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Strategic Data

UNIVERSITY OF TECHNOLOGY SYDNEY

UTS: pharmacy barometer

CEGEDIM STRATEGIC DATA

October 2012

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BACKGROUND

UTS: Pharmacy

UTS: Pharmacy was established in 2011 to address emerging needs of the pharmacy profession. As the first course area within the UTS Graduate School of Health, it provides an innovative, practice-based alternative for pharmacy education and research that integrates scientific rigour with technology and pharmacy practice. The Graduate School is a leader in various areas of research including the design, evaluation and implementation of community pharmacy business and professional practice models.

Cegedim Strategic Data

Cegedim Strategic Data (CSD) is a leading global market research company with over 36 years' experience in the healthcare industry and operates in more than 60 countries. CSD's unique product portfolio provides truly integrated healthcare research, including monitoring pharmaceutical company promotion activity and healthcare professionals prescribing and stocking behaviour. In addition CSD conducts proprietary market research studies for clients throughout the product lifecycle, including pre-launch activities.

The growing environment of challenge for Australian pharmacies

In the next few years, there will be a number of major changes that will have an impact on the delivery, focus and funding of health in Australia. These will include government-led national health care and PBS reforms that have the potential to significantly affect the distribution, funding and provision of pharmaceutical products and services.

These changes will include:

> The establishment of Medicare locals
> Increased emphasis on the management of patients with chronic conditions, prevention and primary health care and the use of generics
> Price Reductions and Disclosure with the combined effect of significantly reducing prices & margins
> Direct distribution
> Community Pharmacy Agreements

The future impact of all these factors on community pharmacy business and professional practice, and on individual community pharmacists and their supporting infrastructure are generally unclear.

There is also an apparent evolving greater differentiation in the business models of community pharmacy, driven initially by the retail success of the expert discounters but now accelerated by the expected decline in dispensary income and the recent appearance of new professional service models. The depth of knowledge of these coming changes by individual pharmacy owners and employees is unknown. Concurrently, the business model adopted by many pharmaceutical companies for acquiring loyalty, market share and sales through pure discounting mechanisms alone will be challenged.

Accompanying all these changes, there has been much debate in the scientific literature, professional and trade journals, professional pharmacy and other stakeholder organisations of the potential impact on the pharmacy industry as a whole. An understanding of the perceived and the eventual impact of all these changes and their future effect on the professional and business strategy concerns many players including:

> Community pharmacy owners and practitioners
> Pharmaceutical companies and manufacturers (branded and generic)
> Pharmaceutical wholesalers
> Professional organisations
> State and federal Governments
> Finance industry including banks, lending institutions and investors.

All these stakeholders will require accurate feedback and information on how this $15 billion industry is thinking and how it is likely to evolve.

"The evolution of new community pharmacy business models will be dependant and driven not only by professional aspirations but by financial income and the 'dollar'. Currently there is not a clear understanding on where pharmacy owners will source the financial information to make a decision to adopt a professional orientated model."

Warwick Plunkett PSA Director and immediate past president

The UTS/CEGEDIM Community Pharmacy Barometer™

With these industry challenges and the perceived gaps in knowledge for pharmacists of the impact on their business of upcoming changes, the UTS Pharmacy School and Cegedim Strategic Data (CSD) have developed the Community Pharmacy Barometer.

The UTS/Cegedim Community Pharmacy Barometer™ is the first comprehensive research tool available to all the stakeholders in the Australian Pharmacy industry designed to track the confidence, perceptions and opinions of pharmacy owners and employees.

Every six months, the UTS/Cegedim Community Pharmacy Barometer™ will track the viability of the pharmacy business, the profession, perceptions and opinions of the impact of the coming changes on the current and future value of pharmacies as well as looking in depth at a key topic at each wave of the ongoing study.

The UTS/Cegedim Community Pharmacy Barometer™ will measure opinions, perceptions, potential behaviours and ideas with data and verbatim comments from pharmacists and expert commentary from key leaders of Australian Pharmacy including, Head of the UTS Graduate School of Health and Professor of Pharmacy Practice, Professor Charlie Benrimoj, UTS Adjunct Professor John Montgomery and Pharmaceutical Society of Australia (PSA) Director, Warwick Plunkett.

For the initial benchmark UTS/Cegedim Community Pharmacy Barometer study, the focus topic was Price Disclosure. In the second wave as well as a repeated measure of the Barometer the topic of service provision was addressed. This included exploring both successful and unsuccessful services currently or previously offered, as well as services to be offered in the future. These service results are presented following the UTS/Cegedim Community Pharmacy Barometer™ data and verbatim comments on facilitators and barriers to implementation of future services are found in Appendix 1.

Methodology & Analysis

The survey for the UTS/Cegedim Community Pharmacy Barometer™ was created in collaboration between CSD and UTS: Pharmacy. The questions were designed to assess the confidence of pharmacists about their business in the short (one year) and medium-term (three years). The first wave report was completed in April 2012 with the additional topic focussing on Expanded and Accelerated Price Disclosure (EAPD). One of the most interesting findings in the inaugural study was the feedback surrounding a service-based model. The focus of the second wave, completed in October 2012, was therefore decided to be on service provision in community pharmacy.

Data collection occurred in September 2012, with the online questionnaire emailed to the pharmacists on CSD's online panel (a sample from the panel of 1,000 pharmacists that is nationally representative of the general community pharmacy population). Those who identified themselves as working in community pharmacy (majority of the time), and were either an owner, owner–manager, pharmacist-in-charge/ pharmacy manager or employed pharmacist were eligible to participate. The questionnaire also captured the type of pharmacy the pharmacist spent most of their time in (independent, banner or buying group).

The survey was closed when 204 pharmacists had participated. Open-text questions were coded into themes that could communicate the main topics raised by the pharmacists. Tables were produced for all questions with the following groups: Type of pharmacist [Owner (combination of owner & owner-managers) vs. Employed (combination of pharmacist-in-charge & employed pharmacist)]; Age [three age categories] and Type of pharmacy [Independent vs. Group (combination of banner and buying groups)].

Certain questions were only offered to 'decision makers' (owner, owner-managers and pharmacist-in-charge/ pharmacy manager n=186). The data were tested for statistically significant differences (z-tests for proportions and t-tests for means; both using a 95% confidence interval). Certain questions were analysed as cross-tabs, to investigate potential relationships and themes.

UTS/Cegedim Community Pharmacy Barometer™

The UTS/Cegedim Community Pharmacy Barometer™ was derived using the following questions:

1. Do you believe the value of your pharmacy will increase, decrease or remain the same **in the next year**?
2. Do you believe the value of your pharmacy will increase, decrease or remain the same **in the next 3 years**?
3. On a scale of 1 to 10 where 1 is extremely pessimistic and 10 is extremely optimistic, how confident are you in the future viability of community based pharmacy?

The first two questions were only asked of 'decision makers' (owner, owner-managers and pharmacist-in-charge/ pharmacy manager n=186), while the third was asked of all pharmacists (n=204). For the calculation of the Barometer only those who answered all three questions were included (n=141).

For each of the first two questions above, responses were assigned the following values:
Increase = 2
Remain the Same = 1
Decrease = 0

The sum of the values was calculated for each question and the sum divided by the total number of pharmacists who selected one of the three options for that question (i.e. an option other than 'not sure').

For the third question responses were assigned the following values:
Optimistic (rating of 8-10) = 2
Neutral (rating of 4-7) = 1
Pessimistic (rating of 1-3) = 0

The first two questions provided insights into the 'value' pharmacists' foresee for their pharmacy and the third gives an emotional insight into their confidence in the future. We used 'value' + 'emotional insight' = 'Pharmacy Barometer' as the basis for providing a 50% weighting to the two value questions and a 50% weighting to the emotion (pessimism - optimism scale) question. As the first question refers to 'next year' (more immediate) and the second to 'next three years' (further away, shadowed with uncertainty), it was decided to distribute the 50% weighting for 'value' as 35% for next year and 15% for three year timeframes. The UTS/Cegedim Community Pharmacy Barometer incorporates these three weighted scores.

Provision of Services

Four questions were used to evaluate provision of services in the community pharmacy:

1. What directly remunerated services of this nature does your pharmacy currently offer or has offered in the past year?
2. Please think of one service that has been particularly successful in the past year.
   a) Name the service/product involved
   b) Who paid for the service
   c) Briefly describe the service
   d) Why was the service successful?
   e) Who delivered the service?
      i. A pharmacist
      ii. A pharmacy assistant
      iii. Other, please describe
3. Please think of one service that has been particularly unsuccessful in the past year. (Questions as per question 2)
4. Please list (maximum of 3) types of services you would like to be able to offer in the future? For each service:
   a) Who do you think should be involved in funding the service?
   b) What would make it easier for you to implement the service? [open response]
   c) What challenges do you foresee in implementing such a service? [open response]

For questions 2 and 4 in regards to who paid and who should fund the service were given as:
i. The pharmacy
ii. A pharmaceutical company or health product manufacturer, please name _____
iii. Government
iv. The consumer
v. Medicare locals/Divisions of GPs
vi. Health funds
vii. Other, please describe _____

The results from questions 2, 3 & 4 provide a unique database of services being offered by pharmacies. Appendix 1 contains verbatim comments of pharmacists' views on which services were successful, unsuccessful and future services they believe would like to provide, along with implementation facilitators and barriers to success.

Finally two questions were provided related specifically to pharmaceutical company paid and renumerated services.

1. On a scale from 1 to 7, with 1 being not at all likely and 7 being extremely likely, how likely are you to adopt services created by pharmaceutical companies?
2. What would be the main reasons for you adopting such services in your pharmacy? [open response]

Members of the UTS/Cegedim Community Pharmacy Barometer™ Expert Panel

Professor Shalom (Charlie) Benrimoj

Head, Graduate School of Health & Professor of Pharmacy Practice University of Technology, Sydney and Emeritus Professor, the University of Sydney

Professor S.I. (Charlie) Benrimoj B.Pharm (Hons), Ph.D. F.P.S., FRPSGB, FFIP is Head of the Graduate School of Health, University of Technology Sydney. Previously, he was the Foundation Professor of Pharmacy Practice, Dean of the Faculty of Pharmacy and Pro-Vice Chancellor (Strategic Planning) University of Sydney. He is a visiting professor at the University of Granada. His research interests encompass the future of community pharmacy and professional cognitive pharmaceutical services including the clinical, economic and implementation aspects of cognitive pharmaceutical services from community pharmacy in current and emerging health care systems. He has published over 110 papers in refereed journals, 20 major research reports and co-authored 200 conference presentations as well as a book "Community Pharmacy: Strategic Change Management" (2007). He was the Australian Pharmacist of the year in 2000 and awarded the Andre Bedat 2010 by the International Pharmacy Federation. He has been elected a Fellow of the Pharmaceutical Society of Australia, Royal Pharmaceutical Society of Great Britain and International Pharmacy Federation.

John Montgomery

UTS Adjunct Professor

John Montgomery has over 30 years' experience in the pharmaceutical industry including the US, UK and Australia. John was previously CEO of Alphapharm from 1999 to 2010 and Regional Director of Merck Generics, Asia Pacific and then President, Mylan Asia Pacific during the same period. Latterly John was General Manager of Pfizer Established Products for Australia and NZ. Before Alphapharm, he spent 20 years with Warner Lambert in a variety of roles including Regional President Australia and NZ. He was Chairman of the Generic Medicines Industry Association (GMiA) for 5 years. John has been appointed Adjunct Professor of Pharmacy at the University of Technology, Sydney and is currently Managing Director of STADA Pharmaceuticals Australia, a subsidiary of the German pharmaceutical company, STADA AG.

Warwick Plunkett

Director and past-President, Pharmaceutical Society of Australia

Warwick Plunkett is a director of the PSA, having served as National President for the past three years. He is also proprietor and partner in Newport Pharmacy on Sydney's northern beaches, a director of Plunkett Pharmaceuticals and a consultant to a pharmaceutical company. As a director of PSA, Warwick has a day-to-day involvement in the broad scope of all matters involving pharmacists but on a personal level he lists his three main areas of interest as being community pharmacy, organisational pharmacy and the pharmaceutical industry. His major achievements include the establishment of the Self Care program, and the unification of PSA.

Laurie Axford

General Manager,
Cegedim Strategic Data Australia

Laurie Axford has worked in healthcare for 30 years. Initially he was a director of Australia's first private cardiac rehabilitation centre, providing lifestyle modification education and support within a multi-disciplinary healthcare team for those with, or at high risk of, cardiovascular disease. He was a NSW representative on the National Executive of the Australian Cardiac Rehabilitation Association.

Laurie has worked for the past 15 years in healthcare market research, initially as a Project Manager, then Business Development Manager and now as Managing Director of Cegedim Strategic Data (previously Decisions Research in Australia), global healthcare market research specialists. During this time he has worked with more than 30 different multinational and local pharmaceutical, medical device, nutrition and animal health manufacturers, involving research with doctors, pharmacists, veterinarians, patients, consumers and a range of allied health professionals.

Mark Bradley

Manager, Syndicated Research,
Cegedim Strategic Data Australia

Mark Bradley has 40 years of experience in the health industry, firstly as a Registered General and Psychiatric Nurse together with six years managing the Central Coast Area Health Service as Night Supervisor, and then Assistant Director of Nursing, Night Duty. Mark then spent 23 years in the pharmaceutical industry working across Sales, Marketing, Training, Business Unit Management, Strategic Planning, Market Information, New Product Planning and Data Management. Mark has worked across most therapeutic areas in his time in nursing and the pharmaceutical industry. At Cegedim Strategic Data Mark is responsible for Syndicated Research including the Longitudinal Patient Database and Promotion Monitors.

Naheen Brennan

Research Manager,
Cegedim Strategic Data Australia

Naheen Brennan has 5 years' experience in market research. She holds a BSc in Psychology. Her areas of interest include customer satisfaction, brand tracking, KOL mapping and consumer behaviour. She has had exposure in various therapeutic areas – hypertension, diabetes, cardiovascular, oncology, constipation and anti-psychotics.

Executive Summary

The UTS/Cegedim Community Pharmacy Barometer™ was created by UTS: Pharmacy and Cegedim Strategic Data. It is an ongoing study that will be conducted twice per year to track the confidence and opinions of pharmacy owners and employees as well as investigate in depth a current focus topic. The focus topic for this study was Service Provision.

The second wave of the study was conducted in September 2012, with pharmacists drawn from the CSD panel comprising 204 respondents.

Results were:

> **The UTS/Cegedim Pharmacy Barometer™ was 86 out of 200** (a score of 100 represents neutral confidence) indicating a degree of uncertainty. This is a similar result to April (84.8).
> There was very little movement in confidence overall (mean 5.4 to 5.7), and the level remains approximately neutral.
> In wave 2 compared to wave 1, more pharmacists believe the value of their pharmacies in the next year will remain the same, rather than decreasing. In contrast the concerns for three years' time remained, with 46% believing their pharmacy would decrease in value.
> As with wave 1, deviating from the negative sentiment around the short-term changes to the value of their pharmacies, there remain 17% of owners and managers who considered the value of their pharmacy will increase and 10% who are unsure.
> As in the first barometer 'increased competition' remained the major issue named by 53% of pharmacists, followed by 'financial issues' of rising costs and reduced profits (47%), and 'government related issues' (44%). The largest increase from 41% to 47%, although not reaching statistical significance was financial issues.
> There is an increasing opportunity for pharmacy to move into, or to further develop, a service based business model. This is reflected through a statistically significant shift in views on the opportunity for growth, from products (decreasing from 50% to 22%) to services (increasing from 68% to 75%).
> There is now a strong trend to service provision by community pharmacy with 81% of pharmacies currently offering or having offered services under the 5th community pharmacy agreement.
> An encouraging result was 70% of pharmacists indicated they have provided at least one successful pharmacy service in the past year. Conversely, 48% indicated they have had an unsuccessful service. This may indicate that the market is an early stage experimenting and trialling various services.
> The main provider of funding pharmacy services is the government, under the 5th community pharmacy agreement. This is fascinating as, despite pharmacies expressing a desire to be less reliant on government funding, it appears to be merely shifting from PBS payment to payment for service.
> A significant number of services (13%) are being funded by the pharmacy directly, presumably as loss leaders to meet a social need, or as a strategy to increase market share and loyalty.
> Pharmaceutical companies, although present, are still a minor player in renumerating services either directly or indirectly.
> Three quarters of the services were being delivered by the pharmacists themselves.
> The services pharmacists expressed they would like to implement in the future are existing services. These services are associated with disease management, health monitoring or MedsCheck.
> 62% of pharmacists thought the government should be the funder of these future services. Only 15% thought the consumer, 5% the pharmacy and 6% pharmaceutical companies.
> If certain conditions were met, pharmacists were open to implement services developed and payed for by pharmaceutical companies, that is with the proviso, they would benefit both the customer (patient care and health outcomes) and the pharmacy (customer loyalty, differentiation from competitors and remuneration). However, comments included the need for ease of implementation and transparency.

UTS/CEGEDIM Community Pharmacy Barometer™

The UTS/Cegedim Community Pharmacy Barometer™ was developed to enable stakeholders in the Australian Pharmacy Industry to track the perceptions of pharmacists' business confidence. It will be conducted twice a year and utilises internationally recognised methodology[1] to provide a numerical score (or index), based on pharmacists' perceptions of the future value of their pharmacies and emotional insights into their optimism or pessimism related to their business.

The weighted score will be in the range 0 to 200, where 200 represents maximum confidence and 100 a neutral score. The October 2012 UTS/Cegedim Community Pharmacy Barometer score was 86 (April Barometer was 84.8), indicating a continued lack of confidence by pharmacists. Six months post the first round of Expanded and Accelerated Price Disclosure (EAPD) cycle; pharmacists are seeing the financial impact on their businesses and are gaining an understanding of the continued pressures future cycles will produce.

