed their desire to continue to be involved in the national roll-out. The high level of satisfaction with the training expressed by pharmacies would support their claim.

4.2.4 Results of the pilot Program from the pharmacy perspective

In this element, the project team developed and implemented tools to measure the health and economic outcomes of the Program and evaluated the effectiveness and cost effectiveness of the intervention. This included advice by members of the NOVA Expert Panel on relevance and applicability of the recommendations of the National Continence Management Strategy Outcomes Measurement Suite project to this project. The team also identified strategies for remuneration and sustainability for the service.

4.2.5 Enhancing the community pharmacy role

The community pharmacy role within the community

In many respects, pharmacies and pharmacists play a role as members of primary health care teams. In this role it is important that they are informed about and link with other relevant primary care services and programs. To test what the pharmacies knew about available local resources and services, the NOVA team asked questions about the pharmacists' knowledge of local services and the extent to which consumers were referred to pharmacists by other health care professionals, as well as referrals by pharmacists to other health care professionals and services.

At the end of the pilot there were some significant improvements in knowledge about the range of other primary health care services that help people with continence problems, particularly knowledge of continence care nurse educators, physiotherapists, support groups,

maternal health services and the Continence Foundation helpline. There was a slight but not statistically significant change in knowledge about divisions of general practice and general practitioners.

Although the number of pharmacies referring to other health professionals only increased by 7 per cent (from 83 per cent to 90 per cent), there were significant increases in referrals to continence services, continence nurse advisers, physiotherapists, maternal health services, and support groups. Whilst the effect on health status of this increase in onward referrals was not able to be quantified due to the limited time period of the trial and scope limitations, this bodes well for a positive effect on the health of those referred.

Talking to consumers about continence problems

It is also important that pharmacists feel confident about approaching and talking to consumers about sensitive topics such as continence problems. At the beginning and end of the trial, pharmacists were asked questions about their perceptions of customer reactions when approached about a sensitive issue such as incontinence. Answers to these questions showed an improved level of confidence, with some significant changes being detected in pharmacists' perception of customer reactions.

In their exit interview 81 per cent of pharmacies responded "yes" when they were asked if, given the level of training they had undertaken, did they think that customers are now likely to talk to them about their issues. Survey results showed a significant positive change in the perception of customers' reactions when approached about sensitive issues. Fewer pharmacists saw a likelihood of a customer walking away, and more thought customers would be willing to discuss sensitive issues.

4.2.6 Cost effectiveness for pharmacies

Value of pharmacy sales

The six-month period between pharmacy surveys (February-August 2005) is not a long enough period for the trial to demonstrate reliable effects on sales of continence products. In addition, a variety of factors make it difficult to draw hard conclusions from the data, including: a more than 50 per cent non-response rate to this question in the exit survey, difficulties respondents had in answering this question accurately, and temporal variability of sales.

If the 10 respondents in the initial questionnaire (PIQ) reporting sales of more than \$1,000 who failed to respond in the exit survey (PEQ) are assumed to have broadly similar level of sales (rather than nil sales) at the end of the trial, there is some indication that the trial may have resulted in extra sales at least for smaller pharmacies (see Figure 28). Of those who reported sales of over \$1,000 in both the initial and exit surveys, however more of these pharmacies (4 out of 6) reported lower sales than higher sales (two out of six), although this may be a factor of normal monthly variations in sales.

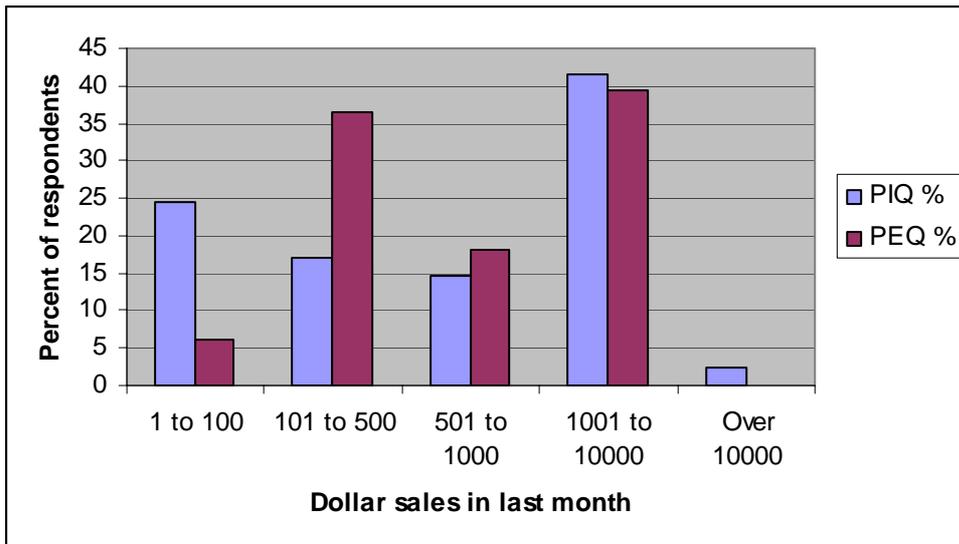
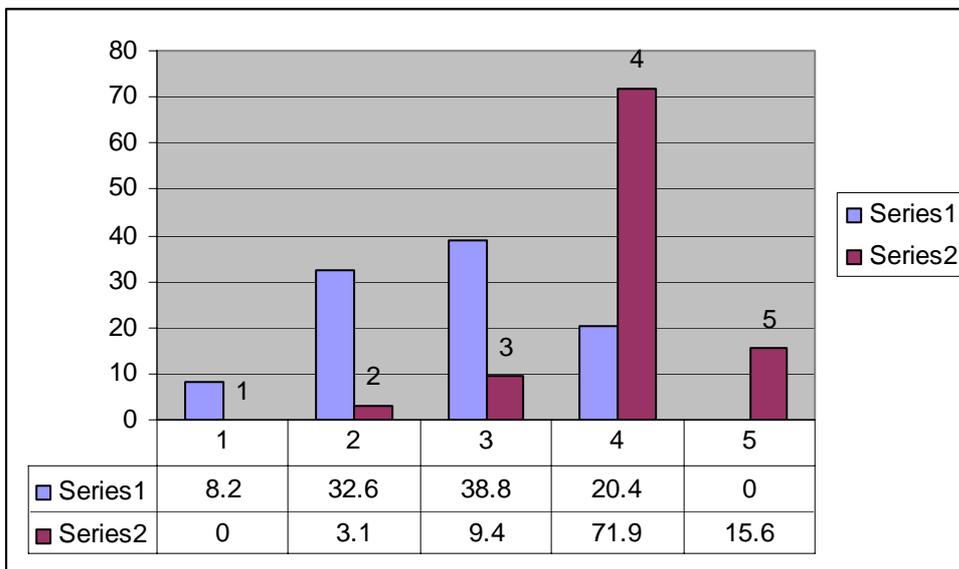


Figure 28: Value of sales in the previous month

Level of pharmacy knowledge about incontinence

One of the key desired outcomes was an increased understanding of incontinence by participating pharmacies. Encouragingly, survey results show that reported knowledge of incontinence had increased markedly as shown in Figure 29:

- the number of pharmacies with basic or little knowledge of incontinence fell from 40 per cent initially to 12.5 per cent after the trial
- the number of pharmacies reporting some or excellent knowledge increased from 20 per cent in the initial survey (all reporting 'some' knowledge) to 87.5 per cent (16 per cent reporting 'excellent' knowledge) in the exit interview.



