



The Pharmacy  
Guild of Australia

# EXCELLENCE

WINTER 2015



**COPD SCREENING –  
A CASE STUDY FOR  
SUCCESSFUL  
IMPLEMENTATION OF  
PAID PROFESSIONAL  
SERVICES**

**BUSINESS MANAGEMENT  
IN THE BIG CITY**

**MEASURE YOUR  
WAY TO SUCCESS WITH  
CUSTOMERS**

## IN THIS EDITION: CONSUMER-FUNDED IS NOT A DIRTY WORD

With the signing of the Sixth Community Pharmacy Agreement providing five more years of certainty for the community pharmacy industry, now is the time for our members to be investing time and energy in enhancing their consumer service offerings.

This edition of *Excellence* showcases prime examples of pharmacies taking on this challenge and delivering tailored services to their consumers.

The Advantage Pharmacy Group has successfully implemented a fee-for-service COPD program in its Victorian stores. What started out as a trial at the Bairnsdale store, has now been rolled out to 19 pharmacies across Victoria and 225 COPD screenings have been conducted. The expanded service quickly led to charging a nominal professional services fee to consumers, which in turn increased consumer loyalty and overall prescription volume.

Read more about Advantage Pharmacy Group's COPD service on the next page.

2014 Excellence in Professional Services award overall Pharmacy of the Year winner, Capital Chemist Charnwood, are advocates for consumer-funded services as a necessary revenue model for community pharmacy. Managing owner Samantha Kourtis offers sound advice on page 6, on implementing a new service and what to expect when adapting an existing service.

Smoking cessation (pages 20-23) and immunisation (pages 24-27) are also highlighted as valuable consumer services offered by pharmacies and examples of where pharmacists can utilise their expertise to transform their offerings to suit growing demand.

For successful implementation of additional professional services in your pharmacy,

time should first be spent on assessing your current consumer demographics and getting to know your customers better. Which of your customers are likely to promote or refer your services? Two articles dedicated to providing this insight begin on pages 8 and 16.

And if any pharmacy understands the risk and rewards of transforming their business model, it is the 2015 Excellence in Business Management winner Priceline Pharmacy Bourke Street Mall. Owner Sietel Gill provides comment on the pharmacy's complete transformation from a retail offering to service provider, and how his team is converting the busy workers of Melbourne into loyal customers. With an emphasis on planning, engaging team members and a store philosophy, pages 12-15 provide a behind-the-scenes look at Australia's largest pharmacy. ■

# THINGS TO KNOW

## QCPP EXPANSION OF PROFESSIONAL SERVICES

Under QCPP Program and Assessment Rules 31 and 32, a QCPP accredited pharmacy should not advertise services under Elements 2 or 3 that have not been accredited. If these services are commenced outside the external assessment period, the pharmacy must notify QCPP within three months of the service commencing in order to obtain provisional accreditation.

The owners are to complete the QCPP Professional Service Expansion form available from [www.qcpp.com](http://www.qcpp.com), and provide an explanation of each additional service being offered and send it to [help@qcpp.com](mailto:help@qcpp.com) or fax back on 02 6270 1885. An administration fee of \$110 (including GST) per service will apply.

The information provided on the form will be used to determine if and when additional assessments will be undertaken, or if the pharmacy has been granted provisional accreditation for the nominated services. Failure to lodge the declaration within three months may result in sanctions being applied. Sanctions may include:

- A warning. The issue(s) will be re-examined at the next assessment.

- Partial re-assessment within a period of time not to exceed six months.
- Assessment without notice.
- Suspension of accreditation for a period of up to six months, after which a re-assessment is required (either partial or full).

The pharmacy is liable for all costs associated with an assessment as a result of a sanction. The period of accreditation does not re-start as a result of an assessment due to a sanction.

### QCPP PHARMACY GROUP ALLOCATIONS POLICY

QCPP recently reviewed its pharmacy group allocation policy and from 1 July 2015 QCPP will no longer be offering groups of pharmacies (e.g. head office groups, owner groups, banner groups, management groups etc.) with the option of requesting the same assessor to conduct assessments for all pharmacies within the one group. As per QCPP Program and Assessment Rule 6: QCPP Accreditation sits at the individual pharmacy level and the individual pharmacy will be allocated an assessor from the list of licensed assessors.

Therefore, the same Assessor for every pharmacy within a Head Office group cannot be guaranteed.

### QCPP HEAD OFFICE HR DECLARATIONS AND HEAD OFFICE AUDITS

From 1 November 2015, Head Office Groups will no longer be able to submit HR declarations as QCPP assessment evidence, when personnel files are stored off site. When a pharmacy is part of a group that stores the files off site, the group will be required to either

- Ensure all personnel records are on site for the day of assessment to allow a QCPP assessor to randomly audit records; OR
- Participate in an annual Group Head Office assessment. The head office assessment will be inclusive of a random audit (as selected by the QCPP Assessor) of at least five personnel records for each pharmacy that is due to be assessed in the coming 12 months. A Head Office Audit fee will apply.

For more information regarding a Head Office Audits please contact QCPP on 1300 363 340 or email [help@qcpp.com](mailto:help@qcpp.com). ■



# COPD SCREENING

## A case study for successful implementation of paid professional services

Peter Guthrey - Pharmacist Consultant

Previous editions of *Excellence* have discussed in-pharmacy Chronic Obstructive Pulmonary Disease (COPD) screening using the PiKO-6 screening device which measures FEV1/FEV6 to indicate whether a person is likely to have COPD.

Many consumers are unaware of the condition and its impact; therefore a key challenge with service implementation is to raise awareness of the condition and help consumers understand the value of the service. This article looks at how the Advantage Pharmacy Group have not only successfully created consumer demand for the service, but also helped consumers see the value in lung health screening so they are willing to pay for the service.

Despite COPD being the third leading cause of death worldwide<sup>1</sup> and second leading cause of avoidable hospital admissions in Australia<sup>2</sup>, the disease is not well known to the general public.

It is estimated over 750,000 Australians with COPD<sup>3,4</sup> have progressed to a stage where symptoms may already be present and affecting their daily lives. Half of these people do not have a doctor's diagnosis<sup>5</sup>.

Following attendance at a conference which featured COPD screening using the Lung Health Checklist and PiKO-6 screening device, Amy Crow, Professional Services Manager of Advantage Pharmacy Group identified that screening for COPD could be valuable for consumers of their pharmacies.

1 Australian Institute of Health and Welfare, Poulos LM, Cooper SJ, Ampon R, Reddel HK and Marks GB. 2014. Mortality from Asthma and COPD in Australia. Cat. No. ACM 30. Canberra: AIHW

2 Page A, Ambrose S, Glover J et al. Atlas of Avoidable Hospitalisations in Australia: ambulatory care-sensitive conditions. Adelaide PHIDU. University of Adelaide. 2007

3 Toelle B, Xuan W, Bird T, Abramson M, Atkinson D, Burton D, James A, Jenkins C, Johns D, Maguire G, Musk A, Walters E, Wood-Baker R, Hunter M, Graham B, Southwell P, Vollmer W, Buist A, Marks G. Respiratory symptoms and illness in older Australians: The Burden of Obstructive Lung Disease (BOLD) study. *Med J Aust* 2013;198:144-148

4 Based on ABS census data -- CData Online 2011 Census, Australian population over 40.

5 Xuan W, Toelle B, Bird T, Abramson M, Graham B, James A, Johns D, Maguire G, Wood-Baker R, Marks G. Prevalence of respiratory symptoms, illnesses and spirometric diagnoses in the Australian BOLD study. *Respirology* 2011; 16: 51.

Amy also identified that the service would likely have consumer appeal in that the PiKO-6 was a relatively novel device which provides a numerical quantification of a person's likelihood of having COPD.

