

Evaluation Report:

Supporting Pharmacies to Provide Best Practice Diabetes Care

Introduction

Chronic conditions are the predominant cause of disease burden, premature mortality and health system utilisation in Australia. As such the National Strategic Framework for Chronic Conditions (2017) highlights the need to strengthen primary health care to alleviate demand on the health budget, health services and the workforce. It is recognised that increased efficiencies and improved health outcomes could be achieved through enabling the health system to better manage large numbers of consumers with multiple chronic conditions. Moreover, a focus on prevention at the same time as management of existing conditions will enable better health, social and economic outcomes for all. The Pharmaceutical Society of Australia (PSA) recognise that pharmacists play a role in the continuity of care for people with diabetes and are well placed to do more to alleviate the burden on the health care system.

The Lower Hume Diabetes Working Group has focused on engaging pharmacies in local diabetes care over the past two years. An evaluation occurred in 2017 which concluded that the local initiative had made some progress in strengthening the capacity of community pharmacies to fulfil their role in diabetes care and should continue.

Lower Hume Primary Care Partnership (LHPCP) Actions

The National Association of Diabetes Centres (NADC) recognise the important role of pharmacies within diabetes care and have recently developed a membership category for pharmacies who are committed to the goals and objectives of NADC. Member services are then able to participate in a comprehensive diabetes-specific accreditation program for pharmacies aimed at improving the quality and safety of their services.

The Department of Health and Human Services funded the project and LHPCP supported pharmacies to:

- register and complete the National Diabetes Care Course.
- attain NADC membership.
- commit to quality improvement through the accreditation program which would assist in developing the role of pharmacies within diabetes care, to then apply for accreditation.
- liaise with NADC regarding feedback on NADC training and processes.

Purpose

To improve chronic illness care for consumers with or at risk of developing diabetes by supporting pharmacies to provide best practice diabetes services.

Methodology:

- NADC membership and accreditation progress results

Participants:

- Community Pharmacies (1 per LGA)

NADC progress results



19% expression of interest response rate (n=3 out of possible 16) with **2** community pharmacists selected to participate (Seymour and Alexandra).

100% pharmacist completed the NADC National Diabetes Care Course (n=2).

50% community pharmacies completed their membership application and had it approved (n=1).

Limitations

- Changes were made to NADC pharmacy membership eligibility which now requires completion of the National Diabetes Care Course (NDCC) (participants have 4 months to complete) prior to membership application and applications needed either credentialed diabetes educator (only 1 in Lower Hume) or G.P endorsement. This hindered project progress and 1 community pharmacies ability to apply for membership.
- To be eligible for accreditation a community pharmacy is required to have a certain amount of staff complete the NDCC. Thus the community pharmacy who obtained membership had 18 staff (mostly part time) so were required to have another 3 staff complete training. This disengaged the community pharmacy from continuing on with the process.
- Both of which enabled the project from progressing any further.

Conclusion

Whilst the NADC does provide a way for pharmacies to participate in a comprehensive diabetes-specific accreditation program aimed at improving the quality and safety of their services, it is difficult for community pharmacies to work through the process, especially in rural communities. However this work has allowed for the further engagement with community pharmacies to continue to work on pieces of collaborative work, as well as feedback to NADC on possible improvements to the pharmacy training, membership and accreditation processes. LHPCP's local approach has also enabled further work to link in with and progress, including our approach to promote local preventative Life programs, as well as the pharmacy and G.P Life program referral incentives.