(Series 1 =PIQ; Series 2 = PEQ)

Figure 29: Level of pharmacy knowledge about incontinence

Training benefits are discussed in Section 4.2 Effectiveness of the training.

4.2.7 Changes in pharmacy behaviour

Reasons for participation in trial

The reasons given for participation in the PCCP were largely unchanged between the pharmacy entry and exit interviews. The main reason given for participation (around 90 per cent of sample) was to “provide for taking a bigger role in health advice”.

A significantly higher proportion – 60 per cent – of pharmacies believed that this reason was a very strong influence after the PCCP trial compared with before the trial, demonstrating that the health advisory role was taken more seriously after the trial. The other finding of interest is that over 80 per cent of participants, compared with 66 per cent before the trial, thought that access to the resource materials had been a significant motivation to participate in the trial, demonstrating a positive view about, and impact of, the materials provided.

Changes in pharmacy behaviour

The survey results demonstrate that pharmacies made effective use of the PCCP materials provided. It is striking that *all* pharmacies in the trial who responded made use of the resource kit provided, with 85 per cent displaying the counter-talker and 78 per cent reserving separate space for conversations with the public about incontinence. The provision of ‘BB’ stickers was less used, by 66 per cent of respondents – and only a proportion of these pharmacies (again two thirds) ordered additional stickers. A caveat should be issued here – only two-thirds (32 out of 49) of the sample of pharmacies responded in the exit survey, and hence there is a potential for self-selection bias (i.e., only the most positive pharmacies responded to the exit questionnaire).

Promotion of continence products

The initial survey showed that under a quarter of community pharmacies surveyed spend anything at all on promoting the provision of incontinence products (special displays, storage, staff time etc.) and only 10 per cent of those sampled spent over \$100 per month over the last year. There was a very similar finding in respect of staff training and locating information on incontinence – less than a quarter of pharmacies reported any expenditure on this activity, suggesting that without the PCCP, many community pharmacies would continue to ignore continence as an issue.

Encouragingly, initial and exit pharmacy survey answers reveal that whilst expenditure on promoting and displaying continence products did not increase significantly (under 10 per cent of the exit survey sample reported spending \$100 or over in the previous month in either survey), double the proportion of pharmacies (56 per cent vs. 28 per cent) reported *some* spending on displays, promotions etc. in the previous month. This demonstrates that increased awareness of incontinence was matched by greater visibility of incontinence products in the participating pharmacy.

Provision of incontinence advice

The results are not conclusive but seem to show an *increase* after the trial in the proportion (from 50 per cent to 75 per cent) of pharmacists providing more than one to two hours per week advice and a reduction of those providing little or no advice (under one hour per week). Conversely, a *lower* percentage of pharmacy assistants provided more than two hours a week of advice, suggesting some focusing on pharmacists to provide (possibly higher quality) advice.

Numbers of customers advised

The pharmacy exit questionnaire showed that a smaller minority (22 per cent vs. 35 per cent in pre-trial questionnaire) of pharmacies provided advice to more than five customers a week compared with before the trial. Given the results on the duration of advisory efforts, this result would be consistent with fewer customers receiving more detailed advice from pharmacists, say three customers receiving 45 minutes of advice from the pharmacist, compared with eight customers receiving 10 minutes of advice from the pharmacist previously.

4.2.8 Costs/benefits of training and cross-referral to other health professionals

Pharmacy-borne training costs

Pharmacy training costs were calculated in terms of hourly costs for the staff members involved. Figure 30 shows that the cost of training for most pharmacies was between \$100 and \$500, with only a handful of (bigger) pharmacies reporting higher costs. Allowing for more accurate (post training) estimates in the exit questionnaire, the average cost of training borne by pharmacies themselves was \$140 and the total cost of the trial for those reporting any costs (42 pharmacies) was \$6,000.

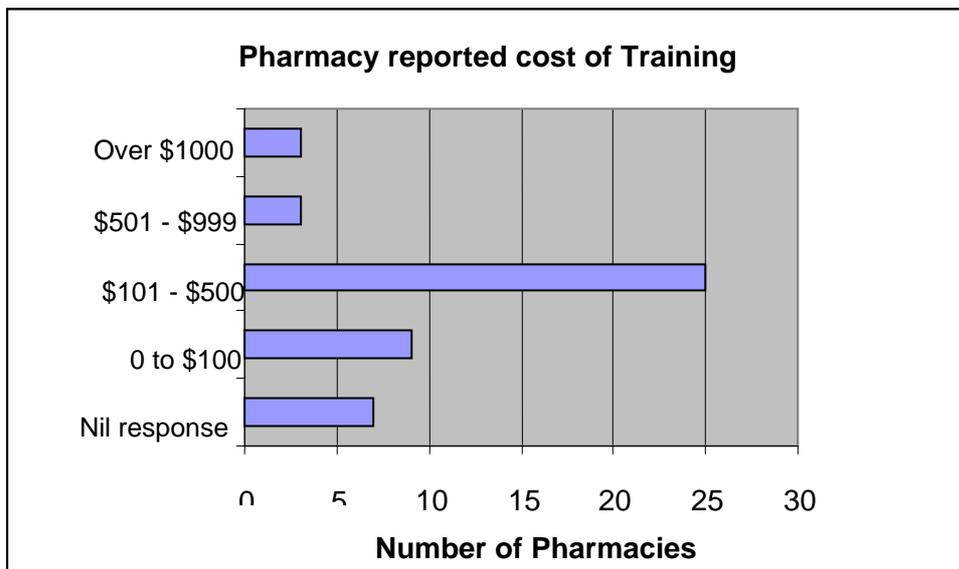


Figure 30: Pharmacy reported cost of training

PCCP training costs

The total costs of training the pharmacies that participated in PCCP was just under \$37,300, of which \$30,000 was the cost of purchasing a trainer service. The other costs were around \$5,000 for design of the logo, website and compilation of the CDs containing all the materials, and around \$2,300 for printing of the training materials and postage. This works out at a little more than \$750 per pharmacy. With an additional \$150 or so borne by the average pharmacy in terms of staff training time, the total cost of this pilot of the PCCP was around \$900 per pharmacy.

The costs of rolling out the PCCP nationally can be expected to be lower than the average per-pharmacy trial costs, as the design and content of the training materials and website are already in place.

Costs that would require funding in a Stage 3 roll-out would be reproduction of existing materials, administration of the Program, and delivery of group training according to a

predetermined training calendar: monthly sessions that would cover all jurisdictions and regions of Australia in a two--year period. It could be expected that the \$150 cost to pharmacies would remain.

Section 5.1.3 outlines the proposed cost for a national implementation of the Program.

Training benefits

As mentioned in Section 3.5.1, a very large majority of pharmacy participants in the PCCP pilot indicated that they had found the training and other trial materials (training pack, counter talker, BB stickers) useful. The survey results show that the use of materials was correlated with some additional spending in promoting continence products, possibly additional sales for smaller pharmacies and greater demonstrated knowledge on incontinence. All respondents to the exit survey indicated that customers were more satisfied with continence services provided, but this response may be biased as respondents were more likely to report a positive result here. More encouragingly, 85 per cent of respondents (27 out of 32 responding pharmacies) indicated that sales of products had increased and that there had been an increase in customers seeking continence-related products.

