

NSW Community Pharmacy Palliative Care Initiative

Phase 1 Report
November 2018

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Executive Summary

Background

Honouring choices at the end of life and ensuring access to quality palliative care regardless of geographical location, economic status or social circumstance is a key priority for the New South Wales (NSW) Government. Significant funding investments have recently been made to improve the quality of, and access to, palliative care services across NSW, and to support consumers' ability to access the right palliative care, in the right place, at the right time.

Multidisciplinary team based palliative care is paramount to ensuring optimal and holistic palliative and end of life care, regardless of setting. 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. Community pharmacists however, are not widely recognised as members of the palliative care team and thus are often an underutilised resource. The need for improved access to palliative care medications in the community setting, and strengthened involvement of community pharmacists in the multidisciplinary palliative care team was identified during a series of state-wide roundtable discussions held by the Hon Brad Hazzard MP, Minister for Health and Minister for Medical Research in 2017.

The NSW 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 people with palliative care needs. This initiative is being led by the NSW Clinical Excellence Commission (CEC) on behalf of the NSW Government.

This report outlines the key findings from stakeholder consultations conducted as part of this initiative, and provides priorities and recommendations for consideration to support an enhanced contribution of the community pharmacy sector to palliative care in NSW.

Approach and methodology

Phase 1 consultation activities were conducted over a four month period from March to June 2018, and included key informant interviews, two regional and rural focus groups, and two face to face workshops, involving over 100 individuals from 35 organisations.

The stakeholder consultation process was conducted in a phased approach, with each consultation activity validating and building on findings from the previous. Consultation findings have been synthesised into key themes and have informed priorities and recommendations for consideration.

Key findings

There is recognition and support for the strengthened involvement and integration of community pharmacy in palliative care, leveraging the pharmacist’s role as experts in medication management. Specific areas for attention include:

- building of community pharmacists’ palliative care knowledge and capabilities
- optimising the community pharmacy business model to support palliative care medication management
- leveraging existing resources and tools to support community pharmacists’ involvement in palliative care service delivery
- strengthening effective relationships and coordination between community pharmacy, the palliative care multidisciplinary team, other care providers, consumers and their carers.

Priorities and recommendations

Findings from stakeholder consultations highlight the need for a whole-of-system approach to effectively enhance the involvement of community pharmacy in palliative care. There are significant opportunities to consider partnership approaches that support collaboration and leverage collective capabilities across the NSW health system.

The table below provides an overview of the key focus areas for change and strategic recommendations, based on stakeholder consultations.

Focus Area 1: Building the palliative care knowledge, skills, and capabilities of community pharmacists
<p>Strategic recommendations:</p> <p>1.1 To create educational programs which are accessible to community pharmacists and promote professional development and inter-professional networking opportunities.</p> <p>1.2 To foster skills development, through investigation of existing skills practice models for adaptation and enhancement.</p> <p>1.3 To develop and promote tools and resources which will support community based palliative care service delivery by community pharmacies.</p> <p>1.4 To create knowledge hubs which promote ease of access to evidence based materials for delivery of palliative care.</p>

Focus Area 2: Enhancing community pharmacy business models to support palliative care

Strategic recommendations:

- 2.1 To progress **supply chain management** issues, including procurement and stock management issues and the safe return and disposal of unwanted palliative care medicines.
- 2.2 To promote **professional community pharmacy services** which will contribute to supporting medication management for palliative care patients in the community.
- 2.3 To enhance **operating models** to increase localised recognition and participation of community pharmacies committed to delivering palliative care services for their community.
- 2.4 To support enhancement to **pharmacy infrastructure**, including considerations of legislative and workforce constraints.

Focus Area 3: Optimising palliative care medication management pathways across providers to achieve standardisation of practice

Strategic recommendations:

- 3.1 To establish **medication management pathways** which are defined and support effective transitions of care for palliative care patients.
- 3.2 To enhance **information flow across providers** to ensure timely and consistent transfer of patient information.
- 3.3 To support the establishment of **care provider relationships and structures** through arrangements across various health care providers.
- 3.4 To enhance **consumer information and support**, through adopting a patient-centred approach to care.
- 3.5 To **standardise approaches to palliative care prescribing** to reduce clinical variation in community based palliative care service delivery.

