

NSW Community Pharmacy Palliative Care Initiative

Phase 1 Report
Attachments
November 2018

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Attachment A: Community Pharmacy Palliative Care Project Literature Review

Community Pharmacy – Palliative Care Project – Literature Review

Despite there being limited evidence in the literature of community pharmacist involvement in palliative care, both nationally and internationally, there are some key themes arising. These include palliative patients' desire to die at home, the importance of good communication between hospital and the primary healthcare clinicians, as well as pharmacists identifying the needs for education within the area of palliative care.

According to O'Connor, Hewitt and Tuffin. (2013) the majority of palliative care occurs in the community and dying at home is the preferred option for many patients. Within the context of our ageing population and projected demographics, the need to implement innovative solutions to meet healthcare demands is evident. The accessibility of community pharmacists and their role within the community means they are ideally placed to assist in the delivery of community-based palliative care services, however, to date, are not widely recognised as members of the palliative care team and thus are an underutilised resource (Hussainy et al. 2011, Waterman 2012).

Hussainy et al. (2011) conducted a study piloting the role of a pharmacist in the community palliative care multidisciplinary team based in Melbourne. She reviewed and scoped the pharmacist's role creating tools such as a care pathway for patient's home medication and a screening tool to monitor risk.

South Australia has also completed work in the community palliative care space attempting to strengthen the links between hospital and community pharmacy. This model initiated advanced practice pharmacy roles within regionalised palliative care services. The domains of these advance practice roles included education, network links, partnerships, quality and safety and research.

This work has also identified seven key areas where the pharmacist can contribute to community palliative care, these include:

- (1) Medication review
- (2) Education for patients and carers regarding specific medicines and modes of delivery
- (3) Ensuring ongoing access to medications
- (4) Information provision to team members, particularly regarding 'off label' medicines
- (5) Consultation and collaboration with team members regarding updating of medication chart
- (6) Liaison with other health care professionals to ensure continuity of patient care
- (7) Symptom management protocols (Swetenham et al. 2014)

However, while feedback from community pharmacists themselves demonstrate a willingness to be involved in providing a palliative care service, it also highlights a number of barriers preventing the optimisation of this involvement.

Education / Training

While community pharmacists are willing to be involved in providing palliative care service and support, there is a strong need for education, support and resources (O'Connor et al. 2011). Community pharmacists' knowledge of the drugs used in palliative care, particularly at the end of life stage, varies widely. Often these drugs are being used 'off label' or are presented in formulations other than oral (for example subcutaneous injection).

Uncertainty about the role of opioids was another factor. This lack of knowledge not only affects community pharmacists' confidence but has also been shown to correlate with their attitude towards providing palliative care services and support (O'Connor, Hewitt and Tuffin 2013). Further to this, one Australian study identified that many community pharmacists are currently providing palliative care services and support, but have not received training. It is important to be mindful of the impact on profit of time and resources invested. A recent project introduced in South Australia involving community pharmacy in the delivery of palliative care services utilised the

Pharmaceutical Society of Australia to provide education programs to community pharmacists as part of the project (Waterman, 2015). Education on the drugs used in palliative care and the end of life process not only enhances pharmacists' confidence, but enables them to be more proactive.

Communication

As with all of health care, communication is central to the successful integration of community pharmacy into the community palliative care space; however communication, or lack thereof, has been identified as a barrier to pharmacists taking on a more active role as part of end-of-life care for dying patients (Waterman, 2012). In this context, there are 2 elements: firstly, communication to ensure continuity of care across the healthcare continuum, primarily between hospital and the primary care environment ensuring community pharmacists are informed of hospital admissions and discharges, changes to medication regimens and most importantly, when a patient has been made palliative (Aubin et al. 2012). In a study conducted by Tait et al. (2013), only one in five pharmacists reported learning of the palliative status of a patient through another health practitioner.

Increased awareness and promotion of the community pharmacist as part of the multidisciplinary team is an important first step to foster their involvement within the community palliative care setting (Waterman, 2012). As emphasised by Waterman (2015), multidisciplinary relationships are paramount in promoting good communication, particularly between GPs, community nurses and community pharmacists and are central to ensuring optimal patient outcomes and reducing stress on both patients and health care workers.