Costs/benefits from cross-referral to other health professionals

The survey of pharmacies found a strong result in favour of net benefits from referrals to/from other health professionals. Additional cross-referrals were not felt likely to involve extra costs for pharmacies. The vast majority of pharmacies (82 per cent and 87.5 per cent in initial and exit surveys respectively) said there were no costs from referrals from other health professionals. A similar proportion – 84 per cent – said that the pharmacies were unlikely to incur cost as a result of referring customers to other health providers.

A slight increase of respondents in the exit survey (81 per cent vs. 73 per cent in the initial survey) said that the pharmacy was likely to gain from cross-referrals. The types of gain mentioned in the surveys included: "extra customers", "increased goodwill and increased professional and assistant satisfaction", "improved service and care", "increased sale of incontinence products", "loyalty from customers", "raises the pharmacy's profile".

4.3 Outcomes for consumers

Ipsos Australia Pty Ltd (incorporating TQA Research) was commissioned by Nova Public Policy to conduct an evaluation by survey of the consumer experience of the Pharmacy Continence Care Program.

The evaluation consisted of two surveys:

- baseline survey of consumers (target 500; n=45) recruited by pharmacies. Each consumer who consented to be part of the trial was issued a printed questionnaire, together with a printed reply-paid envelope addressed to Ipsos. This questionnaire incorporated the Incontinence Impact Questionnaire, a scientifically validated instrument used for measuring the impact of continence care. Completed questionnaires were returned directly to Ipsos to protect respondent confidentiality
- follow-up telephone survey of 30 consumers from the 45 who initially responded. This survey used the same questionnaire as in the baseline survey, with some minor amendments to tense and additions in respect of post intervention issues.

The project team suggest that it is difficult to encourage people to talk about incontinence. National data has affirmed that there continues to be a great deal of stigma and reticence attached to this condition. This project has encountered this difficulty. NOVA

obtained 18 consumers' consent to contact re case study interviews. A number have been available on followup call.

Given the very small number of respondents in both the baseline (n=45) and follow-up (n=30) surveys, and the use of a mixed survey methodology (baseline survey completed in a retail or environment, and follow-up survey conducted by telephone with the respondents in their own homes), there are considerable constraints in the conclusions that can be drawn from the data. The study nevertheless provides some valuable information about the attitudes and behaviours of people suffering from incontinence and their carers, including the following:

- Hygiene is the most common area hindering the physical health of those who are incontinent, followed by rashes, skin problems/skin breakdown and infections/ulcerations.
- Carers are spending more time on washing bedding and clothing as a result of accidental urine loss or leakage from the bowel.
- Disposable pads (either sanitary or incontinence) are the most commonly utilised product for incontinence sufferers.
- Expenditure of continence care products (such as non-drug related products, skin care products and women's sanitary products) is most commonly under \$10 per week or between \$10-\$25 per week.
- Brochure/pamphlets are the most commonly recalled type of information received from pharmacies.
- People with incontinence, and those caring for people with incontinence, are generally not embarrassed to speak with pharmacy staff about incontinence.
- For the majority, pharmacies are a comfortable place to discuss personal needs.

Demographics

Thirty-nine female and six male respondents participated in the baseline survey, and 24 females and six males in the follow-up survey. The average age of respondents completing the baseline survey was 72.4 years, compared with 73.4 in the follow-up survey.

In the baseline survey, excluding carers, there were 36 respondents with incontinence, with an average age of 70.9 years. In the follow-up survey, nine respondents stated they were carers of someone with incontinence. In the baseline survey, this was not directly elicited, although responses to Q3 suggest that 19 respondents were carers. The average age of the 21 respondents with incontinence in the follow-up survey was 71.1 years.

On average, respondents participating in the baseline survey indicated they had experienced incontinence for 10.2 years, and of those respondents who participated in the follow-up survey, incontinence had been experienced for an average of 12.8 years.

4.3.1 Summary of findings from consumer surveys

Health and wellbeing

To assess the impact of incontinence on the participating consumer, an internationally used and validated instrument, the Incontinence Impact Questionnaire, Short Form (IIQ-7) was recommended by members of the NOVA Expert Panel and was researched by the project team. Correspondence with the owners of the intellectual property for the IIQ, Wake Forest University School of Medicine, Women's Health Center of Excellence, Winston-Salem, North Carolina, confirmed availability of the instrument and a license fee was paid. The IIQ

measures impact of incontinence on the individual using seven questions. The IIQ was included as a set of questions within the body of the consumer baseline and follow-up questionnaires. A four-point rating scale was used in both waves of research to elicit responses, where 1=Not at all, 2=Slightly, 3=Moderately, 4=Greatly. In order to be comparable to the IIQ-7³, the scores were re-weighted (where 0=Not at all, 1=Slightly, 2=Moderately, 3=Greatly) and an average score was taken and then multiplied by 33¹/₃ to put the score on a scale of 0 to 100.

The results, presented in Table 2, indicate that the impact of incontinence between baseline and follow-up increased, in total, across all four key aspects: travel up 20 points; social activities up 13.4 points; physical activity up 11 points and emotional health up 10 points. In assessing this outcome, the project team consulted with expert panel members on factors which may contribute to or explain an increase in the perception of the difficulties caused by incontinence. The follow-up smaller sample comprised a significant proportion of consumers who reported an average length of persistence of incontinence 2.6 years greater than the average for the baseline group. That is, the consumer sample at follow-up comprised a greater proportion of individuals with long established incontinence.

This group also reported a significantly lower level (40 per cent) of having visited or been visited by a health care professional about incontinence than did the group in the baseline survey. This is considered to be the likely explanation of the reported increase in difficulties – both in the proportion within the sample with long established and limiting incontinence, and in the impact on the consumer perception of difficulty consequent upon the approach by and engagement with the pharmacy staff.

Given the follow-up sample included a higher proportion of older individuals, with longer established incontinence, who had had less contact with health professionals in respect of their incontinence; the increased perception of difficulty can be considered to reflect a “Hawthorne effect” – that is, the effect simply of being studied; and potentially of experimenter effects (Adair 1984). The Hawthorne effect has been held to potentially describe an experimental effect *not* in the direction expected, due to the participants’ reactions to the experiment itself, that is, of the subject’s reaction to or new or increased awareness of the behaviour under study (Parsons 1974).

The expert panel, and the project team, postulate that the follow-up sample of consumers comprised a higher proportion of consumers with long established and limiting incontinence than the baseline sample; and, that the follow-up sample had become more aware of the limiting nature of the incontinence (and perhaps of the potential for improvement) as a result of the interaction with pharmacy staff and participation in the baseline survey.