This report indicates that a significant number of pharmacists believe that they will be able to sustain the value of their businesses in the next twelve months, however they have greater uncertainty at three years. This may indicate that pharmacists having experienced a reduction in dispensing profits from the first cycle of Expanded and Accelerated Price Disclosure (EAPD) have a more realistic realisation of the longer term impact of this policy.

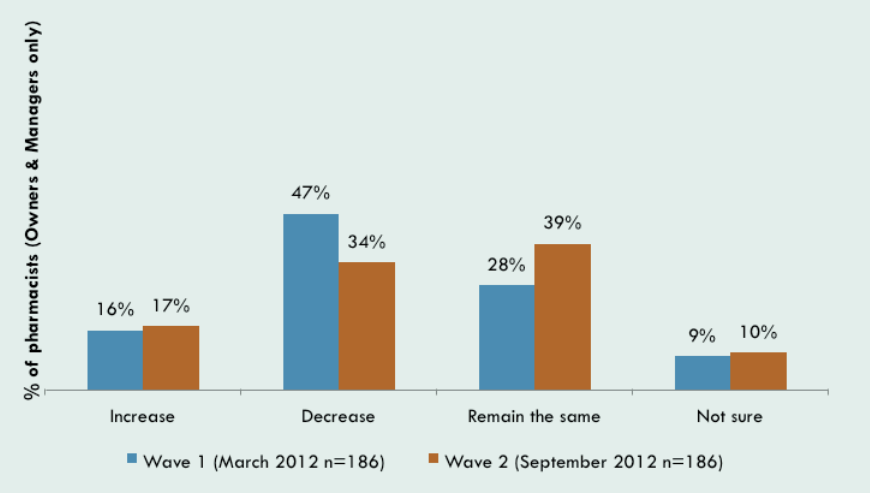
Pharmacy is continuing to experience a period of intense economic pressures, driven through increased competition, (discounters reducing margins) and Expanded and Accelerated Price Disclosure (EAPD). The score of 86 shows a comparable tone to the April report, i.e. some negativity, with more pharmacists predicting a reduction in future value of their pharmacy but could signal a trend to decline.

This report details the primary findings of the second UTS/Cegedim Community Pharmacy Barometer™

1. Ece D., Hamsici T., Oral E. (2005), "Building up a Real Sector Business Confidence Index for Turkey", *Joint European Commission – OECD Workshop on International Development of Business and Consumer Tendency Surveys*, Brussels, November.

"Will the value of your pharmacy increase, decrease or remain the same at one year and three years from now?"

Figure 1: Expected value of pharmacy in the next year (Wave 1 vs. Wave 2)



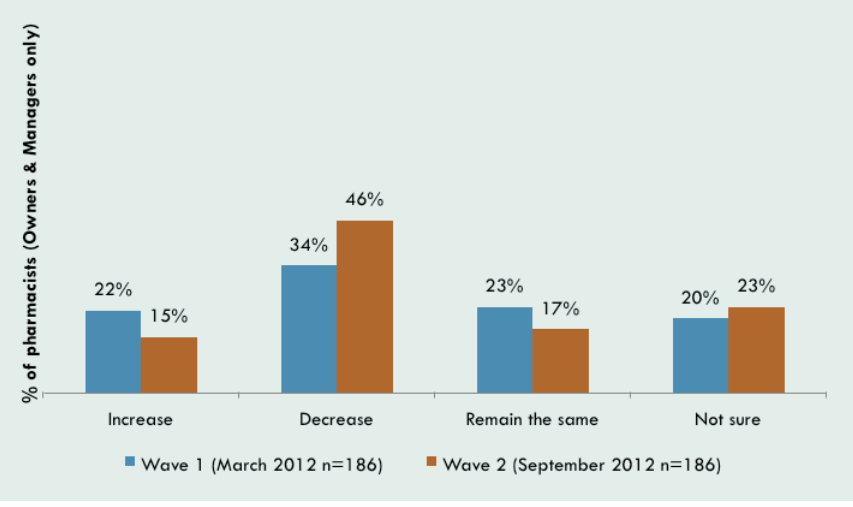
In wave 2 the majority of pharmacists believe their pharmacies will either decrease in value (34%) or remain the same (39%), in the next twelve months. Although, in the six months since wave 1 survey there has been a statistically significant shift from pharmacists anticipating in the next year their pharmacies to decrease in value to remaining the same. The previous survey was conducted imminently prior to the April 2012 Price Disclosure reductions, so it could be hypothesized that there was a fear surrounding the financial hit to their businesses. Now however, six months after the first price-disclosure, pharmacists believe they can manage the next year, with an11% increase in respondents, to 39%, indicating the value of their pharmacy will remain the same. The question is does this convey a possible ignorance of what is to come, seeing price-disclosure as a one-off hit, or do pharmacists have a better understanding of the business impact and believe they will be able to sustain their pharmacies value through the next cycle in December?

As in wave 1, deviating from the negative sentiment around the short-term changes to the value of their pharmacies, 17% of the sample considered the value will increase and 10% were unsure.

"While pharmacists appear to be more confident about the value of their pharmacies in the next year, they appear to be more negative about the value in the next three years. This may be due to a greater understanding of the continuous price reductions that will flow from price disclosure."

John Montgomery

Figure 2: Expected value of pharmacy in the next three years (Wave 1 vs. Wave 2)



We have a much greater proportion of pharmacists, about half (46%), believing that in three years' time their pharmacy will have decreased in value. The increase, between wave 1 and wave 2, in this sentiment was statistically significant. In addition as with wave 1, the number of pharmacists unsure, doubled from one to three years. This trend, if continued, indicates that community pharmacy will experience a greater pressure on financial viability, which in turn may affect investment, staff numbers and create a potentially damaging negative environment for pharmacy as a whole.

The major questions are:

> What impact will this have on the willingness of financial institutions to provide investment for the future?
> What impact will this have on the market value of pharmacies?
> Will younger pharmacists wish to buy a pharmacy business?
> Will this affect the ability of pharmacy to compete in healthcare service and product provision, and for other goods in the retail environment?
> If there are closures how will the accessibility of pharmacies be affected?

In summary more pharmacists believe the value of their pharmacies will be unchanged in one year, however they have major concerns for the future (three years). This may indicate a more informed pharmacist, aware of the continuous impact of price-disclosure, and/or a general uncertainty around how to increase profit while counteracting the decrease in income coming from dispensing.

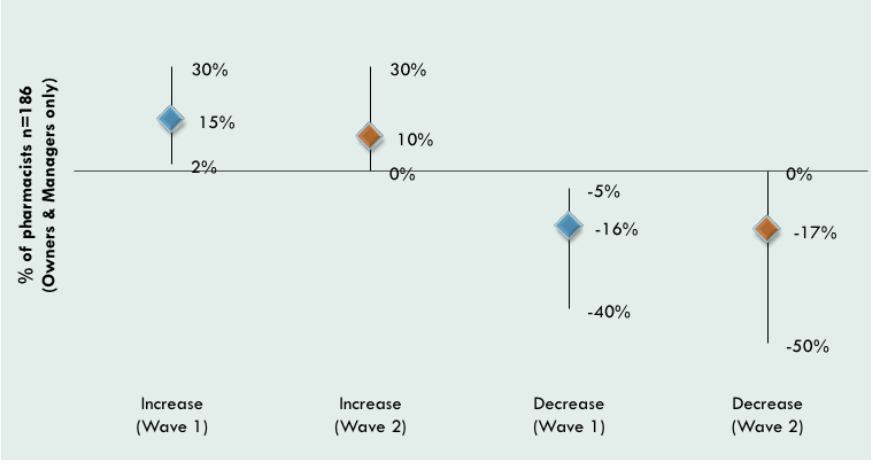
"The first barometer showed many pharmacists believing they would see a decrease in value after the 1st April price reductions, and then in three years they would have overcome this issue. In contrast, the second barometer shows that more pharmacists feel they will be OK in the next 12 months, however are pessimistic for the value in 3 years, possibly due to greater understanding of long-term effect of price reductions."

Warwick Plunkett

"Some pharmacists thought they could survive the changes, however it appears that six months after they have realised that they can't. They have become more realistic about the impact of the government policy and competition on their businesses. The question is what policies will our pharmacy leaders develop to combat the increasing negative views of pharmacists? Let us hope that they are proactive and develop strategies"

Professor Charlie Benrimoj

Figure 3: Average changes in value expected in the next year (Wave 1 vs. Wave 2)



*Note: one outlier/pharmacist stated the value of their pharmacy would decrease by 90% for both 1 and 3 years in W1 and 85% from W2 – these are not included in the above chart.

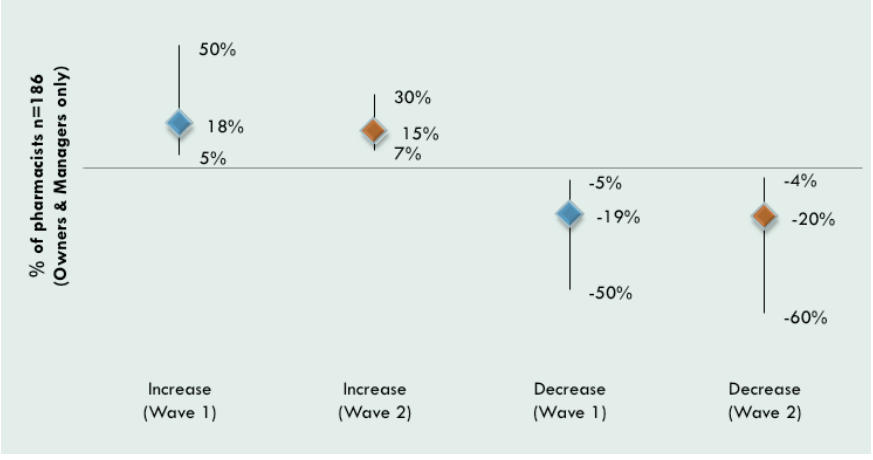
When asked to indicate the percentage change in value predicted in the next year, the average increase in value reduced from 15% to 10% between wave 1 and wave 2. Moreover, only 23% of those who thought their pharmacy would increase in value predicted the percentage increase would be greater than 10% (compared to 52% in wave 1). Of those who thought their pharmacy would decrease in value, the percentage reduction in value remained largely the same.

Another notable change in the six months between surveys is the opinion of banner group pharmacists. The first survey showed more pharmacists in banner groups believing their pharmacy would increase in value, this figure was halved in the September results.

"What I am concerned about is that there appears not to be any structural changes envisaged for the profession and the industry. If economic negativity continues the impact on healthcare delivery from community pharmacy will be in danger. "

Professor Charlie Benrimoj

Figure 4: Average changes in value expected in the next 3 years (Wave 1 vs. Wave 2)



*Note: there was one outlier/pharmacist who said the value of their pharmacy would decrease by 90% for both 1 and 3 years in W1 and 85% from W2 - these are not included in the above chart.

The value change predicted for three years' time showed very little change in magnitude when compared to results of wave 1. Approximately half of the responding pharmacists (46%) predicted a value decrease compared to a third (34%) in the first wave. In addition the number of pharmacists being 'unsure' doubled from 10 to 23% reflecting considerable uncertainty in the market. Although a reduced number of pharmacists believe the value of their pharmacy will increase in three years, the actual percentage increase in value has not changed significantly.

At face value the percentage value increase and decrease have not changed, however the number and percentage of pharmacists uncertain about the future or see a decrease in the value of their businesses has increased.

"This second survey clearly shows that there are more pharmacists tentative about any short-term effect and pessimistic about the long-term future."

Warwick Plunkett

The view from Pharmacy

In those pharmacies that believed the value of their pharmacy would decrease, the sentiment revolved around reduced margins, with a range of reasons provided. Reduced profits were predicted based on an increase in competition, decreased government subsidies, increases in rent and staff costs, and a poor economic retail environment.

"Reduced PBS income may not be compensated by uptake & involvement of 5CPA programs"

"Decreased profit margins"

"Too much competition, small pharmacy will not be able to survive"

"Falling total profits due to falling margins and increased wages and rents"

"Lower value of pharmacy due to reduced profit and higher costs and uncertain government regulations"

"Decrease in sales due to competition by big chains & supermarkets & too much government reforms"

"I imagine that the government will continue to squeeze us"

"Essentially longer term declining NHS revenue"

"Reduction in turnover regardless growth in script volume"

"Discounters becoming more aggressive, falling margins, fewer generic discounts, increased wages and rents"

"Continued pressure on prices by PBS - increased operational costs - supermarket ownership of pharmacies (internal or external to the supermarket)"

"While turn-over is decreasing because of PBS funding cuts net profit has remained the same or increased slightly but this is a false economy due to some major molecules coming off patent. So while we are doing ok at the moment everyone knows this profit will come crashing down starting this December and continuing gradually over the next few years. Therefore people are not confident to buy and know if they hold out pharmacy price are going to drop eventually. But even then will they be able to make a reasonable living???"

"A lot of generic products will be coming up but government continues to reduce the PBS price, so the margin will go down until it is close to manufacture's price to chemist. So our profits reduce dramatically but expense continues increase."

"Growth is still there - however, confidence in the success of the pharmacy industry has taken a hit with bad press and reduced margins - perceived and real threats facing the industry."

Those that predicted that their pharmacies will increase in value attributed it to the implementation of professional services, along with having a strong customer base, a customer service focus and a professional healthcare image.

"Implementation of service programs, good service increasing customer base over other local pharmacies"

"Population growth and increased value as health care provider rather than retailer"

"Re-fit to expand on professional services model and make the most of our excellent customer base."

"PPI, MedsChecks, a very service orientated pharmacy. Looking after our customers will get them back"

"By continuing to provide a human customer oriented service we Increase loyalty and can only keep growing."

"Distance from competitors, better service levels, very careful selection of product range, low cost of staff, low rent"

"We are providing service that attract patients/customers and thus, an increase in turnover is evident and increasing"

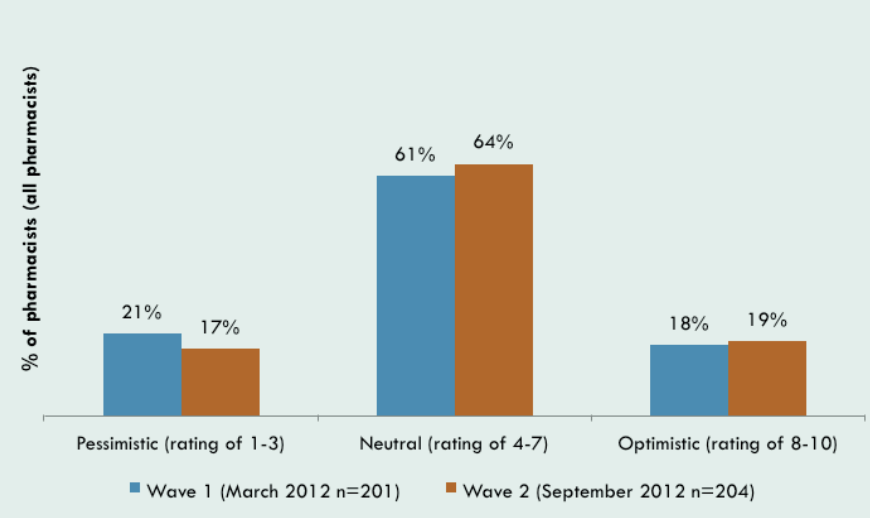
Interestingly there were comments that as a result of local closures their surviving pharmacies have become more viable due to the increased customer base. In addition those pharmacies which appeared to be less reliant on government funding were less concerned for the future.

"There will be unfortunately players leaving the market especially discounters as there are no margins in the business model to absorb any cost and pricing changes"

"I personally have a pharmacy only 50% reliant on the NHS for my turnover and profit"

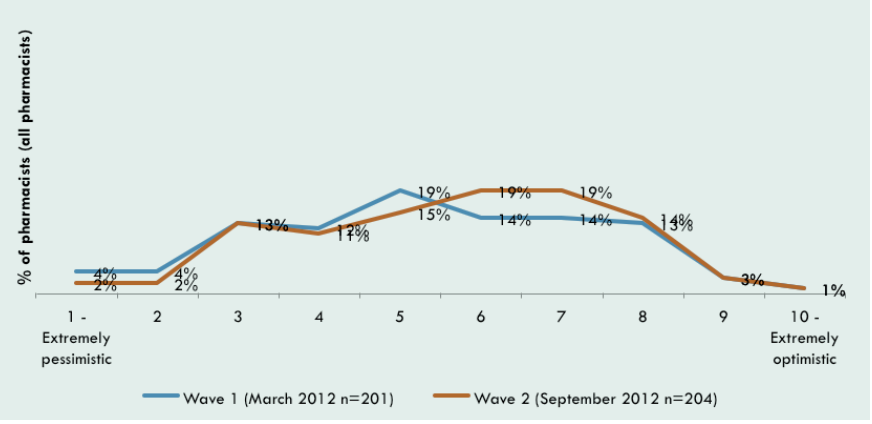
Confidence in the future

Figure 5: Pharmacists confidence in the future viability of community-based pharmacy (Wave 1 vs. Wave 2)



Pharmacists were asked to rate their confidence in the future viability of community pharmacy on a 10-point scale. There was very little movement over time in level of confidence overall, mean of 5.4 wave 1 to mean of 5.7 wave 2. The mean of 5.7 may represent a balance of the slightly improved confidence for the next year, with an increased doubt over the medium term. The mean and the distribution of responses, as outlined in figure 5 and 6, highlight and confirm the diversity of opinion amongst respondents. Some are very pessimistic, with one fifth of pharmacists (17%) providing a rating of one to three, yet a similar proportion (19%) were optimistic, providing ratings of eight to ten. The majority 64% scored 4-7, representing the apprehension and suspicion regarding the future. In conclusion there were no significant changes in the confidence level between the two waves.