Background

Palliative Care in NSW

The Australian population is ageing, and in NSW the number of people aged over 65 years is projected to increase by 65% between 2002 and 2021¹. As a result of this trend, the prevalence of chronic disease and age-related illness is estimated to increase and subsequently so is the demand for palliative care services.

'Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering'².

Palliative care is a key priority for the NSW Government. In 2017 the Hon Brad Hazzard MP, Minister for Health and Minister for Medical Research, announced a series of roundtable discussions with the community and health professionals to identify key state-wide priorities for the future of palliative care services³.

The 2017 meetings and consultation workshops identified the specific need for improved access to palliative care medications in the community setting, and the strengthened involvement of community pharmacists in medication management.

The accessibility and the role of community pharmacists places them in an ideal position to assist in the delivery of community based palliative care. Currently however, they are not widely recognised as members of the palliative care team and are thus an often underutilised resource^{4,5,6}.

Research has shown there are several key areas where community pharmacists may effectively contribute to community based palliative care, including: conducting medication reviews, provision of education and information to patients and their carers on the quality use of medicines, consulting and collaborating with other health professionals to ensure continuity of patient care, and outlining symptom management protocols⁷.

NSW Community Pharmacy Palliative Care Initiative

The NSW 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 people with palliative care needs. This initiative is being led by the NSW Clinical Excellence Commission (CEC) on behalf of the NSW Government.

The initiative involves two key phases:

- **Phase 1 (2017/18):** Establishment of a steering committee, review of the evidence and formative stakeholder consultations to obtain a shared understanding of current issues and priorities for community pharmacy involvement in palliative care.
- **Phase 2 (2018/19):** Planning and implementing priority recommendations from Phase 1 to support community pharmacy involvement in palliative care.

The CEC commissioned ZEST Health Strategies to assist in conducting Phase 1 consultation and engagement activities with representatives across the NSW health, community pharmacy and palliative care sectors.

This report outlines key findings from Phase 1 and recommendations to support an enhanced contribution of community pharmacy to palliative care in NSW.

Approach and Methodology

An overview of the project methodology is presented in Figure 1. Phase 1 consultation activities were conducted over a four month period, from March to June 2018. The stakeholder consultation process was conducted in a phased approach, with each consultation activity validating and building on findings from the previous.

Figure 1. Overview of methodology for Phase 1 activities



Stakeholder consultations

The project involved a comprehensive stakeholder consultation process, involving key informant interviews (n=5), a written response (n=1), two face-to-face workshops (n=87) and two telephone focus groups with regional and rural participants (n=10).

The purpose of stakeholder consultations was to explore stakeholder perceptions of:

- **the current state** of community pharmacy involvement in palliative care, including key successes and challenges
- **vision for the future state** of community pharmacy involvement in palliative care and the broader palliative care multidisciplinary team
- **priority initiatives** and implementation considerations, including likely barriers and enablers to achieving the future state.

Key informant interviews

The key informant interviews explored expert insights and key issues facing palliative care services and community pharmacies in the broader context of the Australian and NSW health systems. Stakeholders were selected in collaboration with the CEC, on the basis of their recognised expertise in palliative care and/or community pharmacy.

Workshops

Two workshops were held with stakeholders from metropolitan, rural and regional areas on the 10th May 2018 and the 5th June 2018. Pre-information workshop materials are presented in Attachment D.

Workshop 1 provided an opportunity to describe the current state of community pharmacy involvement in palliative care, discuss enablers and barriers to involvement, and to identify a range of considerations to support strengthened community pharmacy involvement.

Workshop 2 provided an opportunity for participants to identify and prioritise key initiatives for community pharmacy involvement, and to explore considerations for implementation.