In addition to communication within the multidisciplinary team, the pharmacist's ability to communicate with the patient themselves is crucial in fostering the pharmacist's confidence when dealing with palliative patients. From a patient's perspective, a lack of effective communication from their community pharmacist results in an increased level of anxiety and dissatisfaction (O'Connor et al 2011). Further to this, MacRobbie et al (2015) focus on some considerations specific to rural settings by highlighting that excellent interpersonal and networking skills are required in order to forge relationships within small rural communities which are often difficult to penetrate.

Supply of medication

Without adequate planning, education and communication, it is challenging to provide adequate access to medicines for palliative patients. Having the correct medications as well as the required quantities on hand has been identified as a barrier in providing adequate palliative care support. Those community pharmacies participating in the South Australian project became a palliative care hub stocking five core medications commonly prescribed in the palliative care setting. These medications are then made available to other pharmacies as required, ensuring timely access for the patient and reducing patient and carer distress (Waterman 2015). Additionally, according to Tait et al. (2013), good symptom control in conjunction with advanced planning is a crucial factor in enabling palliative care patients to remain in their preferred place of care for longer.

Resources

O'Connor et al (2011) draws attention to the very important consideration of the logistics of community pharmacists providing services and support to palliative care patients whilst also running a business and having time for other patients. Providing adequate resourcing and support to community pharmacists is essential in ensuring optimal implementation of this service and was a key concern commonly expressed by community pharmacists.

Therefore it is important that whatever model of care is decided upon in order to integrate community pharmacists into community-based palliative care delivery that strategies are put in place to overcome this issue to ensure the overall success and sustainability of the project.

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Attachment B: Key Informants Interview Guide

Question	Purpose of question
Section 1. Involvement in palliative care and/or community pharmacy	
I'd like to start by asking you some questions about your involvement in palliative care and/or community pharmacy and your views on how palliative care is currently provided in NSW.	
I understand you are <insert interviewee's title> at <insert organisation>. Is that right? Can you tell me a bit about your role as it relates to palliative and/or community pharmacy?	Icebreaker – to get the interviewee talking Provides context to the interviewee's responses and perspectives
In what way(s) do [you/your organisation] interact with palliative care services and/or community pharmacy? E.g. Involvement in training and education activities; research projects; service delivery, policy or funding etc.	Level of understanding of/ interaction with palliative care and community pharmacy
Section 2. Perceptions of current state of community palliative care, including key successes and challenges	
What can you tell me about how community palliative care is currently being provided in NSW? <i>Prompts:</i> <i>Who are the key organisations, care/service providers or stakeholder's primary responsibility for delivering community palliative care?</i> <i>In what care settings is community palliative care provided? (e.g. acute inpatient, outreach/community, in the home, RACF)</i> <i>How is care coordinated between health services in NSW?</i> <i>How much variation do you think there is in the way care is provided across NSW?</i>	Understanding of key stakeholders involved in delivery of palliative care and who should be engaged with as part of this project
What do you think <u>works well</u> in how community palliative care is currently provided in NSW? <i>Prompts:</i> <i>What are the benefits for patients? (E.g. care coordination, multidisciplinary care planning, access to services, etc.)</i> <i>What are the benefits for care/service providers?</i> <i>What are the benefits for the NSW health system?</i>	Understanding current successes/ achievements and key enablers
What do you see as the <u>main challenges</u> currently for community palliative care?	Understanding key challenges facing palliative in the community

Prompts:

What are the challenges for patients? (E.g. care coordination, care planning, access to services, etc.)

What are the challenges for care/service providers?

What are the challenges for the NSW health system

How do you think these challenges can be effectively addressed?

Inform recommendations

Prompts:

- *At a system level*
- *At a service level*
- *At a patient level*

E.g. This could include forming networks for workforce education, fostering new strategic partnerships, investigating in different online learning platforms, etc.

Section 3. Vision for future state: the role of community pharmacy in the palliative care multidisciplinary team

So far, I have asked you how palliative care is currently being delivered in NSW. I would now like to get your views on the specific role of community pharmacy in palliative care; key enablers and barriers.

From your perspective, how would you describe the typical role of community pharmacy/pharmacist in community palliative care

Context on the perceived role of community pharmacy

What do you see as the ideal/optimal role of community pharmacy in palliative care?

Prompts:

What would this role look like? Please describe

E.g. This could be medical review, education, access to medications, information provisions, liaison with other care providers, symptom management

What would successful involvement of community pharmacy look like?

Context on the perceived role of community pharmacy

(Interviewer note: may be answered earlier; may be more appropriate to recap key themes that have arisen so far, and check accuracy; and any gaps)

What do you think are the key enablers for strengthening community pharmacy involvement in palliative care?