Initial research was conducted, including Lung Foundation Australia's health professional website which contained the following key tools required for successful service implementation (see Table 1):

- 1. Training:** Online training from Lung Foundation Australia contains a step-by-step description of how to implement the service.
- 2. References:** There are extensive reference resources for COPD screening on the Lung Foundation's website.
- 3. Resources:** The PiKO-6 device and consumables are available from the Lung Foundation.
- 4. Procedures:** These can be adapted from examples on the Lung Foundation website.
- 5. Recording System:** The GuildCare COPD Screening module supports the screening and risk assessment tools developed with Lung Foundation Australia.

Reflecting on the trial of the program at the Bairnsdale store, Amy commented: "it was actually really easy to implement – there is a training module specifically about implementing the service all laid out in a step-by-step instruction list". The screening program has now been rolled out to 19 Advantage Pharmacy group pharmacies across Melbourne and regional Victoria and 225 COPD screenings have been conducted.

## CONSUMERS VALUE PROFESSIONAL SERVICES

Traditionally, some pharmacies have found it difficult to implement consumer-funded professional services, citing consumers' reluctance to pay for services. However, Amy found that when the pharmacist directly approached consumers, they quickly understood the value of the service to them, and were willing to pay.

"We did have some in-store promotion and direct marketing, but what really worked were pharmacists getting out there into the pharmacy and talking to consumers - and in particular talking about what COPD is, that it affects one in seven people over the age of 40 years<sup>3</sup> and why screening is important".

Indeed, the service fee was part of a strategy to ensure consumers recognised the value of the service: "We had someone drive 150km to access the Bairnsdale service! No one who expressed an interest in the service backed out because of the professional service fee". In this case, the pharmacy chose a set fee of about \$10 for the service, which ran for around 10-15 minutes. Factors for consideration in setting professional fees include cost of providing the service (staffing, consumables, training etc.) and the financial value consumers place on the service.

Unsurprisingly, the consumers who have seen the most significant value in the service have been those who have returned a positive screening result (n=69). These positive screening results have led to medical referral and in many cases subsequent diagnosis of COPD. This has resulted in diagnosed consumers commencing pharmacological treatment which is delaying the progression of the condition.

It has had additional business benefits as some consumers have become more loyal to their local pharmacy, and there has been an increase in overall prescription volume.

Conversations with consumers have led to other benefits such as helping consumers become non-smokers, recognising the need for medicine review services (such as MedsCheck or HMR) or other unrelated clinical interventions.

## OVERCOMING BARRIERS

When implementing this service, the biggest challenge encountered was the paradigm shift some pharmacists needed to successfully offer the service to consumers. Amy noted that a change in mindset was needed for pharmacists to spend more time in one-on-one consultation with consumers and better balance workload needs of dispensing and COPD screening.

"Some of the most successful clinics are where younger pharmacists or interns drove the service. They were often more proactive in promoting the value of the service to target consumers."

The implementation strategy of launching the service with appointment times throughout a launch day helped pharmacists become more comfortable with discussing the service with consumers.

"We found at the end of the launch day a lot of pharmacists changed their mindset about the clinic. They reflected on how they could better communicate with consumers or promote the service to them. They reflected on what in-store promotion could help more consumers access the service. Once the pharmacists thoroughly understood and experienced the service, they were much more confident with opportunistically identifying consumers after that day".

**“Some of the most successful clinics are where younger pharmacists or interns drove the service”**

This case study demonstrates consumers are willing to financially contribute to pharmacy services they see value in; and there is clear value in early identification of degenerative respiratory diseases such as COPD through substantial improvements in quality of life and slowing of disease progression once pharmacological treatment is commenced.

So, how many of the 375,000 people with undiagnosed but symptomatic COPD could your pharmacy help? How could you help your consumers see value in undergoing COPD screening in your pharmacy?

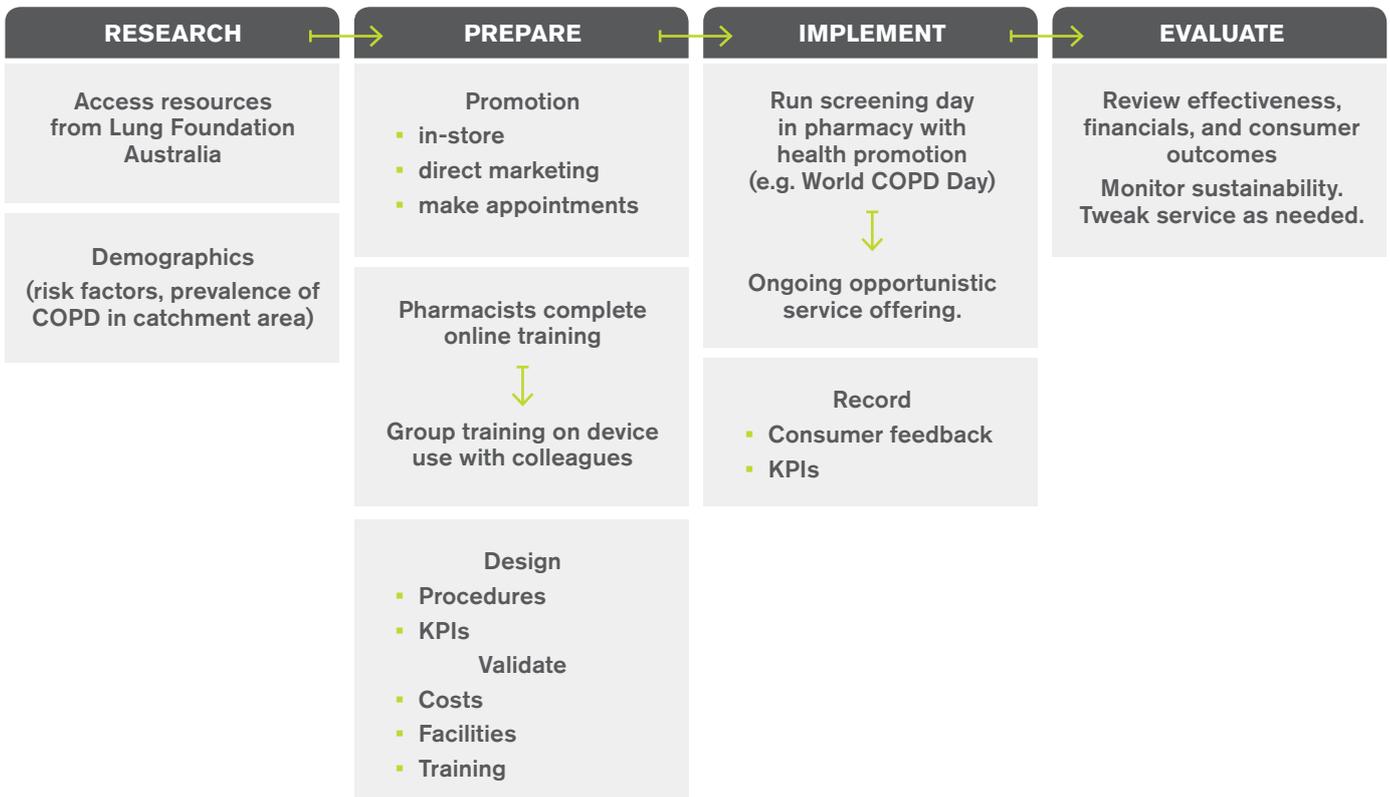
**LINKS**

<http://lungfoundation.com.au/health-professionals> ■

**Amy’s top 3 tips for successful implementation**

1. Liaise closely with Lung Foundation Australia
2. Find your local lung health support group and collaborate with them
3. Don't be afraid to put a value on the time spent with consumers and charge for the service.

**TABLE 1 – CONCEPTUAL IMPLEMENTATION PLAN**





# PASSION LIES

## AT THE HEART OF SAM'S PROFESSIONAL SUCCESS

Christopher Davis – Communications Officer

**Tailored professional services that are consumer-funded have long been advocated as the future of modern community pharmacy.**

**Professional services champion, Samantha Kourtis spoke with *Excellence* on how pharmacy owners need a plan of action and a lot of passion to get their ideas off the ground.**

From the first steps in the front door at Capital Chemist Charnwood in the ACT you can see how professional services play a huge role for the business. In corners of the premise sit two private consult rooms to cater for midwife maternal and child health nurse clinics two days a week and an area for consumers who are after the pharmacy's industry-leading wound care services. You also notice the areas dedicated for weight management and medical compression garments.