Focus groups

Two focus groups were held via telephone with regional and rural NSW stakeholders on the 25th May 2018 and 29th May 2018. The focus groups gathered insights into the delivery of palliative care services and community pharmacy from the context of a rural and regional setting.

Overall, more than 100 diverse stakeholders were engaged through the consultations, capturing a wide range of perspectives from government and non-government organisations, peak professional bodies, health services, consumers and health professionals across the tertiary, primary and community care settings. An overview is provided in Table 1.

Table 1. Overview of key stakeholders involved in consultations

Stakeholder Category	Stakeholder types	Examples
Consumers and carers	People with palliative care needs, their families and carers Consumer and carer representative organisations Volunteers	Consumer and volunteer representatives with a personal experience of NSW palliative care services Carers NSW Friendly Faces
Government agencies (Commonwealth, State and local)	Health agencies and divisions with a focus on leading palliative care service initiatives in NSW Health agencies and divisions with a focus on palliative care and/or cancer	NSW Ministry of Health Cancer Institute NSW NSW Ambulance Department of Health*
Peak bodies representing pharmacists across NSW	Organisations focused on supporting community and hospital pharmacists	Pharmacy Guild of Australia (NSW Branch) Pharmaceutical Society of Australia (NSW Branch) Society of Hospital Pharmacists Australia (SHPA) Australian Association of Consultant Pharmacy (AACCP)

Stakeholder Category	Stakeholder types	Examples
Community Pharmacists	Healthcare professionals involved in the community pharmacy sector	Community pharmacists - both metropolitan and regional
Health services	Palliative care and pharmacy leaders from Local Health Districts (LHDs) Primary Health Networks (PHNs) Aged care providers	Directors of Pharmacy Departments Palliative care and community health pharmacists Palliative care medical and nursing specialists Community nursing
Non-government organisations	Organisations focused on palliative care, nursing and/or primary health care	The Royal Australasian College of General Practitioners NSW Rural Doctors Network NPS MedicineWise Palliative Care NSW HammondCare Silver Chain
Pharmacy Banner Groups	Groups supporting pharmacy business models	Terry White Chemmart Group Sigma Pharmaceuticals Group Chemist Warehouse Group
Researchers	Palliative care academics	University of Technology Sydney University of Sydney

** Note: A written response to questions from CEC was provided by the Australian Department of Health.*

Analysis and synthesis

All interviews, focus groups, and select workshop activities were audio recorded. Audio recordings were not transcribed however detailed notes were taken and cross-checked against the audio recording for accuracy. To encourage frank and robust discussions, stakeholders were advised that all contributions during consultations would be de-identified and aggregated, and findings have been reported as such.

Triangulation of data from the literature review, interviews, workshops and focus groups was undertaken. A thematic analysis was conducted to identify common themes.

Development of priorities and recommendations

On synthesis of findings from the literature review, Workshop 1 and focus groups, three key focus areas for change were developed and validated at Workshop 2. These areas provided a framework for the development of specific priority initiatives to achieve change over both the short and longer term (see [Priorities and Recommendations](#)).

Key Findings

This section presents a summary of key findings from stakeholder consultation activities conducted in Phase 1 of the *Community Pharmacy Palliative Care Initiative*. It addresses key themes relating to the current state of community pharmacy involvement in palliative care including key strengths and challenges, the vision for the future, and key enablers and barriers to achieving change.

Snapshot

- There is recognition and strong support for strengthened involvement and integration of community pharmacy in palliative care, leveraging the community pharmacist's role as experts in medication management.
- Stakeholders described the need for educational programs, resources and tools to strengthen the capacity of community pharmacists to deliver best practice medication management for people with palliative care needs.
- It is important that effective relationships and integrated communication pathways are established (including through the use of technology) between community pharmacists and the broader palliative care team, to support continuity of care.
- It is critical that consistent and properly resourced models of practice are developed within community pharmacy for the provision of palliative care, with these models developed through consideration of evidence-based practice.