Has urine leakage affected your...	Baseline Survey Score	Follow-up Survey Score
Physical Activity		
Ability to do household chores (cooking, housecleaning, laundry)	1.3	2.3
Physical recreation such as walking, swimming, or other exercise	40.0	50.0
Travel		
Entertainment activities (movies, concerts, etc)	33.3	40.0
Ability to travel by car or bus more than 30 minutes from home	30.0	43.3

³ The IIQ-7 provides a single index of life impact associated with urinary incontinence, which subsumes separate domains of physical activity (items 1 and 2), travel (items 3 and 4), social activities (item 5) and emotional health (items 6 and 7), and is scored as follows. The assigned values for the item responses are 0 for ‘not at all’, 1 for ‘slightly’, 2 for ‘moderately’ and 3 for ‘greatly’. To account for missing responses, the average score of items responded to is taken, rather than the total number of responses. The average, which ranges from 0 to 3, is multiplied by 33 1/3 to put scores on a scale of 0 to 100.

Social/Relationships		
Participation in social activities outside your home	33.3	46.7
Emotional Health		
Emotional health (nervousness, depression, etc)	36.7	36.7
Feeling frustrated	40.0	50.0

Table 2: Consumer responses to IIQ-7 index of life impact of urinary incontinence

Physical health

When respondents were asked how urine or bowel leakage affected their physical health, the following outcomes were reported:

- Skin Problems/Skin Breakdown: close to three-quarters of all respondents (78 per cent in baseline survey vs. 73 per cent in follow-up survey) had not been affected by skin problems/skin breakdown. The majority of those affected were only slightly or moderately affected (17 per cent vs. 23 per cent). A minority (5 per cent vs. 3 per cent) were greatly affected
- Infections/Ulcerations: about eight in ten respondents (78 per cent vs. 83 per cent) had not been affected by infections/ulcerations. Those affected were most likely to be slightly or moderately affected (20 per cent vs. 10 per cent) as opposed to greatly affected (3 per cent vs. seven per cent)
- Hygiene: of all areas measured, hygiene was identified as the most common area hindering the physical health of participants, affecting, in total, around four in ten (39 per cent vs. 43 per cent). This decreased from 28 per cent (10 respondents) in the base survey to 20 per cent (6 people) in the follow-up survey, while those moderately or greatly affected increased from 11 per cent (or four respondents) to 24 per cent (7 respondents)
- Rashes: around seven in ten respondents (67 per cent vs. 73 per cent) were not affected by rashes as a result of incontinence. Those affected were most likely to be slightly or moderately affected (22 per cent vs. 20 per cent), compared with those greatly affected (11 per cent vs. 7 per cent).

Carers

The survey results indicated that carers of those with incontinence spent considerable time washing bedding and clothing as a result of accidental urine loss or leakage from the bowel. Baseline survey results indicated that around two in ten carers (22 per cent) spent over six hours per week washing clothing and bedding, with four in ten (44 per cent) in the follow-up survey doing the same.

When carers were asked whether helping someone with incontinence had affected their emotional health, 29 per cent (5 people) in the baseline survey vs. 56 per cent (5 people) in the follow-up survey said not at all. Those affected were most likely to report being slightly affected (65 per cent; 11 people vs. 33 per cent; three people), compared with moderately (6 per cent; one person in base survey) or greatly affected (11 per cent; one person in follow-up survey).

Usage and purchase of incontinence products

Incontinence disposable pads (81 per cent) were the most commonly utilised products for incontinence management reported in the baseline survey, followed by special undergarments (37 per cent), sanitary disposable pads (28 per cent), skincare products (28 per cent) and drainage products (14 per cent).

In the follow-up survey, there was a significant increase in the proportion of consumers using sanitary disposable pads (up 29 points to 57 per cent), while those using incontinence disposable pads dropped 21 points to 60 per cent, those using special undergarments dropped 17 points to 20 per cent and those using drainage products dropped 11 points to three per cent. Usage of skincare products remained stable at 27 per cent.

The results across both surveys indicate that continence care products such as incontinence disposable pads, special undergarments, skin care products and drainage products purchased by pharmacy customers were most commonly purchased from a chemist or pharmacy. Those purchasing sanitary disposable pads most commonly reported buying these from a chemist or pharmacy in the baseline survey, however there was a significant increase in the proportion of those purchasing from a supermarket in the follow-up survey (from 18 per cent to 69 per cent).

Expenditure on incontinence care products

Baseline and follow-up survey results indicated that expenditure on non-drug incontinence-related products (such as disposable pads, special undergarments, drainage products etc.) is most commonly under \$10 per week (45 per cent vs. 40 per cent) or between \$10-\$25 per week (29 per cent vs. 43 per cent). Only a small minority spent in excess of \$26 (7 per cent in baseline survey).

Around three quarters (74 per cent) of respondents in the baseline survey reported a nil expenditure on skin care products, compared with 63 per cent in the follow-up survey. Of those spending on skincare products, the majority spent under \$10 per week (23 per cent vs. 27 per cent), while a minority spent between \$10 to \$25 per week (2 per cent vs. 7 per cent).

Around one quarter (24 per cent) of female respondents in the baseline survey reported a nil expenditure on women's sanitary products to help with incontinence, compared with half (50 per cent) in the follow-up survey. Of those spending on women's sanitary products, the majority spent under \$10 per week (37 per cent or 25 per cent) or between \$10-\$25 per week (26 per cent vs. 21 per cent). Only a minority spent more than \$26 per week on women's sanitary products (11 per cent vs. 4 per cent).

Changes in expenditure

In the follow-up survey, just under half (47 per cent) of respondents reported a change in continence care product expenditure compared with what they previously spent, with 30 per cent now spending more and 17 per cent spending less. The main reasons identified in the follow-up survey by respondents include the following:

- spending more because:
 - using more pads/have to wear more (mentioned by five respondents)
 - price has gone up (mentioned by two respondents)
 - forget to change/urinate when sleeping (mentioned by two respondents).
- spending less because:
 - no need to buy – supplied/had operation/begun toilet program (mentioned by three respondents)
 - no longer caring for the person (mentioned by two respondents).

Use and experience of the pharmacy and other health care professionals

On average, about half the consumer respondents reported visiting a pharmacy between once or twice a month (48 per cent vs. 57 per cent) and around one third reported at least once or twice a week (32 per cent vs. 27 per cent). Those visiting less than once a month (18 per cent vs. 13 per cent) or several times a week (2 per cent vs. three per cent) were less prominent.

Baseline survey results indicate that seven in 10 (68 per cent) respondents reported having visited or been visited by a health care professional, such as a GP or community nurse, for a health check or health treatment in the last three months. This compares with significantly less (40 per cent) reporting having visited or been visited by a health care professional since speaking to their pharmacist about incontinence in the follow-up survey.

Of those visiting a health care professional, 59 per cent (16 people) of those in the baseline survey asked them for advice about incontinence, compared with 92 per cent (11 people) in the follow-up survey. This information was helpful to 87 per cent (14 people) in the baseline survey and 91 per cent (10 people) in the follow-up survey – more particularly, around half of those surveyed in each of the two surveys reported the advice as being greatly helpful (50 per cent vs. 45 per cent).

Recall of the type of information received from pharmacies mainly included:

- brochure/pamphlet (63 per cent in both surveys)
- advice about medicines to help (20 per cent in baseline vs. 13 per cent in follow-up)
- advice about exercise, diet or other self-help approaches (up significantly from 10 per cent to 30 per cent)
- advice about seeing my doctor or a continence service (10 per cent vs. 23 per cent)
- sample of a product (mentioned only in follow-up survey by 23 per cent).

