



Consumers Health  
Forum OF Australia

## REPORT CARD

### SEVENTH COMMUNITY PHARMACY AGREEMENT

# The response of the Consumers Health Forum to the Seventh Community Pharmacy Agreement.

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An analysis of the Agreement signed on 11 June 2020 in light of CHF's recommendations.

## Purpose of Community Pharmacy Agreement

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The purpose of the Community Pharmacy Agreement is to ensure that all Australians have timely and affordable access to prescription medicines delivered within a quality use of medicines framework.

## Principles

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The Agreement should be consumer-centred, putting the delivery of appropriate and affordable medicines to consumers at the heart of what it does.

Community pharmacy is an integral part of the quality use of medicines and its place in ensuring medicine safety as well as access should be recognised and built upon.

It should ensure community pharmacy and pharmacists are integrated into the primary health care system.

All services and initiatives included within the Community Pharmacy Agreement should be consistent with other Government policy settings.

All interventions funded through the Community Pharmacy Agreement should be evidence-based and deliver cost effective health services so that taxpayers get value for money.

There should be a move towards measurable outputs and outcome measures for all interventions funded through the Agreement.

# Overall Assessment of Seventh Community Pharmacy Agreement

The Seventh Community Pharmacy Agreement (7CPA) commits all the parties to ensuring Australians have access to patient focused, outcome oriented, professional pharmacy services and programs that support the safe and quality use of medicines which is in line with the CHF purpose and principles.

7CPA does not provide a platform for any real reform of the community pharmacy sector, offering little scope for innovation or adoption of new technologies and no fundamental shifts in the way community pharmacy services are delivered. It does little to integrate pharmacists into the primary health care system.

There is no substantive governance reform with the oversight of 7CPA still the domain of the Pharmacy Guild and the Commonwealth Government through the Department of Health. The Pharmacy Stakeholder Consultation Committee has only three standing members the Guild, the Pharmaceutical Society of Australia (PSA) and the Department with the possibility of others but no commitment to their inclusion.

The enhancements to the Closing the Gap initiatives and the commitment to work with NACCHO and the whole community-controlled sector to implement them is a welcome development. The commitment to have an Aboriginal and Torres Strait Islander person chair the Pharmacy Consultation Committee when there is discussion of Aboriginal and Torres Strait Islander specific measures is also an important move.

The Community Pharmacy Programs will continue, at least for the first year. The mechanism for assessment of existing programs and discussion of new and enhanced programs is not spelt out in the Agreement and it is certainly not clear if stakeholders, other than the signatories, could initiate such a discussion. The decision to wait for the Royal Commission into Aged Care to deliver its recommendations before making any substantive changes in that area is welcome.

Within the agreement there is discussion about the Commonwealth undertaking policy that may impact on the community pharmacy outside of the agreement. Hopefully this policy work will include consultation with a broader group of stakeholders and will provide the opportunity to advance some of the sorely needed reforms.

## Summary of outcomes in areas which CHF made recommendations:

CHF Ask	Outcome
Governance	
CHF to be signatory to 7CPA	Pharmacy Guild, Pharmaceutical Society of Australia and Commonwealth Government signatories.
Multi-party Implementation Advisory Committee	Two Consultative committees: Community Pharmacy Consultation Committee (CPCC) <ul style="list-style-type: none"> <li>Pharmacy Guild and Commonwealth Government</li> </ul> Pharmacy Stakeholder Consultation Committee <ul style="list-style-type: none"> <li>Pharmacy Guild and PSA standing members</li> <li>NACCHO to be included and chair sessions on Aboriginal and Torres Strait Islander specific issues</li> <li>Others can be invited by Department of Health - could include CHF</li> <li>Chaired by Department of Health.</li> </ul>

Mid-agreement review	No mention of a formal review or review point. Agreement does not preclude policy reforms that impact on community pharmacy.
Separate arrangements for professional services	No separation. Section 2 of the Agreement is between PSA and Commonwealth Government and covers professional pharmacy issues. Pharmacy programs are covered in Section 1 which is just the Pharmacy Guild and Commonwealth Government.
<b>Transparency</b>	
Dispensing reforms: <ul style="list-style-type: none"> <li>Price disclosure to consumer price prior to dispensing</li> <li>Provision of consumer medicine information at time of dispensing</li> </ul>	<p>The Guild to use its best endeavours to ensure pharmacists make consumers aware, prior to dispensing it, of any Safety Net Recording Fee and Additional Patient Charge to be charged; the fact that the Additional Patient Charge is not Commonwealth initiated; and the total cost to the consumer of that Pharmaceutical Benefit. The Guild will work with the Department during the first Financial Year to develop processes to put this into effect.</p> <p>Community pharmacists to be encouraged to provide consumer medicine information.</p>
Questions to ask your pharmacist campaign	No mention of this
Comprehensive dispensing service by all funded community pharmacies	No mention of this
<b>Pharmacy program /professional services</b>	
More public information on what professional services are funded, how they are funded and the criteria for accessing them	<p>No specific commitment on enhanced transparency with regard to these programs.</p> <p>The Agreement has indicative expenditure for the first year. The Department will initiate an assessment of the programs in the second year of the Agreement to inform future development and publish the results.</p> <p>The Guild and the Department will consult on new or enhanced initiatives for community programs.</p>
Clearer information on service provision at a pharmacy level	No mention of this
Some professional services may need additional training, especially medication reviews and services that are related to a specific disease or population cohort. These competencies need to be clearly articulated and consumers should be able to check that the pharmacist delivering the service has those necessary skills.	No specific initiatives with regard to this. Section 2 dealing with professional standards is very brief.
<b>Reporting</b>	
A systematic program for patient recorded experience measures for dispensing	No discussion of this even with regard to provision of consumer medicine information.

Development and collection of outcome measures including Patient Recorded Experience and Outcome Measures for pharmacy programs	Not mentioned within discussion of possible new community pharmacy programs.
<b>Medication Management for Older People</b>	
Residential Aged Care: <ul style="list-style-type: none"> <li>• Embedded pharmacists in residential aged care facilities</li> </ul> Older people in the community: <ul style="list-style-type: none"> <li>• Older people in receipt of Commonwealth Home Care packages could be eligible for a Community Medication Management package.</li> <li>• Older people living at home could enrol with a specific community pharmacists to access additional services</li> </ul>	The Guild and Department will make changes to promote enhanced medication management for older Australians wherever they live, such as drug utilisation reviews of psychotropics with feedback and medicines education. They will also make an appropriately funded investment in medication management and adherence programs to support the implementation of recommendations contained in the Royal Commission into Aged Care Quality and Safety.
<b>Innovation and technological change</b>	
Remove regulatory barriers to innovation including: <ul style="list-style-type: none"> <li>• Remove location rules</li> <li>• Remove ownership rules</li> <li>• Allow collaborative models with other businesses</li> <li>• Increase maximum supply from one to two months</li> </ul> Innovation to include: <ul style="list-style-type: none"> <li>• the widespread adoption of e-prescriptions, which needs to always give the consumer control over their script;</li> <li>• funding for pilots of online pharmacy with demand for such a service growing with the implementation of e-prescriptions.</li> <li>• models for out of hours services including pharmacy vending machines; and</li> <li>• more outreach services, with mobile pharmacies and/or community-based pharmacists working with target groups, such as homeless people.</li> </ul>	No regulatory changes <p>Eprescribing is the only new technology identified in the Agreement.</p> <p>There is no identified area for innovation to be pursued although there may be scope to raise some in the discussion around new and enhanced community pharmacy programs.</p>