



Consumers  
Health Forum  
of Australia

# ***Pharmacists and Primary Health Care Consumer Survey:***

## ***Results and Discussion***

**July 2015**

## Introduction

The Consumers Health Forum of Australia (CHF) is the national peak body representing the interests of Australian healthcare consumers. CHF works to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems.

The Sixth Community Pharmacy Agreement, finalized in May 2015 and which commenced on 1 July 2015, provides for \$50 million for a Pharmacy Trial Program that would expand the role of pharmacists in the delivery of certain healthcare services. This is part of the existing \$600 million in place – with a further \$600 million possibly made available, for a potential total of \$1.2 billion – over the five-year duration of the agreement to provide for additional pharmacy services at large.

The services likely targeted for the trial include blood pressure management, diabetes screenings, weight management, vaccinations, addiction intervention, and mental health support – all services typically associated with general practitioners (GP).

At the same time that pharmacists are exploring providing additional services, and namely primary care services, GPs are weighing the merits of integrating pharmacists into their practice settings.

**“There is an opportunity for pharmacists to step into the primary care space, but we are doing this carefully and in an evidence-based way.”**

**The Hon. Sussan Ley, MP  
Minister for Health**

The Australian Medical Association (AMA), Pharmaceutical Society of Australia (PSA), and Royal Australian College of General Practitioners (RACGP) have all floated proposals to allow pharmacists to provide medicines management services in traditionally GP settings. In particular, the AMA’s proposal was developed in part by a study by Deloitte Access Economics regarding the financial implications of having non-dispensing pharmacists in GP settings, which identified a potential savings of hundreds of millions of dollars to the health care system<sup>1</sup>.

On top of these proposals, the Government has undertaken a major undertaking in changing primary health care at large through the establishment of Primary Health Networks (PHNs) to replace the Medicare Local programme.

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<sup>1</sup> Deloitte Access Economics, *Analysis of non-dispensing pharmacists in general practice clinics*. 9 April 2015. “[O]ver a four year period the policy generates savings of \$544.87 million. The policy requires \$969.53 million of funding for the incentive payments; however, this is more than offset by the \$1.51 billion in savings. . . . The policy . . . generates net savings for the jurisdictional governments through reduced hospital costs, and net savings for individuals through lower co-payments for GP consultations and medicines.”

The purpose of PHNs is to promote integration of health care services at the community level to improve consumers' access to the health system. The integration or blending of roles between GPs and pharmacists could have deep ramifications for how PHNs tackle this mission. With national health policy supporting greater integration across professions, it is important to keep in mind that the end result of this shift is to improve health outcomes for consumers.

CHF undertook this survey in order to ensure that consumers' opinions are considered and reflected in what promises to be a major shift in how Australians receive front-line care. Surveys of consumer patterns in utilising the health system routinely find that consumers in general have more interaction with their local pharmacists than any other health professional.

Encouraging pharmacists to take a greater role in providing primary care services could change the way consumers view and approach pharmacies, and their preferences ought to be a part of any major changes in this relationship. Recent studies in Australia<sup>2,3</sup> and abroad<sup>4</sup> have also demonstrated that there is consumer support for the principles of pharmacist integration into a primary care setting, but CHF put the question to Australians directly.

### **The survey**

CHF launched the online survey on 29 May 2015, and it ran through 12 June 2015. CHF promoted the survey through its member organisations, publications and social media platforms. It was also highlighted in a number of other stakeholder newsletters and subscription media outlets.

The key findings of the survey are:

- Most respondents believed that pharmacists have a larger role to play in providing primary care services, with similar levels of support for their local pharmacists offering additional primary care services.
- Most respondents were also supportive of having pharmacists providing medicines management services within a GP care setting.
- While four out of five respondents indicated that their local pharmacy already offered one of several primary care services expected to be trialled by the programme, less than one in three respondents said that they had used them.
- The prevailing concerns about expanding pharmacists' role in primary care or utilising their services were having GPs "out of the loop," the potential safety and quality of the services to be provided, and the level of privacy afforded in the pharmacy setting.

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<sup>2</sup> Jordan, M., et al. (2015). "Patients' experiences of a clinical pharmacist integrated into a General Practice setting." doi:10.1509/jmr.10.0353.

<sup>3</sup> Freeman, C., et al. (2012). "Integrating a pharmacist into the general practice environment: opinions of pharmacists, general practitioners, health care consumers, and practice managers." doi:10.1186/1472-6963-12-229.

<sup>4</sup> Saw, et al. (2015). "Health care consumers' perspectives on pharmacist integration into private general practitioner clinics in Malaysia: a qualitative study." doi:10.2147/PPA.S73953.

- Respondents who had less frequent encounters with GPs were more strongly supportive of expanding primary care services within pharmacies, although the overall level of support was about the same across respondents' health system utilisation.

The major implication of these results for health policymakers is that defenders of traditional “silos” of medicine need to rethink what ought to be considered traditional roles for GPs and pharmacists. Moreover, if pharmacists are going to assume a greater role in the provision of primary care services, then the industry is going to have to think through what training and accommodation will be necessary to give consumers the confidence that these services do not compromise the quality they have come to expect from GPs.

What clearly came through in the results was a desire among consumers for their health care providers to be “on the same page” when it comes to the provision of health services. They viewed the potential for the expansion of pharmacies from their traditional settings as one possible way to achieve greater coordination. This should give support to the mission of PHNs to improve the coordination of community services, to possibly include providing support to pharmacists who desire to expand into the primary care space, or GPs who desire to have a pharmacist collocated to assist with medicines management.

The last major implication is that, in the face of this consumer desire for support, policymakers and advocates need to look closely at the evidence-base to ensure that the service design and provision does not compromise quality and safety standards should changes in primary care go forward. The purpose of this policy should be to fill gaps in primary care coverage, not to promote a system that is fragmented and prone to further dysfunction.

## Results and Discussion

### Pharmacists' role in primary care

Overall, survey respondents were very supportive of the position that pharmacists could have a larger role to play in the provision of primary health care services (71.5 per cent). Just over one-in-five respondents (21.0 per cent) disagreed with the position. However, the strength of this support varied considerably based on the respondents' utilisation of GP and pharmacy services (**Chart 1, see Appendix**).

Support was highest among respondents who were frequent users of pharmacy services but not GPs (Block II, 79.4 per cent), and lowest among respondents who were low-end users of both pharmacies and GPs (Block IV, 67.7 per cent).

The survey also shed some light into the extent that pharmacies have already begun moving into the primary care space.

