



Australian Government

Department of Health and Ageing

Evaluation Framework

for the

Fifth Community Pharmacy Agreement

December 2011

Table of contents

About the Evaluation Framework.....	3
Introduction.....	3
Policy Context.....	3
Community Pharmacy Agreements	3
Public Policy.....	3
Evaluation Framework.....	4
Purpose.....	4
Process	4
Timeframes	4
Consistent Evaluation Mechanism.....	5
Evaluation Questions	6
Performance indicators	7
Data.....	7
Monitoring and Reporting.....	7
Fifth Agreement Program logic	8
Clause 34.1 Review	8
Governance	9
Program Logic for component parts	9
Community Pharmacy Remuneration.....	9
Medicine Supply via Wholesalers	10
Community Pharmacy Location	10
Community Pharmacy and Patient Services	11
Appendix 1: Agreement Governance.....	13
Appendix 2: Pharmacy Remuneration	17
Appendix 3: Medicine Supply via Wholesalers.....	20
Appendix 4: Pharmacy Location	22
Appendix 5: Community Pharmacy and Patient Services	24
5.1. Implementation Reviews: Community Pharmacy and Patient Services.....	26
a. Implementation Review: Supply and Claiming of PBS Medicines from a Medication Chart in Residential Aged Care Facilities	26
b. Electronic Recording and Reporting of Controlled Drugs	28
c. Continued dispensing of PBS medicines in defined circumstances	30
d. Pharmacy Practice Incentives Program	32
e. MedsCheck/Diabetes MedsCheck Pilot.....	34
f. MedsCheck/Diabetes MedsCheck National Rollout	36
5.2. Outcomes Reviews: Community Pharmacy and Patient Services.....	38
a. Rural Programs	38
b. Aboriginal and Torres Strait Islander Programs	40
c. Medication Management Programs	42
5.3. Thematic Reviews: Community Pharmacy and Patient Services	44
a. Consumer Experience	44
b. Access	46
c. Quality Use of Medicines	48

About the Evaluation Framework

This document presents the Evaluation Framework (the Framework) for the Fifth Community Pharmacy Agreement (Fifth Agreement). The Framework was developed by the Department of Health and Ageing (the Department) with input from the Pharmacy Guild of Australia (the Guild) and the Programs Reference Group (PRG). The Framework was finalised by the Agreement Consultative Committee (ACC) in December 2011 following inclusion of final comments provided by PRG members on 25 November 2011. It provides guiding principles for evaluations under the Fifth Agreement.

The Framework is a dynamic document that will be updated in response to the changing circumstances in areas such as community pharmacy and the broader public policy environment.

Introduction

The Fifth Community Pharmacy Agreement between the Guild and the Commonwealth of Australia (the Commonwealth), represented by the Department of Health and Ageing, was signed on 3 May 2010. It operates for the five year period 1 July 2010 to 30 June 2015.

The Fifth Agreement includes the requirement for the Commonwealth and the Guild to participate in a review of the Agreement prior to its expiry to inform negotiations for any subsequent agreement (clause 34.1). Preliminary findings from the review will need to be available at the commencement of these negotiations, in approximately July 2014.

Policy Context

Community Pharmacy Agreements

Since 1990, the Commonwealth and the Guild have entered into five-year agreements known as *Community Pharmacy Agreements*.

These Agreements have all addressed pharmacist remuneration and location rules, but over time they have expanded in scope to provide increasingly for professional pharmacy programs and services.

Public Policy

The Fifth Agreement recognises that community pharmacy is an integral part of the infrastructure of the health care system in its role in primary health care through the delivery of the Pharmaceutical Benefits Scheme and related services. The Fifth Agreement, in turn, operates in the context of wider public health policies including:

- The *National Medicines Policy*;
- The *National Strategy for Quality Use of Medicines*.

These policies may also have an operational relationship with:

- *National Primary Health Care Strategy*;
- *National Preventative Health Strategy*; and
- National Health and Hospitals Reform.

The Department and Guild recognise that all the above polices are subject to ongoing development. As such, while they provide operational context for the Fifth Agreement, they cannot be considered as a static benchmark against which to consider the delivery or performance of Fifth Agreement programs and services.

Evaluation Framework

Purpose

This Framework provides a structure for the review of the Fifth Agreement, incorporating independent evaluations of its component parts. The Framework will be used by the Department, the Guild and the ACC to provide guidance on reviewing, monitoring and evaluating the Fifth Agreement. The overall purpose of this Evaluation Framework is to articulate:

- appropriate timeframes for undertaking the overall review of the Fifth Agreement as required by Clause 34.1 of the Agreement;
- a consistent mechanism for the evaluation of individual programs across the Fifth Agreement;
- a strategy to bring evaluations of programs together;
- details of what to measure and performance indicators to use in the program evaluations;
- details of data to be gathered for program evaluations and timeframes for doing so; and
- advice on ongoing monitoring and reporting mechanisms that should be adopted during the Fifth Agreement.

Process

The Department will manage the procurement processes and contractual arrangements for engaging an appropriate evaluator(s) in accordance with Australian Government procurement rules and accountability requirements. In line with best practice, the Department may seek expert advice during these procurement processes and in this context may:

- invite the Guild to comment on draft requests for tender/quotation;
- invite a Guild representative to participate as an observer on selection panels; and
- invite a Guild representative to participate in any evaluation project management/advisory/reference bodies.

Timeframes

It is proposed that the broader review of the Fifth Agreement will be conducted in five stages, as set out in Table 1. This Framework represents stage one of this review process. It also establishes the structure for all other stages.