Figure 6: Distribution of confidence (Wave 1 vs. Wave 2)

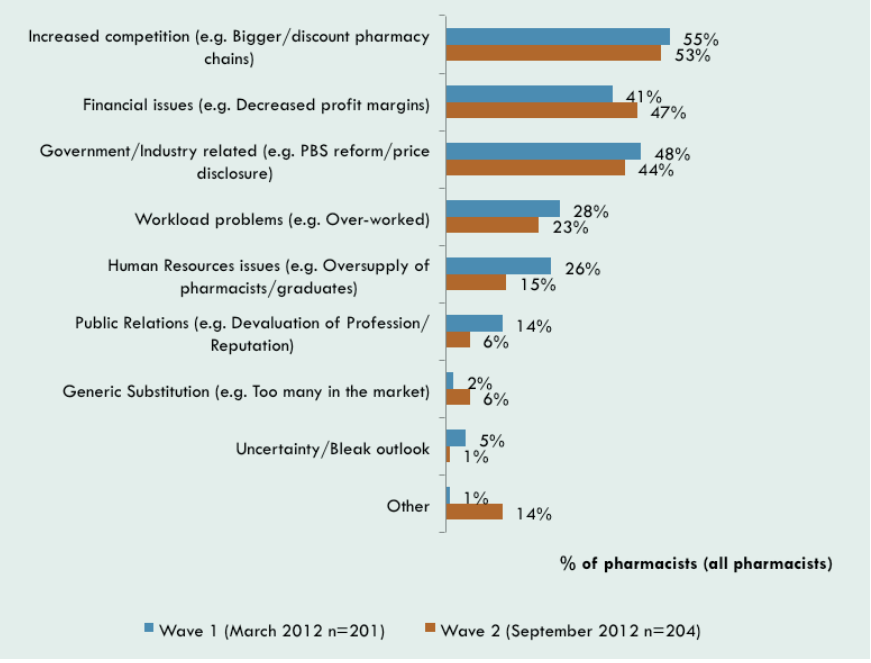


The score in the Pharmacy Barometer of 86 in wave 2 compared to 84.8 in wave 1 showed no significant difference.

The results reflect the sentiments in the wave 1 i.e. some negativity, with more pharmacists predicting a reduction in future value of their pharmacy than those predicting an increase and considerable uncertainty. The implications of having approximately one in five owners being "uncertain" of business value in a relatively short time (three years) are challenging. It is clear that there is a need to address this uncertainty through policy and practical changes.

"What are the major issues facing pharmacy today?"

Figure 7: Issues pharmacists currently face (Wave 1 vs. Wave 2)



Pharmacists were asked what they believed to be the major issues facing them today and responses were coded into themes. As in wave 1 'Increased competition' remained the major issue named by 53% of pharmacists, followed by 'financial issues', of rising costs and reduced profits (47%), and 'government related issues' (44%). The largest increase from 41% to 47%, although not reaching statistical significance was "financial issues".

Of the pharmacists that stated government/industry concerns (wave 1 48%, wave 2 44%), there was a trend for PBS concerns (price-disclosure) to be not as important, as it reduced from 42% to 32%, probably reflecting their experience with the first round of price reductions and the impact on their business.

Human resource issues decreased from 26% in wave 1, to 15% in wave 2. Within this figure those that specifically mentioned oversupply of pharmacists reduced from 19% to 8%.

There was significant variation in opinion between employed pharmacists and pharmacy owners. Employed pharmacists expressed workload as an issue more frequently than owners (32% versus 16%) and pay rates (27% versus 6%) while owners were significantly more likely to see government issues overall (52% versus 33%) and particularly price-disclosure (38% versus 24%) as problems.

The view from pharmacy

"Shrinkage of the PBS profitability backed up against increases in rent, wages and competition"

"Competition from discounters & other pharmacies (internal cannibalisation of the industry), decreased remuneration from the government and increasing expenses which turnover and especially net profit are generally decreasing."

"Decreasing margins from:

1. PBS reform and price disclosure - weighted average pricing from government.
2. Increased competition - with discount pharmacies entering the market.
3. Landlord rents - may not sustain overhead costs."

"Margin losses from multiple factors, discounting in the industry, schedule slip (i.e. items going open into other retail) and PBS reform. This make it very difficult to continue to provide the services we have done free of charge for decades unless there is other funding and revenue streams."

"There appears to be a significant shift from product to services. This trend needs to be considered by pharmaceutical companies in the development of any new service linked to a product. In addition the sharp drop in generic substitution as an opportunity may mean that some pharmacists think that generic discounts could decline as prices continue to fall."

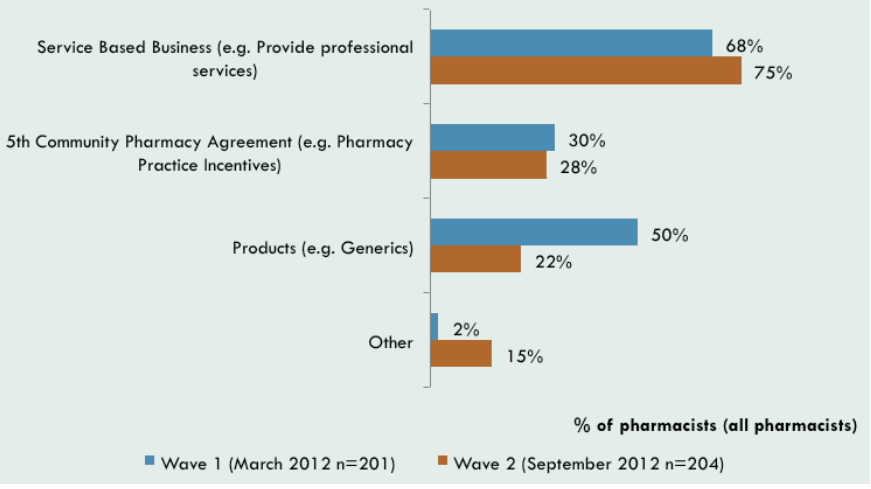
John Montgomery

"What are the top three opportunities for your pharmacy?"

"The increasing shift from product to service is becoming much more apparent and there is a clear and obvious need for a whole range of services to be developed and implemented so that community pharmacy owners can go ahead and use them to remain viable. Equally the greater experience in implementation is giving the market greater confidence in their ability to successfully deliver services."

Professor Charlie Benrimoj

Figure 8: Opportunities identified by the pharmacists (Wave 1 vs. Wave 2)



There is an increasingly clear opportunity expressed for pharmacy to move into, or to further develop, a service based business model. This is reflected through a statistically significant shift from products (decreasing from 50% to 22%) to services (increasing from 68% to 75%). Within the product offering there was also a shift away from generic substitution as an opportunity, reducing from 39% to 18%. In addition there was an increase in 'other' opportunities moving from 8% to 15%. Perhaps pharmacists are innovating in an attempt to differentiate and diversify their offering. Banner groups were more likely to still see an opportunity in retail, while independents named primary care as an opportunity.

The Focus Topic: Service Provision

Background

Pharmacy is in a state of change, and along with change comes innovation. The key driver for change has been economic pressure leading pharmacists to search for new directions. The major realisation has been that community pharmacy could be and should be providing services.

One of the most interesting findings in wave 1 was the focus on moving to a service-based model. This theme came through strongly in responses to "why they believed their pharmacy value will increase" and when asked about "the greatest opportunities for pharmacy over the next three years". While there is considerable optimism about the opportunities presented by the service-based model of pharmacy there are also concerns about how this model will actually work.

Therefore the challenge will not necessarily be in the development of new services but in ensuring that existing and programs have a clear implementation strategy and have both business and patient-health outcomes. The delivery of the service needs to have a well-defined return of investment and add to the value of the pharmacy business. Current programs may not be delivering these outcomes.

Importantly this service model will need to be promulgated in a commercial environment where the industry itself is believed to be losing value and could be starved of investment. It should be noted that the availability of "finance" was one of the three critical concerns for community pharmacy. Clearly there are major challenges to owners as moving to a service-based model represents a dramatic change in how they conduct their business.

The view from pharmacy (wave 1, April report)

As an owner said, "With the emphasis moving to service provision by pharmacists, the drag on my time in a single pharmacist pharmacy is ever increasing. The theory is wonderful, but until the services are well established, there is a real difficulty in affording set-up and staff training and implementation costs without sufficient start-up funds."

Another pharmacy owner reflecting on the state of pharmacy today says, "Very competitive retail environment, from both bricks and mortar stores and online. Customers are more price wary than ever and usually are armed with information (and sometimes misinformation) from online sources, friends and family. As a pharmacist, it is more difficult to provide advice and service in an environment of declining margins in many core areas of community pharmacy. Many areas of traditional high margin, such as generics, have cross-subsided areas of low or no profit, for example, walk-in medical advice where no or little product sales are involved. The Pharmacy Guild has made some ground with the 5CPA to offset some margin loss in these traditional areas with direct payment for service programs, such as Clinical Intervention monitoring."

An owner indicated the importance of making sure "we take advantage of all the programs that are out there, especially the ones that will pay us for the service that we are giving. We must not be afraid of charging for services and make sure that competitors are not destroying the pharmacy name by undercutting at every level."

A pharmacist-manager stated, "We need to move away from price and head towards service, especially fee for service where we stop being dependant on the government for revenue. This will also make the industry more professional and less retail orientated."

An experienced pharmacy owner who had already implemented a change in focus in the business to derive higher profits stated, "The net profitability of the pharmacy will increase because of extra paid services being provided without incurring extra costs. We have been focusing on niche markets in the retail area of the pharmacy and have shown substantial growth in these areas, e.g. comfort shoes, skin care and salon services."

Another owner said she considered success will come from "providing a more clinical approach to medications. This includes providing Home Medicines Reviews, having more one-on-one counselling and more pharmacist/ patient time rather than pharmacy assistant/ patient time. The pharmacist needs to spend more time in the pharmacy itself rather than the dispensary."

"The research shows that community pharmacists want to move towards service, especially fee for service. These views are not new either at a national or international basis. The challenge has been and continues to be to have a working business model that can demonstrate financial outcomes. This evolution will challenge not only community pharmacy but also the business model adopted by many pharmaceutical companies for acquiring loyalty, market share and sales through pure discounting mechanisms alone.

These pharmacists' views open up the opportunity for the industry to better engage pharmacists in providing medication management services to the patients using their products, to ensure better compliance and patient outcomes. The implementation of support programs could be linked to 5CPA service payments together with some incentive payments direct from industry."

Professor Charlie Benrimoj

"This is not the first time the desire to pursue a service strategy has been reported, although it seems there is a lack of knowledge in how to implement the strategy. The issue of how to move to a service oriented pharmacy and the financial outcomes that would accrue, is an area for further focus and certainly offers a new opportunity for differentiation in the industry.

The increasing willingness by pharmacists to move to a service-based business model in the increasingly difficult financial situation posed by discounters and price disclosure is an opportunity for stakeholders to increase their influence by leading and facilitating this move.

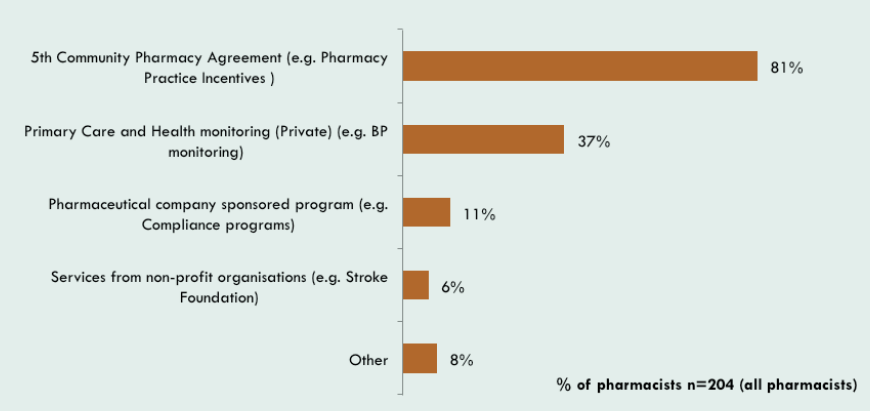
While there has been interest in the provision of more professional services in the past there have not been the financial drivers to deliver implementation. The negative impact of discounters and Price Disclosure on revenue streams is more likely to now encourage pharmacists to seek additional revenue from services, particularly if facilitated by outside stakeholders."

Warwick Plunkett

"As a result of economic pressure being exerted on community pharmacy, there is a major increase in the provision of services, particularly those associated with 5CPA. The concern will be, now that we are reaching higher levels of delivery, what is the quality associated with these services. There is a massive opportunity, now that the market is apparently sensitised and is building capacity to provide services for the pharmaceutical industry, to provide value associated with their product through the payment of services to pharmacists."

Professor Charlie Benrimoj

Figure 9: Directly remunerated services offered by pharmacy currently or in past year



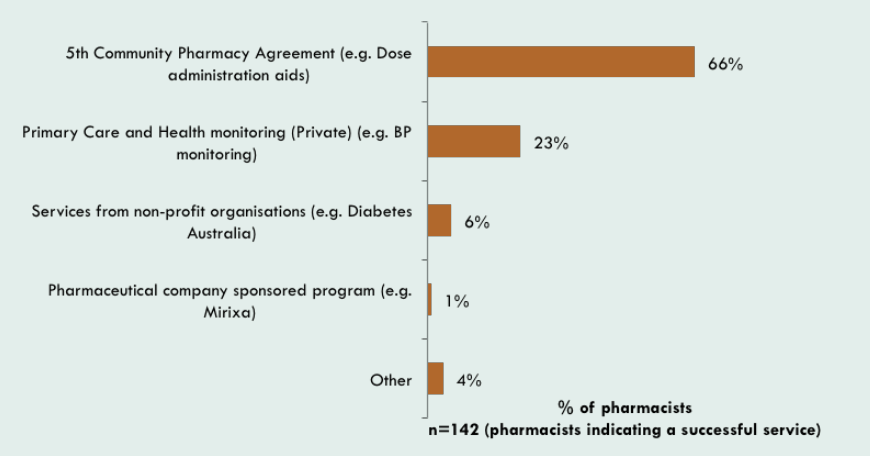
Note: 11% responded 'none'

There is now a clear trend to service provision by community pharmacy with 81% of pharmacies currently offering or having offered services under the 5th community pharmacy agreement. Within this group 54% were providing some form of pharmacy practice incentive (PPI), with the largest group recording dose administration aids 28%, followed by clinical interventions 21%. Other highly reported services included Home Medicine Reviews (HMRs) 21%, and blood pressure monitoring 20%. Surprisingly, only 1% have been providing Residential Medication Management Reviews.

About half the pharmacists claim to receive direct payment for private services which include blood pressure, weight management and smoking cessation. Some of these programs are obviously related to a service with which a product is then sold, while others could be relatively small payments for services such as blood pressure monitoring.

Of interest is a relatively small percentage of pharmacists (11%) who are receiving payments for industry sponsored programs, mainly in the area of compliance (about 5%). The other 6% is in a wide range of areas.

Figure 10: Successful services (past year)



Note: The question posed was "Please think of **one** service that has been particularly successful in the past year."

An encouraging result from the survey was 70% of pharmacists indicated they have provided at least one successful pharmacy service in the past year. This response was significantly different between owners and employed pharmacists, with 75% of owners believing they have had a successful service compared to 62% of employed pharmacists, a 13% variation.

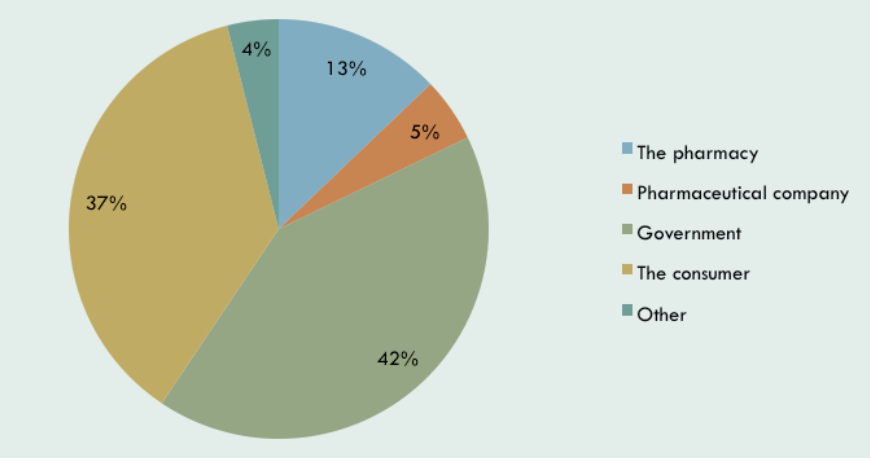
Of the 70% of pharmacists that provide a successful service there was a wide range of services specified (classified into 27 different groups). 66% of the renumerated services mentioned were covered under the banner of the 5th pharmacy agreement, with the largest groups being; dose administration aids and medication packing equally 25%, clinical interventions 15%, HMRs 10% and BP monitoring 6%. This is an interesting result as it shows the huge impact 5CPA has had on the industry.

Although small in number the non-profit organisation services were deemed successful, while only about half of those that are privately instigated by the pharmacy itself appeared succesful.

The major concern for pharmaceutical companies is that although they had 11% of pharmacies saying they provided industry sponsored services, only 1% saw them as successful (noting pharmacists were asked to mention one service only). This may reflect a need for increased imput into both the design and implementation of these programs by pharmaceutical companies.

Service offerings have been around for decades, but under 5CPA they are designed with standards and guidelines, simplified for ease of implementation, including software packages, and renumerated by the government. Each of these factors need to be considered for services under development if they are to be implemented and sustained sucessfully.