Almost four-in-five respondents (79.5 per cent) reported that their local pharmacy already offered at least one of six primary care services listed in the survey: blood pressure checks (69.3 per cent), weight management (50.8 per cent), diabetes management (40.8 per cent), vaccinations (36.1 per cent), addiction support (25.3 per cent), and mental health support (8.8 per cent) (**Table 1**).

But while pharmacies are already making primary care services available, and although survey respondents indicated they would be more inclined to use them if offered by their local pharmacist (66.9 per cent; **Chart 2**, see *Appendix*), respondents' utilisation patterns seemed to show that they are not more likely to use them through a pharmacy in the absence of a need, or for anything approaching more complex care.

**Table 1**

**To your knowledge, does your local pharmacy already provide any of the following services?**

Specific Service Available	n	% Repondents
Blood pressure checks	372	69.3%
Weight management	273	50.8%
Diabetes screening and management	219	40.8%
Vaccinations	194	36.1%
Addiction intervention	136	25.3%
Mental health support	47	8.8%
<b>Total Services Available</b>	<b>n</b>	<b>% Repondents</b>
6	26	4.8%
5	35	6.5%
4	84	15.6%
3	99	18.4%
2	94	17.5%
1	89	16.6%
0	110	20.5%

Among the survey respondents who reported using primary care services through their pharmacies (29.6 per cent), the most frequently used were blood pressure checks (33.7 per cent “frequently” or “very frequently”), vaccinations (15.3 per cent), and weight management (9.9 per cent) (**Chart 3**, see *Appendix*). However, for services like mental health support or addiction intervention, which often require more coordinated care, very few respondents indicated frequent use where offered (5.3 and less than one per cent respectively).

Of the survey respondents who reported that their local pharmacy offered at least one of the listed services, most (55.8 per cent) did not utilise them. Of those who did not, just shy of one-half (49.7 per cent) reported not needing them (either at all or at the time of their pharmacy visit), with just over one-third (38.9 per cent) saying that they preferred to see their GP or another health professional. The remaining respondents had other concerns about using pharmacy-based primary care services or reported that the available services did not meet their needs (**Chart 4**, see *Appendix*).

Of the respondents who indicated that they would never use one of the listed services, many indicated no particular concern or did not provide a response. Just under one-third (31.7 per cent) indicated having some concern with using the services from a pharmacist, with 27.8 per cent saying only that they did not need use of the service offered (**Table 2**). The prevailing concern among the respondents who indicated one or more was either the privacy afforded (70.0 per cent), followed by the confidentiality of their health information (37.5 per cent), the safety and quality of the services (27.5 per cent), or ability of the pharmacy staff to offer the services (22.5 per cent).

**Table 2**  
**For any of the services offered which you would never use or considered using at your local pharmacy, what were your concerns?**

Concern	n	%
No concern / No response	51	40.5%
Did not need those services	35	27.8%
Was concerned about...	40	31.7%
...The level of privacy	28	70.0%
...The confidentiality of health information	15	37.5%
...Safety and quality	11	27.5%
...Receiving such services from a pharmacist	9	22.5%
...Other	7	17.5%

The concerns expressed by respondents' utilisation of available pharmacy services were similar to concerns expressed by those respondents who indicated that they were not supportive of their local pharmacists offering primary care services (21.6 per cent) (**Chart 5, see Appendix**).

offering care services (**Table 3**) was the risk of having their GP "out of the loop" (81.1 per cent), followed by concerns about the safety and quality of the services (78.4 per cent), the level of privacy in the pharmacy (64.9 per cent), the confidentiality of information (59.5 per cent), and the provision of these services by a pharmacist (59.5 per cent). There was also a concern expressed among these respondents about the potential for a "conflict of interest" among pharmacists (17.1 per cent). In particular, they were concerned that pharmacies would only offer primary care services to increase sales of relevant products.

The range of other concerns expressed by these respondents were variable, including needing treatment for specific or chronic conditions, being sceptical of pharmacists' (or their assistants') training to provide primary care services, and the risk of fragmenting primary care across the system.

**Table 3**  
**Why are you not supportive of your local pharmacist expanding primary care services?**

Would be concerned about...	n	%
GP being out of the loop on care	90	81.1%
Safety and quality of the services	87	78.4%
The level of privacy in the pharmacy	72	64.9%
The confidentiality of health information	66	59.5%
Receiving such services from a pharmacist	66	59.5%
Financial conflict of interest	19	17.1%
Other	32	28.8%

The most strongly expressed concern among the respondents who did not support their local pharmacists

### Pharmacists' role in GP settings

The responses to the survey also indicated support for GPs and pharmacists to work more closely on the provision of primary care services.

When asked if they would support having a pharmacist co-located with a GP to provide medication management support, a strong majority (74.2 per cent) were in favour of the proposition (**Chart 6, see Appendix**). And whereas there was variation to the question of having pharmacists offering primary care services based on the respondents' health care utilisation, there was effectively no difference in opinion among respondents to this question based on their utilisation patterns.

**Table 4**  
**What are some of the reasons you support having a pharmacist in your GP's practice?**

Would be confident about...	n	%
Easier, timely, and quality access to medicines advice	261	70.4%
My medications and their use	241	65.0%
My medicines were integral to my health care	225	60.6%
Health care records would be complete and accurate	208	56.1%
Other	73	19.7%

Of those respondents who supported the idea of having pharmacists co-located with GPs, the most cited reason was in providing confidence to consumers about having improved access to medicines advice (70.4 per cent) and improving consumers' knowledge about their medications (65.0 per cent) (Table 4). Respondents also indicated they would feel more confident that the medicines prescribed would be integral to their overall health care (60.7 per cent), and that their health records would be complete (56.1 per cent).

**Table 5**  
**Why are you not supportive of there being a pharmacist located in your GP's practice?**

Would be concerned about...	n	%
Other	33	45.8%
Receiving pharmacy services at my GP's practice	32	44.4%
Safety and quality of the services	26	36.1%
Confidentiality of my health information	22	30.6%
My privacy in that setting	16	22.2%

However, among those who were not supportive of having pharmacists in a

GP practice (14.5 per cent), many cited concerns about the appropriateness of having a pharmacist in a GP setting (44.4 per cent), the quality of the services (36.1 per cent), the confidentiality of their health information (30.6 per cent), and the available privacy (22.2 per cent) (Table 5). The other concerns made by respondents indicated a concern with duplicating the role of the GP or whether the pharmacist would "second guess" the prescription.

It's possible that some of these concerns could be alleviated if it were made clear to consumers that the pharmacists would be non-dispensing, and were only available to provide information on proper use of medications prescribed by the GP. In reviewing the results of the survey, it became clear that the question's wording did not make this distinction very clear, which may have skewed some respondents' opinions.