And that's just the tip of the iceberg: Charnwood offers diabetes risk assessment for high risk consumers, smoking cessation programs, two consumer-funded respiratory services for asthma or Chronic Obstructive Pulmonary Disease and clean and check days for diabetes consumers.

Charnwood's managing owner, Samantha Kourtis, who led her team to win the QCPP's Pharmacy of the Year Award in 2014, says offering these services was borne out of her passion for pharmacy and a need to fill a gap in healthcare services. It's a passion that has fuelled her success to this very day.

"I didn't want to buy a business just to make money. I always wanted to manage a pharmacy then buy a business and execute a plan that will make a difference," she says.

While Samantha's business boasts a suite of successful services she says it wasn't always easy. Five months after taking over the business in May 2013, the Federal Government announced accelerated price disclosure. Samantha saw the writing on the wall and did what any good business owner would do: she innovated.

"I realised my professional services needed to support the front of shop," she says. "I wanted healthcare solutions which would be profitable and allow me to invest in growing that area and that's much more than delivering the 5CPA gamut of professional services."

One of her first hurdles after taking the business's reins was introducing tailored and consumer-funded services to a workforce unfamiliar with these types of services.

"A lot of my staff left because they didn't like my ideas, which is fine because it created great opportunities to get new staff on board that were happy to do healthcare differently," she says.

Samantha says making sure staff understand why, planning ahead of time and measuring your service is critical to success. Professional services also need to be professional.

"Our pharmacy assistants were trained in doing blood pressure checks. Once we started charging for it, a pharmacist had to do it. So if you're going to execute a consumer-funded, or any professional service, you need to make sure it is a professional (level of) service by having your ticks and checks in place," she says.

Samantha says those who are looking to start delivering consumer-funded services have two options: provide a new service ("that way no one knows it's never been free before," Samantha says) or start charging for an existing service with an explanation as to why you're charging. Samantha's advice on dealing with uncomfortable consumer conversations is to be upfront.

"There needs to be complete transparency about what we do," she says. "But you also can't roll out a fee-for-service professional service if you don't have a back-up plan for the people who can't afford it."

Establishing the right connections is important in any business environment, especially when it comes to professional services. Samantha says more than anything, seeking the advice of relevant health groups such as the Wound Care Association and the Australasian Lymphology Association has helped improve her services' best practice while also generating word-of-mouth business for the pharmacy.

"Find the health group and join it," she says. "By being a member of the Australian Breastfeeding Association, I know when their meetings are and I can go down and offer myself as a guest speaker. Then all of a sudden I've got all these mums and their babies coming into my business to see my baby nurse."

There are many things to consider before introducing a paid professional service in pharmacy, from staff attitudes to pricing. But Samantha says it ultimately comes down to the only thing that matters – passion.

"There are some professional services that other pharmacies in Australia provide, like sleep apnoea devices," she says. "There is a need for it in my community, but I personally don't have a passion for it and no one on my staff has a passion for it, so at the moment I can't invest anything into it." ■

**"It comes back to passion. If you don't like what you're doing it might be a risky venture. For me, it's the only path forward."**

## Samantha's top tips

1. Offer a professional service you're passionate about.
2. Keep professional services professional by delivering programs through trained and qualified staff.
3. Join organisations and groups relevant to your service to build resources and generate future business.





# BUILDING A DEMOGRAPHIC

## PROFILE OF YOUR COMMUNITY

Kevin De Vries – Resource Development and Project Pharmacist

**A demographic profile of your local community can be valuable for many reasons.**

You can use it for marketing purposes, for tailoring your pharmacy's services and customer offerings, and for identifying professional and retail opportunities to grow your business and improve the health of your customers.

In the previous article in this series (*Excellence*, Summer 2014) we discussed what is meant by the term demography and provided examples of how you can use demographic data in your pharmacy. This article examines some of the sources of demographic data which you can use to build a profile of your local area.

The first step in building a local demographic profile is to identify your pharmacy's target catchment area. This may be the area(s) you currently serve, or an area from which you wish to draw more customers. A pharmacy's target catchment area will differ significantly from location to location. For example:

- A suburban pharmacy in a metropolitan city may draw most of its customers from within the suburb in which the pharmacy is located.
- A pharmacy in the CBD of a capital city may attract customers who live in a wide range of suburbs, but who work in nearby offices and shops.
- A pharmacy in a regional city may draw its customers from several suburbs and from nearby towns depending on the distribution of pharmacies in the area.
- A pharmacy in a rural town may find that its customers travel for many kilometres, up to 50km or more, to access its services.

The choice of catchment area for your pharmacy should be selected from your knowledge of your existing customers, the travel habits of local people, and an understanding of the local distribution of health and non-health retailers and services.

**TABLE 1 WAYS IN WHICH A TARGET CATCHMENT AREA MAY BE EXPRESSED**

One (or more) localities or suburbs
One (or more) postcode areas
A Local Government area or municipality (e.g. Council, Shire, or City)
Several ABS Statistical Areas Level 2 (SA2)
An ABS Statistical Areas Level 3 (SA3)
Primary Health Network
Another relevant dataset

Your target catchment area may be expressed in one of several ways (see Table 1) and you may find it necessary to re-specify the area depending on which data source you use and how each data source categorises its data. However being able to point to your target area on a map is an important place to start.

Once you have determined your target area it is time to look at the health and demographic data which is available. The data source which you should choose will depend on the indicator you are interested in measuring. For example, pharmacy relevant data may include: average age, socioeconomic status, life expectancy, incidence of chronic disease, number of children per household, frequency of overseas travel, rates of cigarette smoking, alcohol consumption, levels of overweight and obesity, education level, rates of illicit drug use, diabetes rates, employment and unemployment, average income, or number of cars per household.

All of this data is available from one site or another. Often the only way to determine which sources are most useful is by spending time browsing the sites.

Demographic data can be very useful in planning services or advertising, but it should not be your sole basis for decision making. There may be many other reasons why people do or do not choose to visit your pharmacy. These may include the range of shops and services located nearby, availability of car parking and public transport, and location in relation to doctors, schools and community facilities. You should supplement demographic data with your local knowledge and that of your staff. Knowledge of locations of facilities such as schools, local sports facilities, pools, community centres is valuable, as is simple knowledge such as whether the streets have footpaths and whether the terrain is hilly as these can all impact on exercise, health and accessibility of services.

Also remember that demographic data is a snapshot of the past and some information may be several years old. The Australian census occurs only once every six years. Demographic data sites may not reflect recent changes in population or industry and do not generally make forecasts. It is important that you balance demographic reports with local knowledge of new housing estates, new business developments and the possible impact of loss or changes to local industry.



## THE FOLLOWING ARE SOME RELEVANT DATA SOURCES THAT CAN HELP BUILD A PROFILE OF THE HEALTH OF YOUR COMMUNITY:

### The Australian Bureau of Statistics (ABS):

[www.abs.gov.au](http://www.abs.gov.au)

The ABS is a vast and significant data source, reporting on incomes, death rates, education, employment, home and car ownership, people per household and much much more.

Community profiles provide a quick example of the data available from ABS. Visit [www.abs.gov.au/websitedbs/censushome.nsf/home/communityprofiles](http://www.abs.gov.au/websitedbs/censushome.nsf/home/communityprofiles) and enter your suburb name in the Community Profiles Search box. This will provide a zipped MS Excel file which offers vast amounts of information.

### Public Health Information Development Unit (PHIDU):

[www.adelaide.edu.au/phidu](http://www.adelaide.edu.au/phidu)

The PHIDU publishes small area statistics for monitoring inequality in health and wellbeing, and for supporting interventions to improve health outcomes. The Population Health Area (PHA) area profiles are a good starting point at: [www.adelaide.edu.au/phidu/maps-data/maps/#pha](http://www.adelaide.edu.au/phidu/maps-data/maps/#pha)

PHIDU reporting options include by region, city, local government area, Primary Health Network and small localities and groups of suburbs.