Figure 11: Who paid for these successful services (n=142)



The main provider of funding for pharmacy services is the government, under the 5th Community Pharmacy Agreement. Despite pharmacies wishing to be less reliant on government funding, it seems they are experiencing merely a shift from PBS payment to payment for service.

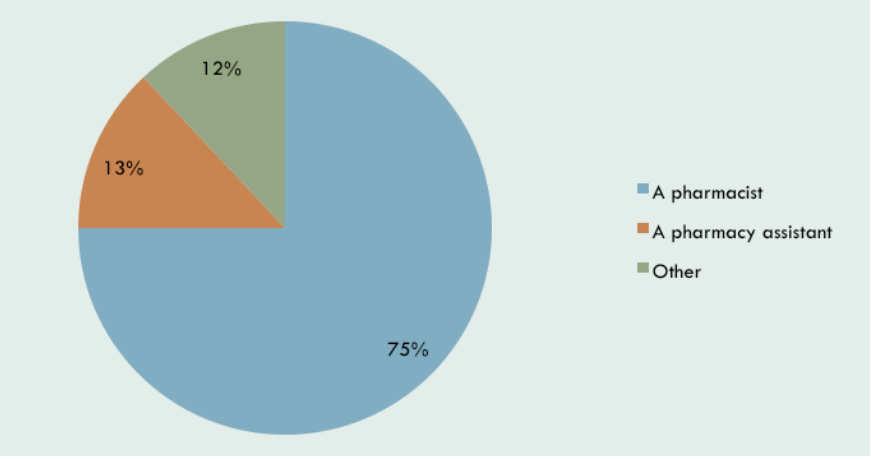
There has been a widespread belief within the industry that pharmacists need to add value to the services they provide. One potential method is charging patients. We found that 37% of successful services were paid for by the consumer. Dose administration aids, the most common service provided (33%), is a service which is often paid, in varying amounts, by the consumer.

It is also interesting to note there is a significant number, 13%, being funded by the pharmacist directly, presumably as loss leaders to either meet a social need or as a strategy to increase market share and loyalty.

Pharmaceutical companies are a minor player in renumerating services either directly or indirectly.

The differences in the data used to create figure 11 (pie chart) to figure 10 (bar graph), is that dose administration aids and medication packs can either be paid by the patient and/or through CPA. Programs promulgated by pharmaceutical companies when classified fell under primary care and health monitoring, therefore moving from 1% to 5%.

Figure 12: Who delivered these successful services (n=142)

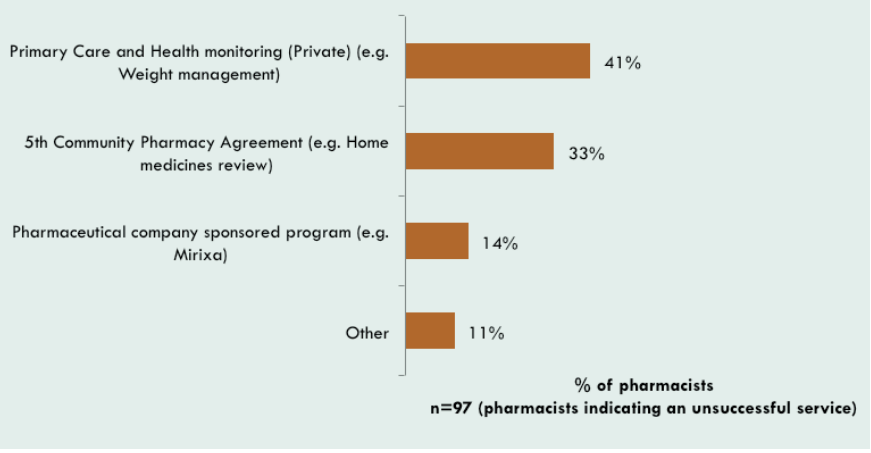


Unlike in the over-the-counter (OTC) market where pharmacy assistants are seen as key players, the response to who delivers profession services within community pharmacy is clearly indicating that pharmacists themselves are delivering these services (75%). Only 12% of services were delivered by pharmacy assistants and 13% by others (naturopaths, nurses etc.). Pharmacy assistants were involved in dose administration aids, weight management, sleep apnoea, blood pressure monitoring and to some extent the diabetes, NDSS scheme. Interestingly the use of external healthcare providers from the pharmacy itself is evident.

A statistically significant variation existed between independent pharmacies and those in a banner group. In independent pharmacies, pharmacists accounted for 84% of those who provided services (11% by pharmacy assistants, and 5% by others), compared to 61% in banner groups, who had pharmacy assistants providing 16% of services and other practitioners delivering 22% of successful services. This may reflect banner groups centrally organising these activities and offering them to their members.

The overall implication remains for the industry to focus on provision by the pharmacist, rather than trying to involve pharmacy assistants in the process. Essentially the role of the pharmacist is moving from a technical role to a cognitive position in providing services, which may mean a greater participation of pharmacists in the healthcare service delivery.

Figure 13: Top three unsuccessful services (past year)

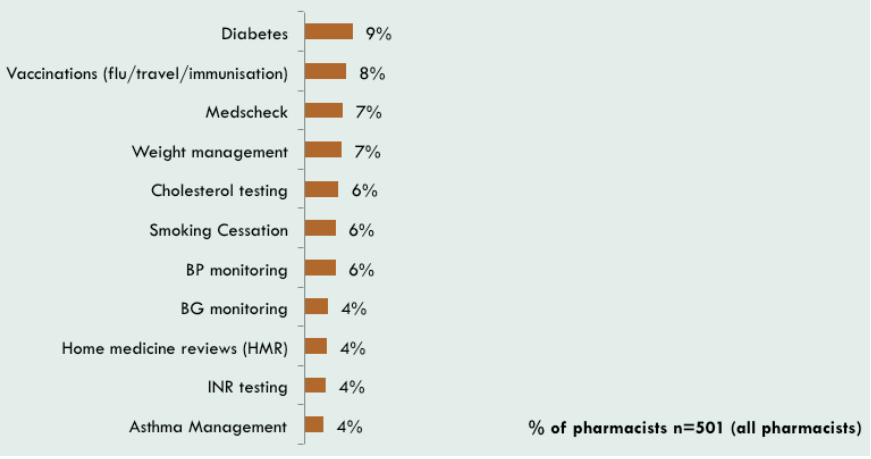


Of the pharmacies questioned 48% (n=97) indicated they have had an unsuccessful service, however for those in a banner group this percentage was significantly reduced at 41%. Those in independent pharmacies were significantly more likely (60%) to have responded as not having had an unsuccessful service, compared to the average of 52%.

In contrast to provision of successful services the split of which services were unsuccessful is extremely varied. The most common responses included home medicines review (10%), weight management (9%), smoking cessation (8%), patient medication profiling (8%, deleted from the 5CPA and replaced by MedsCheck), Mirixa (7%), BP monitoring (7%) and flu clinic (4%). This may highlight pharmacies being individual small businesses and a one-size fits all service or implementation strategy is not appropriate, or alternatively, that some pharmacies have not yet built the capacity to provide these specific services.

Future service offerings need to take this into account and have core components but be adaptable in terms of both service provision and implementation, so it can be individualised for a particular pharmacy.

Figure 14: Top three services pharmacists would like to offer in the future



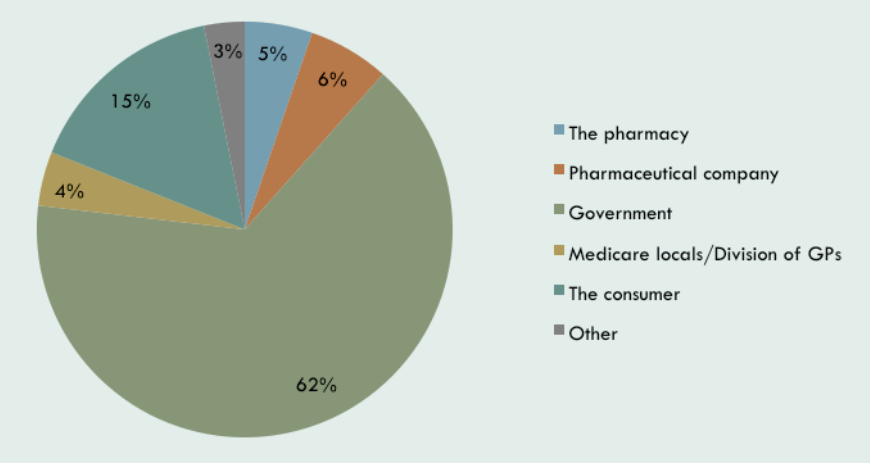
Note: n=167 respondents were able to give us up to 3 services, resulting in n=501 responses. Graph displays only services that were selected by 4% or more pharmacists.

There was a broad range of ideas for the types of services pharmacies would like to offer in the future. Provision of a diabetes service was the most frequent response 9%, with a further 5% stating Diabetes MedsCheck and 4.2% blood glucose monitoring. Other frequent responses were vaccinations (7.8%), MedsCheck (7.2%), weight management (7%), cholesterol testing (6.4%), BP monitoring (5.8%), smoking cessation (5.8%), INR testing (4.0%), HMR (4.2%) and asthma management (3.6%).

Interestingly, rather than creating new services, the services pharmacists expressed they would like to implement in the future already exist. The services are either associated with disease management, health monitoring or the adoption of relatively new services offerings (MedsCheck).

As part of the survey there is a rich pool of verbatim data which provides guidance for a range of stakeholders including professional organisations, universities and pharmaceutical companies on factors that community pharmacists would wish programs to have to assist implementation and challenges which would need to overcome. This data in an abbreviated from is included in Appendix 1 of this report.

Figure 15: Who they think should be funding these services (n=501 responses)

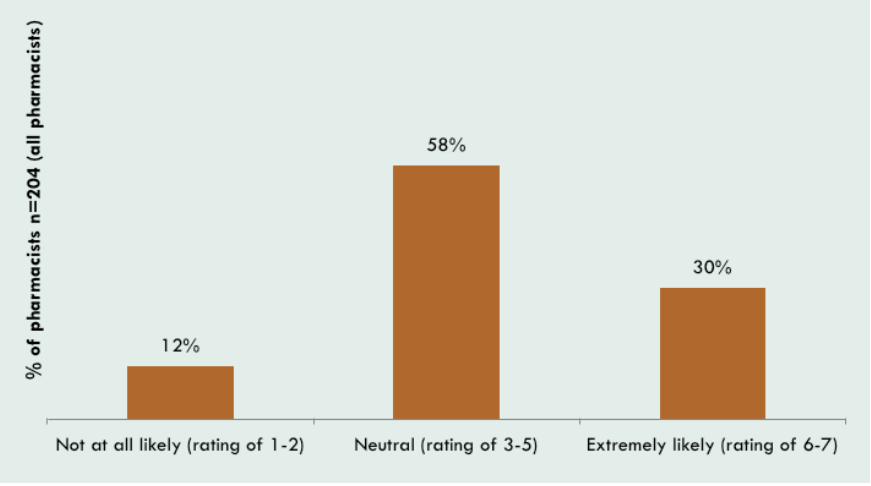


In regards to payment, 62% of pharmacists thought the government should be the funder of these future services. Only 15% thought the consumer, 5% the pharmacy and 6% pharmaceutical companies. It was thought that there would be a desire for a diverse range of payers away from government such as health insurers and patients themselves, yet this was not evident from the responses.

"It is clear that 5CPA related services are overwhelming any other services that may be offered by pharmaceutical companies. This means that companies need to differentiate any new service offerings."

John Montgomery

Figure 16: Likelihood of pharmacists adopting services offered by pharmaceutical companies



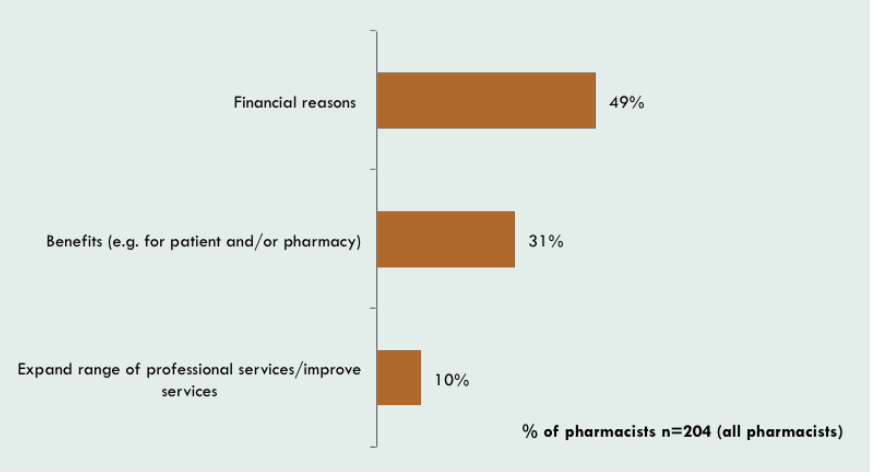
There is a debate on whether community pharmacies are generally open to remuneration for services either directly or indirectly by third party payers, such as pharmaceutical companies and health insurance. The overall impression was that if certain conditions were met then a large number of pharmacies would be open to implement services prepared and payed for by pharmaceutical companies. It can be seen that about a third are extremely likely, with the majority sitting in the neutral position, subject to the conditions and the service. Roughly about 10% would be unlikely to adopt these services.

The two clear messages for the adoption of a service were that they benefited the patient with definable health-care outcomes, and benefited the pharmacy financially.

"With pharmacists' views on delivering non-dispensing professional services now broadening as a result of their increased participation in CPA5 professional services, opportunity exists for third party payers to attract support for the delivery of well-defined, cost-effective services within the knowledge and skill set of the majority of pharmacists."

Warwick Plunkett

Figure 17: Top three reasons pharmacies would adopt services created by pharmaceutical companies



The message from those willing to take up services from pharmaceutical companies was that it should benefit both the customer (patient care and health outcomes) and the pharmacy (customer loyalty, differentiation from competitors and remuneration). However, comments included the need for ease of implementation and transparency.

The view from pharmacy

"One of the key points of adopting the service is to provide better and improved health care to our client population and having the financial and logistics support of a larger organisation allows us greater confidence in attempting to achieve a successful result."

"I would adopt such a program if it was non branded, and not aimed at taking the pharmacist out of the loop. E.g. enrol a patient in a program so a nurse can make phone calls to ensure the patient is compliant etc. The introduction of paid for service will be a slow thing to kick off in pharmacy, if pharmacy companies are going to get the ball rolling on it then great!"

"If funding is being resolved, I cannot see why the service cannot start immediately."

"If there was independently evaluated evidence behind the program; If I had received training on the program; If I receive appropriate remuneration; If I believed in the program; If it was easy to deliver; Educating pharmacy owners about a program IS NOT THE SAME as educating the pharmacists that have to deliver the program. You need to find a way to get through to practising pharmacists."

"The idea that pharmaceutical companies should contribute to healthcare is appealing, however, not sure if this is always altruistic - perhaps it is more opportunistic for them and pharmacists are wary about the potential of conflict of interest and patient's data being 'given' away."

Conclusion

The second UTS/Cegedim Pharmacy Barometer of October 2012 shows that;

- Many pharmacists are expecting the value of their pharmacies to remain the same in the next twelve month
- In 3 years' time, possibly due to further price reductions, or increase in competition, there is an increase in uncertainty and an increase in pharmacies who think their pharmacy will decrease in value
- The large majority confirmed their views expressed in the first wave that the biggest opportunity is in the adoption of professional services
- **The UTS/Cegedim Pharmacy Barometer was 86** indicating a current lack of confidence in pharmacy and with very little movement from the previous survey (84.8 in April 2012).

Due to the uncertainties in the market including Price Disclosure and competition within pharmacy, the UTS/Cegedim Community Pharmacy Barometer shows an underlying concern amongst pharmacists, particularly in the medium-term. Pharmacists appear to believe that after taking the April hit of price-disclosure, the value of their pharmacies may remain the same in the next year, however there will be a negative financial impact in 3 years' time. Contrasting with the April 2012 results this may show a greater awareness of the impact of the forthcoming Price Disclosure price reductions on atorvastatin, olanzapine and quetiapine etc., to occur in December 2013 as this will likely drive prices down significantly on these large value/volume products. It may also indicate that although pharmacists are seeing opportunity in professional services and to a lesser extent generic substitution, they do not see these as financially rewarding, or comparable to the losses they are experiencing with increased costs, competitive retailing pressures and government cuts.

The appeal of Professional Services as a potential source of replacement revenue continues to be a highlight of the Pharmacy Barometer. This appears to be fuelled by the Pharmacy Practice Initiatives (PPIs) component of the 5CPA, in which many pharmacists have enrolled. However, despite 75% of pharmacists seeing service based business model as an opportunity, the issues surrounding implementation and financial viability are substantial as pharmacists perceive the value of pharmacies will diminish over the next three years. There appears to be a need for a roadmap to move from a product based to a services based model.

"Community pharmacy has obviously begun the journey to become a service provider. The rate of implementation and the quality of these services has yet to be determined.

Community pharmacy will remain for the foreseeable future the key provider of pharmaceutical products however this may become secondary to service provision.

The professional practice aspects of these services have been defined however the underpinning economic and business models are still evolving."