Table 1: Proposed stages, tasks and timeframes for the review of the Fifth Community Pharmacy Agreement

Stage	Task	Timeframe
Stage one (this document)	<ul style="list-style-type: none"> Develop Fifth Agreement evaluation framework 	February 2011 to November 2011
Stage two	<ul style="list-style-type: none"> Commence gathering data/information for individual or combined evaluations of Fifth Agreement elements/programs 	From April 2011
Stage three	<ul style="list-style-type: none"> Commence Fifth Agreement review 	From January 2012
Stage four	<ul style="list-style-type: none"> Preliminary findings, outcomes and recommendations of Fifth Agreement review and individual or combined evaluations inform negotiations for any subsequent agreement 	From early 2014
Stage five	<ul style="list-style-type: none"> Final report of Fifth Agreement review due Final reports of individual or combined evaluations due Final findings inform implementation of any subsequent agreement 	<p>March - April 2015</p> <p>From June 2015</p>

Consistent Evaluation Mechanism

To be fully effective, stages 2-5 of the broader review of the Fifth Agreement as set out in Table 1, above, require a common and consistent frame of reference. This includes identifying:

- the program logic for the Fifth Agreement;
- the program logic for component parts of the Agreement that may be evaluated/reviewed, including:
 - details of what to measure and performance indicators; and
 - details of data to be gathered and timeframes for doing so;
- a monitoring and reporting regime for assessing progress throughout the Agreement and documenting outcomes and results achieved.

The structure of the Fifth Agreement reflects the following components:

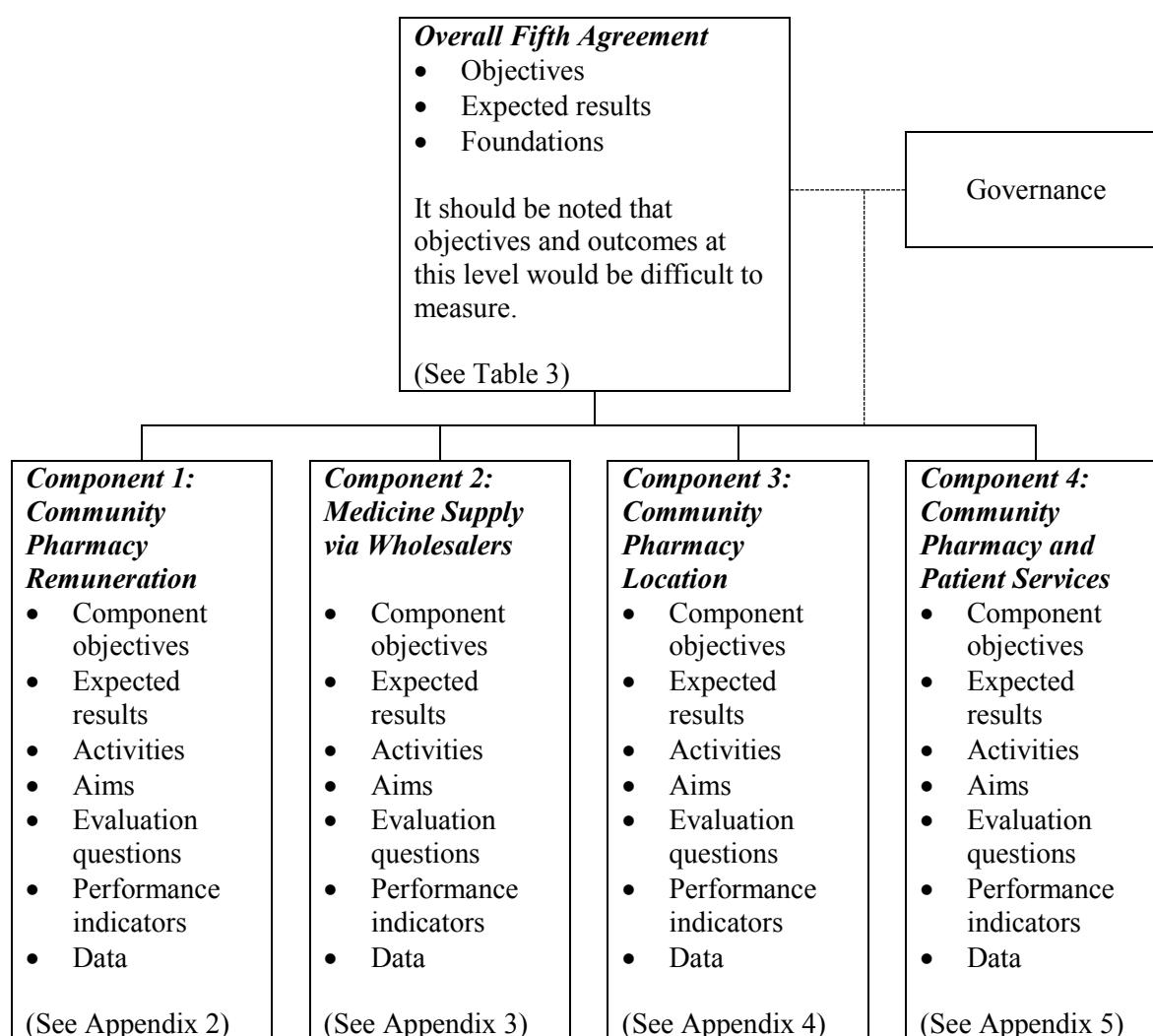
1. community pharmacy remuneration;
2. medicine supply via wholesalers;
3. community pharmacy location; and
4. community pharmacy and patient services.

All components include aspects of Fifth Agreement governance and in this sense, governance can be considered to be a fifth component.

It is recommended that evaluations generally be undertaken at the component level, where results are more likely to be measurable.

The structure of the Fifth Agreement, and its component parts, is summarised in Table 2.

Table 2: Fifth Agreement and its component parts



To ensure maximum consistency in and comparability of the findings of Fifth Agreement evaluations and review, this Framework proposes common evaluation questions and performance indicators.