Identify key enablers for community pharmacy's involvement in palliative care

Prompts:

What would facilitate communication and coordination of patient care between community pharmacists and other providers?

What education, training or resources do you think would be needed for community pharmacists, other providers and consumers consumers/patients?

What mechanisms and/or infrastructures need to be in place to support supply of medication or involvement of the community pharmacist in the palliative care multidisciplinary team?

What are the main barriers for community pharmacy involvement in palliative care?

Key barriers for community pharmacy's involvement in palliative care

E.g. This could include communication, governance, funding streams, education and training, access to medications and infrastructures

Prompts:

Do you have any suggestions for overcoming these barriers?

Section 4. Considerations for CEC

Are you aware of any key policies, best practice models or other evidence that should be considered as part of this project?

Inform project

What sort of stakeholder engagement is needed in order to support broad uptake of community pharmacy's involvement on palliative care?

Inform project and recommendations

Are there any significant contextual issues that we should be aware when engaging with stakeholders as part of this project?

Inform project

Final comments

That brings me to the end of my questions. Is there anything else you'd like to add?

Thank you for taking the time to talk with me today. If you have any questions or think of anything else you'd like to add, please don't hesitate to contact me. If you have any questions about this project, please contact the Project Officer at CEC.

Attachment C: Rural/Regional NSW Focus Group Guide

Section 1. Involvement in palliative care and/or community pharmacy

I'd like to start with your involvement in palliative care and/or community pharmacy in the NSW context.

Question 1.

In what way(s) do [you/your organisation] interact with palliative care services and/or community pharmacy?

Prompts

In what specific areas? Involvement in care delivery, training and education activities; research; service delivery, policy or funding etc.

Section 2. Perceptions of current state of community pharmacy involvement in palliative care, including key successes and challenges

What can you tell me about the current state of community pharmacy involvement in palliative care in regional and rural areas of NSW?

Prompts

What does it look like today for:

- *The patient: what involvement patients, carers and families have around their care needs*
- *Pharmacy/health service: how they work together, mechanisms and structures, multidisciplinary care, programs linking health services and pharmacy*
- *Health system: what are the system levers - policies, funding streams, national initiatives e.g. National Pharmacy agreement etc.*

Thinking about the current involvement of community pharmacy in palliative care:

What works well (enablers) in regional and rural areas?

What are the challenges (barriers) in regional and rural areas?

Where do you think there is most variation:

- *Across regional/rural locations of NSW*
- *Regional/rural areas vs. metropolitan areas*

How do you think these challenges can be effectively addressed?

Prompts

This could include forming networks for workforce education or capacity development, fostering new service partnerships, integrated models with primary care, investing in online learning platforms, etc.

Section 3. Future focus and what success looks like

What does successful community pharmacy involvement in palliative care look like?

Prompts

What does this look like for:

- *the consumer (including carers and families)*
- *community pharmacy/pharmacist*
- *the multidisciplinary palliative care team (incl primary care team)*
- *the health system*

E.g. this could include medication reviews, education, access to medications, information provision, liaison with other care providers, symptom management

Where do you see the greatest opportunity for community pharmacy in achieving this future vision?

What do you consider the greatest challenge to community pharmacy in achieving this future vision?

Prompts:

Remuneration/funding models, pharmacy business models, addressing needs of specific priority populations, building palliative care capacity in community pharmacy etc.

Section 4. Achieving successful involvement of community pharmacy in palliative care

What key initiatives or activities will be required to achieve successful involvement of community pharmacy in palliative care?

- *What existing activities are currently in place?*
- *How could these activities be strengthened?*
- *What new activities might be required?*

Prompts

Education, training and information to increase the capacity of community pharmacy to support medication management for people with palliative care needs

Mechanisms that strengthen and formalise the relationships and linkages between community pharmacy, consumers, palliative care providers and other stakeholders

Systems and infrastructure to enable better connect and share data and information between community pharmacy and other stakeholders

Approaches that integrate and coordinate care and support the role of community pharmacy in community based palliative care delivery

What initiative/actions would you prioritise as most important?

Prompts

Think about what:

- *is most relevant NSW-wide*
- *most feasible to implement*
- *will have the greatest impact for people with palliative care needs.*

What collaborations and partnerships are needed to achieve this (who needs to be involved)?

Summary and next steps

Is there anything else that you would like to add?

Is there anything that we have discussed that you would prefer me not to include in the report?