Of those not asking for advice, the main reason was because it was not necessary/managing problem successfully (50 per cent; six people). Other reasons included lack of time (8 per cent; one person) and not willing to discuss/ too personal (8 per cent; one person).

Consumer feelings were mixed when responding to whether or not they will now use or continue to use a health professional for more help with incontinence. In the baseline survey, 43 per cent (19 people) said yes, compared with 53 per cent (16 people) in the follow-up survey. GPs were the most preferred professional mentioned, particularly in the follow-up survey (up significantly from 53 per cent to 88 per cent). Other preferred professionals included: continence nurse (47 per cent vs. 31 per cent), continence clinic (32 per cent vs. 13 per cent) and physiotherapist (5 per cent vs. 6 per cent).

Of those saying no to wanting to use a health professional for more help with incontinence (41 per cent; 18 people vs. 33 per cent; 10 people), the main reasons were around the following:

- not necessary/managing problem successfully (39 per cent in baseline vs. 40 per cent in follow-up)
- problem is not bad enough – age factor/only occurs when sneezing/doing exercise (only mentioned in follow-up survey by 40 per cent)
- embarrassed/would prefer to check with the pharmacist or physiotherapist (only mentioned in follow-up survey by 40 per cent)
- have already discussed problem with specialist/chemist (only mentioned in baseline survey by 22 per cent)

- Did not find incontinence clinic/professional advice helpful (only mentioned in baseline survey by 22 per cent).

In the baseline survey only, consumers were asked how they felt when they spoke with the pharmacist or pharmacy shop assistant about incontinence. When speaking with a pharmacy shop assistant, 17 per cent of respondents (six people) felt embarrassed in some way (either a little: 11 per cent, quite: three per cent or very: three per cent embarrassed), while 54 per cent (19 people) did not feel embarrassed at all. This question was not applicable to 29 per cent (10 people). When speaking with a pharmacist, 16 per cent (five people) were embarrassed (either a little: 10 per cent or very: 6 per cent), compared with 52 per cent (16 people) who were not embarrassed at all. This question was not applicable to 32 per cent (10 people).

In the baseline survey only, respondents were asked whether they felt the pharmacy was a comfortable place to discuss needs. Eighty-six percent of respondents said yes, the pharmacy was a comfortable place to discuss needs, due to knowledgeable, helpful, caring and friendly staff, while the remaining 14 per cent felt it was not a comfortable place to discuss needs, due to lack of privacy.

4.3.2 Case studies

In light of the very limited sample of consumers, the project team invited participants in the follow-up survey group to consider participating in an in-depth interview with one of the project team. This invitation was accepted by 18 of the respondents to the CATI follow-up survey and subsequently the project team was able to interview three respondents to obtain qualitative information and data through a case study approach. The case studies indicate that the pro-active offer of assistance from pharmacy staff is regarded positively. These case studies amply illustrate the impacts of incontinence on the health and wellbeing of individuals, both those affected and those who provide care and support, and suggest that ease of access to community pharmacy information about continence and support and/or referral for individuals with incontinence may make a measurable difference to the capacity of the individual to cope with and better manage the impacts of incontinence.

CONSUMER CASE STUDY 1

Jane lives in a country town, and has had urinary incontinence problems since she was a child. Her severe asthma caused such strong coughing that she had a prolapse in her teens, leading to urinary incontinence. Things improved after surgery, but after the birth of her children pre-cancerous cells were found in her uterus and she had a hysterectomy, which was later followed by re-occurrence of urinary incontinence. Seven years ago she had a 'repair' which has improved her bladder to the extent that she can now walk downhill without leaking. Two years ago she started to develop bowel incontinence which she finds very difficult. Up till now, Jane has relied on a continence nurse who recently moved to another town and will not be replaced.

She regularly buys her continence products from a pharmacy close to her. She says the pharmacist is very good, and must be aware of her continence problems because of her regular purchases. The pharmacist, however, has never actually discussed the problem with her, and she is not sure if she would be comfortable if he did. She is concerned about her privacy, because she lives in a small town. In any case, she says she doesn't think there is anything he can do.

The pharmacist does have information leaflets and a big poster about continence that promotes the Continence Helpline phone number. Jane rang the Helpline, and as a result of that went to see a local physiotherapist. The physiotherapist recommended that she have an internal examination. This was not an option that Jane could face at

that time, so she has not had the cause of the problem diagnosed. Now the physiotherapist is also leaving the town, and Jane does not know if she will be replaced. She does not know where to turn and her incontinence problem is increasingly inhibiting normal daily activities such as shopping because she has been "caught short" a couple of times.

CONSUMER CASE STUDY 2

Roger is 75 years old and now lives in the city. He was trained as an anthropologist and spent many years working in the tropics and on major construction sites in Australia and internationally. He now has multiple health conditions, including heart disease, recurring skin cancers and continence problems arising from a radical prostatectomy. His wife has diabetes and also suffers from incontinence. Both take multiple medications.

Roger is a regular visitor to a local pharmacy where the two pharmacists play a key role in his health care. He is able to talk to them about all his health problems, including his incontinence. He attributes this to their easy-going but caring manner, and describes his relationship with them as based on friendship and mutual respect.

Roger says that the pharmacists give him any available written information, which he reads carefully and has provided very good advice about his daily eating and drinking habits. He has learned many things about how to manage his incontinence problems through these exchanges with the pharmacists.

The pharmacy provides a private space for discussion of personal health problems, which Roger believes this encouraged his wife to also seek advice, as it offers privacy.

Roger says the pharmacists play a first class role in his health care and he thinks that if he took a poll amongst the people who go there, 95 per cent would never attend another chemist shop. He and other customers have a lot of faith in the ability of the pharmacists to communicate with the average person who doesn't understand complex technical information.

There is another pharmacy close to where Roger and his wife live, but it is a large one and it carries a lot of stock, including toiletries and other non-pharmacy items. The pharmacists are tucked away at the back of the shop, and on occasions when he has visited this pharmacy, he has not found them to be accessible. The drug is dispensed and handed down to one of the staff who deals with the customers. Roger describes the service as impersonal and he does not have the same degree of confidence as he has in his regular pharmacy.

CARER CASE STUDY

Mary has had a good long term relationship with a local pharmacist. She describes him as being "very knowledgeable about continence matters", and she feels very comfortable talking to him about her mother's incontinence.

Mary provides full time care for her mother, Ingrid. Eleven years ago Mary moved from her home town to look after her ageing mother when her mother became increasingly unable to look after herself. Ingrid has mild dementia and over the past five years has become increasingly incontinent. Two years ago Mary gave up her job to become a full time carer and she and her mother are now dependent on pensions.

Mary's mother had always been very independent. Born and raised in austere conditions in wartime Europe, she married but left her alcoholic husband when the children were young, to raise them on her own.

Her mother's dementia, coupled with her independent nature, mean that the incontinence is very difficult to manage. Her mother is not used to the availability of continence pads, and regards them as somewhat of a luxury. Mary's mother also suffers from a chronic vaginal itch, and says that the pads make the itch worse, so when she does use them she also tends to discard them. To save money, she also attempts to dry out the used pads so they can be used again. For Mary this is an unpleasant problem. The only way she can tell whether a pad has been used is by smelling it. She wonders why the manufacturers can't include some sort of dye in the pad that would show it has been used.