### Survey respondents' characteristics and demographics

The survey received 537 responses, with a completion rate of 93.4 per cent.

Survey respondents tended to be older than the general population. The bulk of survey respondents were aged between 40 and 69 (63.1%), with just less than half of respondents aged 50 or older (49.9%). This compares with 47.3 per cent and 42.0 per cent respectively of Australia's overall adult population<sup>5</sup> (Table 6).

**Table 6**  
**Survey Respondents by Age**

Age	n	% Survey	% Australian Adults	Difference
19 or younger	1	0.2%	3.4%	-3.2%
20 to 29	65	12.4%	18.8%	-6.4%
30 to 39	90	17.2%	17.9%	-0.7%
40 to 49	106	20.3%	17.8%	2.4%
50 to 59	141	27.0%	16.4%	10.5%
60 to 69	83	15.9%	13.0%	2.9%
70 to 79	30	5.7%	7.7%	-1.9%
80 to 84	6	1.1%	2.5%	-1.3%
85 and over	1	0.2%	2.5%	-2.3%

<sup>5</sup> Australian Bureau of Statistics, 3235.0 - Population by Age and Sex, Regions of Australia, 2013.

**Table 7**  
**Survey Respondents by Residence**

State	n	% Survey	% Australian Population	Difference
NSW	122	23.3%	32.1%	-8.8%
VIC	109	20.8%	24.8%	-4.0%
QLD	78	14.9%	20.1%	-5.2%
WA	123	23.5%	10.8%	12.7%
SA	39	7.4%	7.3%	0.1%
TAS	15	2.9%	2.2%	0.7%
ACT	35	6.7%	1.7%	5.0%
NT	3	0.6%	1.0%	-0.4%

All Australian states and territories were represented in the group of respondents. The respondents’ geographic distribution deviated from that of the Australian population at large<sup>6</sup>, with respondents disproportionately coming from Western Australia and the Australian Capital Territory, while New South Wales and Queensland were very under represented (Table 7).

The number of respondents indicating that they spoke a language other than English at home – a measure of cultural and linguistic diversity – was slightly below estimates for the general population (17.0 per cent of respondents versus 20.0 per cent of Australians). The representation of Aboriginal or Torres Strait Islander communities was markedly lower among respondents than in Australia generally<sup>7</sup> (less than one per cent of respondents versus 3.0 per cent of Australians).

### Survey respondents’ health system utilisation

The survey asked respondents to gauge the frequency with which they utilised both their local pharmacy and GP services. Regarding GP utilisation, the survey responses were compared to the study undertaken by the National Health Performance Agency (NHPA) on the frequency of Australian’s GP visits<sup>8</sup>.

**Table 8**  
**Survey Respondents' GP Utilisation**

NHPA Category	% Survey	% Australians	Difference
Very high (20+ visits)	5.5%	3.8%	1.7%
Frequent (12-19)	9.9%	8.7%	1.2%
Above average (6-11)	23.8%	22.8%	1.0%
Occasional (4-5)	25.3%	15.8%	9.5%
Low (1-3)	33.7%	33.6%	0.1%
Zero	1.8%	15.3%	-13.5%

While the survey’s respondents were overall more frequent users of GP services than the general population (Table 8), the utilisation rates were not much above average. There was a much higher proportion of “Occasional” users of GP services than the general population (25.3 per cent in the survey versus 15.8 per cent in the population) – and very few respondents who reported not seeing a GP in the last year (1.8 per cent in the survey versus 15.3 per cent among the population) – but the percentages of “Above average” and more frequent users of GP services were in-line with the general population.

**Table 9**  
**Survey Respondents' Utilization Groups**

		Annual Number of Pharmacy Visits			
		13 or more	6 to 12	5 or less	No visits
GP Utilization	Very high	Block I		Block III	
	Frequent	High Pharma		Low Pharma	
	Above average	High GP		High GP	
	Occasional	Block II		Block IV	
	Low	High Pharma		Low Pharma	
	Zero	Low GP		Low GP	

<sup>6</sup> Ibid., 3101.0 - Australian Demographic Statistics, Sep 2014.

<sup>7</sup> Australian Bureau of Statistics, 3238.0.55.001 - Estimates of Aboriginal and Torres Strait Islander Australians, June 2011.

<sup>8</sup> National Health Performance Authority, Healthy Communities: Frequent GP attenders and their use of health services in 2012–13.



Almost all survey respondents reported visiting a pharmacy within the last year (98.9 per cent). Almost half of these (45.2 per cent) reported making 13 or more visits to a pharmacy in the last year. CHF could not identify a study of Australians’ pharmacy utilisation similar to NHPA’s work on GP visitations to draw a similar comparison of the respondents’ pharmacy visitation patterns against the general population<sup>9</sup>.

**Table 10**  
**Distribution of Survey Respondents**

GP Utilization	Annual Number of Pharmacy Visits			
	13 or more	6 to 12	5 or less	No visits
Very high	4.8%	0.2%	0.2%	0.0%
Frequent	7.8%	1.3%	0.0%	0.2%
Above average	11.7%	8.8%	1.9%	0.0%
Occasional	9.7%	9.1%	5.0%	0.0%
Low	8.6%	11.9%	10.6%	0.6%
Zero	0.4%	0.0%	0.9%	0.4%

Of the respondents who provided both GP and pharmacy visitation information (94.0 per cent), approximately one-third (34.6 per cent) fell into the category of being frequent users of both GP and pharmacy services.

**Table 11**  
**Survey Respondents' Pharmacy Utilization vs. GP Visitation**

GP Utilization	Annual Number of Pharmacy Visits			
	13 or more	6 to 12	5 or less	No visits
Very high	92.9%	3.6%	3.6%	0.0%
Frequent	84.0%	14.0%	0.0%	2.0%
Above average	52.5%	39.2%	8.3%	0.0%
Occasional	40.6%	38.3%	21.1%	0.0%
Low	27.1%	37.6%	33.5%	1.8%
Zero	22.2%	0.0%	55.6%	22.2%

A slightly higher proportion of respondents had a low frequency of self-reported GP visits but reported being high users of pharmacy services (39.7 per cent). Approximately one-in-six respondents were identified as low users of both GP and pharmacy services (17.5 per cent). The last category for health utilisation – frequent users of GP services but low-end users of pharmacies – had a few respondents identified (2.2 per cent), but not enough to

warrant deeper analysis of their opinions. Their responses are reflected in discussions of overall survey results (Tables 9-11).