Evaluation Questions

Fifth Agreement evaluations will gather evidence to answer the following key overarching questions:

- Has the program/service/element contributed to achieving the overall objectives of the Fifth Agreement?
- Has the program/service/element been managed as agreed by the parties to the Fifth Agreement?
- Have Fifth Agreement governance arrangements supported the program/service/element? and
- What obstacles emerged and how were they managed?

These questions have been chosen because the information required to answer them will directly address the principles and objectives of the Fifth Agreement (see Clause 1.2 (d)).

Individual evaluations will need to develop specific questions consistent with these overarching questions.

Performance indicators

Both qualitative and quantitative indicators will be used in Fifth Agreement evaluations. Two categories of indicators are proposed:

- Governance/organisational indicators, such as:
 - adequacy of communications;
 - compliance with plans;
 - adequacy of training;
 - efficiency in use of resources; and
 - stakeholder engagement.
- Outcome indicators, such as:
 - evidence of change;
 - participation;
 - capacity-building;
 - reach; and
 - timeliness.

Individual evaluations will identify specific performance indicators consistent with these broad indicators.

Data

It is likely that some data will be relevant to multiple programs/elements. Where possible, it is proposed that data will be collected once and used multiple times. The data sources identified by this Framework constitute a data map for the Fifth Agreement. The data map will comprise of data sources identified in individual program logic tables (which in turn will be jointly populated by both Guild and departmental program managers). As data gaps are identified they will be prioritised for filling.

Monitoring and Reporting

Implementation of Fifth Agreement initiatives is generally a staged process and regular and continuous monitoring is essential to determine the extent to which the desired outcomes have been achieved. This, in turn, requires structured reporting.

The identification of common evaluation questions and performance indicators and the data required to assess performance will facilitate consistency in reporting and monitoring. In this context, monitoring aims to ensure that appropriate data is available to:

- assist timely decision making;
- ensure accountability;
- track the achievement of outcomes; and
- provide the basis for evaluation and learning.

It is suggested that monitoring and reporting be conducted in conjunction with the regular scheduled reports that are required by Fifth Agreement program reporting schedules, the information requirements of the ACC and the Australian Government's annual reporting and accountability schedules.

Fifth Agreement Program logic

This Framework was developed using *Program Logic*. *Program Logic* identifies the rationale behind a program by articulating the anticipated cause-and-effect relationships between program activities, outputs, intermediate outcomes and longer-term desired outcomes. In this way it expresses how change is expected to occur as a result of an investment. *Program Logic* requires program managers to consider what short, medium and longer term indicators of change might be expected, and provides a consistent basis for program monitoring, evaluation and reporting. Table 3 summarises the outcomes hierarchy (objectives, results and inputs) for the Fifth Agreement.

Table 3: Program logic: Fifth Community Pharmacy Agreement

Overall program objective(s) / outcomes	<p>The Fifth Community Pharmacy Agreement aims to ensure:</p> <ul style="list-style-type: none"> • All Australians have timely access to PBS medicines they need at a cost individuals and the community can afford. • Positive health outcomes are attained by the Australian community through the efficient delivery of patient-focused professional services and programs. • Maintenance of a sustainable network of accessible and viable community pharmacies throughout Australia that contributes to the continuity of care for all Australians.
Results expected during the term of the Fifth Agreement	<ul style="list-style-type: none"> • The community pharmacy network delivers value for money for taxpayers and affordable medicines for consumers and pays approved pharmacists a fair price for providing pharmaceutical benefits and services. • Programs are patient-focussed and target areas of need in the community. • Fifth Agreement programs/services contribute to the sustainability and efficiency of the PBS within the broader context of health reform and ensure that community resources continue to be appropriately directed across the health system. • Fifth Agreement programs/services contribute to improvements in the accessibility of pharmaceutical services in the Australian community. • Fifth Agreement initiatives support good business practices within community pharmacy and the pharmaceutical industry.
Inputs / foundations / aims	<ul style="list-style-type: none"> • Appropriate policies, strategies and accountability and governance arrangements are implemented. • Appropriate financial and program infrastructure is in place to support the implementation of the various components.

Clause 34.1 Review

The review specified in Clause 34.1 of the Agreement will be a high level whole-of-Agreement review of Fifth Agreement investments. The Clause 34.1 review would include:

- a summary of key outcomes achieved (this would be drawn from other evaluation reports and thematic reviews and by assessing regular monitoring and outcome tracking reports);

- a summary of key challenges/barriers faced in delivering the outcomes and an assessment of how the challenges/barriers might be overcome in the future; and
- an assessment of Fifth Agreement governance arrangements (this would provide findings in relation to what arrangements have worked well and what changes would improve outcomes and efficiencies – see below and Appendix 1).

Governance

New governance arrangements were established for professional programs under the Fifth Agreement. These arrangements include:

- oversighting of programs by the ACC; and
- policy advice by the PRG, that includes broader stakeholder representation.

The changes to the governance arrangements for the Fifth Agreement closely reflect the suggestions of the 2010 review of the Professional Programs and Services Advisory Committee, a central element of Fourth Agreement program governance.

The governance review will report on the efficacy of the governance structures established for the Fifth Agreement (principally the Agreement Consultative Committee and the Programs Reference Group). It will also examine the program administration arrangements established by the parties to the Agreement.

Candidates for governance reviews are:

Structure/theme	Reason
Committees	The ACC and the PRG are core structures of Fifth Agreement governance. Evaluating their effectiveness would provide important guidance for deciding on governance arrangements for any subsequent Agreement.
Program administration	Efficient program administration is a central element of overall accountability. Evaluating the governance arrangements for program administration would help to ensure programs are being managed efficiently.
Stakeholder engagement	The means by which stakeholders contribute to program development and management can be critical to the overall effectiveness of programs in addressing stakeholder needs.