Hygiene is a considerable problem, and costs are high, particularly with their low income. Mary has just used the last of her savings buying a new washing machine to cope with the volume of washing generated by her mother's incontinence; she uses hot water for the washing, so electricity costs are high, and, she has to have the carpets cleaned frequently.

Mary says her local pharmacist has been very helpful, suggesting possible treatments for her mother's itch and providing information about incontinence. He has also given her a different type of continence pad to try. But Mary cannot afford to purchase the continence pads through the pharmacist. The supermarket sells them for \$5.89 compared with \$9.00 from the pharmacy.

Mary is always looking for ways to make her life a bit easier and would welcome any assistance she can get.

5 DISCUSSION

5.1 Strategies for remuneration and sustainability of the service

The Pharmacy Continence Care Project was developed to raise the profile of community pharmacies in continence care through community pharmacy provision of a direct advice and support service to people with incontinence or caring for people with incontinence. The Program trains pharmacy staff in identifying or recognising those with or at risk of incontinence and their carers, and in providing informed advice on over-the-counter management options, medication management and access to specialist continence clinical care. The Pharmacist has a potentially significant role to play in continence care by providing ease of access to information for people with incontinence and advice on the range of strategies available for the management and treatment of incontinence.

Incontinence is a common health problem, affecting more than two million Australians of all ages and backgrounds. More Australians also are affected by the condition as carers of people with urinary or faecal incontinence. One in three women experience some degree of incontinence, and the prevalence for men is estimated at between 3.1 per cent and 9 per cent. Incontinence affects up to 40 per cent of people aged over 75 years.

Despite this prevalence and the considerable impacts bladder and bowel problems have on the health and wellbeing and costs of living of the individual with incontinence, their family and carers, it is estimated that less than 50 per cent of people with incontinence seek diagnosis or clinical advice and treatment. The Continence Foundation of Australia identifies international and Australian evidence that suggests 60 to 70 per cent of incontinence problems could be cured or improved through clinical and health management.

There are about 5000 pharmacies in Australia and the "average" pharmacy can be estimated to see about 200 customers a day. The average daily "customer base" nationally can therefore be estimated to be about 450,000 people (men, women and children). Demographically, the "average" pharmacy customer is female, aged 50 years or more.

Pharmacies are thus strategically positioned to be the most readily and commonly accessed health service provider with the capacity to promote continence awareness and to offer support and/or referral to individuals with incontinence symptoms who have not sought diagnosis, advice or treatment.

The PCCP therefore is a major health service initiative with the potential significantly to raise community awareness of the issue of incontinence, to promote widespread awareness of diagnosis and treatment services, and to encourage individuals in disclosing and seeking readily accessible, appropriate and discreet information about their conditions/symptoms.

The PCCP pilot has demonstrated pharmacy benefit from participation in the Program including:

- The Pharmacy Survey data indicate unequivocal support for the Program.
- There has been a significant increase in the confidence and perceived knowledge and understanding of continence issues by pharmacy staff.
- There is evidence of changes in pharmacy behaviour after only a brief intervention.

These outcomes indicate that the Program has significant potential to become an accepted new cognitive service within pharmacy practice. This pilot has demonstrated the efficacy of the training approach and materials for pharmacy staff, in that a significant majority of

pharmacy staff report increased confidence and knowledge of incontinence health issues and the perception of both consumer and business benefit.

In respect of consumer benefit, the evaluation strategy did not achieve an adequate rate of consumer participation and it is not possible to assess the PCCP's effect on the personal impact of incontinence and on health outcomes. On the basis of this project's experience, the project team recommend that consumer benefit should be assessed through an extended study accessing on a routine and regular basis consumer feedback from customers of participating pharmacies. Despite the very small sample of customers, the pilot has indicated that:

- hygiene is the most common area of concern for customers, followed by skin care
- disposable pads (either sanitary or incontinence) are the most commonly utilised product
- expenditure of continence care products (such as non-drug related products, skin care products and women's sanitary products) is most commonly under \$10 per week or between \$10-\$25 per week
- brochures/pamphlets provided by pharmacies are the most recalled information source
- people with incontinence, and those caring for people with incontinence, are generally not embarrassed to speak with pharmacy staff about incontinence
- for the majority, pharmacies are a comfortable place to discuss personal needs.

The PCCP pilot has provided sufficient evidence to indicate that implementation of the Program in the longer term would be sustainable through demonstrated benefit to pharmacy practice in primary health care and to pharmacy business. Further work would be required through implementation of the Program to assess adequately the benefits to consumers and the contribution to improved health outcomes.

Implementation of the Program would require that the quality and currency of training materials, training modalities and health information is sustained; that pharmacies are recruited and supported through an active and targeted marketing strategy; and that the Program is either fully funded or required to become financially self-sustaining.

5.1.1 Providing incentives for pharmacies to participate

The PCCP pilot provided two specific incentives to pharmacies to participate:

- The opportunity to win a travel voucher.
- Payment of a lump sum on completion of the training program and submission of the evaluation form.

These incentives, however, did not appear to be key drivers for participation: pharmacies had to be reminded to submit their invoice and even then, not all did so, and only a very small number of pharmacies responded to the travel voucher incentive to request and provide consumer consent to participation in the consumer survey. Participating pharmacies consistently identified their concern to meet the health care needs of their client base as their reason for volunteering their participation.

This may indicate a particularly altruistic characteristic of some pharmacies, given that these pharmacies responded to a widely broadcast invitation to participate in the pilot Program. But it can be assumed from this self-selected sample that identification of the benefit to pharmacies' client base offers a significant incentive to participation. The framework of the QCPP, however, could usefully provide a parallel and strong incentive to participation in the Program by pharmacies, and would provide a major contribution to sustainability, by enabling participating pharmacies, on completion of training and at review and upgrade, to acquire CQI points against the QCPP standards for the PCCP.

5.1.2 Addressing the geographically dispersed distribution of community pharmacies across the nation

Australia has 5000 community pharmacies and most local communities have at least one. Many are the sole provider in a small community and a significant proportion are remote from major urban facilities. For the PCCP to be sustainable and to have the maximum effect, strategies will need to be implemented that address such geographic diversity and the lack of proximity to training and information services.

The pilot Program delivered training in three modalities to pharmacies across all jurisdictions, in metropolitan, regional, rural and remote areas. Section 4.2 reports on the pharmacy perceptions of the training experience and of the training benefit. In summary, there were no perceived differences between the outcomes or results of training in any of these differing regions. The design of the PCCP training program addressed geographic dispersion of the participating pharmacies by:

- making the training materials available for download from the project website
- sending a pack of information resources to all pharmacies
- making available the website list of continence physiotherapists located in each region
- making fax and telephone contact with each pharmacy. This was particularly useful in keeping pharmacies engaged in the project, since there are number of different programs running in pharmacies and it is not always easy for staff to distinguish between them and follow through on agreed actions.

The training materials were provided to all the pharmacies regardless of the training method for each pharmacy. Whilst face-to-face training was the preferred option indicated initially by pharmacies, the data reported in Section 4.2 indicate that in relation to pharmacy satisfaction levels with training, there was no significant difference between training types. Additionally, there was a significant shift in level of perceived confidence, knowledge and skills in relation to delivery of continence care services across all training types.