If you have any questions or think of anything else you'd like to add, please don't hesitate to contact me.

If you have any further questions about the project, please contact the Project Officer – Community Pharmacy Palliative Care Initiative at the Clinical Excellence Commission.

Thank you for taking the time to participate and for your contributions today.

Attachment D: Workshop Agendas and Summaries

Workshop 1

Workshop Outline

NSW COMMUNITY PHARMACY AND PALLIATIVE CARE WORKSHOP 'SHAPING CURRENT PRACTICE AND FUTURE DIRECTION'

Thursday 10th May 2018

9:30am to 3:30pm

The Kirribilli Club - 1 Harbourview Crescent, Lavender Bay NSW

BACKGROUND

The Clinical Excellence Commission (CEC) *Community Pharmacy – Palliative Care* initiative is a two-year project aimed at enhancing palliative care services within NSW through supporting the role of community pharmacy in improving medication management for palliative care patients. This project is a result of round table discussions held in 2017 where The Hon Brad Hazzard MP, Minister for Health and Minister for Medical Research announced a commitment of an additional \$100 million over four years to enhance palliative care services in NSW.

Workshop purpose

This workshop is an opportunity for key partners and stakeholders, with an interest in palliative care and community pharmacy to explore key issues regarding medication management for people with palliative care needs in the community. The workshop will also explore the specific role of community pharmacy as well as current and emerging good practice models that relate to palliative care and community pharmacy engagement.

- Outcomes from this workshop will inform recommendations for improvements to medication management approaches for people with palliative care needs in NSW.

Before attending

We acknowledge that participants will have varied experience and knowledge of either palliative care and/or community pharmacy in NSW. The workshop is an opportunity to hear a range of views and it will be helpful for participants to reflect on the following questions before attending.

- What is important for best practice medication management of people with palliative care needs in the community?
- What is the unique role of community pharmacy in supporting palliative care in the community?
- What would support a strengthened role of community pharmacy in integrated palliative care delivery?

Agenda

Time	Item	Discussion leader/ presenter
	Registration and tea/coffee from 9am	
9:30 am	Welcome to country	
9:40 am	Welcome and purpose of the day	
9:50 am	The NSW Community Palliative Care Pharmacy initiative <i>An overview of the NSW Palliative Care Initiative and project objectives</i>	Dr Harvey Lander, CEC
10:00 am	The consumer perspective	Brian's Journey
	Setting the scene	Keynote speakers
10:10 am	<i>Current evidence and trends in Palliative Care</i>	Professor Jane Phillips
10:25 am	<i>Current evidence and trends in Community Pharmacy</i>	Mr John Bronger OAM
10:40 am	Group session 1: Future focus and what success looks like <i>What does the ideal state of community pharmacy involvement in palliative care look like?</i>	Facilitator – group work and report back
11.30 am	Morning tea	
	Group session 2: Describing the current state	
11:50 am	<i>Identifying what works well (enablers) and challenges (barriers) to the involvement of community pharmacy in palliative care</i>	Facilitator – group work
	Models for good practice: <i>What can we learn from other settings?</i>	
12:40 pm	<ul style="list-style-type: none"> Community pharmacy in diabetes care and management 	Ms Angela Blair
12:55 pm	<ul style="list-style-type: none"> Advanced palliative care practice pharmacist roles in South Australia 	Mr Paul Tait
1:10 pm	<ul style="list-style-type: none"> Engaging primary practice in palliative care - a Primary Health Network perspective 	Ms Linda Livingstone
1:25 pm	Lunch and networking	
2:00pm	Group session 3: Achieving the vision	Facilitator – Global Cafe
	<i>Identifying effective models and strategies to support community pharmacy involvement in palliative care</i>	
3:10 pm	Summary and wrap-up Summary of workshop themes	Facilitator
3:25 pm	Closing remarks	Dr Harvey Lander, CEC

NSW Community Pharmacy Palliative Care Workshop

INFORMATION FOR WORKSHOP PARTICIPANTS

Palliative Care Overview

Approximately 55,000 people die within NSW each year. The 2014 data released from The Grattan Institute showed 70% of Australians want to die at home, yet despite their wishes about half of these people die in hospital and a third of these people die in residential care. Only 14% of Australians that want to die at home are able to do so.