The current state of community pharmacy involvement in palliative care

Stakeholders identified a range of issues to describe the current state of community pharmacy involvement in palliative care in NSW, including current health system strengths and challenges (Table 2). Key themes are outlined below.

Key themes:

- The NSW community pharmacy sector is large, complex and broadly transitioning from a product supply focus to a greater focus on professional services relating to quality use of medicines.
- Pharmacists are widely viewed as trusted and highly trained medication experts and accessible to provide advice and services to improve the health of the community.
- Stakeholders indicated there is significant variation across NSW in the scope and level of involvement community pharmacies have in palliative care, influenced by a range of geographic, workforce and structural factors.
- Involvement of community pharmacy in palliative care is often minimal or ad-hoc, impacting the quality and accessibility of these services.

- There are limited formalised mechanisms for community pharmacists to link and coordinate with other providers of palliative care services, including the palliative care multidisciplinary team.
- There are opportunities which exist for the community pharmacy sector to play a more active role in contributing to palliative care service delivery, leveraging their medication expertise and adapting existing professional services, such as Home Medicines Reviews and MedsCheck, for the palliative care context.
- A range of best practice models, education and resources for palliative care currently exist, with the opportunity to collaborate across the health sector, to adapt or enhance these models for the inclusion of community pharmacy in the context of wider policy directives and reforms.

Table 2: Key strengths and challenges in the current state of community pharmacy involvement in palliative care in NSW

Key Strengths	Key Challenges
<p><i>Pharmacists are trusted health professionals</i></p> <p>Community pharmacists are widely viewed by consumers, families and carers as knowledgeable and credible health professionals.</p>	<p><i>Variation in pharmacist's palliative care capabilities</i></p> <p>There is significant variation in the knowledge, capabilities, professional confidence and interest / willingness of community pharmacists to be actively involved in palliative medication management.</p>
<p><i>Highly accessible to consumers</i></p> <p>Community pharmacists often have strong and long established relationships with consumers and communities and are accessible in terms of geographic proximity, timeliness and financial affordability.</p>	<p><i>Remuneration models for professional services and medication supply</i></p> <p>Funding models and remuneration structures for community pharmacist reimbursements do not cover the range of services required to deliver best practice medication management for people with palliative care needs.</p> <p>Consumers are also often faced with significant out of pocket expenses for prescription and over the counter medications for their palliative and end of life care phase.</p>
<p><i>Trained and knowledgeable in medication management</i></p> <p>Community pharmacists are considered highly skilled and knowledgeable in medication</p>	<p><i>Fragmentation of the community pharmacy sector and varied business models</i></p> <p>Changes to the community pharmacy sector, including the introduction of discount models,</p>

Key Strengths	Key Challenges
<p>management and are currently underutilised in the delivery of best practice palliative care.</p>	<p>has led to increased competition and financial pressures, particularly on smaller independent pharmacies. In this environment, many community pharmacy business models do not support greater involvement of community pharmacists in delivering an expanded scope of palliative care services.</p>
<p><i>Strong relationships with primary care</i></p> <p>Many community pharmacists have strong and effective inter-professional relationships with primary and community care providers involved in delivering palliative care. New and emerging primary care models are increasingly integrating community pharmacy.</p>	<p><i>Lack of integration with tertiary care providers</i></p> <p>There are limited mechanisms for community pharmacists to effectively integrate with tertiary palliative care providers and prescribers (including the palliative care multidisciplinary team), impacting on continuity of patient care.</p> <p><i>Lack of real-time patient medication data</i></p> <p>There is a lack of access to real-time and accurate prescribing, dispensing and patient medication information across providers of palliative care (e.g. access to timely discharge summaries or current medication profiles).</p>

Vision for the future

Stakeholders envisaged the ideal future state for the involvement of community pharmacy in palliative care in NSW. This is described below.

‘The community pharmacy network is actively involved in the delivery of palliative care services through supporting the individual, their family and carers, and other members of the multidisciplinary palliative care team.

This involvement is enabled through a highly skilled and knowledgeable workforce actively educating and assisting patients to access medicines and support in a timely and effective manner.’