## Consumer Voices

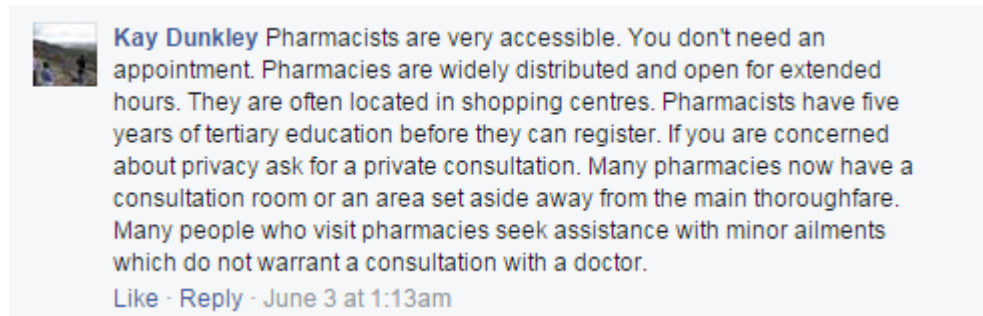
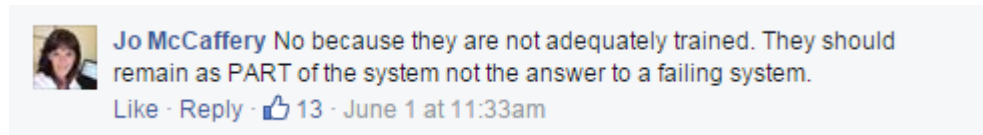
### The survey and social media

The survey provided respondents with the opportunity to provide open-ended commentary of their thoughts about the policy proposals raised in the survey. CHF used this qualitative information to both contextualise the quantitative results and to identify whether there were other trends or concerns not otherwise captured in the survey results.

One trend CHF noted while running the survey was that comments on CHF’s social media pages concerning the proposed expansion of pharmacists’ role in primary care were very strongly in opposition. Additionally, the consumers who agreed to post-survey interviews tended to be sceptical – if not outright opposed – to the notion of pharmacists’ involvement in primary care.

<sup>9</sup> The Pharmacy Guild of Australia’s *Employment Expectations Report* from April 2014 states, “Community pharmacy is Australia’s most accessible and frequently used health care destination. Every year, there are around 300 million pharmacy visits.” An earlier document, *Serving Australians: A System of Community Pharmacy*, published October 2012, states, “on average there are more than 14 visits to a community pharmacy per year for each man, woman and child in Australia. 3.9 million Australians ask their pharmacist for health-related advice every year.”

Of the 48 comments received on the *Our Health, Our Community* Facebook posts to promote the survey (not including users' replies to other comments), 29 (60.4 per cent) were explicit expressions of opposition to the notion of pharmacists expanding into primary care services, while only 5 (10.4 per cent) were explicit expressions of support.



This outcome was in strong contrast to the survey's final results which, as discussed, showed a strong majority of respondents in favour of pharmacists entering the primary care space.

**“Pharmacists need to be clear about their scope of practice and then ensure they have appropriate training.”**

Consumer, SA

Of the 371 respondents who indicated support for pharmacists providing primary care services, 124 (33.4 per cent) responded to the open-ended feedback section. Of the 109 who indicated opposition, 44 (40.4 per cent) did likewise. Respondents most likely to leave open-ended feedback were those who indicated the strongest opposition (45.5 per cent), and those least likely were those who indicated the strongest support (32.6 per cent).

Despite those in support of the measure being less likely to leave comments than those opposed, because they represented a larger cohort, the net effect in the survey is that the majority of open-ended comments received tended to be in support of pharmacists providing primary care services.

**“Huge opportunities for strengthening primary care by utilizing community pharmacies.”**

Consumer, NSW

As the survey was conducted to preserve respondents' anonymity, CHF was unable to explore whether those who left negative feedback on social media or in other platforms also took the survey to express their opinions. We explored the survey's open response questions to see if people who had indicated that they were opposed to pharmacists in primary care were more likely than those in support to leave feedback.

This outcome, however, seems to conform to research done on the diffusion of content via social media where content that provokes a strong emotional reaction is more likely to elicit a response from the viewer than content that the viewer perceives neutrally<sup>10</sup>.

It's possible that the difference in the strength of comments between supporters and opponents could just be an issue of the respondent's emotional investment. But once again, CHF did not have any way of knowing whether those who commented on the content on Facebook or other social media took the next step of translating their thoughts into the survey.

### **Consumer interviews**

CHF also conducted interviews with ten consumers who had expressed a desire to expand on their responses to the survey<sup>11</sup>. Again, the majority of those interviewed expressed strong reservations about the proposals, with most citing concerns about pharmacists' training, scope of practice, or potential conflict of interest in offering services to sell merchandise. Other concerns expressed included the adequacy of privacy within the pharmacy, and other environmental concerns that made them uncomfortable to receive primary care services within a pharmacy.

Many of those interviewed who expressed reservations or opposition to pharmacists providing primary care services had less concerns with an alternate proposal: having other registered health professionals (such as nurse practitioners) be allowed to perform limited primary care functions within a pharmacy. Others indicated that if pharmacists could certify their education and training to provide limited primary care services might also make them more receptive to the proposal.

Few of those who were opposed to the idea of allowing pharmacists to provide primary care services were persuaded by arguments that having better access to pharmacies versus GP clinics, or that there might be savings to be had, was sufficient enough to risk consumers' safety or the quality of the services.

Regarding the issue of having non-dispensing pharmacists co-located or better integrated with GPs, fewer of those interviewed expressed any significant concerns. Some were reluctant to believe that GPs would be open to sharing space with pharmacists, and others that pharmacists wouldn't be inclined to "second guess" doctors' prescriptions within a clinic. However, they generally recognised that if the professions could work together, there could be very real benefits for consumers in the provision of medication advice and management.

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<sup>10</sup> Berger, J., & Milkman, K. (2011). "What Makes online Content Viral?" *Journal of Marketing Research*. doi:10.1509/jmr.10.0353. "[H]ighly arousing content (e.g., anxiety evoking, anger evoking) is more likely to make the most emailed list. Such content does not clearly produce immediate economic value in the traditional sense or even necessarily reflect favorably on the self. This suggests that social transmission may be less about motivation and more about the transmitter's internal states."

<sup>11</sup> A total of 58 survey respondents indicated a willingness to be contacted to discuss their answers in more detail. 2 did not provide enough contact information for CHF to reach them. 14 respondents replied to CHF's invitation to provide additional answers, but 4 interviews could not be conducted owing to time constraints.

## Policy Considerations and Recommendations

The survey's results, and consumers' expectations should pharmacists become more engaged in providing primary care services, have a number of implications for the design of the health system going forward.