With the growth and ageing of Australia's population, and an increase of chronic and generally incurable illnesses, the types of patient groups requiring palliative care has widened;

- In 2014–15, there were about 65,000 palliative care-related hospitalisations reported from public and private hospitals in Australia.
- People aged 75 and over accounted for just over half (51.6%) of all palliative care-related hospitalisations.
- About half (50.6%) of palliative care hospitalisations involved cancer as the principal diagnosis.

Palliative care not only focuses on the cancer disease trajectory but also provides care to those with an advanced chronic disease who have multiple comorbidities and a slower or unpredictable disease trajectory.

Community Palliative care for people approaching and reaching the end of life can be fragmented and under-utilised. The needs of the patient, family and carer during their end of life journey can vary over time and care setting. Not every palliative care journey is the same.

Community Palliative Care Services need to be responsive, coordinated and flexible in meeting changing needs. For those living in rural and remote areas there can be additional barriers to receiving care at the end of life at home. Community care comprises of not only care in the persons own home but in residential aged care facilities, group homes and shared accommodation.

Community Pharmacy Opportunities

The literature is limited in providing information on community pharmacist involvement within palliative care, although there are some key themes which are apparent. It is evident that Community pharmacy plays a large part in medication distribution within community palliative care and is in an ideal space to enhance medication management for palliative care patients.

- Nationally, there were about 83,000 palliative care-related prescriptions provided to almost 52,500 patients in 2015–16.
- About 1 in 8 (12.8%) patients who were supplied palliative care-related prescriptions during 2015–16 were aged 85 or older, with almost two-thirds (46.4%) aged 65 or older.

Key areas where the community pharmacist can contribute to and enhance community palliative care may include:

- education for patients and carers regarding specific medicines and modes of delivery
- ongoing access to medications
- information provision to the multidisciplinary team regarding off label medicines
- consultation and collaboration with the multidisciplinary team regarding optimising medications
- liaison to ensure continuity and patient centred care
- consultation in symptom management protocols
- Providing Home Medication Review.

This workshop will inform strategies and models to support community pharmacy to improve care for palliative care patients.

For further information please visit:

<https://www.aihw.gov.au/reports/palliative-care-services/palliative-care-services-in-australia/data>



Workshop 2

Workshop Outline

NSW COMMUNITY PHARMACY AND PALLIATIVE CARE WORKSHOP 2 'SHAPING PRIORITIES FOR NSW'

Tuesday 5th June 2018

9:30am to 2:00pm

Cliftons Sydney,

Level 13, 60 Margaret Street, Sydney

BACKGROUND

The Clinical Excellence Commission (CEC) *Community Pharmacy – Palliative Care* initiative is a two-year project aimed at enhancing palliative care services within NSW through supporting the role of community pharmacy in improving medication management for palliative care patients. This project is a result of round table discussions held in 2017 where The Hon Brad Hazzard MP, Minister for Health and Minister for Medical Research announced a commitment of an additional \$100 million over four years to enhance palliative care services in NSW.

Workshop purpose

This workshop will help to identify and prioritise key initiatives to support the role of community pharmacy in medication management for people with palliative care needs in the community and explore considerations for implementation.

This workshop builds on a recent workshop held with stakeholders on 10th May 2018 and focus groups held with stakeholders from regional and rural NSW.

- Outcomes from this workshop will inform specific recommendations for state-wide initiatives to improve medication management for people with palliative care needs in NSW.

Pre-reading

1. Snapshot of consultation to date

Agenda

Time	Item	Discussion leader/ presenter
9.30 am	Registration and tea/coffee	
10:00 am	Acknowledgement of Country and Welcome	Dr Harvey Lander, CEC
10:10 am	Purpose of the day	Facilitator
10:15 am	Snapshot of findings to date <i>Summary of key themes from Workshop 1 and regional NSW focus groups</i>	ZEST Health Strategies
10:25 am	Focus areas for change <i>Validating the focus areas for change</i>	Facilitator – group discussion
10.55 am	Morning tea	
11.10 am	Group session 1: Scoping and defining initiatives <i>Identifying and describing initiatives to support the role of community pharmacy in medication management in the community.</i>	Facilitator - group work
11.50 am	Group session 2: Scoping and defining initiatives (continued)	Facilitator - group work
12.30 pm	Group report back Report back on priority initiatives for change	
1.00 pm	Lunch and networking	
1.30 pm	Group prioritisation <i>Prioritising initiatives for state-wide relevance and impact</i>	All participants
1.50 pm	Workshop summary	Facilitator
2.00pm	Closing remarks and next steps	Nina Muscillo, CEC

NSW COMMUNITY PHARMACY AND PALLIATIVE CARE

Snapshot of consultation themes to date

The Clinical Excellence Commission (CEC) *Community Pharmacy – Palliative Care* initiative is a two-year project aimed at enhancing palliative care services within NSW through supporting the role of community pharmacy in improving medication management for palliative care patients. The CEC has recently consulted with key stakeholders in the pharmacy and palliative care space, via interviews, a state-wide workshop and two regional/rural focus groups to explore key issues regarding medication management for people with palliative care needs in the community and the role of community pharmacy. Below is a snapshot summary.