To assist in the development of detailed evaluation plans for the governance review, the program logic and draft evaluation questions, performance indicators and data requirements have been developed (see Appendix 1).

Program Logic for component parts

Community Pharmacy Remuneration

Commonwealth Price

Part 2 of the Fifth Agreement sets out the ‘agreement between the Guild and the Minister, as referred to in section 988AA of the *National Health Act 1953* which sets out the manner in which the Commonwealth price is to be ascertained and to which the Pharmaceutical Benefits Remuneration Tribunal must give effect in determining the Commonwealth price’.

Under Clause 11 of the Fifth Agreement, ‘the parties agree that, subject to the Act, the method of calculating any elements of the remuneration covered by Part 2 of this Agreement, and the level of that remuneration, may be varied by agreement in writing between the parties in accordance with clause 32’. This Framework does not change the meaning or intent of Clause 11.

While any review of remuneration as defined by Clause 11 is beyond the scope of this Framework, it is noted that the bulk of the funds provided by the Fifth Agreement is for Commonwealth payments to pharmacists. Although no review of remuneration is proposed at this time, the program logic for commonwealth payments to pharmacists is included at Appendix 2 to facilitate preparations for any future review, if a review is deemed necessary.

Section 100 remuneration

During 2008-09, a Review of Existing Supply and Remuneration Arrangements for Drugs Listed Under Section 100 of the *National Health Act 1953* was undertaken by Australian Healthcare Associates.

The review examined the existing supply and remuneration arrangements for drugs supplied under five programs established under Section 100 of the *National Health Act 1953* and how these supply arrangements impact on community pharmacies.

The report was finalised in February 2010 and, in view of its currency, no review of community pharmacy remuneration under Section 100 is proposed at this time. For document completeness, the program logic for community pharmacy remuneration is included at Appendix 2. The Department and Guild acknowledge that this information may inform any future review of community pharmacy remuneration.

Medicine Supply via Wholesalers

The Community Service Obligation (CSO) Funding Pool was established under the Fourth Community Pharmacy Agreement and took effect from 1 July 2006. Its objective is to ensure that arrangements are in place to provide all Australians with ongoing and timely access to PBS medicines via their community pharmacy. A review of the administration of the CSO Funding Pool was undertaken by KPMG in 2010.

Further, procurement processes are underway for both CSO administration and CSO distributors. In view of these procurement processes and the currency of the KPMG report, no further evaluation of the CSO Funding Pool is proposed at this time. For document completeness, the program logic for Medicine Supply via Wholesalers is included at Appendix 3. The Department and Guild acknowledge that this information may inform any future review of medicine supply via wholesalers.

Community Pharmacy Location

The Community Pharmacy Location Rules (the Rules) were introduced in 1990 to address perceived inefficiencies in the community pharmacy sector and the oversupply and sustainability of pharmacy services in particular geographic areas. The Rules have been preserved in all subsequent Community Pharmacy Agreements and have been modified from time to time by mutual agreement between the Guild and the Department.

The Fourth Community Pharmacy Agreement included a requirement for the Pharmacy Location Rules to be independently reviewed. Urbis was commissioned to undertake this review. The review report was finalised in June 2010. It made 11 findings.

In view of the currency of the Urbis report, no further evaluation of the Rules is proposed at this time. Ongoing monitoring will continue. For document completeness, the program logic for Community Pharmacy Location Rules is included at Appendix 4. The Department and Guild acknowledge that this information may inform any future review of Community Pharmacy Location Rules.

Community Pharmacy and Patient Services

Two main approaches are proposed for the evaluation and review of community pharmacy and patient services under the Fifth Agreement:

- evaluate individual programs, or groups of similar programs, including the interaction between programs where relevant; and
- undertake thematic reviews aimed at assessing the contribution of Fifth Agreement investments to the achievement of the objectives of the Fifth Agreement and the *National Medicines Policy*.

Program/element reviews

For individual elements, two different kinds of evaluations are necessary:

- implementation reviews (to assess the implementation of new programs under the Fifth Agreement and the implementation of substantial revisions to programs continuing from the Fourth Agreement); and
- progress or outcome reviews (to assess the results achieved under the Fifth Agreement by programs continuing from the Fourth Agreement, and new Fifth Agreement programs).

This approach recognises that some ongoing programs have been evaluated and that reviews have been undertaken under the Fourth Agreement. These existing reports are a resource for Fifth Agreement evaluations and should be built on, not duplicated.

Candidates for implementation reviews are:

Program/element	Reason
a. Electronic Recording and Reporting of Controlled Drugs	To assess the effectiveness of the initiative in recording the prescribing and dispensing of S8 items. To ascertain any changes and support needed for the implementation of phase 2.
b. Supply and Claiming of PBS Medicines from a Medication Chart in Residential Aged Care Facilities	To assess the effectiveness of the initiative and identify any areas needing change.
c. Continued dispensing of PBS medicines in defined circumstances	To assess the benefits of this initiative over and above the existing arrangements. To identify the suitability of any additional medicines to be included.

d. PPI	To assess the effectiveness of Fifth Agreement pharmacy practice incentive payments to quality accredited community pharmacies.
e. MedsCheck/Diabetes MedsCheck pilot	To ensure the pilot informs the 2012 national rollout; optimal eligibility targeting and streamlined service delivery.
f. MedsCheck/Diabetes MedsCheck national rollout	To measure the effectiveness of the national rollout and the potential impact on other services e.g. HMR. Proposed implementation review of national arrangements – 2013.