It would be possible, then, to agree on a mode(s) of national delivery based on the one(s) that will be the most cost effective and promote the greatest participation by pharmacies. The most appropriate options for training that accommodate the nation-wide distribution of community pharmacies are therefore:

- delivery of self-paced training using web resources, including downloadable consumer information resources
- contracted provision of group-based training according to a national training calendar, providing for regular booked group training sessions in diverse metropolitan, regional and rural areas. Possible contractors include:
 - Pharmacy Guilds in each jurisdiction, with contracted continence experts
 - Divisions of General Practice
 - commercial training services such as those provided by product manufacturers (the model used in this pilot) that have staff located across Australia.

Implementation of the Program should aim to achieve a substantial level of national participation by a diverse range of community pharmacies. Setting a high participation target level would achieve greater visibility of the Program across the Australian community, enhancing both pharmacy interest and sustained participation, and consumer awareness of pharmacy-based continence care. Given the level of interest in participation in the pilot Program, the availability of evaluated materials and training approaches and the outcomes in pharmacy benefit of the pilot, implementation of the Program is proposed over a two-year

period with a national recruitment and participation target of 1000 community pharmacies, covering all metropolitan areas, all regional centres, and rural and remote communities.

5.1.3 Funding of the Program

Stage 1 of the program was funded by the Australian Government under the National Continence Management Strategy. Stage 2 projects of the PCCP were funded by the Australian Government under the Third Community Pharmacy Agreement Research and Development programs. As research and pilot projects, the cost per pharmacy of the Program to date is substantial. The two projects have provided the complement of evidence-based training materials, evaluated training methods, and pharmacy and consumer benefit measures, and these are now capable of continuing use at production and distribution costs only. All materials except the flip chart are available for download from the internet.

The outcome of the pilot Program indicates that funding requirements for the Program to continue on a national roll-out basis would primarily reflect the cost of materials and group-based training. Table 3 indicates the cost per unit of each of the pilot-evaluated materials and of group-based training. Self-paced training incurs no cost to the Program other than Program administration. Table 3 also provides costings for delivery of the Program assuming 1000 units (materials and individuals trained).

Implementation of the Program is proposed as a two-year trial. For the purposes of identifying the cost of a national roll-out, the project team has used a target participation rate of up to 1000 staff of community pharmacies across Australia. The funding requirement to achieve national roll-out with this goal comprises:

- material and resource provision: \$52,800 (inc GST)
- group-based training to a maximum of 1000 individual participants: \$220,000
- Program administration: \$200,200.

Therefore, the Program total funding requirement, assuming a target participation rate of 1000 individual participants, is \$473,000 over two years. A contingency factor is recommended, at 7-10 per cent of total cost, which would result in a full Program provision of \$530,000, assuming participation of 1000 pharmacy staff through the two year Program.

As discussed, funding options include full funding by government through an appropriate program, or user-pays for participating pharmacies. The Program could be fully funded by government through the National Continence Management Strategy or its successor. Full cost recovery would require a fee for participation, training and review of \$530 per participating pharmacy. The incurred cost (staff time) per pharmacy of participating in the training was reported (see Section 4.2.8) at an average of \$150, making the full cost of participation in the Program for each pharmacy a total of \$680.

Table 3: Implementation Program costs

Item	Cost per unit	Cost per 1000 units	Cost including GST per 1000 units
<i>Training and materials</i>			
Flip chart	\$10	\$10,000	\$11,000
Learner book	\$10	\$10,000	\$11,000
Trainer guide	\$2	\$2,000	\$2,200
Audio files	\$4	\$4,000	\$4,400
Consumer information packs	\$20	\$20,000	\$22,000
Evaluation form	\$2	\$2,000	\$2,200
Sub-total		\$48,000	\$52,800
Group-based training	\$200	\$200,000	\$220,000
<i>Program Administration per annum</i>			
Program coordination: materials, website, training program	\$32,000		\$35,200
Evaluation	\$27,000		\$29,700
Marketing	\$32,000		\$35,200
Sub-total	\$91,000		\$100,100

Funding requirements for implementation of the Program as proposed therefore comprise:

1. Marketing strategy:

- using the suite of promotional materials trialled in the pilot Program, including the "BB" branding and colours and the consumer promotional materials (poster, counter talkers, stickers)
- additional materials to be produced and included based on the outcomes of the pilot Program, the consumer and pharmacy case studies, and information about the application of CQI points to the Program
- community information advertising and promotion of the PCCP across Australia using the marketing materials.

2. Training:

- maintenance of the PCCP website and all training materials and consumer information resources, including additional and current news stories and case studies, to maintain high interest and encouragement to participating pharmacies and to consumers
- provision of a national calendar of booked group-based training sessions in all metropolitan, regional and major rural centres

3. Program administration:

- of the group-based training program

- of a data base of training participants, graduates and reviewed and upgraded participants, in conjunction with the QCPP
- of information and marketing including relationships with continence professional and consumer bodies to promote awareness of the Program.

5.1.4 Embedding sustainability

For the Program to be sustainable and to ensure consumer needs are appropriately met, issues to be addressed include:

- ensuring that a significant proportion of pharmacies participate in the Program
- ensuring that information and materials provided by pharmacies to consumers is current and of an acceptably high standard.

To achieve a high level of participation in the Program, the following Program elements are proposed:

- nation-wide roll-out across all regions with recruitment target of 1000 pharmacy staff over two years
- a national marketing campaign to achieve the target participation rate, using the evaluated pilot Program branding materials and resources and consumer and pharmacy case studies
- CQI points for participation in the Program, at the successful conclusion of training and again on completion of self-evaluation of performance at specified milestones. Self-assessment against the recommended QCPP standards (see Appendix 3 for relevant standards) at the completion of the training and at six and 12 months after training could accrue incremental CQI points, and would provide a strong data base to inform the ongoing implementation of the Program and provide the Pharmacy Guild and the Department of Health and Ageing with specific and relevant information for primary health care programs
- implementation and ongoing refinement of the marketing, engagement and retention strategy to achieve sustainability of pharmacy participation and performance, and monitor and measure consumer benefit
- evaluation of the barriers and facilitators external to pharmacies, that inhibit or facilitate effective engagement by pharmacies with local continence care services and other primary health care providers.

5.2 Standards

There are two sets of standards relevant to the implementation of the PCCP:

- standards related to training of pharmacy assistants
- standards related to the QCPP.

5.2.1 Standards related to training of pharmacy assistants

The national competency standards within the Pharmacy Training Package, which apply to pharmacy assistants, are managed and updated by the relevant Industry Skills Council (Services Skills Australia). The standards are mandated as the basis of training delivery by Registered Training Organisations operating in the vocational education and training sector. The existing standards are currently undergoing a formal review. Before finalising the

training for pharmacies, the project consultants mapped the proposed training to the relevant standards as follows:

UNIT WRPPK214A Apply product knowledge for women's and men's health needs:

- Develop knowledge of women's and men's health products and self care
- Identify women's and men's health needs
- Provide information on women's and men's health products and/or services under pharmacist supervision

UNIT WRPPK206A Apply product knowledge for gastro-intestinal needs:

- Develop knowledge of gastro-intestinal product and self care practices
- Identify gastro-intestinal treatment needs
- Provide information on gastro-intestinal products and/or services under pharmacist supervision.