**“I find that having a nurse practitioner at the local pharmacy is very useful and save visits to the GP and is cheaper.”**

Consumer, WA

The major implication of these results for health policymakers is that defenders of traditional “silos” of medicine need to rethink what ought to be considered traditional roles for GPs and pharmacists. Moreover, if pharmacists are going to assume a greater role in the provision of primary care services, then the industry is going to have to think through what training and accommodation will be necessary to give consumers the confidence that these services

do not compromise the quality they have come to expect from GPs.

However, although consumers expect and demand better cross-communication among professions and the breaking down of traditional silos, it cannot be ignored that current practitioners take the view that GPs are at the centre of primary care services – a view shared by CHF. If pharmacies were to expand in providing primary care services that were exclusive of services offered by GPs, there would be a very real risk of fragmenting primary care across the health system, and that could be expected to result in poorer outcomes for consumers.

What clearly came through in the results was a desire among consumers for their health care providers to be “on the same page” when it comes to the provision of health services. They viewed the potential for the expansion of pharmacies from their traditional settings as one possible way to achieve greater coordination.

This should give support to the mission of PHNs to improve the coordination of community services, to possibly include providing support to pharmacists who desire to expand into the primary care space, or GPs who desire to have a pharmacist collocated to assist with medicines management.

When it comes to having non-dispensing pharmacists co-located in GP practices, not only are consumers supportive of the idea, but evidence is mounting in Australia and abroad that there is merit in the proposal. Recent studies have shown that not only does having pharmacists and GPs co-located and cooperating improve consumer knowledge of, confidence in and adherence to their medications, but it can also reduce system costs.

**“Greater utilization of the pharmacist role as a collaborative member of the primary health care team could reduce barriers that some consumers have to seeking medical advice.”**

Consumer, WA

The last major implication for policymakers to come out of this survey is that, in the face of this consumer desire for support, policymakers and advocates need to look closely at the evidence-base to ensure that the service design and provision does not compromise quality and safety standards should changes in primary care go forward. The purpose of this policy should be to fill gaps in primary care coverage, not to promote a system that is fragmented and prone to further dysfunction.

Our key recommendation is that primary care services offered in pharmacies should be subject to standardised codes of conduct or guidelines, developed through sector-wide consultation, in order to ensure consistency in the provision of services. These should be the focus of co-design between the professions and consumers in order to ensure not just safety and quality, but that the services will meet consumers' needs and expectations.

In conjunction with the development of overall guidelines, there ought to be very clear standards of training for pharmacists and their assistants regarding what services they're able to provide safely, and where other health professionals may be required to offer such services in the pharmacy setting. There should also be very clear standards for pharmacies that offer primary care services to be able to ensure consumers' privacy.

Additionally, there ought to be provisions made in the development of the national eHealth system to allow for pharmacists to indicate on consumers' records that they have provided a primary care service. This would allow the consumer's GPs or other attending health professionals to remain in the loop on the consumer's care.

Improving coordination between GPs and pharmacists will be a crucial step in developing other models of care that improve consumers' access to timely, quality care, such as health care homes or destinations, and better home-based medicine. Medicare Locals – and now PHNs – have been exploring the potential of these and other models, but professional cooperation is vital if they are to succeed.

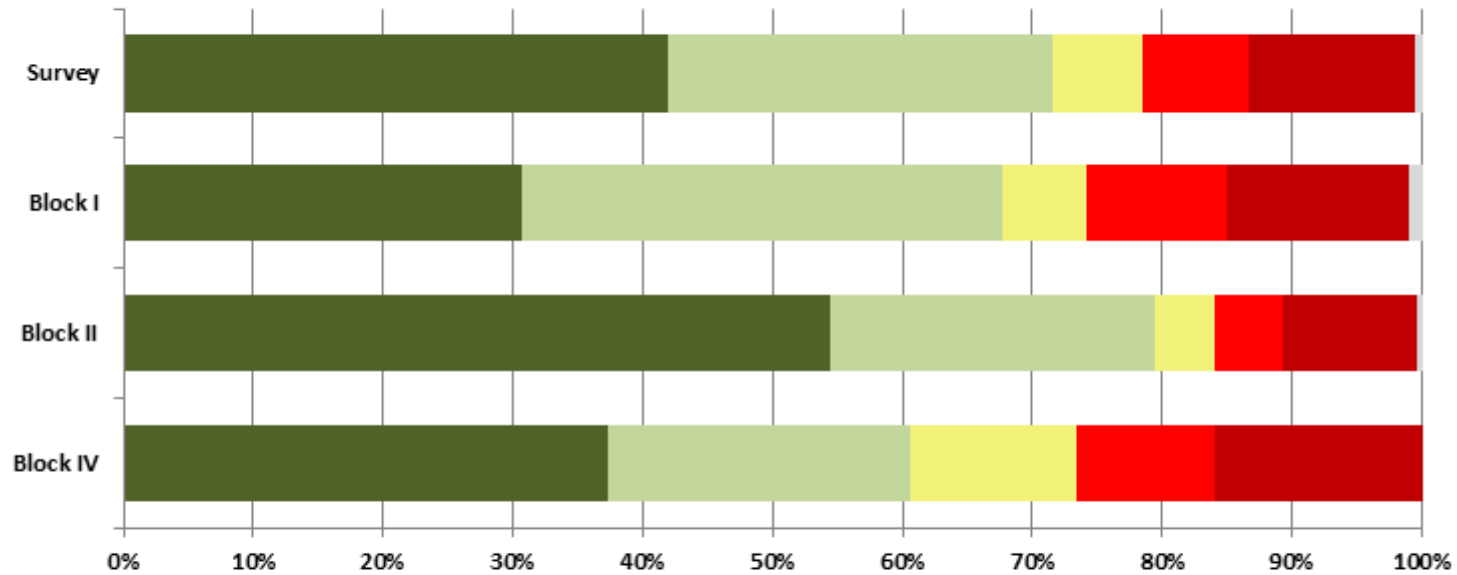
A potential role for PHNs in this space could be to assist practices and pharmacies manage the transition towards integrated primary care. PHNs could also contribute to the evidence base for future models of primary care and professional integration by facilitating pilot programs or other research into best practices.

Consumers have made it clear that this is a direction they want the health care sector to explore more thoroughly. The task ahead for the Government and sector is to use and build on the existing evidence in this policy space for such models of care to be successful and improve outcomes for consumers.