Candidates for progress or outcomes reviews are:

Program/element	Reason
a. Rural programs <ul style="list-style-type: none"> • Rural Pharmacy Workforce • Rural Pharmacy Maintenance Allowance 	These programs contain a mix of new, revised and continuing elements. In some cases, the design of new elements has drawn on previous evaluations. Ongoing monitoring and evaluation will help to ensure the programs are as efficient and effective as possible.
b. Indigenous programs <ul style="list-style-type: none"> • S100 Support Allowance to Remote AHS • QUMAX • Aboriginal and Torres Strait Islander Pharmacy Workforce 	
c. Medication management programs <ul style="list-style-type: none"> • Home Medicine Review • Residential Medication Management Review 	

Thematic reviews

Thematic reviews will report on how Fifth Agreement programs/elements are jointly contributing to the achievement of Fifth Agreement objectives. This Framework acknowledges the important policy context established by the *National Medicines Policy* and the significant overlap between the *National Medicines Policy* and Fifth Agreement objectives.

Candidates for thematic reviews are:

Theme	Reason
a. Consumer experience	To ensure consumer experiences and perspectives are taken into account in the design and implementation of Fifth Agreement activities.
b. Access to PBS medicines	To ensure access to PBS medicines is maintained or enhanced by Fifth Agreement initiatives.
c. QUM	To ensure Quality Use of Medicines principles are supported through Fifth Agreement activities.

See Appendix 5.

Appendix 1: Agreement Governance

Program logic: Agreement governance

Overall component objective (s) / outcome	<ul style="list-style-type: none"> • Operational arrangements maximise the opportunities for Fifth Agreement community pharmacy programs and services to contribute to effective patient-focused health outcomes for consumers. • Planning and monitoring arrangements are fully effective and efficient.
Results expected during the course of the Fifth Agreement	<ul style="list-style-type: none"> • A data map for the Fifth Agreement is developed that facilitates the sharing and multiple-use of information and which sets priorities for filling identified data gaps. • Fifth Agreement programs are managed within a framework that recognises the synergies between programs and facilitates the achievement of shared objectives. • Reviews of Fifth Agreement programs/elements are planned and conducted within a common review framework.
Activities	<ul style="list-style-type: none"> • Convene the ACC. • Establish the PRG. • Service ACC and PRG meetings and other governance authorities. • Streamline existing and/or develop regular operational, implementation and/or outcome reports. • Monitor the effectiveness of governance arrangements. • Evaluate the effectiveness of Fifth Agreement governance arrangements. • Enact appropriate administrative agreements between the Department and the Guild.
Aims	<ul style="list-style-type: none"> • To establish Fifth Agreement support structures that provide assurance for the community that: <ul style="list-style-type: none"> ○ effective patient-focused health outcomes are being achieved for consumers; and ○ taxpayers funds are being properly expended in an efficient, effective and ethical manner.

Program logic: Agreement governance

Evaluation Questions	Indicators	Data sources	Data collection
<i>What do we want to know about this outcome?</i>	<i>Achievements will be assessed by analysing:</i>	<i>Data will be derived from:</i>	<i>Timing for data collection and/or data creation:</i>
<p><i>Governance committees:</i></p> <ul style="list-style-type: none"> • How effective was the ACC in carrying out the functions prescribed to it under the Fifth Community Pharmacy Agreement? • What factors contributed to ACC’s effectiveness? • What factors inhibited effectiveness? 	<ul style="list-style-type: none"> • Extent to which ACC working arrangements require changing for any subsequent Agreement. • Timeliness, expediency and appropriateness of issues resolution. • Stakeholder feedback. 	<ul style="list-style-type: none"> • ACC meeting papers. • June 2010 Review of the Professional Programs and Services Advisory Committee (by KPMG). • Stakeholder feedback/surveys: <ul style="list-style-type: none"> ○ Minister/government; ○ departmental executive; ○ ACC; ○ Guild National Council. 	<p>Initial survey at mid-point of Fifth Agreement.</p> <p>Follow-up survey early 2014.</p>
<ul style="list-style-type: none"> • How effective was the PRG in carrying out the functions prescribed to it under the Fifth Community Pharmacy Agreement? • What factors contributed to PRG’s effectiveness? • What factors inhibited effectiveness? 	<ul style="list-style-type: none"> • Extent to which PRG working arrangements require changing for any subsequent Agreement. • Timeliness, expediency and utility of PRG advice to ACC and/or the Minister. • Stakeholder feedback. 	<ul style="list-style-type: none"> • PRG meeting papers. • June 2010 Review of the Professional Programs and Services Advisory Committee (by KPMG). • Stakeholder feedback/surveys: <ul style="list-style-type: none"> ○ Minister/government; ○ departmental executive; ○ ACC; ○ PRG; ○ Guild National Council. 	

Evaluation Questions	Indicators	Data sources	Data collection
<ul style="list-style-type: none"> • What changes to governance arrangements, if any, would improve the governance of any subsequent Agreement? 	<ul style="list-style-type: none"> • Level of agreement on the efficacy of Fifth Agreement governance arrangements. • Stakeholder feedback. 	<ul style="list-style-type: none"> • ACC and PRG meeting papers. • Papers for meetings between the Department, Guild and Pharmaceutical Society of Australia. • Fifth Agreement website log of inquiries. • Stakeholder feedback/surveys: <ul style="list-style-type: none"> ○ Minister/government; ○ departmental executive; ○ ACC; ○ PRG; ○ Guild National Council. 	
<p><u>Program Administration reviews:</u></p> <ul style="list-style-type: none"> • Have governance arrangements supported the implementation of programs/services, including supporting changes in service provision and behaviour? • Have governance arrangements supported the achievement of common objectives among programs/services? • Have processes relating to intellectual property, procurement, contracting and confidentiality supported efficient and effective program management? 	<ul style="list-style-type: none"> • Timeliness in implementing new programs/services and changes to existing programs. • Evidence of information sharing and common understandings among program managers. 	<ul style="list-style-type: none"> • Implementation reports. • Guild progress reports. • Project plans. • Stakeholder feedback/surveys: <ul style="list-style-type: none"> ○ Minister/government; ○ departmental executive; ○ ACC; ○ PRG; ○ Guild National Council. 	<p>Survey in early 2014.</p>