Professor Charlie Benrimoj

Appendix 1 – Verbatim responses

Successful Services

Name one successful service you provide	Description of the service	Reason for being successful
Blood Glucose Monitoring	Use a BSL monitor to do blood sugar levels as a community screening service	Builds customer repour
	Blood sugar level checks, charging the customer $ 3	Blood sugar level checks
	We do blood sugar tests	A lot of customers are elderly and don't know how to use machine
	Checking patient's blood sugar machines are working, cleaning the device, checking patients using machine correctly	Patient felt more confident after services their machine was giving a correct measurement, that they didn't have to buy a new machine, free counselling advice
Bone Density Testing	Patients were assigned an appointment to attend the pharmacy and have a T-score measurement. Patients were advised to follow-up with their doctor if T-score was below a certain level	Two separate days fully booked. Patients response very positive
	Patients could pay $30 for a bone density test. Results were discussed and most patients then bought products eg. Bone builder, Vit D, calcium etc. which they are now buying monthly since.	Because patients found out something about their health that they would probably not have got seeing their GP, and the pharmacy has made money and promoted that it is a health destination rather than being wallet-centric like CWH.
	Measure customers bone density via ultrasound	Booked out two clinics and added on a third
Blood Pressure Monitoring	Patient can get their blood pressure monitored free of charge and can are counselled on way to improve their blood pressure. Referral to GP also may be required.	Makes patients more aware of their blood pressure and cardiovascular health, especially for stroke prevention.
	People come in free-of-charge and have blood pressure checked. This is recorded and if its high a letter is given for the next Dr appointment	Free, quick and easy
	To encourage patient to check blood pressure we record results on our dispensing software which over time can be printed out to give to their doctor	Easily accessed for patients. Doctors recommend to come to us between appointments for check
	Free blood pressure checks for patients	It was free, and patients are too lazy or "have no time" to get it checked with their Doctor
	Active promotion and service to patients while waiting for scripts	Identified many patients with uncontrolled BP referred to GP for follow up
	Monitor blood pressure for patient	Customers aren't able to check their blood pressure unless seeing a Doctor. It costs to see a Doctor or buying a blood pressure machine

Name one successful service you provide	Description of the service	Reason for being successful
Clinical Intervention	A clinical intervention by a pharmacist due to a number of patient/drug circumstances including drug interactions, adverse reactions, wrong prescribing, wrong dose taken by patient etc.	Paid for doing our existing job
	Recording of clinical interventions associated with QUM and improve the health outcome of patients	Because we were finally getting paid for doing something we did and were meant to always do
	Clinical interventions of patient medication needs	Successful outcomes for pharmacy and patients and pharmacy got paid
	GuildCare platform interacts brilliantly with dispensing program to identify, notate and record	Accuracy
	Recording/remuneration for clinical interventions	Software enabled recording with details on the run of valuable interventions
	Recording of Clinical Interventions undertaken by the pharmacist	Meant that the pharmacy was being remunerated for time that the pharmacist spent giving valued clinical advice
	Recording down all clinical interventions	It made us money!
	It is something we do anyway, we are now recording for a claim the interventions we do. This required no extra training and was simple to implement	These services can be difficult to implement Clinical interventions we do all the time
	Whenever we had to contact prescriber amount medication usage to prevent drug interactions or possible hospitalization	Part of our normal dispensing job already
	Logging what the pharmacist normally does as part of their professional service to ensure the patient gets the best health outcome	It can now be recorded professionally & quantified
	Each time pharmacist makes a clinical intervention (ie. the dosage on the prescription is wrong, the doctor prescribed the wrong strength), situations where we have to contact other healthcare providers can be recorded in the Mirixa program. Every 3 months we will be paid by the government for such service. It's really just counting those extra things we do at work into monetary terms.	Because every day at work we make plenty of phone calls to liaise with other healthcare providers for our customers. In the past our services only get counted based on dispensing fee and making a profit from OTC and private prescriptions. Being able to record each clinical intervention, by providing the patient details, actual events (ie. overdose, wrong drug selection) we are getting paid for it.
	We record all Clinical Interventions which we do all day. The government remunerates us quarterly	We are being paid for something we always did for free

Appendix 1 – Verbatim responses

Successful Services

Name one successful service you provide	Description of the service	Reason for being successful
Clinical Intervention	Recording of interventions relating to dispensing of medications to improve the outcome for the patient	This was a previously unpaid service and not well monitored. Being paid for the service increased compliance by the pharmacists
	Intervening for the patient's benefit such as making recommendations on preventative treatment, minimise side-effects from medications and alerting prescriber if contraindications are present.	Easily integrate into current dispensary workflow
	5CPA PPI service - clinical interventions that change the way a patient takes or adheres to a medicine regime	Rewarding financially as well as professionally - have stopped a few nasty adverse events and helped people to improve their health
	Direct payment from the government for clinical interventions which is what we have been doing for free for years	We do around 300-500 per month
	5CPA programs, particularly clinical interventions have been successful at this pharmacy	Easy to administer and record, and merely formalises professional services that were already being done in the pharmacy
Counselling	Employing more registered pharmacists to increase professional service & advice	Positive community response
Diabetes	NDSS subsidised access to diabetic essentials	It was a need supplied at a very reasonable price
	Patients can purchase diabetic products at a reduced cost which is reimbursed by diabetes Australia	Lots of diabetic patients
	Cleaning and recalibration of Blood Glucose monitors. Education about diabetes	Great turn out. More people interested in next time.
	Counselling the patient , monitoring their glucose watching the side effect & interaction with other medication offering low price blood glucose machines	All carrying the services are pharmacists with good back ground information
Dose Administration Aids (DAA)	We pack people's regular medication into convenient pre-packed folders.	It made the patient loyal to our pharmacy as scripts were retained on file and the patient benefited by better compliance and reduced risk of self-dosing errors
	Webster packs	Helps with compliance and reduce medication error and hospitalisation
	Provide Webster pack to customers	We start with 2 customers, now we have 26 customers

Name one successful service you provide	Description of the service	Reason for being successful
Dose Administration Aids (DAA)	Dose Administration Aid in the form of Webster pack. This allows patient to stay in community rather than admission to Aged Cared Facility	We charge a reasonable rate and is flexible with consumer request
	Counselling/interview re ongoing suitability of DAA service for repat clients. Professionally rewarding and remunerated appropriately	Valued by client , remuneration adequate
	Dose administration aids is the management of patient's medications in a form of divided doses on timely manner to facilitate the administration of medications.	It provides an easy to use and properly planned medication device to help the elderly to administer their medications correctly.
	Government funded DAA to increase compliance	Customer happy with free service and ease of taking medications
	Weekly home delivered Webster-card packing for customers who want the service, generally offer to patients who take 5 or more medications.	It meet the needs of some of my customer and help them to organise their medications better
	Packing Webster packs for community patients	Increased customers numbers and received remunerations from government
	Weekly packing of medications	Improved patient compliance
	DAA for poly-pharmacy patients	It boost script base, and turnover for generic products
	Weekly pills are set into a Webster pack and the patient pays for this service	Patient likes the ease of use of the product and is willing to pay for this service
	DVA DAA packing	Fills a need
	DAA	Accepted by the community - track record that all pharmacies charge a weekly fee for service
	Dose administration aids is where a patient's medication is packed according to their GP's medication summary ensuring that the patient is taking their medication correctly	Dose administration aids helps our patients to optimise their health by having regular contact with the pharmacist and provides a better health outcome for the patient
	Webster packaging of medicines on a weekly basis	Highly regarded by patients, increases compliance
	Webster packing for community (charge to patient and from government via 5CPA professional programs)	Charge to customer was reducing/not increasing, now additional payment from government
	Managing Webster packs for home based patients and helping them managing their medications in general	Helped patient and increased gross profit of pharmacy

Appendix 1 – Verbatim responses

Successful Services

Name one successful service you provide	Description of the service	Reason for being successful
Dose Administration Aids (DAA)	Medication management service	Big demand due to ageing population and increased confusion regarding their medications
	You packed the patients medications into blister packs already ready for the patient just to take them at the appropriate time	It's now free and readily available
	DAA patient detect	Receiving incentives from government & consumers also pay a fee
	Medication packing	Consumer need and good relationships with GPs
	Provide DAA service	Increasing number of customers
	Weekly dose administration aids packed as ordered by their GP	We provided a great service and advertised it well to our local GP's
	Webster Packing	If is a valuable service. Plus as the Patient pays they don't abuse the service.... Plus in the long term the patient respects you more because you charged the money
	Supply weekly Dosette box to patient	Ensure customer do not go to another pharmacy even though remuneration is insufficient for the time involved
	Provide weekly medication in a blister pack	Patient takes medications correctly - less chance of missing doses. Also, has to return to same pharmacy
	Screening customers with multiple medicines poor compliance & suggestion DAA	Pharmacist intervention & collaborating with GP & patient in total care
	Providing weekly "Medico packs" to members of the community who see the need and request this service	The customers themselves are much more confident and often 'weller' once they have become comfortable with the system.
	Dose Administration Aids → 60 per week can link these with HMRs and Clinical Interventions and now MedsCheck and Diabetes MedsCheck	Grew more business as GPs referred , once report was built and remuneration through government a base to build from
	A lot of our elderly patients that get admitted to hospitals usually get discharged with the view to getting their weekly medication in a Webster pack. These are prepared at the pharmacy and patient (pays a weekly fee).	Ensures patients get all medication from our pharmacy and also pay weekly fee of $3.50. Easier medication management for the patient.
	Repackaging medication into a Webster pack	Aids compliance and continuity of medicines.
	Webster packing for the elderly or for respite care	Clear policy and charging and can be fitted into quiet moments ie. time management

Name one successful service you provide	Description of the service	Reason for being successful
Dose Administration Aids (DAA)	We pack medications for customers on a weekly basis so they know when to take certain tablets at particular times and works as a reminder if they have forgotten to take the tablets	Everyone who is on it will regularly take the medication and family members are happy they do not need to fret about them forgetting.
	Weekly packing of medications in a disposable pack	It makes life easier for the user - much better medication compliance, less errors
	Packing medication to aid compliance	People need it and are willing to pay for it
	Webster Packing	Increased take up over 12 months due to ageing demographic and cliental
	Webster packing	Yes...builds loyalty and increases compliance
	Packing of medications into Webster-packs for community patients - not nursing home patients	Enables people to better manage their medications
	Community based patients for home medication packing	Good service and allows people to manage their meds in their own home
	Offer to pack peoples weekly medicines for them to improve compliance and reduce medication errors. The patient pays $5 per week, often with free delivery. The patient pays for their medicines too	Ensured that the patient always got their medications from your pharmacy so increased prescription volume and the patient was happy and had reduced errors and weekly contact with the pharmacy. Also good as pharmacy could see the patients entire history and make interventions with the GP.
	Organising multiple medications into one blister pack for patient	Makes a difference in patient's medication management and health. Fairly affordable
Flu Clinic	We offered vaccination on fee-based basis for general customers who having difficulty to attend Medical clinic. A nurse is administered the dose.	Pretty successful
Hearing Test	Aim for customer above 21 years of age. Free service. Nurse from Tasmania hearing association comes in to help n run the service. Anyone with hearing problem identified, refer to GP or audiologist	Free service. Run by other professional outside pharmacy
Home Delivery Service	We supply local delivery free of charge for retirement villages and elderly.	Customers know us well and build loyalty over the years.
	Medication is delivered to local regular customers at their homes	Comfort and follow up on medication to home

Appendix 1 – Verbatim responses

Successful Services

Name one successful service you provide	Description of the service	Reason for being successful
Health Check	Patient was asked to come to the pharmacy with blood pressure and glucose test, and cholesterol test. Whoever had an elevated glucose or cholesterol or blood pressure will be refer back to follow up over a period for 4 week. During the 4 weeks, the pharmacist will provide intervention for patient to modify diet or life style. If after the intervention, the reading was still high. The pharmacist will refer back to patient's GP.	We had about 45% after modifying lifestyle the reading went back to normal. 25% need to refer to GP and medication was started.
	Brief 15 minute checks for blood pressure and cholesterol levels	Customers were interested and appreciative
Know Your Numbers (Stroke Foundation)	It was called "Know Your Numbers" Customers made appointments for blood pressure monitoring by staff. It was well supported	People are very keen to keep a check on BP Many have returned over and over in the following weeks and we found some who had no idea that their BP was elevated
	We monitor blood pressure for patients and provide advice based on the results	It's free and quick
	Taking people's BP and providing advice.	Many customers were interested, everyone has BP
	Intern pharmacist conducted BP monitoring service, records sent to Stroke Foundation	Quite a few critical interventions were made
Home Medicine Reviews (HMR)	Home medication review	Patient received improved pharmaceutical knowledge and care. Improved public opinion of the profession
	Pharmacist goes to a person's home and explains their medications to them and then they write a Report to the GP	Because it improved patient understanding of their medication and develops relationships With the GPs
	Home medication reviews are where the pharmacist goes to the patients' house to analyse their medication use and environmental factors that affect this, a report is then process for the GP of any beneficial recommendations and then a follow up review by the GP.	Doctors get remunerated, pharmacist gets remunerated, patient appreciates the service and great health outcome occurs for the patient too
	HMRs	We systematized it in our pharmacy, allocated resources and training and do HMRs one day per week. We actively encourage GPs to refer
	Home Medication Reviews	Strong recruitment from dispensing staff and relationships with local GPs

Name one successful service you provide	Description of the service	Reason for being successful
Home Medicine Reviews (HMR)	Home Medicines Reviews	We are a small pharmacy so we started shutting the doors on Thursday afternoons to do them but now we are getting busier. The funding is more appropriate but still not enough.
	Home Medication Reviews are undertaken by a qualified accredited consultant pharmacist, namely myself and involves a detailed assessment of the patient medication use and therapy culminating in an abundance of health care advice being provided to the patient and a detailed report being sent to the referring doctor.	Because it is a valued service being provided by their pharmacy and their community pharmacist who is well known to them.
	Home Medication Review where pharmacist writes a report to Doctor about patients' medication	Improve patient outcomes related to medication and get paid from government
	Home medicine review, patient interviewed at home, medications checked, compliance checked, reports to prescriber	Improved patient outcomes
	Home medication review	Great support from patients and GP
	Pharmacist attends patients home to review their medications, lifestyle, diet etc. and then advises Dr on what changes are required to improve health outcome	Advertised service to patients and Drs and let both groups know the benefits to them
	Medication review at request of doctor	Doctors realised that we have the expertise to do this
	Home medicine reviews	Positive outcomes achieved for patients - increased loyalty to the pharmacy
Medication Management	It is a number of medication management programs under the Fifth Community Pharmacy Agreement in which a pharmacy carries out & is provided with initiatives & continuing payment for the service	It was successful because it made the pharmacy provide more professional services
MedsCheck	In store medicine review with patient about 30 mins to 45 mins	Because we were providing this service free we now make an appointment for patients if they have questions & do a MedsCheck for a fee. Customer are very happy with the service

Appendix 1 – Verbatim responses

Successful Services

Name one successful service you provide	Description of the service	Reason for being successful
MedsCheck	A one on one review of patient's medication (and issues) with the aim of giving the patient a better understanding of their medicines. Empowers patient with knowledge and understanding. All done through GuildCare program. Patient provided with a tailored report.	It gives the patient what they really should have already - increased knowledge of their medication. Discussion in the Pharmacy in their own time. Well-structured with a good report.
Mirixa	Spiriva/Seretide/Lipitor compliance services	Easy to identify and compliance
	Compliance program for Lipitor which provides the pharmacist with a score (Meds Score) as the basis for counselling to improve the score with the patient	Debatable...in some aspects yes, however I found that there were patients that found it sceptical
Opioid treatment program	Dosing of methadone/suboxone patient with government funded supplies	A needed service provided professionally
	Provision and supervised dosing of Methadone and Buprenorphine	Unmet need, pay for service
	Treatment of addiction by replacing illicit opioids with legal one and reducing harm	Staff professionalism
Pharmacy Practice Incentives (PPI)	Recording interventions, BP's etc. as per the 5CPA PPI's	Customer perceived the value was good
	5CPA program - PPI's - Pharmacy Practice Incentives	Easy to provide, easy to claim
	Recording Clinical Interventions, performing MedScreen, MedsCheck & Diabetes MedsCheck	Paid service by government
Sickness certificates	No doctor nearby and sick employees need to be consulted and maybe issued sickness certificate	My availability at my own business
Skin clinic	Picture taken of customer and looks at mole/spots	Yes customer comments were positive
	A nurse came in and used a camera to look at customers skin and give them information about the current state of their skin and what risks they may have for skin cancer etc.	Patients were really interested and commented that they found it useful. It built on-going rapport.
Sleep Apnoea	Specialised staff provide full CPAP services to customers diagnosed by sleep clinics with Sleep Apnoea	Professional nursing staff employed
	We set up patients for home sleep tests and sell all the accessories	There are only two pharmacies in our city that are providing and we have two well trained staff so patients are happy with our service. We also provide free service days, and free information nights for patients.