The mapping (see Appendix 2) indicated that there was 100 per cent coverage of the relevant component of the standards and that completion of the activities in the PCCP by pharmacy assistants would provide a bank of assessment tasks that could be used by the assessor to assess competence against the standards.

5.2.2 Standards related to the QCPP

The QCPP standards are used as the benchmark for qualification for CQI points.

The processes and practices to develop, maintain and evaluate achievement against the QCPP standards are well defined and the QCPP is administered by the Pharmacy Guild.

Work undertaken by NOVA in developing the PCCP content identified that there are a number of relevant existing standards amongst the core standards (the key elements on which a pharmacy should focus to ensure customer satisfaction, quality care and ongoing business success) and the team standards (the customer standards that must be met by pharmacy staff).

The six QCPP standards listed below are of particular relevance to the PCCP. These should be used in the future implementation of the Program to provide an incentive to pharmacies to participate through accrual of CQI points based on completion of the training and evaluation of its effect, referenced to the standards.

- PDE-3 Patient Counselling Area
This standard reflects the PCCP's focus on promoting the provision of an area within the pharmacy for confidential conversations with customers about a personal or intimate health condition such as incontinence.
- POP-2 Customer Care And Advice
This standard reflects the PCCP's focus on promoting use by pharmacies of a screening and referral system to prompt for customers who present with symptom-based requests to receive appropriate condition- and person-related care and advice, and requiring that pharmacy staff are trained in the provision of that care and advice. This includes referrals to other appropriate health professionals.
- PPS-1 Health Promotion
This standard reflects the PCCP's focus on the pharmacist as a resource to individuals and community groups for health education information, providing

health education and working in partnership with health organisations, community groups and other health professionals to promote health.

- PPS-4 Patient Counselling
This standard reflects the PCCP's focus on the pharmacist providing information to customers about their medications and the impact on continence and/or incontinence.
- STO-12 Sensitive Merchandise
This standard reflects the PCCP's focus on reducing the need for customers to have to ask the location of sensitive merchandise, through appropriate displays and through staff knowledge and understanding of the need for sensitivity and discretion when dealing with customers purchasing such items.

The full text of the relevant standards (2001 version) see Appendix 3.

Given the relevance to the PCCP of these standards, and the standards' comprehensive coverage of the PCCP training activities developed for this pilot, new standards specifically for continence care were not appropriate and were not developed.

5.3 National implementation plan and a strategy to promote the plan

The proposed National Implementation Plan includes:

- a two-year implementation program to recruit and train up to 1000 pharmacy staff from community pharmacies Australia-wide
- the training materials, recommended training modalities and marketing strategy of this pilot
- self-review of performance by participating pharmacies at designated intervals
- CQI points for completion of training and subsequent self review for participating pharmacies
- a national marketing strategy, using the branding and promotional materials developed for the pilot, including customer information resources and additional resources developed as outcomes of the pilot (pharmacy and consumer case studies)
- overall evaluation of the Program to monitor health outcomes and business benefit
- funding of the full cost of the implementation Program either through a training charge to pharmacies to gain cost recovery (recommended fee \$530 per pharmacy) or through full funding by the Department of Health and Ageing, through the National Continence Management Strategy or its successor
- delivery of the Program through tender for a contractor to:
 - provide training services utilising the web based resources developed for this pilot and face-to-face delivery in groups, based on a national training calendar
 - conduct and report on a longitudinal evaluation of the benefits to pharmacies of the Program
 - develop and implement strategies to monitor customer feedback on needs and services and on health outcomes for a sample of consumers.

The national communications strategy will have the following features:

- the audience—all pharmacies Australia-wide

- the message—providing continence care makes good business sense and will have health benefits across the population, given the prevalence of incontinence in the population, not just in older people
- the materials:
 - branding—“BB” (Bladder health, Bowel care)
 - counter talkers
 - “BB” Stickers (can also be made into badges)
 - A4 Posters (add wording—Continence Care Centre)
- the marketing and promotional strategy—extensive use of existing newsletters, networks, websites
- funding the marketing approach—part of the fee structure included in the tendering arrangements.

6 RECOMMENDATION AND IMPLEMENTATION PLAN

6.1 Recommendation

That the Pharmacy Continence Care Program be nationally implemented.

The Project team makes this recommendation on the basis of the reported benefits to pharmacies of the training and training materials, and the extent to which the evaluation demonstrates that the objectives of the project have been met through the training and training materials. These objectives were to:

- provide community pharmacists and assistants with the information and skills to significantly raise community awareness of the issue of incontinence and to recognise and promote help-seeking strategies by their customers
- promote widespread awareness of diagnosis and treatment services available
- encourage individuals to seek readily accessible, appropriate and discreet information about their condition/symptoms.

The Pharmacy Continence Care Program pilot has provided sufficient evidence against the first objective to indicate that implementation of the Program could be expected to be sustainable in the longer term, given the demonstrated benefit to pharmacy practice in primary health care and to pharmacy business.

The limited consumer sample achieved through this project methodology has not provided direct evidence against the second and third objectives. Further work is required through implementation of the Program adequately to assess consumer benefit and contribution to improved health outcomes.

6.2 Implementation plan

Implementation of the Program nationally is recommended, using the training materials, training modalities and communication resources and methods developed for this pilot. Implementation of the Program could be undertaken through full funding as an identified national health promotion and health intervention program or could become financially self-sustaining.

The project team proposes an implementation strategy that is based on and informed by the team's experience through this project. The strategy we propose comprises a two-year implementation program to recruit and train pharmacies Australia-wide, comprising:

- **Recruitment:**
 - development of a marketing plan and suite of promotional materials using the "BB" branding and colours or similar, and the sample materials trialled in the pilot Program (poster, counter talkers, stickers)
 - advertising the PCCP across Australia using the marketing materials to enlist a substantial number of participants over the 24 month implementation period
- **Training:**
 - a national training program comprising self-paced learning through web-based and CD-ROM packages, and with the option of face-to-face training, using the training materials and training modalities developed through this pilot

- a calendar of booked, face-to-face group training in regional centres
- maintenance of the training materials and the website to ensure currency of information and a ready supply of “good news” stories that will promote continued implementation of the Program
- CQI points through the QCPP for completion of training and subsequent self-review, for participating pharmacies
- self-review by participating pharmacies, at designated intervals, of performance and benefit
- **Consumer resources and feedback:**
 - establishment of partnerships with consumer organisations to promote awareness of the pharmacy program and to refine and provide appropriate consumer information and resources
 - consumer information resources and packages for pharmacies developed through this pilot
 - Program marketing and promotional materials for use in pharmacy, based on the “BB” branding and colours or similar, and the sample materials trialled in the pilot Program (poster, counter talkers, stickers)
 - review and redevelopment of customer feedback tools for use in pharmacy.
- **Funding:**
 - funding of the full cost of the implementation Program either through a training charge to pharmacies to gain cost recovery (recommended fee \$530 per pharmacy) or through full funding by the Department of Health and Ageing, through the National Continence Management Strategy or its successor.
- **Evaluation:**
 - conduct of and reporting on a longitudinal evaluation of the benefits to pharmacies of the Program
 - review and refinement of tools and strategies to monitor customer feedback on personal health care needs and benefits, perceptions of service provision and benefit, and access to and use of other health professional advice for incontinence.

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