

Pharmacist Information Pack

Community Pharmacist Pilot Project

Overview

The Department of Health is commencing a 12-month statewide pilot commencing 1 March 2024 to test an expanded role for community pharmacists.

In this pilot, appropriately trained and endorsed community pharmacists will be able to practice under a structured prescribing model to assess patients presenting with suspected uncomplicated urinary tract infections (UTIs) and provide antibiotic treatment in specific circumstances.

Structured prescribing means that participating pharmacists have a limited endorsement to prescribe medicines under a protocol, and within the framework set by the Tasmanian Government. The pilot aims to increase access to affordable primary healthcare, ensuring Tasmanians get the right care, at the right time, at the right place.

Safety and quality care will be the highest priority throughout the pilot project. An integrated approach will be taken where pharmacists will be expected to communicate pharmacy interventions with the patient's regular general practitioner/ general practice.

Pilot timing

January 2024:	training modules and application forms become available
January/February 2024:	application form(s) submitted for pharmacists and pharmacy premises
February 2024:	endorsements provided to applicants
1 March 2024:	pilot commences
1 March 2025:	pilot concludes

The pilot will run for 12 months, closing in March 2025. Monitoring of the services delivered will occur throughout the pilot period, and an evaluation will take place at the conclusion of the pilot.

Approval to Participate in the Pilot

The pilot will take an opt-in approach where endorsed pharmacists working within an approved premises can choose to join the pilot. There is no cap on the number of pharmacies or pharmacists which can join the pilot.

Community premises and individual pharmacists must meet all eligibility requirements and be approved to participate in the Pilot.

Individual pharmacists will need to submit a completed application form for approval. Pharmacy premises will need to complete a separate application form to become an approved pharmacy site for the Pilot. The applications will then be assessed for approval by the Department of Health. The Department will notify pharmacists and pharmacy owners of the outcome of those assessments.

Completed application forms are to be emailed to: pharmacyscope@health.tas.gov.au

The application forms can be obtained by visiting the [Tasmanian Community Pharmacy Program](http://www.health.tas.gov.au/pharmacyscope) (www.health.tas.gov.au/pharmacyscope).

Provision of services

Pharmacies will be able to determine a service provision model which works best for their premises, staffing and the community they serve.

It is encouraged that pharmacies provide this service during all opening hours; however, it is recognised this may not be appropriate in every situation.

Booking process

It will be a decision for each pharmacy whether they wish to use a booking process for the consultations, or whether they will accept walk in consultations – at all or select times.

Management protocols

The management and treatment for suspected uncomplicated UTIs in women is supported by a clear and detailed management protocol.

The protocol has been developed using evidence-based approaches by the Department of Health, with oversight from the pilot's Steering Committee and medical experts.

The management protocol supports decision-making and sets out when a patient can be treated under the pilot, and under what circumstances they will need to be referred to their usual GP or other healthcare provider.

Compliance with the management protocol is an essential requirement of the Pilot.

The protocol will not cover all possible clinical circumstances and pharmacists are required to exercise their professional judgement in adapting the treatment guideline to individual circumstances.

The management protocol can be obtained by visiting the [Tasmanian Community Pharmacy Program](http://www.health.tas.gov.au/pharmacyscope) (www.health.tas.gov.au/pharmacyscope).

Declining supply

Situations will arise where patients are appropriately not provided with the care that they may expect (e.g. not provided antibiotics). It is strongly recommended that these consultations are still fully documented, that patients are still provided with a consultation summary and information is provided to their GP. Referrals to other care providers - pharmacists are strongly encouraged to communicate a timeframe for follow-up and document this.

Coordination of care between pharmacists and general practitioners

Integrated care is an important aspect of the pilot, and the patient's usual GP (or GP practice) is expected to be provided with information on the patient's condition and treatment, it is encouraged for this to occur when antibiotics are prescribed or not.

Pharmacists will be required to obtain consent from each patient, to inform their GP of the consultation and/or treatment. If the patient provides appropriate consent, pharmacists will also be required to update My Health Record with dispensing records of antibiotics provided under the pilot.

Pharmacists will be required to document each consultation in specified pharmacy software.

Pharmacists are encouraged to provide each patient with a printed consultation record and are required to share a copy of the consultation summary with the patient's nominated GP with the patient's consent. The project team strongly recommend that information is sent by a secure transfer system such as *Healthlinks*.