### National Health Performance Authority (NHPA):

[www.nhpa.gov.au](http://www.nhpa.gov.au)

The NHPA provides performance data that allows the effectiveness of health agencies to be measured. In doing so it makes available a very useful range of health data on local communities that allows comparisons to be made. Data available include smoking rates, vaccination rates, obesity, rates of chronic conditions and more. The NHPA **My Healthy Communities** site [www.myhealthycommunities.gov.au](http://www.myhealthycommunities.gov.au) provides the opportunity to search for health indicators based on Medicare Local area.

Some Medicare Locals still publish local health data on their websites, but increasingly this has been superseded by NHPA reporting.



### Australian Institute of Health and Welfare (AIHW):

[www.aihw.gov.au](http://www.aihw.gov.au)

The AIHW compiles data and reports on health indicators on a national (or sometimes state) basis. This is not always useful on a local demographic level, but often the report provides a link or reference through to the source data (e.g. ABS data or population health data) from which local comparative information can be obtained.

## SOURCES OF SOCIAL, ECONOMIC AND COMMUNITY INDICATORS

In addition to the direct health indicators mentioned above there are a wide range of reports available on community economic and social indicators. These will help your understanding of the impact and opportunities of local socio-economic health determinants.

### Local Government Authorities

(municipalities, councils, shires)

Your local government body will often have a range of community economic data and indicators available, either on its website or available on request. This can provide information about major employers, growth plans, population distribution, age, education, employment, housing and other well-being indicators and trends.

### REMPPLAN

Commonly local governments will subscribe to the REMPLAN data compilation service and you may find valuable information about your community (down to suburb level data) on the following two REMPLAN sites:

- Community Profile:  
[www.communityprofile.com.au](http://www.communityprofile.com.au)
- Economic Profile:  
[www.economicprofile.com.au](http://www.economicprofile.com.au)

### .id (informed decisions)

.id is a similar data reporting service which provides some public access to its data at [home.id.com.au/public-resources/demographic-resource-centre/](http://home.id.com.au/public-resources/demographic-resource-centre/)

.id reports can be constructed by local government area or at smaller suburb or locality level.

### Regional Development Bodies

Each state and territory has a department of regional development. Links to which can be found at <https://rda.gov.au/links.aspx>

The data available can vary from state to state, but often a site has an information portal available which allows you to compile a regional snapshot, usually based on local government data. For example the Rural Development Victoria information portal can be found at: [www.rdv.vic.gov.au/information-portal/home](http://www.rdv.vic.gov.au/information-portal/home) Or you may find state statistical offices provide useful regional data.

### Community Indicators

The states of Victoria and Queensland each have websites which provide community indicator data and can be found at:

- Victoria:  
[www.communityindicators.net.au](http://www.communityindicators.net.au)
- Queensland:  
[www.communityindicatorsqld.org.au](http://www.communityindicatorsqld.org.au) ■

## At a glance

1. Before accessing demographic data you should define your local catchment area.
2. There are a range of data sources available including the ABS, PHIDU, NHPA and AIHW.
3. External data sources have limitations and must be supplemented with local knowledge.



# BUSINESS MANAGEMENT IN THE BIG CITY

Tess L'Estrange – Marketing and Operations Manager

**“Welcome to Priceline Pharmacy Bourke Street Mall, Australia’s largest pharmacy. It’s lovely to see you.”**

More than just a greeting, this affirmation is delivered to every customer as they walk through the doors. At 2085 square metres of shop floorspace, Priceline Pharmacy Bourke Street Mall is a commendable force to be reckoned with. Spread over two levels of beauty and retail offerings, customers flow through the ‘mall within a store’ to reach the pinnacle – a sizable dispensary and professional services area equal to a standard pharmacy area.



Owner Sietel Singh Gill is the first to admit this is a very big business with a very big team. It was his vision of transforming this business into the largest and best pharmacy in Australia, from a Priceline retail store, that drove the transition to offering pharmacy services in June 2013. The pharmacy's business model has always been about getting the script growth and winning on a world class customer service approach.

"There are days where I lament the sheer size of the pharmacy, but I also know that it produces a customer experience and means something to the people of Melbourne in a way that a lot of other pharmacies don't," he says.

"The compliment cards and letters that come through about the store are very humbling and really meaningful because a small corner pharmacy cannot win in the CBD market in the same way."

The large number of staff required for a pharmacy of this size has required the management team to become creative and disciplined when communicating. Often two staff meetings are held on the same day to ensure all staff members are kept up to date and there is an emphasis on Category team discussions and whiteboard dashboards with loyalty and growth targets for each department. Each of the 60 team members of Priceline Pharmacy Bourke Street Mall are aware of the annual sales budget and department budgets which are discussed at the weekly staff meetings.

"The bigger and more complex your business the more critical it is to set really clear goals for everybody to move towards," he says.

This is why Sietel keeps the objective and goals of the business simple. Utilising learnings from his Entrepreneur's Organisation membership, Sietel implemented the Gazelle's Systems *One Page Strategic Plan* – a document that all staff and especially the leadership team are intimately familiar with.

"The regular management meetings are constantly looking back at the strategy. We talk about the one or two key numbers, script growth, budgetary numbers – the numbers that matter are talked about daily," he says.

"Where we can take it to the next level, is by getting every member of the team to memorise the one page strategic plan. Right now they can walk up to a wall and look at it, and most of them understand meeting the budgets, but they need to enhance their knowledge to the next level. Once we start doing that at every level of the store, I think we will start to generate the managers of the future and potential pharmacy owners of the future."

Creative discussions and information sharing at regular strategic planning days provide opportunities for growth in the store. Sietel says that by just putting an idea forward, even if you haven't got the opportunity to execute the project, in the short term, allows you to be ready for them when they eventually do fall into your lap.

“That’s how we were able to ally with our nurse practitioner Emma to offer flu vaccination and women’s health clinics. Planting the seed through planning days allowed Alex and Sonja (Bongers and Bojanic, pharmacists) to recognise that Emma was a cultural and skill fit for our team and store vision, such that we have capitalised on an opportunity when it came our way.”

There have been some great initiatives to come out of these planning days such as a Gardasil vaccination clinic, eczema and hay fever care plans, consumer education sessions on disease state management, and servicing the nearby Chinatown customers by advertising our script-on-file service translated into Old Chinese.

The Office Workplace Wellness Service is a prime example of the pharmacy identifying a need in their local community and filling a service gap. Regular office and workplace visits were made to see what the pharmacy could do to better serve their CBD community; time and access to services were highlighted as a hurdle for the workers. From this the service was born – an intranet was established allowing office workers to order pharmacy products which would be delivered alongside any dispensed scripts, and pharmacists also provide health checks and counselling services in on-site meeting rooms.

“Having the conversation and working with workplaces provides access to a whole new customer in a completely different way,” Sietel says.

“If you’re someone who is so busy that you are missing out on your Lipitor and you’ve got a five day gap between repeats because you actually couldn’t get to your local pharmacy because you are at work, we provide the solution.”



A service like this meets the philosophy of the store - if someone comes into the store for a service, they are going to leave with their day made. The Daymakers philosophy is the mindset of all team members and the service they provide, with Sietel saying it is their job to make sure a quality service is delivered and customers leave happy. The majority of people who come into a pharmacy are feeling unwell or busy, and the team members have a goal to make this the best experience in that customer’s day, rather than a burden or another chore to complete.

“When I talk to pharmacists I say OK, you can be the pharmacist who stands in the dispensary, or you can be a free range, get out into the store and get out there with the mission to make somebody’s day.”

“Fundamentally it is not about just charming the customer, it’s about solving a problem.”