**Appendix**

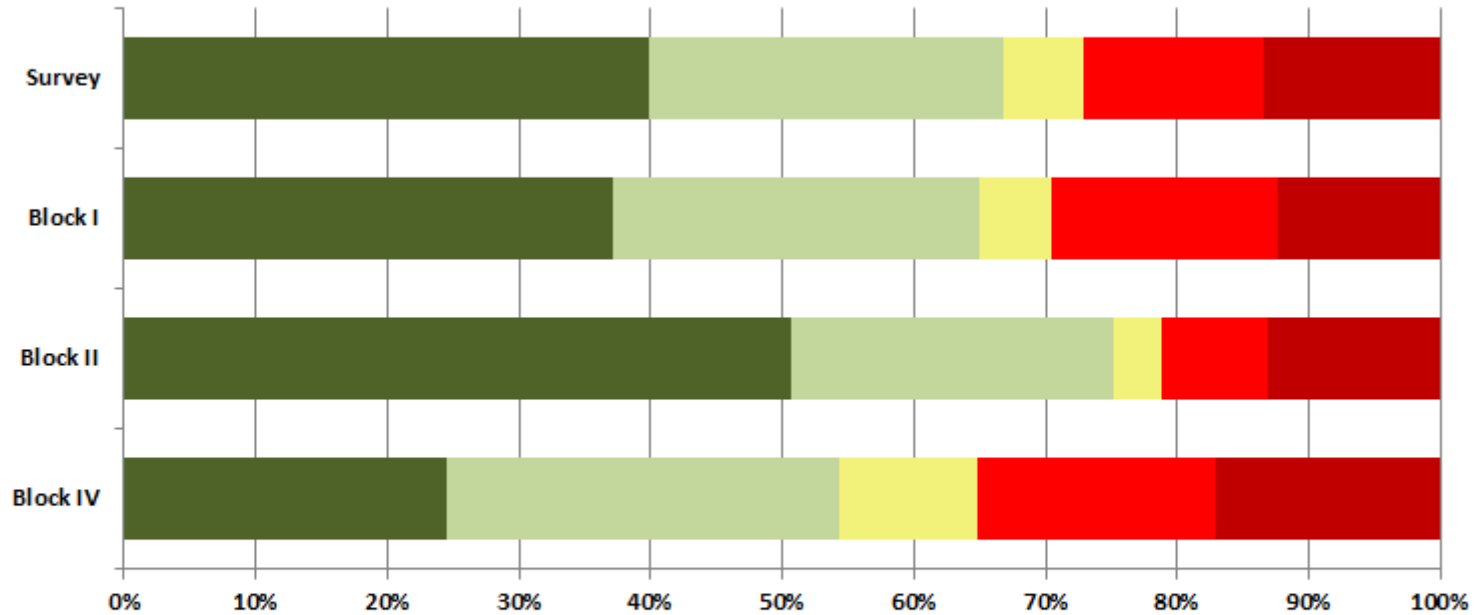
**Chart 1**

**Do you believe that pharmacists have a larger role to play in providing primary care services?**

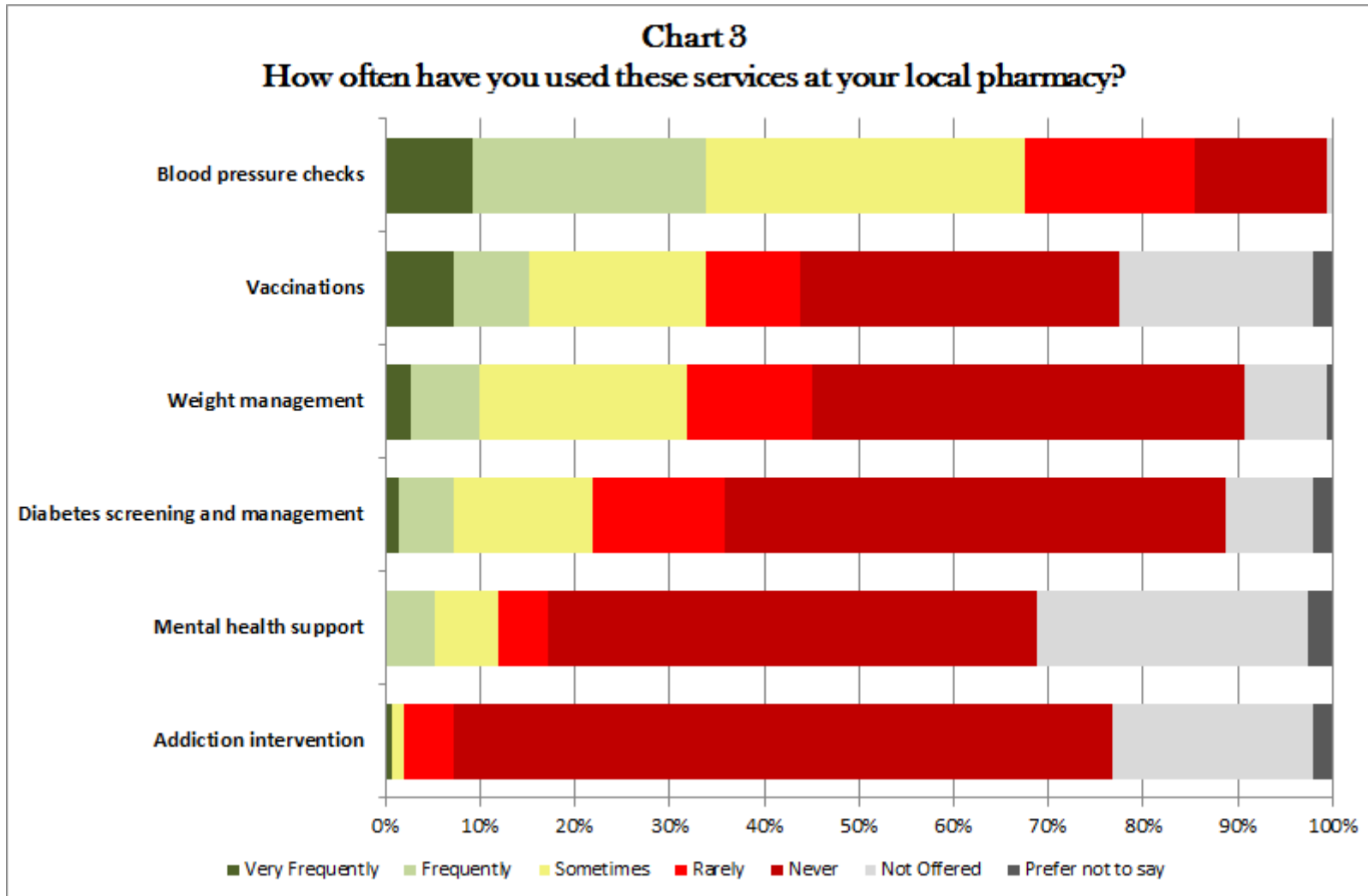


	Block IV	Block II	Block I	Survey
■ Yes (Strongly)	37.2%	54.5%	30.6%	42.0%
■ Yes (Somewhat)	23.4%	24.9%	37.1%	29.5%
■ No strong opinion	12.8%	4.7%	6.5%	6.9%
■ No (Somewhat)	10.6%	5.2%	10.8%	8.3%
■ No (Strongly)	16.0%	10.3%	14.0%	12.7%
■ Don't know	0.0%	0.5%	1.1%	0.6%