Stakeholders also identified a range of considerations to support strengthened community pharmacy involvement in palliative care, including likely enablers and barriers. Note that specific Priorities and Recommendations are outlined later in this report.

Key considerations

- **The need to support community pharmacists’ palliative care knowledge and capabilities**

Stakeholders described the need to increase the knowledge of community pharmacists in palliative care service delivery. This included an understanding of the medications used during phases of palliative care, and the ability to translate this knowledge into practical support for consumers and other healthcare professionals. Participants described the opportunity for community pharmacists to be upskilled such that they were also able to provide support beyond medication supply, such as ‘bereavement and socialisation support’.

Stakeholders also identified the importance of inter-professional learning, and the potential to tailor existing palliative care specialist educational programs, such as the Program of Experience in the Palliative Approach (PEPA)⁸ to include a community pharmacy element. Specialist training pathways were also identified as an area for further investigation, with the ability for community pharmacists to upskill and expand their scope of practice to support palliative care service delivery in the primary health care setting.

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

The need for timely and cost-effective access to medications for palliative care, both from a consumer and a community pharmacy perspective were highlighted as areas for consideration. Stakeholders described existing elements of the community pharmacy business model which could be enhanced to support palliative care service delivery, including but not limited to, after-hours access, home-delivery, and maintaining adequate medication and consumables supplies.

There was an acknowledgement amongst stakeholders of the importance of adequate and specific funding to support the role and involvement of community pharmacy in palliative care services, with reference to existing funding mechanisms such as the Pharmaceutical Benefits Scheme and the 6th Community Pharmacy Agreement. From a consumer perspective, it was also highlighted that lack of affordability due to procurement through the Special Access Scheme (SAS) or the use of off-label medicines for treatment could be a barrier to optimal care. Lack of community pharmacy experience

ordering through the SAS was also noted as a barrier, potentially leading to delays in timely supply of medications to patients.

- **Leveraging existing resources and tools to support community pharmacists' involvement in palliative care service delivery**

Stakeholders highlighted the need to adapt, utilise and increase awareness of existing tools and resources for palliative care to support community pharmacy in understanding their role in palliative care service delivery and that of other stakeholders. Ensuring a strengths-based approach by leveraging existing capacity and resources in the health system was identified as a key guiding principle.

Digital health platforms, such as the My Health Record, the Electronic Medical Record (eMR), and the Primary Health Network supported Health Pathways models were also highlighted as potential tools for use. Leveraging this infrastructure and platforms was identified as an important strategy to support a shared understanding amongst health professionals and the community pharmacist of a patient's palliative treatment and care, by providing timely and verifiable clinical information. An example of this included timely sharing of medication management plans across healthcare providers.

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

Stakeholders strongly supported the need for increased awareness and a shared understanding of the role and scope of practice of community pharmacists (as it relates to palliative care) - among both health care providers and consumers.

This was seen as a foundational requirement to strengthen inter-professional relationships between healthcare providers, moving away from a 'siloed' approach.

Stakeholders also highlighted the need to increase local awareness amongst health care professionals of community pharmacies within their geographical footprint who have the capacity and willingness to support palliative care service delivery, and to strengthen integrated care pathways based on a networked pharmacy model.

Regional and Rural NSW

Stakeholders from regional and rural NSW described many of the same issues previously described in this report. Issues highlighted as of particular significance to regional and rural NSW include the following:

- Community pharmacy networks and other palliative care services in rural and regional areas were described as well-established and coordinated, and regularly demonstrating a 'willingness to go above and beyond'. The strong professional relationships and links between general practice and community pharmacy practising within rural/regional areas were also noted.
- Community pharmacy networks in regional and rural areas were perceived as being particularly experienced in logistical coordination enabling access, ordering and supply of medications used for people with palliative care needs. This capability was attributed to the unique access challenges associated with practicing in a rural and regional area.
- Collaborative approaches to progressing stock supply issues were described by stakeholders, including the provision of stock loans between hospital and community pharmacies. This process

was described as often an informal arrangement, underpinned by a strong sense of trust and goodwill between hospital and community pharmacies.