It is strongly recommended that pharmacists encourage patients to promptly seek medical care wherever referral is necessary, it is also recommended that this timeframe is documented in your clinical systems and on any information given to the patient or sent to the GP (e.g. *patient has been referred to see GP within the next 24 hours*).

If a person does not have a regular GP, it is good practice to encourage the person to obtain one.

People seeking treatment, but who are ineligible under the management protocols, will need to be referred to a GP or other healthcare provider.

Funded Service fee per consultation

For the period of the pilot, community pharmacies will be able to claim a \$20 service fee for each episode of care delivered.

The episode of care will be defined as a long-consultation with a clinical assessment and data collection/ entry undertaken in a private consultation room for patients eligible under the UTI treatment guidelines. The fee-for-service is not tied to the supply of antibiotics or not but a clinical consultation summary must be created for each episode of care in the electronic clinical system. Pharmacies will not be able to charge any additional service fees to patients.

In the circumstance where a short consult rapidly identifies that a client is non-eligible (for example due to age, male gender, pregnancy) where a long-consultation is not undertaken, a service fee is not claimable.

The project team do not provide guidance on costs for antibiotics this is discretionary. Pharmacies will be required to inform patients up-front of costs for antibiotics.

The claimable service fee will be in place during the pilot and cease upon its completion (after 12 months). Details of claiming process will be confirmed with pharmacies as soon as possible.

Consent

By participating in the pilot, pharmacists and premises are consenting to the collection of information gathered during consultations which will be used to monitor the pilot and inform the evaluation.

Part of the consultation process will include obtaining informed consent from the patient, to record the consent in the IT system, including consent:

- to treatment and to understand that antibiotics may not be provided based on the clinical consultation
- to have information collected, stored and shared with the Department of Health for the purpose of the pilot's monitoring and evaluation
- for the pharmacist to provide a referral or information to the patient's usual GP
- for the treatment information to be uploaded into the patient's My Health Record
- for costs that the patient is likely to incur as part of the assessment and treatment

A patient handout will be available to assist in this consent process.

Patient Follow up

The protocol requires the treating pharmacist to arrange follow up with their patient at around day 3 to 5 after their consultation. There is no specified communication method - SMS and phone are suitable including automated services. It is recommended that patients are encouraged that they should see a GP if their symptoms have not resolved and inform them that a voluntary survey from the department will be sent to them shortly.

Data collection

Data will be collected with patient consent via the supporting IT systems and a follow up voluntary survey with each patient. Data will be collected, stored and used in line with all legislative requirements for data protection and privacy.

Training

Each participating pharmacist will be required to successfully complete a specific training module for the management and treatment of suspected uncomplicated UTIs in women.

Training is available online and can be accessed at (only one course needs to be completed):

[Pharmaceutical Society of Australia](https://my.psa.org.au/s/training-plan/a110o0000JPST0AAP/managing-uncomplicated-cystitis-urinary-tract-infectionnsw-qlid-sa-tas-wa) (<https://my.psa.org.au/s/training-plan/a110o0000JPST0AAP/managing-uncomplicated-cystitis-urinary-tract-infectionnsw-qlid-sa-tas-wa>)

OR

[Australian College of Pharmacy](https://www.acp.edu.au/uti-training/tas/) (<https://www.acp.edu.au/uti-training/tas/>)

Pharmacy Interns

Pharmacy interns are not able to conduct his advanced scope activity during the Tasmanian pilot. Interns are welcome (with patient consent) to observe the consultation but are not to conduct the consultation even under supervision.

Adverse Outcomes and Clinical Incidents

Incident reporting plays a crucial role in promoting a culture of safety, quality and continuous improvement in healthcare settings.

Should pharmacists become aware of adverse outcomes involving patients participating in the pilot such as adverse drug reactions, escalation of care (e.g. patient requiring hospitalisation) or clinical errors, pharmacists are advised to follow the steps below:

1. Ensure the patient has appropriate clinical care, referral and follow up.
2. Thoroughly document the details of the incident in your electronic clinical system.
3. Inform your professional indemnity insurer.
4. Inform the Department of Health Pharmacy Scope UTI pilot team on pharmacyscope@health.tas.gov.au

The Department will provide guidance to both the general public and medical professionals on the process recommended that they follow should they become aware of clinical incidents involving the UTI pilot.

In all cases it is recommended that initially complaints are to be raised with the pharmacy that provided the service and to the Department of Health Pharmacy Scope UTI pilot team.

Contact details for AHPRA and the Health Complaints Commission are also provided and recommended to be used only where initial contact has not provided a suitable resolution.