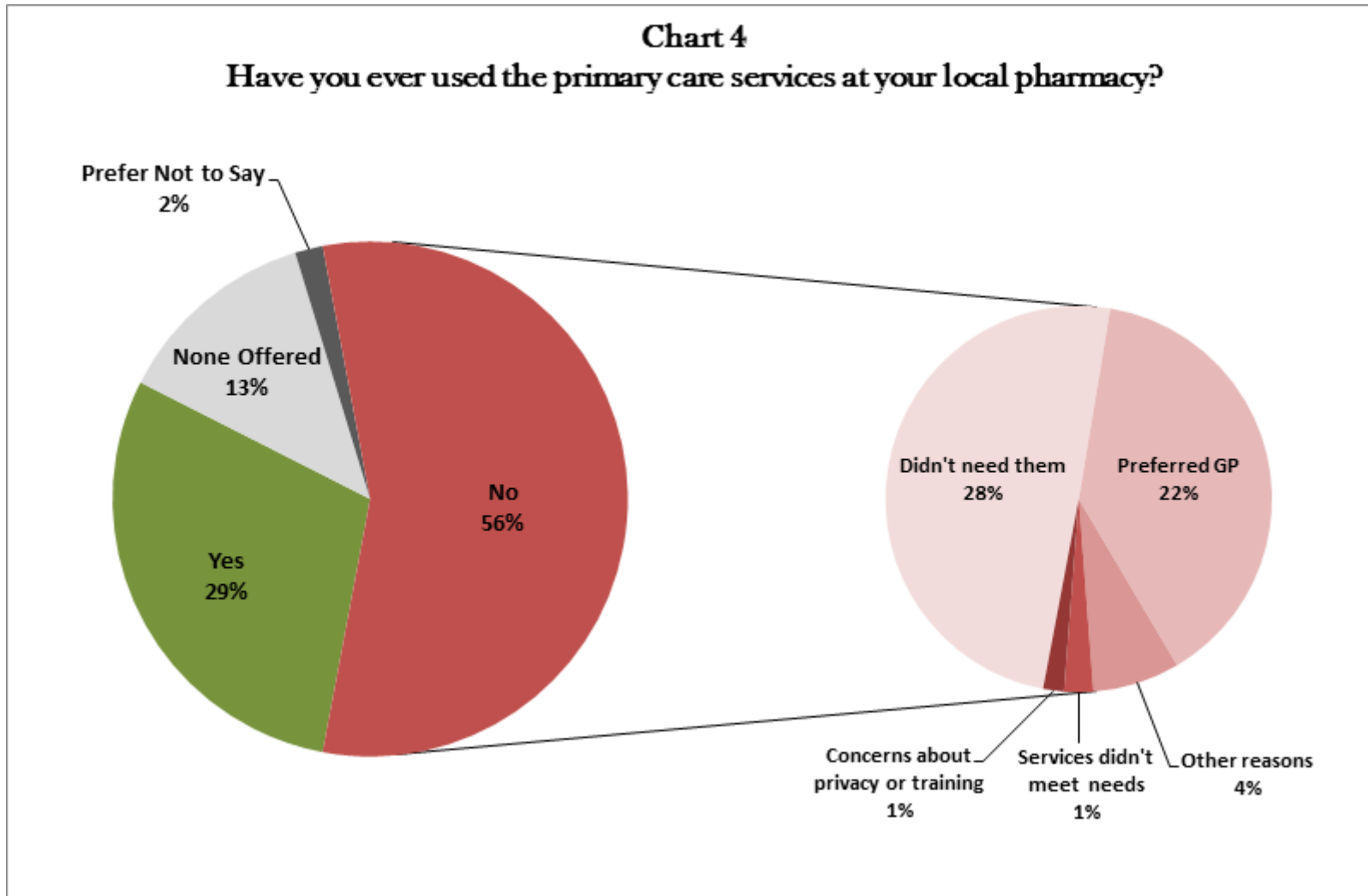
**Chart 2**  
**If pharmacists offered additional primary care services, would this increase your use of primary care services through your local pharmacist?**



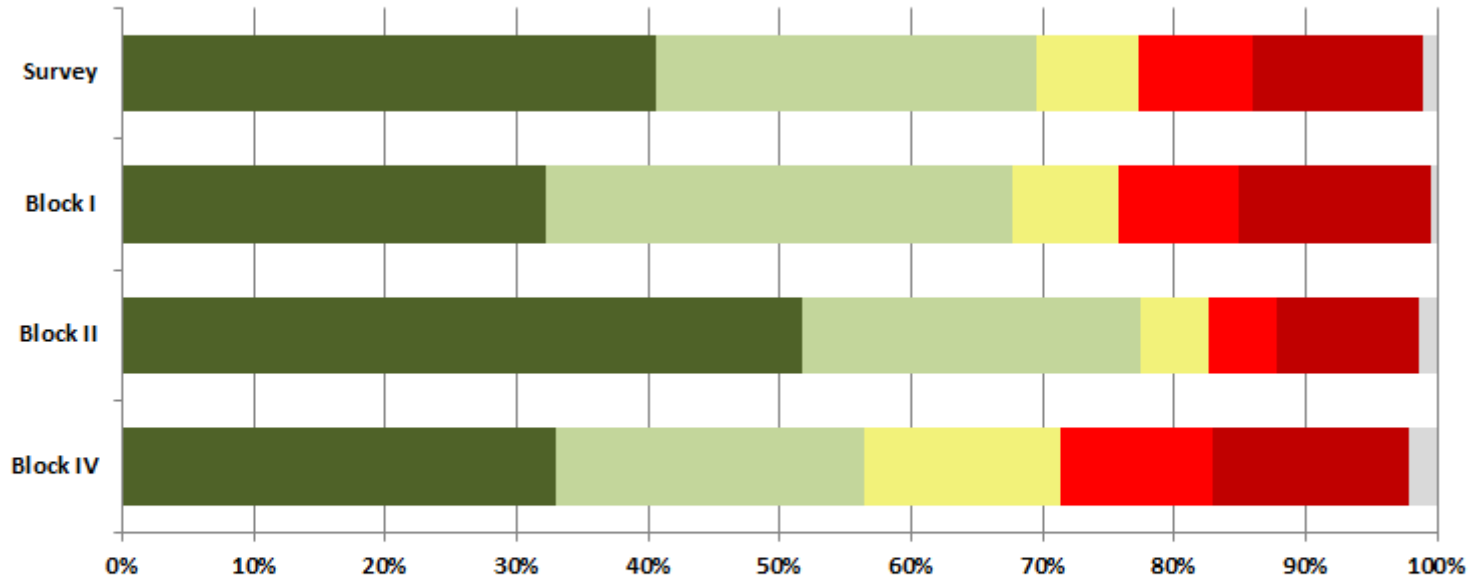
	Block IV	Block II	Block I	Survey
■ Yes	24.5%	50.7%	37.1%	39.9%
■ Maybe	29.8%	24.4%	28.0%	27.0%
■ Unsure	10.6%	3.8%	5.4%	6.0%
■ Unlikely	18.1%	8.0%	17.2%	13.7%
■ No	17.0%	13.1%	12.4%	13.5%