Name one successful service you provide	Description of the service	Reason for being successful
Sleep Apnoea	We rent machines for trial to consumers in our pharmacy and then sell them if they are successful	Because we are professional and know what we are doing, and have done it for many years
	Home sleep apnoea testing where consumer takes testing device home for the night and test is completed in comfort of own home with no need to attend a sleep centre	Amount of undiagnosed cases of sleep apnoea
	We diagnose sleep apnoea with an AH home sleep test. Patient will; come back and results sent to a sleep doctor. If recommended by the doctor, we follow up with a CPAP trial. we also supply CPAP machines or hire or buy	Pharmacist interaction, dedicated pharmacist. training
Smoking Cessation	Providing a service on the use and application of Champix	The pharmacist explained the mode of action of the drug and invited the patients to contact him with feedback on their experiences.
	Patients offered a comprehensive quit smoking package - tailored to their own needs. Patient given access to pharmacist to discuss smoking and smoking cessation and offered follow-up	Because of the direct involvement of the pharmacist and the ongoing follow-up. Model very similar to that which proved so successful in weight loss - Tony Ferguson Programme.
Weight Management	Customer would pay for a membership to join the program and visit the pharmacy on a weekly or fortnightly basis to have a weigh in and check their progress.	Support was provided to the patient a long their weight loss journey and encouragement goes a long way during their weekly visits. Being able to build good rapport with the customer meant that they were not shopping at the pharmacy for weight loss products only, but they became regular customers - which led to improved sales in other areas.
	Provide support and information about healthy weight, customers comes in for regular support and to be weighed. Special foods are sold to them to make it easier. From time to time we have special days where we promote new products so they can taste it.	Friendly well educated staff
	Identify patient who are overweight and have medical conditions and then we target them and get them involved	Patient saw the benefit and encouraged others to join

Appendix 1 – Verbatim responses

Unsuccessful Services

Name one successful service you provide	Description of the service	Reason for being successful
Asthma Management	A registered nurse is available on site to discuss and provide information about asthma and its management	Not very well organised and informed to needed customer, a failure in planning
Blood Pressure Monitoring	People came and had their blood pressure measured	Unsuccessful was very time consuming
	Free recording and monitoring of BP	Not directly remunerated for the service and didn't appear to bring more sales for effort
	Blood pressure check	People can get this service free at other places e.g. other pharmacies (bigger groups), or at their doctors etc.
	Blood pressure is taken for customer at no charge	No remuneration
	Measuring the patients' blood pressure	Not very responsive
	Patients can come in and have their BP measured by staff whenever they please	There is no remuneration, customers abuse the service by just getting their BP tested at the pharmacy. Hasn't increased sales of blood pressure monitors, nor do I believe that it's increased compliance with medications or management of CV risk factors
Cholesterol Testing	Cholesterol testing in store of patients. Unsuccessful because larger cost to patient ($20) and expensive strips (test sometimes has to be repeated)	Expensive to patient expensive strips (and test sometimes has to be repeated i.e. higher cost in test strips)
	Pharmacy pays for equipment, patient pays a nominal fee for total cholesterol testing. Initially this was done for free, but did not increase our business in bringing customers who returned	A few people took up the service (free at that point) who were being paid as part of another commercial program, but they did not return as customers.
Clinical intervention	Document pharmacist intervention during a normal working day	Lack of resources
	Recording medication incidents, errors, changes etc.	Too complicated to record and claim payment
Dose Administration Aids (DAA)	Patients don't wish to pay an extra $2-$5 for medications to be packed into an sealed MedicoPak (service provided for patients unable to monitor their meds because of too many medications and confusion)	Patients not wanting to pay for the service, sometimes it was a family member, son or daughter paying for the service
	Webster packing medication blister cells	Time versus remuneration is not viable on a large scale

Name one successful service you provide	Description of the service	Reason for being successful
Health Check	Cholesterol, BP, BMI measurements and lifestyle assessment	Consumer has to pay.....
	$10 for a health check report: BP, cholesterol & glucose checking.	Dr can provide this service for free & some pharmacies have already provided theses services for free (except cholesterol check)
Heart Promotion	By appointment. $25/ appointment. Involve blood testing	The staff lacked confident! Customer have to pay for the service
Counselling	Counselling customers who are not a pharmacy customer but a consumer who wants information so they can just buy from the supermarket or online for cheaper pricing which we can't beat.	Needed the pharmacist time and skill but no sale was generated at the end as the consumer all wanted to buy from an online outlet/discounter to save money. We can't assist in monitor their usage or advise on appropriateness as we don't have the full background info. It's a complete waste of time.
	Pharmacist at the front counselling the patient for all their medications	Patients don't appreciate good service over price
Diabetes	Brief assessment of customer for Diabetes Type II risk factors including waist measurement, Blood Pressure and Blood Glucose testing	Not a demographic which is concerned about this
	Complex counselling about diabetes.	It required GP approval for a patient to be enrolled.
	I had to go to a two day training session about diabetes and then monitor my patients. Not sure if funding was stopped or it was just a trial that didn't go further but nothing ever came of it.	Just didn't happen
Flu Clinic	A nurse comes in and gives everyone who has an appointment a flu injection.	Lots of patients were getting it free from doctors as our area has lots of pensioners and elderly. The younger patients did not have to time to come in during the clinic time to get it.
	Offer of influenza vaccination in the pharmacy by a Registered Nurse.	Not sufficient interest to reach break-even point. Required customer to pay in advance, not just make an appointment.
	Immunisation clinic in the lead up to the influenza season	Services already offered free-of-charge at various medical centres around - demographic mostly on concession card and bulk-billing at doctors is a drawcard - our fee was $19.95
	Flu immunisations were administered by a 3rd party immunisation nurse	Uptake was fairly minimal, most likely because there is several doctor's surgeries in our area, most of which offer the same service

Appendix 1 – Verbatim responses

Unsuccessful Services

Name one successful service you provide	Description of the service	Reason for being successful
Hearing Test	We take appointment for interested candidates and they will come in one day and offer free hearing test	We didn't get too many responses as most people have their hearing test elsewhere and the person from Australia Hearing went to the wrong place and was late. So we needed to cancel.
	Fliers were handed out, poster in window, customers invited for a hearing test, appointments taken. Man came in, set up a table, people turned up. Only 2 people made appointments. He talked to them and referred them if suitable.	Not enough people took advantage. Lots of free hearing tests out there.
	Testing peoples hearing	Lack of interest from my customers
Home Medicines Review (HMR)	Pharmacist did a home visit and checked their current medicines to see the patients understanding their medicines or OTC products. Then the pharmacist will write a report to GP for recommendation on the medicines if required.	Not a lot of customers been referred back to us even though we told the GP.
	Resident medication review	Umbrella services by uniting care - getting some company from Sydney to do services
	Med review from Drs referral	Lack of referrals , excess time involved vs $
	Doctors don't like us suggesting patient needs HMR. As a result only a handful are done a year	Doctor pharmacist relationship
	We tried to promote it with the doctors nearby. Although they were against it when we spoke with them, but they never did anything with it.	Poor response from GP
	Reconciling medication histories	No GP interest
	HMR	No uptake
	HMRs are not supported by local Doctors	Local doctors do not like to refer to HMRs
	Home Medication Review.	Cumbersome and takes at least 3-4 hours from door to door, not always well received by the patient as this intrudes on their home privacy. Need to write up then submit as a claim not too well reimbursed for the time spent.
Residential Medicines Management Review (RMMR)	Resident medication review	Umbrella services by uniting care - getting some company from Sydney to do services

Name one successful service you provide	Description of the service	Reason for being successful
Medication Use Review (MUR)	Check patients understand of particular medications in depth	This service required a period of time to be set aside for the patient hence difficult to dispense and other duties while doing this (only 1 pharmacist on duty)
	5CPA MUR	Too much red tape and a ridiculous 'smart form' which takes 30 minutes to fill out. The remuneration is only $60 and so it needs to be done inside 30 minutes. Once you fill the form out ... that's it. Leaving no time to actually do what you are meant to be doing
Patient Medication Profile (PMP)	Print off Patient Medications Profiles - instead of charging for this service - it was free of charge	Patients would not expect to pay for this service
	A written often printed with tablets images record of a patient's medication history, like a snap shot of all his/her medications.	Don't really know, may be most of my customers are familiar with their medications that they don't need an extra record offered by the pharmacy
	Provision of detailed individual Patient Medication Profiles	Patients not willing to pay for service
	PMP for patients	Patients not expected to pay - always received for free or get similar from GP for free!
	Originally funded by the government a few years ago but bow lapsed	No money in it
	Medication profiling	Inadequate software. Poor marketing of service to patients. Insufficient time to provide service (pressure on throughput in an inefficient dispensary environment)
	Provide a medication list to customer which list out all the medications they are on, indications etc.	Medication list is available to customer from Doctors and they are not willing to pay for a medication list from pharmacy
Mirixa	Compliance modules	Too complicated
	Mirixa is about compliance and the patient	Too much time and effort for the patient to want to take part and also patients think you are checking up on them so it has a negative perception by the customer
	Too time consuming while dispensing	Too time consuming and difficult to follow
	Some patients were sceptical, feeling there were motives behind the program, and as such we felt that we were in danger of losing them as customers	Perhaps inadequate training for the pharmacist...otherwise it seems in our World these is always trying to sell something somewhere

Appendix 1 – Verbatim responses

Unsuccessful Services

Name one successful service you provide	Description of the service	Reason for being successful
Mirixa	We have a program that identifies consumers for the program who may take particular medications for the first time. We then schedule an appointment for a private counselling session, of which there may be more than one. The program follows a standard template.	We have trouble with either us or the consumer being willing to attend the appointments. Staff training has been conducted, and it is new to the consumer. We need to be more diligent with the appointments and following up with the customer. It does interrupt our workflow.
	Monitoring compliance and discussing with patient their results and determine why such results occurred.	Required much extra time on pharmacist sitting down with patient for up to 15 mins. Difficult to introduce due to time constraints.
	Monitoring of compliance for Lipitor and Seretide. Patients were interviewed prior to receiving their first dose and dispensing records were monitored to determine compliance.	Program was too demanding - required way too much time from the pharmacist/ pharmacy assistant.
Compliance program (pharmaceutical company)	Patient was asked to enrol in company run programme	Patients were not happy to give private info eg email address, phone No etc to the drug company
	Enrol customers in programme so they obtain info from company	Customers don't seem interested
	Consumer compliance programs, either molecule or sponsored by pharmaceutical company	Too difficult to build into work flow under the current model of pharmacy where supply is still the main focus of the consumer.
Lipitor Program	Free cook book to Lipitor patients after recording their details	Back lash by the press
	Enrolling patients into lifestyle factors to improve cholesterol levels and hopefully improve cardiovascular health	Email and mobile phone was required and many patients did not have these requirements
Revive Clinic	Revive clinic is nurse practitioner service and we are located opposite a big Doctors surgery. The Doctors were very opposed to this set-up and we had lot of hostility until we had to get rid of this service.	Opposition from Doctors because they thought that we are competing with them
Smoking Cessation	People are counselled about their smoking habits and ways to quit	People not 100% ready to make the change
	Explain step to quit smoking and follow the customer progress	Customers give up easily, not enough supports from government or companies
	Initial consultation with patient re. stopping smoking, advice on strategy, weekly follow up with lung function test and ongoing supportive advice.	Many people did not see the value in the ongoing support and did not realise the importance of such help to achieve a successful outcome.
	Provide counselling and support to people contemplating or attempting to quit smoking.	Not many patients care or want your help after the first session. Not very well funded.

Name one successful service you provide	Description of the service	Reason for being successful
Smoking Cessation	Regular consolations in the pharmacy to help with smoking cessation - was part of the banner group we were previously part of.	Customers didn't want to pay for it
	Quit SA supported pharmacist-initiated smoking cessation programme.	Lack of follow up
SMS Reminder Service	Patients receive an SMS from us when their next repeat is due	Too complex to implement in a busy pharmacy
	SMS reminder sent out to patients to remind them there medicine is due to be dispensed soon	Lots older patients in this area, don't really use technology
Staged Supply	Staged supply of addictive medications	Payment problems and behavioural problems with this type of client
	Recording & monitoring of staged supply of medications not under opioid replacement	Other pharmacies were doing it for free, although they were not following recording protocols associated with board requirements
	Where patients collect medication at regular intervals. Medicare pays a one off payment per year to provide. Service had been provided in past.	Unfortunately clients that require this service do not provide much financially to business but take up a lot of Pharmacists time and patience as they attempt to get early supply of these medications.
	Giving out one weeks' worth of medication at a time	Too time consuming
Weight Management	Weekly weigh-ins and requirement of patient to purchase a weight loss product	Patient had to pay, perception of financial gain overriding clinical judgment
	Kate Morgan weight loss service was definitely a loss maker for us	It was unprofitable and labour intensive
	All weight management programs seem to be losing steam	Drop in numbers
	Weight loss counselling and product sales	Too many players in market - many unfounded competitors
	Patients needing weight loss ie. diabetics, etc. would join the programme and were given weight loss advice including dietary , exercise regimen etc.	People where not willing to pay for the time spent with the dietician
	Naturopath well trained to give advice and sell products. Just too busy to put in effort required to make successful	Time poor and lack of successful model to follow for an independent pharmacy
	Weight management service involved regular attendance of the client to the pharmacy for review and monitoring.	The fees could potentially run into the hundreds of dollars which may act as a financial barrier for this service for many people.
	Weighing and recording patient's weights	Not much interest
	Patients were registered into The-Shake-It program, weight recorded, diet and lifestyle management.	Not enough patient participation (we are opposite a gym!)

Appendix 1 – Verbatim responses

Future Services

What services you would like to be able to offer in the future?	What would make it easier to implement the service?	What challenges do you foresee in implementing this service?
Anaphylaxis Service	Pharmaceutical company support	Awareness
	Support from local doctors, guaranteed payment, simple method of claiming	Support from local doctors
	Training	Obtaining more information
	Have a good program	We need an extra pharmacist to do that but the profit margin is reducing and wages are increasing. It is very hard to employ an extra pharmacist before we start these services due to unknown outcome from the customers (i.e. will a lot of customers will participate them or not?)
	Advertising by government telling people of the services	Government will not want to pay. Doctors see it as their turf
	Nothing particular	Government
	Extra trained staff	Time involved in setting up services
	A complete training module/seminar, spirometer, leaflets, brochures, checklists, QCPP requirements	Room and time
Asthma Management	Provision of asthma education kits	Training of staff to produce consistent quality results
	Resources to allow easy implementation	Gaining other staff enthusiasm, making it worthwhile
	Government support and promotion	Convincing patients that don't take asthma seriously
	Government funding. Supportive legislation. Support from GPs. Education of availability of the service to the public	Getting support from GPs. Cost of establishing service. Training staff to participate in service
	Government marketing to consumers	Lack of awareness, benefit selling
	Medicare rebates	Government does not value our services
	Free consumables/devices such as peak flow meters, spirometers, spacers	Marketing - need patients who are willing to improve their treatment
	Provision of testing devices	Staffing
	Having more time	Having my expertise respected
	Provide adequate training to pharmacist and pharmacy staff	Doctor will be likely to oppose pharmacist taking up such service
	More time	Gaining respect

What services you would like to be able to offer in the future?	What would make it easier to implement the service?	What challenges do you foresee in implementing this service?
Baby/Children Service	Having rapport with health bodies, advertising and talking to the locals to spread the word	Finding the child care nurses to give their time. I was thinking of free service. If they promote a brand of baby products that firm should pay. Councils used to have baby clinics years ago. Lack of room might be problem.
	Not sure, local advertising	Resources
	Cost of extra staff and space	Cost and space
	Funding	The government will not fund
	Nurse	Time management and making the nurse accessible
	Baby scales, monthly topics/brochures	Space
	Community awareness	Time and staff
	Government funding	Not many
Blood Glucose Monitoring	Cost of equipment	Training and blood waste
	Time and staff	Staff training, proper needle handling and disposal, free equipment
	A free machine and test strips	The staff dealing with blood products. Also blood sugar levels fluctuate throughout the day so multiple testings may be necessary
	Extra support staff	Enough time to add another service
	Training of pharmacy assistants. Disposal of biohazard waste	Cost, time restraints
	Yes, because there are consumables which have to be replaced	Proper infection control training for blood is involved
	Pre-written policies and procedures.	Staffing, training.
	Equipment and consumables provided by the government and remuneration in place via Medicare just like dispensing a script via PBS online.	Time and space
	Advertising	Convincing diabetics of the need to maintain good blood/glucose level
	Clean easy efficient accurate testing	Risk of contamination
	Rebates	Time and cost
	Staff training	Interest in uptake of service
	Government funding	People's attitude to the service
	Government funding, Dr support	Lack of funding
	Training - low cost of insurance - promotions	New service - lack of confidence from customers

Appendix 1 – Verbatim responses

Future Services

What services you would like to be able to offer in the future?	What would make it easier to implement the service?	What challenges do you foresee in implementing this service?
Blood Glucose Monitoring	Public service announcements	Doctors thinking we are encroaching on their territory
	Free of charge	Cost
	Companies supplying equipment, government helps to put staff on	Companies make deals with chain pharmacies but small pharmacies lose out
Bone Density Testing	Pharmaceutical company support	The testing procedure there is no easy testing and Dr disapproval
	Cost	None
Blood Pressure Monitoring	Have enough funding to provide staff and equipment	Funding
	Private consult room a fill-in-the-blanks style pad conforms with QCPP requirements, that we can give customer to take to GP	None really
	Public awareness of the need	Lack of public awareness
	Reduction in paperwork requirements	Time management
	Appropriate funding for professional staff	Organising the pharmacy so that a private area is available. Advertising the program & making sure that sufficient people will take up the offer, which needs patients to change their old habits
	More staff!	Staff and wages!
	Pay for service	Government cuts to pharmacy
	Provision of equipment to run service	People who hate pharmacy and pharmacists in media using it as an excuse to accuse pharmacist owners of profiteering from this service
	We have this service, however government ideally would have funded the monitor	Time
	Appropriate software and tools, training, government advertisements on TV outlining such services offered by pharmacies	Patients trusting pharmacists in performing such service apart from a Doctor
	Blood pressure monitors	Patients and time
	If government set up the required tools required to provide the service	Customer indifference
	Free blood pressure machines and free regular calibrating of machines	Things that affect a customers' blood pressure e.g. coffee and walking therefore leading to incorrect readings
	Schedule of charges developed for pharmacy use	Getting all pharmacies to charge for this service

What services you would like to be able to offer in the future?	What would make it easier to implement the service?	What challenges do you foresee in implementing this service?
Blood Pressure Monitoring	Government support	Getting the consumer to accept they have to pay for such services
	More staff	Time
	Training	Training, time restrictions, staffing issues
	Government funding	Attracting patients to take up the free service
	Funding so I have another staff to manage it	No funding
	Government marketing to consumers	Lack of awareness, benefit selling
	Advertising	Doctor resistance
	Set protocols & training	How to document in a quick and efficient way
	Direct remuneration to the pharmacist to cover the costs involved in spending more time counselling patients thoroughly	Receiving adequate remuneration to justify investing more time counselling patients on importance of no monitoring
	Doctors informing patients to go to Pharmacy to check	Reluctance to pay from consumer
Broader Prescribing Rights	An end to the emergency supply rules, to prevent confusion	What medications would be covered? BP meds are a big issue
	System in place like prescribing cards and patient record cards	AMA objecting it
	Allow pharmacists to prescribe more medicines	Doctors
	Change of regulations. Strict protocols. minimum service charges that may not be discounted	Pushback from GPs. Education of public
	Prescribing pads, and guidelines then get patient to sign	AMA objecting, bulk billing problem as government don't want to fund
	Online access to patient history	Opposing by GP
	Allowing more drugs to be available	Money
	Changes to the relevant state poisons Act and better understanding amongst medical profession of just how capable we are	Perception, created over many years that we are only good for sticking on labels and have no business having input in clinical care of a patient
	Acceptance by the AMA and public	Recognition that pharmacists can implement the service
	Training	Time for training