Evaluation Questions	Indicators	Data sources	Data collection
<p><u>Stakeholder engagement review:</u></p> <ul style="list-style-type: none"> • To what extent do stakeholders support and have confidence in the way the Guild and the Department have managed the Fifth Agreement? • Are the views of stakeholders known and have they been addressed? • Do any stakeholders have undue influence on Fifth Agreement arrangements? 	<ul style="list-style-type: none"> • Number and type of meetings with stakeholders. • Frequency and types of formal and informal communications with stakeholders. • Stakeholder feedback. 	<ul style="list-style-type: none"> • ACC and PRG meeting papers. • Papers for meetings between the Department, Guild and Pharmaceutical Society of Australia. • Records of stakeholder meetings (re Fifth Agreement measures). • Stakeholder feedback/surveys: <ul style="list-style-type: none"> ○ Minister/government; ○ departmental executive; ○ ACC; ○ PRG; ○ industry (PSA, APESMA, SHPA etc); ○ consumers; ○ health professionals; ○ health professional organisations; ○ private sector (as relevant); ○ implementation agencies; ○ Guild National Council. 	<p>Initial survey at mid-point of Fifth Agreement.</p> <p>Follow-up survey early 2014.</p>
<p><u>Clause 34.1 review</u></p> <ul style="list-style-type: none"> • What evidence is there that Agreement governance arrangements are efficient and effective? • To what extent have Fifth Agreement investments delivered the results expected of them? 	<ul style="list-style-type: none"> • The findings of other reviews and evaluation reports. • Stakeholder feedback. 	<ul style="list-style-type: none"> • ACC and PRG meeting papers. • Other evaluation reports. • Stakeholder feedback/surveys: <ul style="list-style-type: none"> ○ Minister/government; ○ departmental executive; ○ ACC; ○ PRG; ○ Guild National Council. 	<p>Initial survey at mid-point of Fifth Agreement.</p> <p>Follow-up survey early 2014.</p>

Appendix 2: Pharmacy Remuneration

Program logic: Pharmacy Remuneration

Overall component objective (s) / outcome	<ul style="list-style-type: none"> Pharmacists receive fair and adequate remuneration for the pharmaceutical benefits that they supply under Part VII of the <i>National Health Act 1953</i> so that a stable environment is created for community pharmacy enabling it to remain viable and to participate in the continuity of care for all Australians.
Results expected during the course of the Fifth Agreement	<ul style="list-style-type: none"> Quick resolution of any decision to review remuneration (see Clause 11). Efficient remuneration operations and processes.
Activities	<ul style="list-style-type: none"> Implement agreed findings from the Section 100 review.
Aims	<ul style="list-style-type: none"> To ensure remuneration processes are operating efficiently and effectively and that policy objectives are clear and understood.

Program logic: Pharmacy Remuneration

Evaluation Questions	Indicators	Data sources	Data collection
<p><i>What do we want to know about this outcome?</i></p>	<p><i>Achievements will be assessed by analysing:</i></p>	<p><i>Data will be derived from:</i></p>	<p><i>Timing for data collection and/or data creation:</i></p>
<p><u>Commonwealth Payments to Pharmacists</u></p> <ul style="list-style-type: none"> • Is the remuneration formula right? <ul style="list-style-type: none"> ○ Has actual remuneration been in line with expectations at the start of the Fifth Agreement? ○ What service fees are included in the general dispensing fee? ○ In what manner are these services being provided to consumers? • How has the remuneration formula been impacted by: <ul style="list-style-type: none"> ○ PBS reforms? ○ other price changes? ○ changes in the sector? • What procedural changes, if any, would make remuneration negotiations more efficient? 	<ul style="list-style-type: none"> • Benchmarking of Australian practice to international best practice. • Stakeholder feedback. 	<ul style="list-style-type: none"> • Part 2 of the Fifth Agreement. • Pharmaceutical Benefits Remuneration Tribunal determinations. • Departmental files. • PBS and RPBS data. • Papers produced for, and records of, negotiations for the Fifth Agreement. • Stakeholder feedback/surveys: <ul style="list-style-type: none"> ○ Minister/government; ○ departmental executive; ○ pharmacy owners; ○ ACC; ○ Guild National Council. 	

Evaluation Questions	Indicators	Data sources	Data collection
<p><u>Section 100 remuneration</u></p> <ul style="list-style-type: none"> • What evidence is there that remuneration arrangements for drugs listed under Section 100 of the <i>National Health Act 1953</i> and provided through community pharmacies are adequate, efficient and effective? • What approval processes are in place? Are they appropriate? • What evidence is there that the supply and demand for Section 100 services are in balance? • What processes are in place to ensure systematic reviews of Section 100 payments is undertaken? 	<ul style="list-style-type: none"> • Processes established for Section 100 remuneration arrangements. • Stakeholder feedback. 	<ul style="list-style-type: none"> • Review of Existing Supply and Remuneration Arrangements for Drugs Listed Under Section 100 of the <i>National Health Act 1953</i> (Australian Healthcare Associates, February 2010). • Medicare Australia claiming data for Section 100 programs, including the new Intravenous Chemotherapy Supply Program. • Stakeholder feedback/surveys: <ul style="list-style-type: none"> ○ Minister/government; ○ departmental executive; ○ ACC; ○ Guild National Council. 	