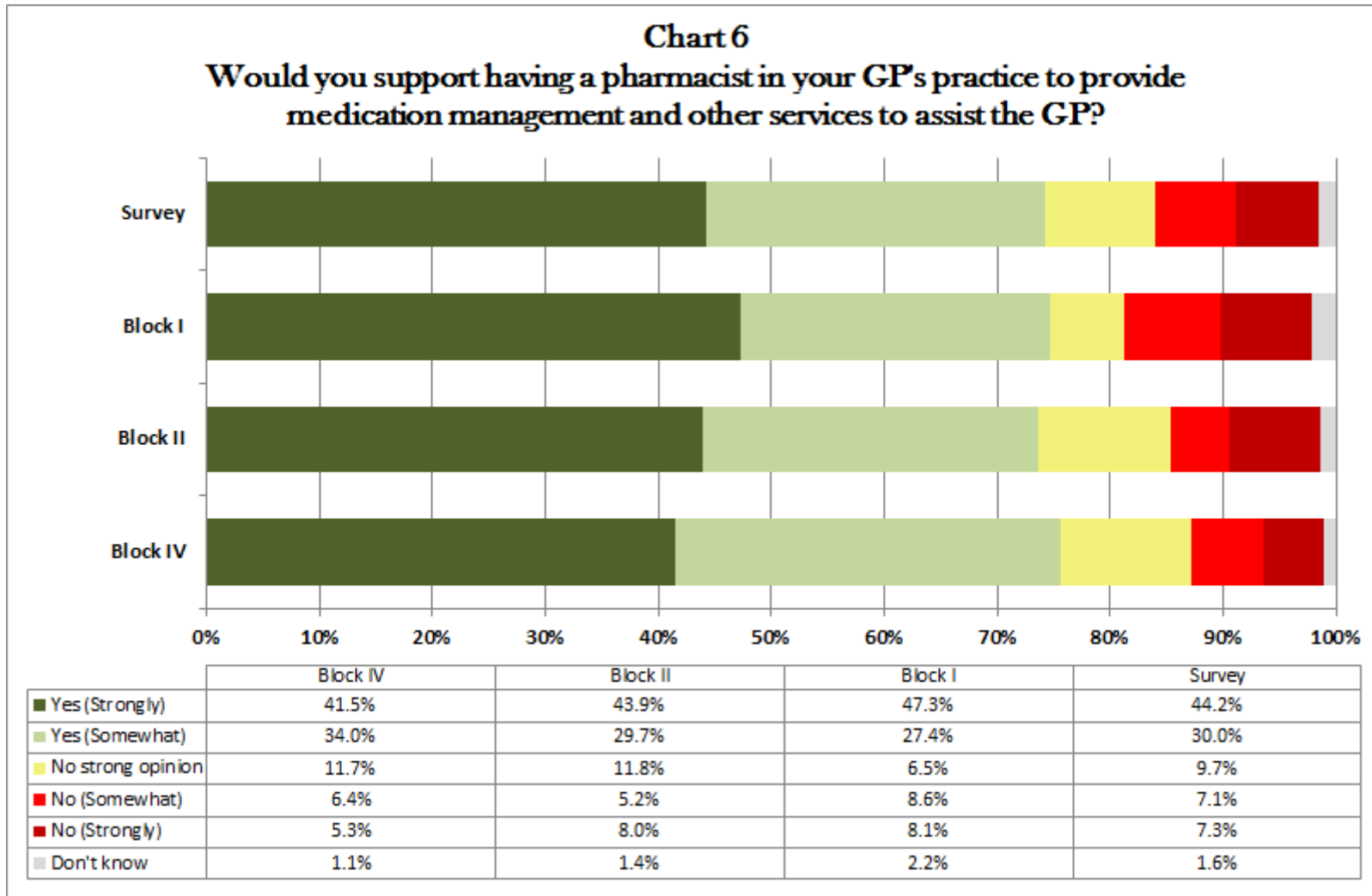




**Chart 5**  
**Would you support your local pharmacist offering additional primary care services?**



	Block IV	Block II	Block I	Survey
Yes (Strongly)	33.0%	51.6%	32.3%	40.7%
Yes (Somewhat)	23.4%	25.8%	35.5%	28.9%
No strong opinion	14.9%	5.2%	8.1%	7.7%
No (Somewhat)	11.7%	5.2%	9.1%	8.7%
No (Strongly)	14.9%	10.8%	14.5%	12.9%
Don't know	2.1%	1.4%	0.5%	1.2%





### **Background information**

The Consumers Health Forum of Australia (CHF) is the national peak body representing the interests of Australian healthcare consumers. CHF works to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems.

CHF does this by:

1. advocating for appropriate and equitable healthcare
2. undertaking consumer-based research and developing a strong consumer knowledge base
3. identifying key issues in safety and quality of health services for consumers
4. raising the health literacy of consumers, health professionals and stakeholders
5. providing a strong national voice for health consumers and supporting consumer participation in health policy and program decision making

*CHF values:*

- our members' knowledge, experience and involvement
- development of an integrated healthcare system that values the consumer experience
- prevention and early intervention
- collaborative integrated healthcare
- working in partnership

CHF member organisations reach thousands of Australian health consumers across a wide range of health interests and health system experiences. CHF policy is developed through consultation with members, ensuring that CHF maintains a broad, representative, health consumer perspective.

CHF is committed to being an active advocate in the ongoing development of Australian health policy and practice.

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