The philosophy is extended and emphasised when sourcing new staff. Sietel uses the Geoff Smart Topgrading methodology of building a virtual bench, which is a list of 10 people in priority order who could replace any team member if they were to leave. When Sietel had to recently replace his Pharmacist Manager Sanja Bojanic while she was on maternity leave, Sietel turned to his virtual bench and recruited from potentials he already knew. Sietel and his management team run a virtual bench for each role in the pharmacy, ensuring they get the right person to fit the right role. Potential employees are still interviewed for the role and reference checks are completed, however the virtual bench gives more insight to Sietel on whether these potential employees will fit with the culture of the store and live the values of tenacity, excitement and integrity.



**“If you get the values right, a lot of the training can happen more easily to build on a person’s skill and experience set. If you don’t get the values right, that person won’t work out.”**

The key component to Sietel's success with virtual benches is proficient use of social media – with Facebook as his preferred tool.

“For me, LinkedIn is great if you are interested in seeing someone's resume. I'm less interested in resumes, I'm more interested in what people are actually like, so I use Facebook. I forge a lot of new territory and what somebody has done is not as interesting as what somebody could do, and that's why I have a lot of success with younger pharmacists.”

Team members success and self discipline is important to Sietel which is why he has implemented 5/15 reports in his pharmacy – a quick snapshot of how a person or team is performing and feeling, along with a list of weekly achievements and ideas for improving the business. A 5/15 report gets all team members to organise their time and goals effectively. Sietel says people don't just wander in and coast in a business where 5/15's work effectively.

“Everyone can be accountable for what they are doing and can ask for help if needed,” says Sietel.

“A good manager will see these and the conversations become about problem solving rather than monitoring people.”

Sietel says it mainly comes down to trust – trust in his team and trust in the processes he and the management team have implemented.

“The single best thing I can do for my store is not get in the way, but be a steward. I think the best owners are stewards as opposed to doers or micromanagers or even managers.”

“To be a steward you have got to remind people that this is the goal and here is where we want to be, let's just check in to make sure we are heading towards that goal, heading towards the most important thing, because that is the measure of success or failure.” ■



# MEASURE YOUR WAY TO

## SUCCESS WITH CUSTOMERS

Jo Legge-Wilkinson – Senior Project Officer, Business Support

**In the early 1900s Vilfredo Pareto, an Italian economist, observed that 80 percent of land in Italy was owned by 20 percent of the population.**

After he published his findings and formula, others observed similar phenomena in their own areas of expertise. Today the principle that 20 percent of a set is generally responsible for 80 percent of a related result has become known as the Pareto's Principle or the 80/20 rule.

As a small business owner you want as many customers as possible to walk through your door. However intuitively you know some of these customers are worth far more to your business than others. Some customers spend more money, spend more frequently or spend for longer periods of time. Other customers, conversely, take up lots of your time and spend little or infrequently, or show no loyalty to your business.

Some customers are likely to recommend your business, while others will damage your brand through negative word of mouth. As Pareto's Principle says, 20 percent of your customers are most likely producing 80 percent of your sales.



Successful businesses generally are those that identify their best customers. By doing this you are able to recognise your customers' preferences and characteristics and build relationships with them. You can improve your service to these customers and tailor product and service offerings for them. Identifying your best customers also allows you to target others like them and avoid wasting resources on poor prospects.

But who are your best customers and how do you identify them? There are a variety of metrics you can use to analyse customer value.

**TABLE 1**

	Last visit		No. of purchases		Total sales		RFM Score
	Date	Score	No.	Score	Sales	Score	
Person A	10/5/15	10	6	6	\$500	5	21
Person B	3/10/14	4	2	2	\$160	1	7

## RFM SEGMENTATION

RFM Segmentation is based on the belief that a customer's past actions predicts future behaviour. The idea behind RFM is quite simple:

**Recency** – How recently did the customer purchase from you? A customer who has bought from you in the last week, month or year is more likely to be a better value customer than one who hasn't purchased from you in a longer period.

**Frequency** – How frequently does the customer purchase? Repeat customers are more likely to respond actively and positively than infrequent customers. Frequency measures the intensity of the customer's relationship with your business.

**Monetary Value** – How much does your customer spend? The customer with the larger basket size or who chooses the more expensive products and services will be more valuable to you than the customer who spends less.

Instinctively this idea is obvious. However what RFM Segmentation provides is a framework for objectively measuring these three ideas on a numerical scale.

To calculate RFM scores you need a table (Table 1) with the customer name, most recent purchase date, the number of purchases within your chosen period (perhaps a year), and the total or average sales for that customer for that period. One method is to assign a scale of one to ten whereby ten is the maximum value and to stipulate the formula by which data suits the scale.

For example, Person A most recently visited your store last week, has been into your store six times in the last 12 months, and in this period has had a total spend of \$500. If the scale you have determined states that any visits in the last month score ten and the month before that is nine, the frequency score is determined by the number of visits made, and the monetary value score is determined by the hundreds of dollars spent, then Person A would have an RFM score of 21 (10+6+5).

Person B, on the other hand, last visited your store over six months ago, has been into the store only twice in the last 12 months and has had a total spend of \$160 then their RFM score would be seven (4+2+1).

In Table 1, Person A is obviously the higher value customer to your business.

Make this calculation for all your customers, then determine the top 20 percent of customers according to their RFM score. Now look at the characteristics of these customers – age, gender, family status, where they live, occupation, products and services they purchase in your store, etc. Can you identify any trends? By recognising the characteristics of this group it makes it easier to identify opportunities to improve the efficiency of your marketing, better tailor your product and service offerings, improve your customer service and, ultimately grow sales.

## NET PROMOTER SCORE

Another useful method is the Net Promoter Score. This metric, developed and introduced by Fred Reichheld in his *Harvard Business Review* article 'One Number You Need to Grow' in 2003, gauges the loyalty of a business' customers and is an effective methodology to determine the likelihood a customer will buy again, refer and resist market pressure to defect to a competitor. The Net Promoter Score divides customers into three categories: promoters, passives and detractors. To allocate your customers to a category your business should regularly survey your customers asking them:

**“How likely is it that you would recommend (your business name) to a friend or colleague?”**

The scoring for this answer is most often based on a zero to ten scale (see Table 2). Promoters are those who give a score of nine or ten and are considered loyal enthusiasts. These customers will keep on buying and refer others, fuelling growth. The unhappy customers, or detractors, score your business between zero and six. These are the people who can damage your brand and impede growth through negative word of mouth. Customers belonging to the passive category provide a score of seven or eight.

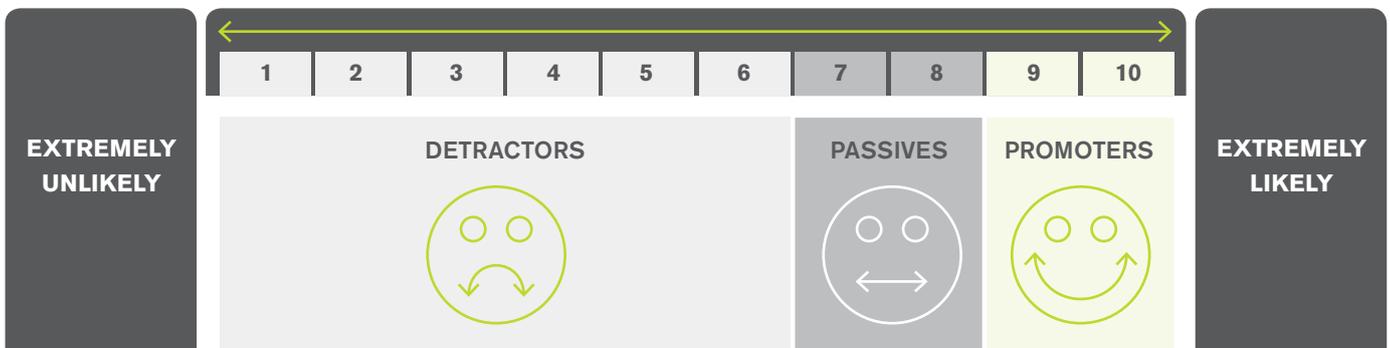
To calculate the Net Promoter Score for your business subtract the percentage of customers who are detractors from the percentage of customers who are promoters. For example, if 50 percent of customers surveyed scored your business nine or ten, and 15 percent of customers surveyed scored zero to six, then your Net Promoter Score would be 35 percent.