FUTURE FOCUS AND SUCCESS

Stakeholders envisaged the ideal state for the involvement of community pharmacy in palliative care in New South Wales. This ideal state can be summarised as the following:

"The community pharmacy network is actively involved in the delivery of palliative care services through supporting the individual, families and carers, as well as other members of the multidisciplinary palliative care team. This involvement is enabled through a highly skilled and knowledgeable workforce actively involved in educating and assisting patients to access medicines and support in a timely and effective manner."

CURRENT STATE

Stakeholders were asked to describe the current state of community pharmacy involvement in palliative care, and to discuss both the enablers and barriers to involvement. These were addressed from the broad perspectives of:

- Patients/carers and families
- Health services
- Health system

A range of good practice models were also explored at the workshop, including community pharmacy involvement in diabetes care and management, advanced palliative care practice pharmacist roles and approaches to engaging primary practice in palliative care.

ACHIEVING THE VISION

Stakeholders also identified a range of considerations to support strengthened community pharmacy involvement in palliative care. A summary of the key themes are presented overleaf.



The need to support community pharmacists' palliative care knowledge and capabilities

- Increase knowledge of the management of palliative care, including understanding of medications used, and the ability to translate this knowledge into practical support for consumers and other healthcare professionals;
- Increase capabilities of community pharmacists to effectively support consumer needs associated with palliative care treatment, including provision of advice and support where appropriate and within scope of practice;
- Support for inter professional learning, and tailoring of existing palliative care specialist educational programs (e.g. PEPA) to involve a community pharmacy element;
- Investigation of specialist training pathways for community pharmacists to upskill and expand scope of practice to contribute to palliative care service delivery in the primary health care setting.

Opportunities to optimise the community pharmacy business model to support palliative care medication management

- Strengthen timely and cost-effective access to medications for palliative care – both for the community pharmacy and the consumer
- Explore enhancements to the community pharmacy business model to support involvement in palliative care service delivery – including after-hours access, home-delivery, maintaining adequate medication and consumables supply and home medicines review
- Acknowledge importance of adequate and specific funding to support the role and involvement of community pharmacy in palliative care services, such as medication management.

Build awareness and utilisation of tools to support community pharmacists' involvement in palliative care service delivery

- The need to adapt, utilise and increase awareness of existing tools and resources for palliative care to support community pharmacy understanding of their role in palliative care service delivery
- Investigate the use of digital health platforms, such as the My Health Record, Health Pathways to support shared understanding amongst medical practitioners and community pharmacy of patient's journey (e.g. medication management plan).

Strengthen effective relationships and coordination between community pharmacy, the palliative care multidisciplinary team, consumers and their carers

- Support recognition of community pharmacists as trusted health care professionals
- Strengthen inter professional relationships between health care providers, particularly between general practice and community pharmacy to better support consumers in the delivery of palliative care
- Increase local awareness amongst health care professionals of community pharmacies who are able and willing to support palliative care service delivery and strengthen integrated care pathways.



NSW COMMUNITY PHARMACY AND PALLIATIVE CARE WORKSHOP 2

'SHAPING PRIORITIES FOR NSW'

FOCUS AREAS FOR CHANGE

FOCUS AREA 1: Building the palliative care knowledge, skills, and capabilities of community pharmacists		Stakeholder relationships and engagement Technology, data, and information systems
Key components		
1.1 Educational programs		
1.2 Skills development		
1.3 Tools and resources		
1.4 Knowledge hubs		
FOCUS AREA 2: Enhancing community pharmacy business models to support palliative care		
Key components		
2.1 Supply chain management		
2.2 Professional services		
2.3 Operating models		
2.4 Pharmacy infrastructure		
FOCUS AREA 3: Strengthening palliative care medication management pathways across providers		
Key components		
3.1 Medication management pathways		
3.2 Information flow across providers		
3.3 Care provider relationships and structures		
3.4 Consumer information and support		





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