Appendix 1 – Verbatim responses

Future Services

What services you would like to be able to offer in the future?	What would make it easier to implement the service?	What challenges do you foresee in implementing this service?
Broader Prescribing Rights	Still waiting for the legislation to pass as the federal government still waiting to all states governments to agree upon the new legislation. At this stage we don't know how the government will implement the service, but hopefully it will be ready by early next year and I am looking forward to it	You don't know if there is many demand for the service
Cancer Treatment Advice	Guidelines from health funds and real remuneration	Time factor
Cholesterol testing	A bigger pharmacy with private consult room more acceptance from GPs	GPs, lack of want by consumer, customer not wanting to pay
	Equipment and consumables provided by the government and remuneration in place via Medicare just like dispensing a script via PBS online.	Time and space
	Cut down Medicare costs. We can tests customers who wouldn't normally go to Dr and then refer to a GP	Dr think it is their domain and don't think we can help them
	Space, GP are ok with it	Training and time
	Standardised procedures, equipment availability	Staff training
	Having the equipment provided	OHS having to dispose of blood products
	Funding by government	No funding
	Funding from the government	Lack of funding
	Extra staff to provide service	Having enough hours in the day to add another service
	Having the resources	Time, resources
	More training and paperwork reduction	Time management
	Support from GPs	Doctors' feeling like we are encroaching on their turf
	Clear information enabling easier education	Getting the patients to realise their ability to "help themselves"
	A body similar to diabetes such as the NDSS scheme, but one for cholesterol. A trained nurse or coordinator to set up the programme and give direction on implementing and running the programme	Although devices are available, there is no push from companies to implement such services into a pharmacy setting
	It is overcome the initial set up cost	Staff training
	Funding	Convincing GPs that the testing is accurate
	Direct guidelines	Time

What services you would like to be able to offer in the future?	What would make it easier to implement the service?	What challenges do you foresee in implementing this service?
Cholesterol testing	Standardised setup facility	Lack of space for enough privacy
	Appropriate funding, excellent advertising of the additional services	Appropriate private area for providing the service
	Being able to have enough staff and suitably trained personnel at hand.	Lack of trained staff and resources.
	Funding	No space in pharmacy. Limited staff
	Funding	Time
	A willingness by government or Medicare locals for pharmacy to supply the service as it would save them money	The cost of setup & getting heard at a pharmacy level in the Dr & hospital centric Medicare locals
	Funding resources	Resistance from other health care providers
	Equipment and adjust to consulting room	Conflict with GP and pathology
	Marketing	Expense of test. Staff to conduct tests.
	Government advertising and reimbursement for cholesterol testing device	Training staff and ensuring results have impact on patients' treatment
	Private professional areas	Professional staff, educating patients & appropriate equipment to carry out testing
	Advertising	Opposition from doctors
	Correct funding from Medicare to implement	Funding
	Correct testing devices	Space and time as well as qualified testers
	More support from government, free cholesterol testing in store	Needle prick injuries
Clinical Intervention	Training	Clinical skill of pharmacist
	Payment from government	Advertising service
	Software linked to dispensing process	Not implemented in our dispensing process
	Adequate remuneration to allow me to staff the pharmacy so that this could occur effectively	Finding time to do this in the current wage structure
Community Service	Getting the locals to get together and talk and share their life stories. Having somewhere to meet.	Language difficulties. Something different, people do not like to mix. Lack of space where I work is a hindrance to group get-togethers.
Compliance Programs	Standard procedures, software national advertising	Needs to worth our time to do, either with an increase in customers, scripts or direct payments
	Better training and assistance for implementation	Changing workflow to allow for proper integration of the service
	More time	Again time

Appendix 1 – Verbatim responses

Future Services

What services you would like to be able to offer in the future?	What would make it easier to implement the service?	What challenges do you foresee in implementing this service?
Compounding	Doctors being made aware of its benefits and availability	Doctors being made aware of its benefits and availability!
	Training & peer support from association & other pharmacists	Enough business to justify the expenses in staff, space, equipment & raw materials
	Proper training	Alteration of shop layout and product ranges
	Training, a business plan	Capital investment in a lab, staff training and in promotion of the service
	Better understanding from government regarding cost of provision on service and therefore increased remuneration	Staff training, entering into and creating a new market, costs of entry
Consultation Service	Government funding	Need to have pharmacist out of the dispensary to do them
	When we know the government or Health fund will reimburse this service	No payee
	The guild publishing suggested fee structures for consultations - similar to what I believe is published for doctors by their representative organisations	Patients for a long time have become accustomed to receiving free advice from their pharmacist. It will take some time to change this, but this is a necessary change if pharmacy continues to be viable
	Guaranteed government funding not an allocated fund based on the number of people that claim	Limited space available in a community retail setting
	Penalties for pharmacies not offering the services - at the moment pharmacies doing these must put in extra resources, that non-participating pharmacies use as an excuse to cut corners to fund discounting	Market pressure - the people who would most benefit from them are the least able to pay in a user-pays system
	HICAP facility - not sure if pharmacy can apply for a provider number and whether any health funds will recognize this effort of preventative healthcare	Time, money and staff resources
	Pharmacists should be paid for given appropriate advice by Medicare similar to doctors	The government may not interested
	Recognition	Recognition
Counselling	Good remuneration to cover all costs with a service that doesn't take up too much time	Getting remuneration, time
	Advertising marketing of service, GP awareness	Patient resistance
	Getting training and quick payment from the government	No funding

What services you would like to be able to offer in the future?	What would make it easier to implement the service?	What challenges do you foresee in implementing this service?
Diabetes	Doctor support	Cost to customers, time, extra pharmacist
	Complete module and training provided	Time
	No cost to patient	Time needed for implementing services in addition to normal dispensary duties
	Government Medicare funding	Government won't pay for service that pharmacy has often done for free
	Subsidised training	Time to learn how to implement service
	Nothing	Government
	Guaranteed government funding	Space in a retail environment
	Good training, easily accessible and simplified guidelines, procedures, marketing guidelines and suggestions	Time constraints of implementing in busy pharmacy
	A continuous funding for a number of years	Patients cooperation
	Guidelines provided by Pharmacy Guild and PSA	Employ a pharmacist to conduct the service to free up dispensing
	Diabetes association marketing to consumers	Time constraints
	Individualised	Not from a company
	Education , Training, time, government subsidy for the patient	Costs, time poor, little room for counselling area
	Funding resources and staff enthusiasm	Funding resources and staff enthusiasm
	Funding	No space in pharmacy. No staff.
	Less paperwork and easy program which takes not much time.	Time and people require scripts which let's not forget is still our main function... Not worth hiring another pharmacist for a shop our size in a country region.
	Money for equipment to run service	People who hate pharmacy and pharmacists in media using it as an excuse to accuse pharmacist owners of profiteering from this service
	More space to set up separate areas. More funding, training and assistance	Space, time, training, cost of extra staff
	Timed with the diabetes awareness week	Privacy. Space in the shop.
	Undertaking between GP clinic and pharmacy to provide this service	Lack of co-operation between clinic and pharmacy to proceed
	Having a diabetes educator available weekly	Ability to provide a consistent level of quality service
	Provision of resources ...perhaps by government or pharmaceutical company	Additional training
	Education, training	Clinical area, time

Appendix 1 – Verbatim responses

Future Services

What services you would like to be able to offer in the future?	What would make it easier to implement the service?	What challenges do you foresee in implementing this service?
Diabetes	Have all the educational information and equipment and training	Time consuming
	Government funding	Not many
	Training and access to remuneration to cover costs of implementing the service	Having adequate time/resources to implement the service
	Replacing staff at pharmacy	Getting funding and qualified staff
	Free to customer. Well trained staff	Lack of consultation room in the pharmacy
	If we receive financial assistance for the service	Involving another pharmacist or a trained staff member
	Medicare rebates	Government does not value our services
	Government support & promotion	Convincing patients of the benefits of a well-managed plan with pharmacist involvement
	Appropriate software and tools, training , government advertisements on TV outlining such services offered by pharmacies	Patients trusting pharmacists in performing such service apart from a Doctor
	Simplified worksheet and streamline any paperwork that is required	Time and space - making time to consult with patients and allocating extra space in pharmacy
	Training. Standard Operating Procedures for staff to follow and implement	Funding
	Funding, continuing education course i.e. training better access to other health professionals communication with hospitals providing services	Time need a lot of time with clients being able to communicate with other health professional
	Minimum paperwork and ample funding	Staff training and, sufficient time for pharmacist involvement. A second pharmacist may be needed to fully implement the service.
	Staff directed training	Giving staff appropriate perception of task and value
	More money for promotion of the service	Patient awareness (poor in general) of the condition
	Taking appointment beforehand	Lack of consultation room in the pharmacy
	Real remuneration and good marketing and resources. Adequate staff and training.	Adequate staff and time constraints

What services you would like to be able to offer in the future?	What would make it easier to implement the service?	What challenges do you foresee in implementing this service?
Diabetes	A good source of training for pharmacy staff	We already provide a limited service of foot care and see this as a logical extension of our services to our diabetic patients. The local podiatrists see this as encroaching on their "patch".
	Standardised procedures, streamlined payment procedures	Devoting the time of a pharmacist towards this
	Having more time	Earning more patient and Health care professionals respect in this area
	To get someone else to do it	Time
	Diabetes SA have done a good job in helping pharmacies with this program	None
	Need to education and support from NDSS program provider	Competitions from other pharmacy outlets
Diabetes MedsCheck	Someone to come to the pharmacy and help set up/train/explain the program	Time patients not wanting to take extra time to talk to us
	Free trainings for staff	Time and the right staff
	More time & staff	Time
	Advertising	Uptake
	Start-up material and advertising	Time and wages
Disease Management	Remuneration to recoup time costs machines provided by pharmaceutical companies	Pharmacists time space to store/operate
	Funding and government or national publicising such service	Current funding only relates to medications in chronic diseases. As chronic disease management is more than medications, funding in this area is lacking. All cognitive services will mean extra pharmacists need to be employed to cover for dispensing. Therefore, more pharmacists need to be employed and it may not be in proprietors' interest to do so.
Dose Administration Aids (DAA)	The ability to implement a service and to maintain the services is mainly a funding issue, so remuneration of services is very important	Time constraints, because as profit margins decrease, employers will streamline job descriptions so employees will be asked to do more for less, i.e. more task required to complete in a day by staff with less employees to run the pharmacy
	Steady payments	Advertising service
	If Doctors are happy to provide scripts on time for their patients, to enable us to provide their medications without hassle	Sometimes patients expect a lot from the pharmacist, like chasing their scripts, not wanting to pay monthly bills etc.

Appendix 1 – Verbatim responses

Future Services

What services you would like to be able to offer in the future?	What would make it easier to implement the service?	What challenges do you foresee in implementing this service?
Dose Administration Aids (DAA)	Proper business plan and competent staff	Training and marketing
	Government funding	Doctor/patient resistance
	Adequate payment	Time involved for pharmacist
	Adequate remuneration	Time allocation in the current wage conditions
	Remuneration for the service provided it is time consuming, and expensive	A national programme to prompt doctors to encourage patients to have the meds be packed for them
	Software compliance	None
	Cost of providing DAA is usually the biggest barrier to the service	Structure already in place, cost is the barrier
eHealth	Subsidies and more GP involvement	Doctors
	Use of technology to make it easier	Privacy laws
Equipment Services	The prices	No extra money or space to face the challenge
Eye Tests	Space and training and promotion	Space (lack) and training
Forward Dispensing Model	Government funding	No funding provided & large set up cost
	Greater government or pharmaceutical company support in the way of funding or operational tools	Increasing costs with regard to staffing and the following operational logistics
Genetic Testing	Computer programs which allows efficiency	Time
	Training, equipment availability, affordability	Availability of affordable technology
Health Check (Screening)	Government Funding	Time/Resources
	Health fund acknowledge benefit of service	Customers to have time to see benefit
	More space	Lack of space
	Strong implementation plan and training, with actual assistance in setup	Consumer awareness and pharmacist time
	Staff training, software, advertising a national program or focus week I always use promotional material as for stroke week because it looks professional and is easy to use	Staff training, online is good but it needs to be a focus of the pharmacy. Cost to the consumer is always a hurdle
	Training, store promotional and health promotion materials available, help in providing marketing and advertising	Time it takes to implement the program
	Strict controls	Lack. Of support from the rest of the healthcare system
	CV screening e.g. for AF. Acceptance by the AMA and public	Recognition that pharmacists can implement the service

What services you would like to be able to offer in the future?	What would make it easier to implement the service?	What challenges do you foresee in implementing this service?
Health Check (Screening)	Government backing	AMA will object
	Access to more screening - perhaps ability to refer for basic blood tests - INR, HbA1c, renal function with view to be able to adjust doses without Doctors' prescription on diabetic medicines, warfarin - Changes to the relevant state Poisons Act and better understanding amongst the medical profession of just how capable we are	Perception, created over many years that we are only good for sticking on labels and have no business having input in clinical care of a patient
	Funding for training / practice incentives to employ extra staff	Pushback from GPs , physical changes on site in pharmacy
	Funding from government Recognitions of pharmacist delivered service	Recognition by consumers
Heart Promotion	Well known for sudden and fatal consequence and little known for prevention and detection	Need to have more clinical publication so the public become more aware and interested
	More private counselling room, and government subsidy / Medicare rebate	Government won't pay for a service that pharmacy have often provided for free
	Training	Government intervention
	Less paperwork	Time. Pharmacist remuneration
Know your numbers (Stroke Foundation)	It is already ok	Getting all staff involved
	Advertising	Time/Staff
Holistic Health Management	Doctors being on board	Convincing the patient/doctor of benefit to patient
	More advertising	Consumer's view to natural therapy vs. medicines
	Some recognition from government or health funds that preventative healthcare will be more beneficial in the long run for everyone	Time, money and staff resources
Home Deliveries	Recruiting the right staff	Recruiting enough regulars to make it viable
Home Medicine Reviews (HMR)	Should be individualised - not by nursing home basis	We can't provide as contractual obligations
	Time	Lack of support from GPs in a CBD setting
	Better funding	Getting accreditation done
	Advertising	Uptake
	More referrals from GPs for appropriate patients	Time taken to do reviews is still a long time for the money involved

Appendix 1 – Verbatim responses

Future Services

What services you would like to be able to offer in the future?	What would make it easier to implement the service?	What challenges do you foresee in implementing this service?
Home Medicine Reviews (HMR)	Administration/clear concise information about the HMR, registration for HMR, payment for HMR is in shambles	Administration/clear concise information about the HMR, registration for HMR, payment for HMR is in shambles
	We see problems first hand, talk more to them than Dr does	Getting Dr to agree and read our reports
	More money to promote program to consumers	Drs
	Encouraging the doctors to use this service	Making it worthwhile to maintain the pharmacists accreditation
	Support groups who can detail it to the GPs. Way to make it easier for the GPs	Time and response from GP
	Complete AACP accreditation	Not achieving accreditation
	If we can receive financial assistance for the times spent	Time consumed by the pharmacist
	Less paper work	Accreditation
	Wider promotion of the service and greater uptake by GPs	Slow uptake by GPs
	If the GPs didn't have to initiate the referral, if the patient could request it directly if they met certain criteria	Government bureaucracy
	Payment from government	Advertising the service
	Greater support from the our professional programs for implementing the service and from government with regard to having funded pharmacist representatives promoting this service to GPs	Operational logistics with regard to the day to day running of the pharmacy
	Television advertising, GP's support	Gaining customers approval
	Referral from doctors	You need a doctor to perform one
	More time to liaise with doctors on the service	None
	Government funding	Doctor resistance
Medication Reviews (HMRs and RMMRs)	Easier registration of pharmacists and lower costs to become accredited	Difficult registration and high costs to become accredited
	Government support	Lack of funding
	Adequate remuneration for staffing levels required	Getting adequate remuneration
	Awareness	Time of the pharmacist
	Prompt payment	Lack of resources

What services you would like to be able to offer in the future?	What would make it easier to implement the service?	What challenges do you foresee in implementing this service?
Medication Reviews (HMRs and RMMRs)	Just time and more space in shop. More staff	Cost of extra staff
	Not achieving accreditation	Complete AACP accreditation
	Use of electronic devices	Acceptance by public
Incontinence care	If there is remuneration for services provided by the pharmacy for providing information and guidance to people with incontinence and having the ability to provide them to patients and to get reimbursed by the government	Keeping the bulk of incontinence pads in storage
Information Sessions for Doctors	Funding and time	Resistance from Dr to listen to a pharmacist
Information Sessions for Patients	Adequate funding	Pharmacist time
	If health funds saw health benefits in these services	Getting customers to accept them as beneficial
INR testing	Training from company. Free INR monitor from company	Dealing with blood cost of test
	Testing to be available within a pharmacy setting. A separate area where this could be done. Staff to be available	Patients may not want to go to a pharmacy for their check
	Training - low cost of insurance - promotions	New service - lack of confidence from customers
	Guaranteed payment, simple method of claiming	Getting local doctors to support it.
	Complete module and training of staff	Time, staff availability
	No cost to consumer	Convincing GPs it is accurate
	Direct guidelines	Time
	Support from GPs	Doctors feeling like we are encroaching on their turf
	Centralized method of disposing biohazard. Centralized training for procedure	Litigation, infections from handling blood
	A no-cost to patient service	Provision of adequate clinical environment
	Appropriate software and tools to implement such service	Accuracy?
	How to measure the INR	Pathology services
	If the test is offered for free for pensioner and elderly, and we get funded from Medicare (government)	Extra staff, training, space for the shop
	Accessible machines and correct training	Time and space