## Your Net Promoter Score can be used in three ways.

1. Look at the characteristics of your promoters. What trends can you see? Look at demographics, buying patterns, etc. Use this intelligence to tailor your offerings for this market and to identify and target similar customers.
2. Benchmark your Net Promoter Score against other pharmacies. The QCPP Standard Maintenance Snapshot concept testing and pilot test programs (see *Excellence* Autumn 2015) have resulted in Net Promoter Scores of 65.8 percent, 74.1 percent and 82.4 percent respectively. How does your Net Promoter Score compare to these results?

Also survey your customers on a regular basis and benchmark your score against previous results. Are you maintaining your Net Promoter Score or improving it? If not, then it's time to look more deeply at what is influencing your customers' perception of your business. A lower score may be the motivation your staff needs to become more focused on improving customer service.

**TABLE 2 – HOW LIKELY IS IT THAT YOU WOULD RECOMMEND (YOUR BUSINESS NAME) TO A FRIEND OR COLLEAGUE?**



Net Promoter Score = (Happy face image) % minus (Sad face image)%

**20 percent of your customers are most likely producing 80 percent of your sales. Identify these customers.**

3. When surveying your customers follow up the direct question with an open-ended question that enables the customer to elaborate on the rating given. Once again, look for trends in their explanations. Use this information to address the issues of importance to your customers.

There are many methods we can use to measure customer satisfaction and identify our most valuable customers. Whether we use RFM Segmentation, Net Promoter Scores or an alternative method, the important thing is that we are focused on our customers. Using Pareto's Principle we know that 20 percent of our customers bring us 80 percent of our business. Identifying and understanding who this 20 percent are, their characteristics and traits, will help us transform our businesses.

The Guild Pharmacy Academy has launched an online course for pharmacists on their *myCPD* site titled 'Know and love your top 100 customers'. Register for *myCPD* today at [www.mycpd.org.au](http://www.mycpd.org.au) to access this course and receive updates on other CPD courses. ■



### At a glance

1. 20 percent of your customers are most likely producing 80 percent of your sales. Identify these customers.
2. Identify the characteristics of your top 20% of customers. Use this information to tailor your offerings and to target new customers with similar traits.



# SMOKING CESSATION:

## A VALUABLE PHARMACY SERVICE

Peter Guthrey - Pharmacist Consultant  
Margaret Beerworth - ACT Guild Branch Director

**Community pharmacy has a long history of helping smokers become non-smokers, whether it be through supplying nicotine replacement therapy (NRT) products, prescription only medicines such as varenicline (Champix®) or structured professional programs. Following down-scheduling of all NRT products to general sale, it is more important than ever that pharmacists engage with consumers to demonstrate the value of formal smoking cessation programs in community pharmacy.**

Thirty-five Canberra pharmacies are participating in an ACT Government funded pharmacy-led smoking cessation service across 2015 and 2016. The funding aims to support increasing awareness of the health implications of tobacco use, and provide ACT residents with improved access, medicine expertise and ongoing one on one counselling to successfully quit smoking.

The ACT funded program includes

- Smoking cessation counselling training for pharmacists
- Team training for all pharmacy staff
- Revision of workflow in the pharmacy
- Several levels of smoking cessation consumer interventions on quit smoking
- Recording of 'profiles' for consumers who wish to become non smokers

The result of this program is a consumer centred service available in pharmacies tailored to the individual. When a consumer enters the pharmacy, the consumer could be offered the counselling service in a number of ways.

- Short interventions – this can include short counselling tips at the point-of-sale for NRT products, letting pre-contemplative or contemplative smokers know the service is available when they are ready to quit.
- Sit-down consultations - usually for smokers at the 'action' stage of quitting this involves helping set a quit date, and developing a quit plan which includes strategies for managing triggers and cravings. GuildCare software can be used to provide a printed plan to consumers and a record for the pharmacy to refer to in future visits.



- In-pharmacy or telephone follow-up – these can be opportunistic or scheduled and provide ongoing support to a quit attempt or planning for future quit attempts in the event of relapse.

These structures are consistent with the 5A's of smoking cessation and Diclemente's<sup>1</sup> stages of change model demonstrated to successfully help a person quit smoking. The nature of the service provided is specific to the consumer; some consumers may only engage with quick tips and questions in a series of opportunistic short interventions, whereas others will be keen to sit down and develop a quit plan when they are ready to quit smoking. All interventions are valuable, and different interventions will work for different consumers.

Even brief casual interventions allow pharmacists and pharmacy staff to work as a team to actively assist and advise smokers along their quit journey.

Pharmacies who have been most successful in implementing the service have taken a whole of business approach to the service. All pharmacists completed the smoking cessation counselling training and all staff were involved in identifying ways to link consumers and the pharmacist to discuss smoking cessation. NRT products have been moved into the core of the professional services area where the pharmacist is nearby and more likely to be able to provide advice. None of these steps were particularly difficult, but they required adherence to a plan.

As demonstrated in the case studies below, successful implementation comes from simple changes which can make a big difference to the way consumers engage with a pharmacist, purchase NRT products and increase their chances of quitting.

So in your pharmacy, how can you help your consumers have a better chance of quitting smoking? How are you empowering and skilling your staff to confidently discuss smoking cessation with consumers? What can you do to provide better targeted smoking cessation advice to consumers purchasing NRT products? How can this help build better performance in your smoking cessation category?

<sup>1</sup> Scollo, MM and Winstanley, MH. Tobacco in Australia: Facts and issues. 4th edn. Melbourne: Cancer Council Victoria; 2012. Available from [www.tobaccoinaustralia.org.au/chapter-7-cessation](http://www.tobaccoinaustralia.org.au/chapter-7-cessation)



#### EXAMPLE OF EFFECTIVE INTERVENTIONS:

##### CASE 1

A gentleman (a heavy smoker) and his wife (a non-smoker) were encouraged by the pharmacist to undergo a carbon monoxide reading with a Smokerlyzer device. The gentleman's reading was extraordinarily high on the scale. The pharmacist out of interest also took a reading for his wife, whose reading was almost as high! This couple were astounded and immediately decided that it was time for the husband to quit. The pharmacy went on to provide support as to what strategies may help with an effective quit attempt.

##### CASE 2

A female smoker saw a small poster in the pharmacy window for the smoking cessation service. The consumer then sat outside the pharmacy for 20 minutes trying to gather the courage to approach the pharmacist about how to quit smoking. It emerged that her smoking had become a major stress in her marriage.

The pharmacist was able to take the consumer to a private counselling area and discuss strategies and products which could make a quit attempt easier. She was also referred to QuitLine and her GP for additional support.

##### CASE 3

A pharmacy moved their NRT products from the point-of-sale at the front of the store to next to the dispensary in the professional services area. This resulted in a significant increase in the number of consumers who sought and were offered advice from the pharmacist regarding NRT products and how to increase the chances of successfully quitting.

## Top three tips

### FOR PHARMACIES IMPLEMENTING A SMOKING CESSATION PROGRAM:

1. Ensure all staff are specifically trained in identifying opportunities for smoking cessation interventions and referring consumers to the pharmacist. Team based training helps your pharmacy staff and pharmacists identify all the possible 'touch points' of the service.
2. Ensure all pharmacists are specifically trained in smoking cessation services, including motivational interviewing. Free online health practitioner training on the Quit Victoria is a great place to start
3. Look at workflows in the pharmacy to maximise the availability of pharmacist(s) at the location where smoking cessation products are available.

#### LINKS

[www.quit.org.au/learning-hub](http://www.quit.org.au/learning-hub)  
[www.racgp.org.au/your-practice/guidelines/smoking-cessation](http://www.racgp.org.au/your-practice/guidelines/smoking-cessation)

#### RELATED QCPP REQUIREMENTS

- T3E Smoking Cessation Service Checklist
- P6A Business Plan

## ELECTRONIC CIGARETTES

### WHAT ARE ELECTRONIC CIGARETTES?

Electronic cigarettes are devices which mimic the act of smoking. They include a battery operated device which vaporises liquids contained in a cartridge for inhalation. Cartridges are commonly filled with liquids which may or may not contain nicotine and/or other flavorings. Some devices physically resemble a cigarette, and may include a light which illuminates on inhalation. Other devices are visually quite different to a standard cigarette. The process of inhalation is often referred to as 'vaping'.