- Variability in the availability of a stable and skilled local health workforce was highlighted, and the often transient nature of health professionals in general practice and community pharmacy impacting on coordination and continuity of care.

Priorities and Recommendations

Stakeholders

The notion of greater involvement of community pharmacists in medication management for people with palliative care needs across NSW is strongly supported.

Three key areas of focus have been identified and validated by stakeholders during the final consultation workshop to support an enhanced contribution by community pharmacy to palliative care in NSW. For each key area of focus, strategic recommendations and key initiatives are described. Key initiatives have been prioritised into the following:

- a) initiatives which are considered to have the **greatest overall impact** on improving palliative medication management in NSW; and
- b) initiatives which should be **progressed in the next 12 months.**

The prioritisation of these initiatives have been informed by the stakeholder consultations, however should be considered in the context of available resources and potential dependencies.

The insights provided by stakeholders highlight the need for a whole-of-system approach to effectively enhance the involvement of community pharmacy in palliative care service delivery. This includes consideration of broader policies and frameworks at a Commonwealth and State level, funding mechanisms, and legislative requirements across jurisdictions.

The priorities and recommendations outlined in this report are to be considered by NSW Health more broadly, and should be based on an assessment of the specific roles and remit of stakeholders, organisational capabilities and spheres of influence. There are significant opportunities however to consider partnership approaches that support collaboration and leverage collective capabilities across the health system.

Focus Area 1: Building the palliative care knowledge, skills, and capabilities of community pharmacists

Strategic recommendations:

- 1.1 To create **educational programs** which are accessible to community pharmacists and promote professional development and inter-professional networking opportunities.
- 1.2 To **foster skills development**, through investigation of existing skills practice models for adaptation and enhancement.
- 1.3 To develop and promote **tools and resources** which will support community based palliative care service delivery by community pharmacies.
- 1.4 To create **knowledge hubs** which promote ease of access to evidence based materials for delivery of palliative care.

Key initiatives to contribute to this focus area are presented below.

Key initiatives from Stakeholders

Considered to have the greatest overall impact in NSW	Development of a core palliative care medicines list
	Development of a standardised palliative care education package for community pharmacists*;
	Establish a state-wide formulary for palliative care
	Expanding specialist palliative care education programs, such as PEPA, to include and support community pharmacists;
To progress in the next 12 months	Development of a core palliative care medicines list

*Development of a standardised palliative care education package for community pharmacists would support the use of a core palliative care medicines list and other initiatives.

Focus Area 2: Enhancing community pharmacy business models to support palliative care

Strategic recommendations:

- 2.1 **To progress** supply chain management issues, including procurement and stock management issues as well as the safe return and disposal of unwanted palliative care medicines.
- 2.2 **To promote** professional community pharmacy services which will contribute to supporting medication management for palliative care patients in the community.
- 2.3 **To enhance** operating models to increase localised recognition and participation of community pharmacies committed to delivering palliative care services for their community.
- 2.4 **To support enhancement** to pharmacy infrastructure, including considerations of legislative and workforce constraints.

Key initiatives to contribute to this focus area are presented below and were determined by stakeholders to have **equal importance** in contributing to **short term and overall impact**.

Key initiatives from stakeholders

Considered to have the greatest overall impact in NSW	Establishing a designated network of registered palliative care community pharmacies
	Standardised framework or model to support community pharmacy businesses to decrease variation
To progress in the next 12 months	Establishing a designated network of registered palliative care community pharmacies*
	Standardised framework or model to support community pharmacy businesses to decrease variation*

*Foundational work in building the palliative care knowledge, skills and capabilities of community pharmacists (Key Area 1) would need to be completed prior to commencing these initiatives.