Appendix 3: Medicine Supply via Wholesalers

Program logic: Medicine supply via wholesalers

Overall component objective (s) / outcome	<ul style="list-style-type: none"> • All Approved Pharmacists are able to obtain timely supply of the full range of PBS medicines, irrespective of the size or location of the community pharmacy, the breadth of the PBS product range, the cost of the PBS medicines, or the cost of their distribution and supply to pharmacy. • All Australians have timely access to the PBS medicines they require, regardless of the cost of the medicine, or where they live.
Results expected during the course of the Fifth Agreement	<ul style="list-style-type: none"> • More emphasis on an output, rather than an input, focus in CSO administration. • Implementation of a risk-based approach to managing breaches. • Seamless transition to new CSO arrangements.
Activities	<ul style="list-style-type: none"> • Establish CSO Administration Agency. • Establish CSO Distributor arrangements. • Continue to hold annual forums with CSO Distributors. • Monitoring the performance of the CSO and wholesalers. • Environmental scanning.
Aims	<ul style="list-style-type: none"> • To ensure the CSO is operating efficiently and effectively and that its policy objectives are clear and understood.

Program logic: Medicine supply via wholesalers

Evaluation Questions	Indicators	Data sources	Data collection
<i>What do we want to know about this outcome?</i>	<i>Achievements will be assessed by analysing:</i>	<i>Data will be derived from:</i>	<i>Timing for data collection and/or data creation:</i>
<ul style="list-style-type: none"> • What evidence is there to show that the CSO funding pool is meeting its objectives? • Are the governance arrangements for the CSO funding pool efficient and effective? 	<ul style="list-style-type: none"> • Benchmarking of Australian practice to international best practice. • Degree to which CSO service standards are met. • The level and type of complaints. • Effect of changes in structure of pharmaceutical supply chain. • Participation rates by wholesalers in CSO arrangements. • Stakeholder feedback. 	<ul style="list-style-type: none"> • CSO Distributor statistics. • Information collected by the CSO Administration Agency. • Stakeholder feedback/surveys: <ul style="list-style-type: none"> ○ Minister/government; ○ departmental executive; ○ ACC; ○ CSO Distributors; ○ CSO Administration Agency; ○ pharmacy owners; ○ appropriate consumer health groups; ○ Guild National Council. 	<ul style="list-style-type: none"> • Ongoing.

Appendix 4: Pharmacy Location

Program logic: Pharmacy Location

Overall component objective (s) / outcome	<ul style="list-style-type: none"> To support the aims of the National Medicines Policy in relation to improving the health outcomes for all Australians through their access to and quality use of medicines. To support a viable and sustainable network of accessible community pharmacies throughout Australia including in rural and remote areas. Encourage pharmacies to be established or relocated in areas of community need. The Location Rules operate in support of broader health policy reform.
Results expected during the course of the Fifth Agreement	<ul style="list-style-type: none"> Implementation of agreed amendments to the Location Rules. Implementation of other agreed administrative and legislative changes following the findings of the 2010 Urbis report. Continued application of the Rules through the Australian Community Pharmacy Authority (ACPA). Maintenance of an accessible network of community pharmacies. Gradual increase in the number of approved pharmacies in response to community need for access to PBS medicines.
Activities	<ul style="list-style-type: none"> Support ACPA meetings. Process section 90 applications and implement outcomes of ACPA decisions. Manage legislative process for establishment of a new Ministerial Determination to amend the Rules. Develop and implement new and revised administrative processes and documentation to support the amended Rules. Manage AAT, Federal Court and Ministerial Discretion cases. Monitor impact of amendments to the Rules. Analyse and address any emerging or ongoing issues.
Aims	<p>The objectives of the Pharmacy Location Rules are to ensure:</p> <ul style="list-style-type: none"> all Australians have access to PBS medicines; a commercially viable and sustainable network of community pharmacies dispensing PBS medicines; improved efficiency through increased competition between pharmacies; improved flexibility to respond to the community need for community pharmacy services; increased local access to community pharmacies for persons in rural and remote regions of Australia; and continued development of an effective efficient and well distributed community pharmacy network in Australia.

Program logic: Pharmacy Location

Evaluation Questions	Indicators	Data sources	Data collection
<p><i>What do we want to know about this outcome?</i></p>	<p><i>Achievements will be assessed by analysing:</i></p>	<p><i>Data will be derived from:</i></p>	<p><i>Timing for data collection and/or data creation:</i></p>
<ul style="list-style-type: none"> • How have the Pharmacy Location Rules (the Rules) helped to make PBS medicines accessible to the broader community? • How have the Rules contributed to the availability of PBS medicines particularly in rural and remote areas? • In what ways do the Rules support broader health policy reform? • What evidence is there that the Rules have helped to ensure a viable and sustainable network of community pharmacies? • What are the benefits and disadvantages of maintaining the Rules? • How do pharmacy location rules benefit consumers/patients? 	<ul style="list-style-type: none"> • Areas of community need that have approved pharmacies established or relocated. • Requirements for the establishment of pharmacies in urban and rural/remote areas. • Changes in number of pharmacies recommended for eligible facilities including large medical centres. • Continuity/quality of care through consistency of access to services from a stable community pharmacy network. • Changes in the number and distribution of approved pharmacies. • Changes to community pharmacy to population ratios. • Stakeholder feedback. 	<ul style="list-style-type: none"> • ACPA application statistics. • ACPA meeting papers. • 2010 Urbis review of Pharmacy Location Rules. • Post Implementation Review of the extension of the Rules. • Outcomes of AAT, Federal Court and Ministerial Discretion cases. • Previous Community Pharmacy Agreements and Rules. • Any Department and/or Guild reviews of the Rules. • Government reports relevant to the Rules. • Stakeholder feedback/surveys: <ul style="list-style-type: none"> ○ Minister/government; ○ departmental executive; ○ Medicare Australia; ○ pharmacy owners; ○ consumers; ○ Australian Community Pharmacy Authority; ○ Guild National Council. 	<ul style="list-style-type: none"> • Continue to collect routine data monthly/annually. • Commence collection of new data as soon as possible. • Recording of issues raised by Guild, ACPA, Medicare Australia, or other stakeholders, as appropriate. • Collect ad hoc data as appropriate.