### ARE ELECTRONIC CIGARETTES SMOKING CESSATION AIDS?

There is significant debate among public health and tobacco health bodies globally as to whether electronic cigarettes are an appropriate or effective method of helping people become non-smokers<sup>2</sup>. However, in the absence of products registered with the TGA as smoking cessation aids and quality control processes which guarantee product safety, Australian health departments and smoking cessation organisations encourage health professionals to advise consumers not to use electronic cigarettes.

Nicotine, other than in licensed therapeutic goods and tobacco is scheduled as a Dangerous Poison (Schedule 7)<sup>3</sup>. Schedule 7 poisons generally cannot be sold to consumers.

The marketing and supply of devices and cartridges as therapeutic goods if they are not listed on the ARTG is a breach of the *Therapeutic Goods Act*<sup>4</sup>. In some states<sup>5, 6</sup>, other regulations further prohibit sales of products designed to resemble tobacco products.

### CAN I SELL ELECTRONIC CIGARETTES IN MY PHARMACY?

The promotion or supply of electronic cigarettes as a therapeutic device is not permitted. Pharmacies who supply electronic cigarettes as a smoking alternative may also be in conflict with QCPP Requirements<sup>7</sup> and Pharmacy Board of Australia Guidelines.

More information about electronic cigarettes can be found at on the TGA's website [www.tga.gov.au/community-qa/electronic-cigarettes](http://www.tga.gov.au/community-qa/electronic-cigarettes).

### STATE HEALTH DEPARTMENT SUPPORT MATERIALS

**NSW** [www.health.nsw.gov.au/tobacco/Factsheets/e-cigarettes-legal.pdf](http://www.health.nsw.gov.au/tobacco/Factsheets/e-cigarettes-legal.pdf)

**Victoria** [www.quit.org.au/resource-centre/policy-advocacy/policy/e-cigarettes1](http://www.quit.org.au/resource-centre/policy-advocacy/policy/e-cigarettes1)

**Queensland** [www.qld.gov.au/health/staying-healthy/atods/smoking/devices/](http://www.qld.gov.au/health/staying-healthy/atods/smoking/devices/)

**Western Australia** [www.healthywa.wa.gov.au/Healthy-WA/Articles/A\\_E/Electronic-cigarettes-e-cigarettes](http://www.healthywa.wa.gov.au/Healthy-WA/Articles/A_E/Electronic-cigarettes-e-cigarettes)

**Tasmania** [www.dhhs.tas.gov.au/\\_\\_data/assets/pdf\\_file/0018/151182/PHS\\_E-Cigarettes\\_Final.pdf](http://www.dhhs.tas.gov.au/__data/assets/pdf_file/0018/151182/PHS_E-Cigarettes_Final.pdf)

### Other states/territories and general information:

[www.quit.org.au/downloads/resource/policy-advocacy/policy/legal-status-electronic-cigarettes-australia.pdf](http://www.quit.org.au/downloads/resource/policy-advocacy/policy/legal-status-electronic-cigarettes-australia.pdf) ■

### Fast Facts:

- The supply of liquid nicotine cartridges in Australia is a breach of state and commonwealth legislation.
- No electronic cigarettes or cartridges are registered as therapeutic goods in Australia. Advertising and supply of these products as smoking cessation aids is therefore illegal.
- In some states, any retail sale of electronic cigarette devices, even without nicotine cartridges, is illegal
- Stocking, selling, supplying or promoting electronic cigarettes or cartridges is inconsistent with QCPP Requirements<sup>7</sup> (Element 8 Action 1) and Pharmacy Board of Australia<sup>8</sup> guidelines.

2 *Electronic cigarettes (e-cigarettes)* March 2015, National Health and Medical Research Council, Australian Government, accessed via [www.nhmrc.gov.au/\\_files\\_nhmrc/publications/attachments/ds13\\_nhmrc\\_ceo\\_statement\\_ecigarettes.pdf](http://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/ds13_nhmrc_ceo_statement_ecigarettes.pdf)

3 Standard for Uniform Scheduling of Medicines and Poisons, Department of Health; Therapeutic Goods Administration, Canberra [www.comlaw.gov.au/Details/F2015L00128](http://www.comlaw.gov.au/Details/F2015L00128)

4 Therapeutic Goods Act (Cth)—Section 42DL(1)(g) and Section 19B [www.austlii.edu.au/au/legis/cth/consol\\_act/tga1989191/s42dl.html](http://www.austlii.edu.au/au/legis/cth/consol_act/tga1989191/s42dl.html)

5 *Tobacco Products Regulation Act 1997* (SA) Section 36

6 *Tobacco Products Control Act 2006* (WA) Section 106

7 *QCPP Requirements Manual*, 2011, The Pharmacy Guild of Australia, Barton.

8 Guidelines on practice-specific issues, 2011, Pharmacy Board of Australia, Melbourne, [www.pharmacyboard.gov.au/Codes-Guidelines.aspx](http://www.pharmacyboard.gov.au/Codes-Guidelines.aspx) [viewed 15 April 2015]



# PHARMACY'S INVOLVEMENT WITH IMMUNISATION SERVICES

Jane Larter B.Pharm Pharmacist – Trainer and Assessor; Pharmacy Guild of Australia QLD

**It's that time of year again where you'll be starting to have customers present with prescriptions to get their influenza or the 'flu' vaccine and deciding how much of the 2015 vaccine has to be on backorder.**

I believe one of the most important times of year in pharmacy is from April through to August when the weather starts to cool and viruses start to become more prominent, when customers present with sniffily noses and hacking coughs.



**‘The staff embraced the program and were very supportive of it. They were consistently notifying our customers about the pilot...the whole pilot was an excellent initiative of the Guild, PSA, JCU and QUT’.**

This has been - and still is - one of the greatest times when pharmacy is the primary health care destination for its customers. Over the years we have been a provider of cold and flu tablets, tissues and lifestyle advice but as of last year pharmacy has shown its ability to provide even more – vaccinations for influenza.

The flu is of course a lot more serious than the common cold and pharmacy has been at the forefront of providing health information to consumers for decades. Immunisation of people who are at risk of complications (such as the elderly, those with poor immune systems, and those with pre-existing respiratory, cardiac and endocrine disease) is the most important method we have to decrease the number of infections and death. Based on certain criteria some of these people may be eligible for a free flu shot from their doctor.

But what about those young, healthy people who never see a GP because they don't have the time? Those who are not covered under the National Immunisation Program? Even these people can get the flu and miss out on work or transfer it to their family members who may be at risk. The benefit of these people getting a flu shot is to reduce the potential of flu transfer to work colleagues or family. Knowing that countries such as the USA, UK, Ireland and Portugal have already implemented immunisation services in pharmacies, provided an opportunity for QLD pharmacies to address this need.

The Pharmacy Guild of Australia has long advocated a role for pharmacists in immunisation services. The Queensland Pharmacist Immunisation Pilot (QPIP) (developed by the Guild and PSA, in conjunction with the Queensland Department of Health, Queensland University of Technology and James Cook University) aimed to investigate in its first phase last year the benefits of registered pharmacists providing influenza vaccines to members of the public in the setting of a community pharmacy. Based on their accessibility, the clinical skills of pharmacists and the high levels of trust placed in them by consumers, community pharmacies are a natural destination for immunisation services.