Focus Area 3: Optimising palliative care medication management pathways across providers to achieve standardisation of practice

Strategic recommendations:

- 3.1 To establish **medication management pathways** which are defined, and support effective transitions of care for palliative care patients.
- 3.2 To enhance **information flow across providers** to ensure timely and consistent transfer of patient information.
- 3.3 To support the establishment of **care provider relationships and structures** through arrangements across various providers.
- 3.4 To enhance **consumer information and support**, through adopting a patient-centred approach to care.
- 3.5 To **standardise approaches to palliative care prescribing** to reduce clinical variation in community based palliative care service delivery.

Key initiatives to contribute to this focus area are presented below and were determined by stakeholders to have **equal importance** in contributing to **short term and overall impact**.

Key initiatives from stakeholders

Considered to have the greatest overall impact in NSW	<p>Establish an online portal (using EviQ model) to review and maintain evidence based protocols and to support Quality Use of Medicines (QUM)</p> <p>Dedicated specialist community pharmacy roles to liaise across service providers based on geographical locations</p> <p>Standardisation of patient information post-hospital discharge and integrate with community pharmacy</p>
To progress in the next 12 months	<p>Establish an online portal (using EviQ model) to review and maintain evidence based protocols and to support Quality Use of Medicines (QUM)*</p> <p>Dedicated specialist community pharmacy roles to liaise across service providers based on geographical locations*</p> <p>Standardisation of patient information post-hospital discharge and integrate with community pharmacy**</p>

*Foundational work in building the palliative care knowledge, skills and capabilities of community pharmacists (Key Area 1) would need to be completed prior to commencing these initiatives.

**This identified initiative is complex and requires longer term investment.

Clinical Excellence Commission (CEC)

The prioritisation of the above initiatives have been informed by the stakeholder consultations, however should be considered in the context of interdependencies, organisational capabilities and spheres of influence.

In considering this, the CEC has assessed all the prioritised initiatives from stakeholders and has prioritised 3 initiatives to progress during the 2018/19 financial year. These initiatives will ensure a platform to build upon for further work and promote sustainability.

The remainder of identified initiatives equally important, require longer term investment and resources to complete.

The initiatives prioritised by the CEC are shown in the table below.

Clinical Excellence Commission (CEC) priorities	
Initiatives to complete within the next 12 months	Development of a core palliative care medicines list
	Development of a standardised palliative care education package for community pharmacists
	Expanding specialist palliative care education programs, such as PEPA, to include and support community pharmacists
Other Initiatives for further consideration requiring additional investment and resources	Establish a state-wide formulary for palliative care (this initiative relates to the above core medicines list work and standardisation in prescribing)
	Establishing a designated network of registered palliative care community pharmacies
	Standardised framework or model to support community pharmacy businesses to decrease variation
	Establish an online portal to review and maintain evidence based protocols and to support Quality Use of Medicines (QUM)
	Dedicated specialist community pharmacy roles to liaise across service providers based on geographical locations
	Standardisation of patient information post-hospital discharge and integrate with community pharmacy

General Considerations

Stakeholders identified several general considerations which should underpin the implementation of any activities seeking to support the involvement of community pharmacy in palliative care service delivery.

These included:

- Ensuring key activities are tailored and take into consideration the geographical context in which they are being delivered, such as rural, regional and remote locations;
- Recognition that services and activities should be made accessible to all, including those identifying as Aboriginal and Torres Strait Islander and from culturally and linguistically diverse (CALD) backgrounds;
- Recognition that initiatives should be evidence-based;
- Ensuring that medication management initiatives reflect the Quality Use of Medicines (QUM) framework; one of the central objectives of Australia's National Medicines Policy⁹;
- Introduction of quality indicators and outcome measures to inform determination of the success of initiatives and provide a basis for scale-up, where appropriate.

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List of Attachments

A number of supporting documents are provided as attachments to this report. They are listed below.

Attachment A	Community Pharmacy Palliative Care Project Literature Review
Attachment B	Key Informants Interview Guide
Attachment C	Rural/Regional NSW Focus Group Guide
Attachment D	Workshop Agendas and Summaries



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