Appendix 1 – Verbatim responses

Future Services

What services you would like to be able to offer in the future?	What would make it easier to implement the service?	What challenges do you foresee in implementing this service?
INR testing	Set-up costs being paid for by government	None really
	Good guidelines for implementation	With devolution of pathology services potentially market is saturated
	A willingness of the government for pharmacy to supply the service	The cost of setting it up
	Government backing	Training, space - facilities
	Training	Space for equipment
	GP support, government support	Cost to patient, cost of machine, space in pharmacy
	Need some sort of PBS item code, or some way to claim under Medicare. Using something like a CoaguChek machine, I believe this service could be offered in a more cost effective manner than what is currently offered with pathology companies.	Getting the remuneration system right so that patient is not out of pocket any more than they are now
	Dedicated space	Training and space
Medication Management and Profiling	Government funding to dedicate areas in pharmacy that would allow the pharmacist and patient to sit down and privately discuss their medications	Space in the pharmacy, and funding. the pharmacist can't dedicate this time without significant remuneration
	Funding	Lack of funding and time
	Government funding	Payment
	Streamlined with the dispensary system	Time restrictions with normal daily tasks
	Money to pay for a pharmacist to run the service	People who hate pharmacy and pharmacists in media using it as an excuse to accuse pharmacist owners of profiteering from this service. Also, pharmacists are asking for more and more money - would be hard to justify employing another pharmacist just for this.
	Marketing campaign aimed at consumers Improved software and training for pharmacists and their staff Increased remuneration. Clearer documentation produced by software that HAS BEEN EVALUATED BY STUDIES AND SHOWN to be comprehensible by patients. More time in my day, achieved by addressing dispensary workload and inefficiency.	Time factors. Doctor's software can produce rudimentary profiles. But they're crap. Patients don't like them AND doctors don't know which brands a patient receive - pharmacists DO.
	Very strict quality controls	They won't pay and pharmacy is too cut throat

What services you would like to be able to offer in the future?	What would make it easier to implement the service?	What challenges do you foresee in implementing this service?
Medication Management and Profiling	Guild endorsing and regulating minimum requirements for all chemists to provide	Patients unwilling to pay. Doctors unwilling to recommend in case it takes business from them
	Government funding. Supportive legislation Support from GPs. Education of availability of the service to the public.	Getting support from GPs. Cost of establishing service. Training staff to participate in service.
MedsCheck	Greater information for patient, no cost, ease of use	Lack of information for patient, unaware of service
	Subsidies and payment for our services and the time we spend training staff and implementing plans	How many other pharmacies offer the same services
	Regular customers	Time
	Funded, clear training. Someone to come around to pharmacy to help set/explain implementation of the program.	Time, confusing as to how to actually do it, what exactly we need to do. Patients not wanting to take extra time to talk to us.
	Having the time and space to do it	Pharmacists' time
	Easy to use software	Being part of our dispensing workflow
	Guidelines provided by Pharmacy Guild and PSA	Employ a pharmacist to conduct the service to free up dispensing
	More staff! One pharmacist on duty only per shift currently	Time and being able to afford to pay for extra pharmacist staff to be able to dedicate a staff member to that role when interviews are taking place
	Start-up material	Time and wages
	Time available for the implementation	Manpower shortage
	Minimum paperwork and ample funding	Staff training and, sufficient time for pharmacist involvement. A second pharmacist may be needed to fully implement the service.
	Need another pharmacist and another computer	Getting patients to turn up for appointments
	Pamphlets for consumers	Convincing consumers they need the service
	Greater remuneration	Time constraints and willingness of consumers to participate
	Better integration of software	Training, Software, time
	Should be easy to implement, Doesn't involve GP approval to commence	Getting all staff involved
	Financial support in terms of staff trainings (i.e. free seminars for qualification)	Time
	More staff	Time restraints

Appendix 1 – Verbatim responses

Future Services

What services you would like to be able to offer in the future?	What would make it easier to implement the service?	What challenges do you foresee in implementing this service?
MedsCheck	Government advertising campaign	Time constraints at work
	More time	Time
	Guidelines and procedures	Time - often don't have 30-45 mins uninterrupted time
	More staff	No room - would need to renovate the pharmacy
	Pre-written policies and guidelines	Staffing, training
	Less paper trail	Paper trail
	Experience and guidance	Inexperience, time
	A grant & continued funding from government for the service	Applications being sent back for some obscure reason not apparent on the form
	Extra pharmacist on staff	Attracting pharmacist to rural areas
	More free training to be offered by professional bodies - refresher courses held at various times and various days to accommodate the needs of most employee pharmacists who are not only working Mon to Fri 9-5	Time, money, staff resources
	Less paperwork and easy program which takes not much time.	Time and people require scripts, which let's not forget is still our main function... Not worth hiring another pharmacist for a shop our size in a country region.
	Advertising	Uptake
	Adequate training	Time to spend with patient
	Government and pharmaceutical company support	Operational logistics with regard to workflow and acceptance by the patient as a valued service
	It is part of dispensing process	Lack of time
	Computer software, public awareness, increase staff level	Time available, extra staff needed
	Adequate remuneration so that staffing levels could increase to allow time to be allocated	Time to do this in the current wage structure
	Having a third pharmacist on duty and pre-booking appointment so that the time is well utilised	The customer's expectations and may be Doctors not being happy that the pharmacist is getting involved in their patient care

What services you would like to be able to offer in the future?	What would make it easier to implement the service?	What challenges do you foresee in implementing this service?
Mental Health	More time available & further education in mental health issue	Knowledge base & manpower shortage
	Have a policy and a program	Not sure how many mental illness customers willing to participate this service
	Funding	Time
	Government guideline and education (not as an added cost for pharmacist) and places/agencies for referral	Time and availability. Pharmacist needs reimbursement for time
	Education & publicity	Patient resistance & our own confidence
	Again resources provided by government	Identification as mental health care provider beyond dispensing prescriptions
	Having access to reliable psychologists	Local doctors may not like it
	Financial support from Medicare and pharm company	Time consuming and organization
Needle Exchange	Greater awareness	Time
Nurse Practitioner Service	Incentive for supplying a nurse	Government reluctance to spend money
	Government funding	Public response to the service
Nutritional advice	Community awareness	Time
	Government guidelines	Time. Avoiding direct recommendations for products e.g. vitamins
Opioid replacement	More time. Improved remuneration. Increased autonomy for pharmacists to make clinical decisions. Training for pharmacists	Remuneration - methadone and buprenorphine clients are notoriously poor payers. Need for pharmacists to develop this as a clinical niche. Appropriate clinical space incorporated in dispensary/pharmacy layout. Remuneration
	It won't be easy as our pharmacy isn't a registered methadone pharmacy plus the big bosses above dislikes the idea of introducing clients of this nature into our pharmacies	It won't be easy as our pharmacy isn't a registered methadone pharmacy plus the big bosses above dislikes the idea of introducing clients of this nature into our pharmacies
	Automation and less paperwork	Time spent w customer
	Time	May lose customers scared of 'druggies'
	More training	Providing these services would take a pharmacist out of the dispensary
Podiatrist service	To establish a working relationship with a good podiatrist	To increase local public awareness our pharmacy is a health hub

Appendix 1 – Verbatim responses

Future Services

What services you would like to be able to offer in the future?	What would make it easier to implement the service?	What challenges do you foresee in implementing this service?
Primary Care	Medicare bulk bill for the service	AMA objecting
	To employ a pharmacist for this role a government grant will be helpful.	The cost of employing a pharmacist
	Remuneration for referral. Government seeing value in keeping people healthy, out of hospital and aged care facilities	Mountains of red tape
Sexual Health Screening	Funds for creation of private rooms	Discounters leaving pharmacists services to assistants to save money
Pregnancy Testing	Strategic advertising, adequate training	Private area for the testing
Sick Notes	Remuneration. More staff available so a pharmacist can be available to conduct the service	Wages - can't afford
Skin Care	We have to stock a relative large variety of skin products	The customer may only want your advice and then go to discount pharmacy or supermarket to get the products.
Sleep Apnoea	The Doctors having more faith in the home sleep tests then the lab test	It is actually running quite well, and a lot of Doctors have started showing more positive attitude and response
	Space	It is a complicated sale as a lot of equipment involved and large amount of space to stock products. Staff must be thoroughly trained
	Access to the machines and guarantee of their cleanliness	Convincing people of the benefits.
Smoking Cessation	Information	Training
	Have a program similar to GuildCare	Many people request nicotine replacement on price alone. The service must be well structured with measureable outcomes
	To provide an individualized programme for each patient to stop smoking being able to provide the items for them and be reimbursed for the time and products provided	The time factor and staffing
	Financial support from Medicare and pharm company	Time consuming and organization
	Guidelines provided by Pharmacy Guild and PSA	Employ a pharmacist to conduct the service to free up dispensing
	I have the professional staff , subsidisation and incentives to make it successful	Start-up costs until they are successful
	GP say ok	Time and money

What services you would like to be able to offer in the future?	What would make it easier to implement the service?	What challenges do you foresee in implementing this service?
Smoking Cessation	If there are fund available, pharmacy will be able to offer the staff and time to consult the patient	Time and remuneration
	Accreditation to do the services	Cost of accreditation
	A second pharmacist or dispensing technician. A consultation area in my pharmacy. Sponsorship by a drug company to share cost with government	Time/staff management
	In store training keep products as pharmacy only	Need more training for all staff
	Ability to access government funding	Gaining government funding
	Training, and guaranteed remuneration schedule to enable adequate staffing to implement	Finding time to implement in a consistent fashion
	Nothing	Time, resources
	Health fund offer rebates	Not everyone has a health fund, cost
	Government funding	Getting the government to pay us
	Again training modules. Leaflets brochures checklists QCPP requirements	None
	More customer support material provided by manufacturer	Time to spend with the customer.
	Bigger pharmacy	Money
	Start-up material and advertising	Time and wages, training
	Funding	Funding
	Resources	None
	If the drug company can assist with the training	Staff rostering
	More staff to commit the time needed	Time
	Good training provided, program guidelines - as simplified as possible; marketing and advertising initiatives	Time and cost required to set up and implement vs. financial benefits
	Consult room within premises and willingness of proprietor to incorporate process to enrol customers to the cognitive program	Availabilities of NRT products in non-pharmacy retail outlets and willingness of proprietor to uptake the service
	Trained staff, a developed program	NRT is available from supermarket too and most customers do not expect a counselling section
	Trained staff to relieve pressure from pharmacist	Getting the staff strained

Appendix 1 – Verbatim responses

Future Services

What services you would like to be able to offer in the future?	What would make it easier to implement the service?	What challenges do you foresee in implementing this service?
SMS Reminder Service	If the government makes an allowance on providing a mobile service to each pharmacy free	The customers might not like to leave their contacts
	Government funding	Patients to leave prescriptions on file at pharmacy
Stress Support	Free to customers. GP support	Cost to patient, time, pharmacist
Vaccinations	Doctors realising we don't want their job, we actually just want what is best for the patient	Space for private area
	Patients won't pay in our area	Patients won't pay doctor resistance
	A privacy area, and a qualified nurse or pharmacist to administer	None
	A nurse supplied by the company	Local doctors may resent insurance in case of reactions to injections
	If government set up the required tools required to provide the service	Customer indifference
	Medicare support	Allowing pharmacist to administer and dispense vaccines
	Government backing	Training, facilities
	Government Funding	Resistance from Doctors who do not believe Pharmacist can do this.
	Training and advertising	Privacy
	Having a nurse practitioner work in store	Resistance from Doctors
	Training	Nil
	Funding for pharmacist, with the funding, we can employ the specific train pharmacist to do the vaccine	Funding and regulation
	To be given the go ahead by the government with proper funding	Getting the doctors on side
	Cooperation from Dr's Professional protocols and procedures from our professional bodies	Opposition from Dr's Insurance against misadventure
	More nurse practitioners	Not enough nurse practitioners
	The government allow pharmacist to administer flu vaccination	The government may not interested
	Consent of Pharmacy Board	AMA would probably oppose
	Getting a good nurse	Getting a good nurse
	Clear instructions funding resources	Funding resistance from other health care providers time
	For pharmacists to be given the ability to give immunisations	GP backlash. Can't see the Doctors letting go of this one

What services you would like to be able to offer in the future?	What would make it easier to implement the service?	What challenges do you foresee in implementing this service?
	Adequate incentives for practice change , publicity from professional bodies	Physical pharmacy configuration, pushback from GPs
	Allowing pharmacist to dispense these vaccines	GP resistance and fear that we are taking over there role
	Government funding	Doctor resistance
	Money	Money
	Access to training	GP acceptance
	Have a policy and agreement in place	Need to find a nurse who will be available on certain day and some customers need them straight away or some of them need to be waiting until their illness has gone
	Government rebate and coverage on Medicare scheme or direct supply of vaccines for a health nurse to administer	AMA backlash
	Appropriate clinical training for all pharmacists involved	Drs
	Professional staff	Private areas in pharmacy & re-educating patients that these services are now available in the pharmacy
	Change to legislations Funding Training	Political.....the AMA etc.
Vaccinations	Government funding	Funding
	Medicare rebates	Government does not value our services
	Acceptance by the AMA and public	Recognition that pharmacists can implement the service
	Legislation and training	Competition from doctors, consumer acceptance of a new method of being vaccinated
	Government funding if it were for scheduled vaccines and an awareness campaign that the pharmacy was an option for patients to get vaccinated	Appropriate facilities and customer acceptance
	Staff training in vaccinations and customer awareness	Customer uptake
	Changes to the relevant state poisons Act and better understanding amongst medical profession of just how capable we are	Perception, created over many years that we are only good for sticking on labels and have no business having input in clinical care of a patient
	Training - low cost of insurance - promotions	New service - lack of confidence from customers
	Having pharmacists accredited to inject	Injecting nurses are not readily available in our community adequate insurance cover
Vitamin D Testing	Support from companies	The testing procedure

Appendix 1 – Verbatim responses

Future Services

What services you would like to be able to offer in the future?	What would make it easier to implement the service?	What challenges do you foresee in implementing this service?
Weight Management	Paper word	Paper word
	Funding	Lack of funding and time
	A branded program that is nationally advertised	Finding a sponsor
	Well targeted subsidies to the patient and pharmacy to reward achieving goals for customers and standards and goals for pharmacy	Cost of employing staff until becomes successful
	Capital, experience	Inexperience
	Government subsidy	Attracting patients to take up the service
	Time and training	Staff training
	Private area of the pharmacy	No private area available
	Samples and remuneration for staff member conducting interviews etc.	We have a dedicated room, but the staff are involved for up to 45 minutes per interview
	If there is financial assistance to cover the time given	Employing a staff member to cope up with time needed
	If there is a Medicare provider number for us to claim Medicare	Experience labour force
	Financial support from Medicare and pharm company	Time consuming and organization
	Simplify paperwork	Time and pharmacist remuneration
	If there are funding available, the pharmacist will be able to offer the time to consult the patient	Funding
	A second pharmacist or trained staff member to run the clinic	Time/staff management
	Already doing it	Follow up
	Government initiative	Resources
	Streamlined programs to offer	Space and staffing
	Subsidy via Health Fund	Lack of uptake and "buy in" from Health Fund, even though preventative medicine is the future of Primary Health Care
	Some remuneration from the government for the pharmacy and the patient for successfully going thru the program	Time
	Patient awareness e.g. advertising	Lots of weight loss products already on the market and sold on TV
	Reduction in the paperwork	Time management
	Funding	Time

What services you would like to be able to offer in the future?	What would make it easier to implement the service?	What challenges do you foresee in implementing this service?
Weight Management	Widely acknowledged for associated complication	Appropriate clinical and experienced dietician preferred
	Funding to be provided for building a patient counselling area or room	Patient cooperation
	Government funding	No funding provided
	Minimum paperwork and ample funding	Staff training and, sufficient time for pharmacist involvement. A second pharmacist may be needed to fully implement the service.
	If government set up the required tools required to provide the service	Customer indifference
	Dedicated member of staff to assist customer. Private area for consultation	Training staff member Private area for consultation
	Advertising plan. Training of staff	Ongoing support
	Extra trained staff	People very sensitive to weight issues and need for privacy of appointments a challenge if no suitable area available in pharmacy
	If weight watchers could see the value of having this service widely available	Weight watchers are interested in this sort of service
	Procedure and a well-developed system	Time and lack of equipment
	Standardised service costs - government controlled	Unqualified weight loss providers / crazy claims not medical but sensational
Wound Care	To have funding to be able to employ extra staff to run these services	Time restriction if we don't have extra staff
	Training for the staff and the pharmacist	Not enough staff and patient's resistance
	A marketing campaign aimed at consumers, and to balance the subsidies (level the playing field) that doctors and nurses receive to provide this service	Consumers don't wish to pay for the service - doctors and nurses receive payment to provide the service from the Government. Pharmacies may not have appropriate clinical facilities
	Perhaps the ability to claim a Medicare fee for services as nurses can do via GP clinics	Training, creating new market traditionally held by nurses and GPs
	Equipment and room and staffs within pharmacy to perform wound care management	Public perception that this is a nursing service and lack of knowledge and training for pharmacist and pharmacy staffs in this area
	Real remuneration and good resources	Privacy, time constraints, adequate training

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