Many Guild members are participating in the QPIP that was approved by Queensland's Chief Health Officer, Dr Jeannette Young who stated in a news release 16/01/2014 "Trials are also an important part of improving healthcare delivery in Queensland. They help us to be innovative and use our health professionals to the best of their ability." The approval allows pharmacists participating in the trial to administer the influenza vaccine to certain adults without a prescription. "The experience in Australia with this approach suggests that consumers like having easy access to vaccinations, and that people who would not normally get vaccinated are taking up the offer" states Dr Young. Pharmacists administering vaccinations as part of the pilot have undertaken approved training and are credentialed to provide the immunisation service.

I was lucky enough to speak with two pharmacists whose pharmacies participated in the QPIP to see what made them get involved and how both staff and their local community have embraced the service.

Martinique Aprile, Community Pharmacist at Healthpoint Chemist Group Mackay thought it was a great initiative that offers customers an easy and convenient way to be immunised.



Amcal Pharmacy Cannonvale's Pharmacist in Charge Kirsty Gouldthorp said it was a 'brilliant opportunity as it is very difficult for customers to see the doctors in the area.' Kirsty said that Amcal Pharmacy Cannonvale owner, Lee McLennan went and spoke to all doctors in the area and explained the gap they were trying to fill. The doctors were quite receptive to the idea of consumers who weren't seeing them, to at least visit the pharmacy. Kirsty also stated that 'the customers loved the opportunity for a chat about the rest of their medications or health while waiting after their vaccination'.

This statement by Kirsty is in line with responses by consumers to the overall pilot with 60% of those vaccinated indicating they discussed 'other concerns about their health', 58% discussing 'other medications they usually take' and 38% discussing their 'general health'.

An evaluation snapshot showed that the QPIP is reaching a high number of consumers who might not normally be vaccinated. Fourteen percent of respondents who were vaccinated in 2014 had never been previously vaccinated and when asked why they gave three main responses: (1) they didn't think it was necessary (2) it was inconvenient (3) they were too busy.

The hard work by all those pharmacists and pharmacy staff in the QPIP is reaping rewards for the profession earlier than could have been hoped for. Following the success of Phase 1, an expansion to the QPIP was announced in July 2014 to include measles and pertussis (whooping cough) vaccines for adults as well as the 2015 influenza season.

In the next few months, whether you are delivering an immunisation service or just getting prepared for the 'flu' season, make sure you promote the benefits of immunisation and infection control to both your staff and consumers.

## ARE YOU VACCINATION READY?

To maintain your QCPP accreditation it is essential a pharmacy does not advertise an approved health program or service listed in Elements 2 or 3 until such time as they comply with the requirements of QCPP and have been assessed as compliant (see Table 1). In addition to the requirements within QCPP, several states and territories have also designated requirements for pharmacies to deliver vaccination services that may also need to be considered.

It is important to understand that QCPP requirements are the same for a pharmacist led service or a third party service. In the event of a third party vaccination service, the evidence sighted at QCPP assessment could be within the third party contract or within the pharmacy's quality management system. ■

**TABLE 1 – QCPP REQUIREMENTS**

Program requirement	Response / Action completed by the pharmacy to meet the program requirement
1. Resources	Ensure the person administering the vaccination can do so without being interrupted
2. Training and qualifications	The person administering the vaccination must hold a suitable qualification to administer the vaccine.
3. Reference material	Approved resources include <ul style="list-style-type: none"> <li>▪ The Australian Immunisation Handbook</li> <li>▪ The Australian Immunisation Guidelines – Strive for 5</li> </ul>
4. Equipment to support the program	Consider <ul style="list-style-type: none"> <li>▪ Personnel protective equipment such as gloves, sharps bins</li> <li>▪ Equipment to deliver the service alcohol wipes, cotton balls, tape, vaccine in which cold chain is maintained.</li> <li>▪ Emergency response equipment – first aid kit, advance first aid equipment, adrenaline mini-jet</li> </ul>
5. Equipment calibration and maintenance	Consider <ul style="list-style-type: none"> <li>▪ Checking of emergency equipment for example expiry dates for adrenalin, battery charge for equipment such as automated defibrillators</li> </ul>
6. Facilities to support the program	<p>A vaccination service should be held in a formal consultation room within the pharmacy that is:</p> <ul style="list-style-type: none"> <li>▪ At least 4m<sup>2</sup> (to ensure a consumer could lie down on the ground if required in an emergency)</li> <li>▪ Have adequate facilities/equipment to support the service</li> <li>▪ Access to hand hygiene facilities and</li> <li>▪ Products for sale must not be located within the consultation room.</li> </ul> <p>However QCPP recognises not all community pharmacies currently have a consultation room, and will require time to allow refurbishment to implement a consultation room. Therefore an appropriate screened area may be used for provision of vaccination services (unless your local jurisdictional legislation or regulations prevent this from occurring). The screened area must be located within the pharmacy, be at least 4m<sup>2</sup> (to ensure a consumer could lie down on the ground if required in an emergency), screening must be of a formal framed structure, at least 2m in height to ensure privacy is maintained and have adequate facilities/equipment to support the service. Product display units are not an appropriate screening material for this service and products for sale must not be displayed within the screened area.</p> <p>In addition to the vaccination area there should be adequate seating to allow consumers to be observed for 15 minutes post vaccination.</p>
7. Procedures required	A vaccination procedure must be in place that outlines all requirements of the service. T3M Vaccination Services in the Pharmacy Checklist provides a summary of key requirements.
8. Recording system	<p>It is essential documentation of the vaccination service is obtained.</p> <p>If the service is a third party service, the pharmacy should ensure adequate documentation is being obtained, and identify how they can access the information in the case of an emergency or adverse event.</p>

## REFRESHER TRAINING



The following courses have been approved for Refresher Training since the last edition of *Excellence*. This approved list is correct at Friday 22 May 2015.

To see the complete list of currently approved activities go to

[www.qcpp.com/resources/training-requirements](http://www.qcpp.com/resources/training-requirements)

New Approvals				
Training	Approved Duration	Approval Period	Format	Training Provider Contact Details and Notes
CounterConnection (PSA Self Care)				Pharmaceutical Society of Australia psc.nat@psa.org.au, helen.howarth@psa.org.au
Sleep Health	1 hour	1/4/15 – 31/3/16		inPHARMation (April 2015)
Treating Coughs and Colds	1 hour	1/5/15 – 30/4/16	Online	inPHARMation (May 2015)
Getting Comfortable with your customers and recommending Complete Health Solutions!	3 hours	3/3/15 – 2/3/17	Face to face / workbook	Pharmacy Guild of Australia (QLD Branch) admin.training@qldguild.org.au
Head First! Common Ailments of the Eyes, Ears, Nose and Mouth	3 hours	1/10/15 – 30/9/17	Face to face / workbook	
'C you in O2' Respiratory Health	3 hours	20/2/15 – 30/6/15	Face to face	Pharmacy Guild of Australia (NSW Branch) training@nsw.guild.org.au
Pain and Analgesics	2 hours	19/5/15 – 18/5/17	Face to face	GlaxoSmithKline Consumer Healthcare Andrew Prott 02 9684 0775 Andrew.x.prott@gsk.com
Re-approvals				
Cough Refresher Training Program	30 mins	2/4/13 – 21/4/17	Online	iNova Pharmaceuticals (Aust) Pharmacy Sales 1300 363 212 www.inovapharma.com
Pharmacy Only Medicine/ Pharmacist Only Medicine (S2/S3) Refresher	1.5 hours	16/4/13 – 5/5/17	Face to face	Guild Pharmacy Academy (02) 6270 1888 guildpharmacyacademy@guild.org.au To check availability of face-to-face training near you, contact your local Guild Training Branch

### CONTACT THE GUILD AT

[guild.nat@guild.org.au](mailto:guild.nat@guild.org.au)

OR THE GUILD'S NATIONAL SECRETARIAT

ON 02 6270 1888

BRANCHES IN EVERY STATE AND TERRITORY.

[www.guild.org.au/guild-branches](http://www.guild.org.au/guild-branches)

### CONTACT GUILD ACADEMY AT

[guildpharmacyacademy@guild.org.au](mailto:guildpharmacyacademy@guild.org.au)

03 9810 9930

[www.guild.org.au/academy](http://www.guild.org.au/academy)

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