Appendix 5: Community Pharmacy and Patient Services

Program logic: Community Pharmacy and Patient Services

Overall component objective (s) / outcome	<ul style="list-style-type: none"> To support the achievement of beneficial health outcomes through the delivery of evidence based professional community pharmacy programs and services. To achieve change among community pharmacists and consumers as per the objectives of specific programs/services.
Results expected during the course of the Fifth Agreement	<ul style="list-style-type: none"> Timely implementation of programs/services. Reporting of early and/or continuing results. Identification of inhibitors and/or unintended consequences. Delivery of any training that is required. Development of necessary tools, resources and standards. Appropriate consultation with key stakeholders.
Activities	<ul style="list-style-type: none"> Provide regular progress reports to the ACC and the Department. Identify data needs, and establish data collection and/or data creation: strategies. Develop and monitor project plans. Engage evaluators. Develop and implement appropriate communication activities.
Aims	<ul style="list-style-type: none"> To manage all community pharmacy and patient services professionally, in accordance with Australian Government performance and accountability requirements.

Community pharmacy and patient services

Evaluation Questions	Indicators	Data sources	Data collection
<i>What do we want to know about this outcome?</i>	<i>Achievements will be assessed by analysing:</i>	<i>Data will be derived from:</i>	<i>Timing for data collection and/or data creation:</i>
<p><i>Implementation reviews:</i></p> <ul style="list-style-type: none"> • Is the program being implemented as planned? • What progress has been made in achieving the stated outcomes? • What barriers have been met? How well have they been addressed? • Have any unintended consequences emerged? How have they been addressed? 	<ul style="list-style-type: none"> • The quality of implementation plans developed for Fifth Agreement programs. • The timeliness of program implementation. • The availability of necessary data. • The timeliness of action to fill data gaps. • Stakeholder feedback. 	<ul style="list-style-type: none"> • Implementation reports. • ACC and PRG meeting papers. • Individual program statistics. • Guild progress reports. • Stakeholder feedback/surveys: <ul style="list-style-type: none"> ○ Minister/government; ○ community pharmacists, accredited pharmacists; ○ pharmacy owners; ○ consumers; ○ Guild National Council. 	<p>Identify data requirements during the planning phase.</p> <p>Ongoing collection of routine data.</p>
<p><i>Progress reviews:</i></p> <ul style="list-style-type: none"> • Has the program been implemented as planned? • To what extent have the stated outcomes been achieved? What factors influenced successful implementation? What inhibitors were experienced? • Have any unintended consequences emerged? How have they been addressed? • To what extent are observed impacts attributable to the program? • Evidence of benefits to consumers, if any? 	<ul style="list-style-type: none"> • The timeliness of action to implement changes to existing programs. • Up-take and participation in Fifth Agreement programs. • The availability of necessary data. • The timeliness of action to fill data gaps. • Stakeholder feedback. 	<ul style="list-style-type: none"> • Implementation reports. • ACC and PRG meeting papers. • Individual program statistics. • Guild progress reports. • Stakeholder feedback/surveys: <ul style="list-style-type: none"> ○ Minister/government; ○ community pharmacists; ○ accredited pharmacists; ○ pharmacy owners ○ consumers; ○ Guild National Council. 	<p>Ongoing collection of routine data.</p>

5.1. Implementation Reviews: Community Pharmacy and Patient Services

a. Implementation Review: Supply and Claiming of PBS Medicines from a Medication Chart in Residential Aged Care Facilities

Overall component objective (s) / outcome	<ul style="list-style-type: none"> • Reduce administrative burden for community pharmacy. • Contribute to the Quality Use of Medicines in Residential Aged Care Facilities (RACF).
Results expected during the course of the Fifth Agreement	<ul style="list-style-type: none"> • Standardised national medication charts in RACF which can be used for the supply and claiming of PBS medicines. • Improve communication and information flow between: resident/carer; prescriber; community pharmacy; and RACF. • Maintain a complete record of resident medicines. • Provide direct benefits to community pharmacy by means of reduced administrative burden.
Activities	<ul style="list-style-type: none"> • Engage stakeholders, including through a public consultation process, to guide the implementation of a system for the supply and claiming of PBS medicines from a medication chart in RACF. • Develop and design an acceptable nationally consistent chart. • Implement system changes in Medicare Australia. • Develop and implement appropriate change management processes. • Implement legislative changes.
Aims	<ul style="list-style-type: none"> • To introduce supply and claiming of PBS medicines from a medication chart in RACF. • Streamline administration processes for; RACF, pharmacies and prescribers.

Program logic: Supply and Claiming of PBS Medicines from a Medication Chart in Residential Aged Care Facilities

Evaluation Questions	Indicators	Data sources	Data collection
<i>What do we want to know about this outcome?</i>	<i>Achievements will be assessed by analysing:</i>	<i>Data will be derived from:</i>	<i>Timing for data collection and/or data creation:</i>
<ul style="list-style-type: none"> • Was the program implemented as planned? • To what extent have the stated outcomes been achieved? • What factors influenced successful implementation? • What inhibitors were experienced? • Have any unintended consequences emerged? • How have they been addressed? • To what extent are observed impacts attributable to the program? • What evidence, if any, of benefits to consumers? 	<ul style="list-style-type: none"> • Uptake rate in RACFs. • Changes in the number of owing scripts. • Changes in the access to CAR drugs. • Stakeholder feedback. 	<ul style="list-style-type: none"> • Medicare Australia. . • PBS data. • Responses to public consultation papers. • Aged Care Accreditation Agency, including complaints data. • Guild progress reports. • Stakeholder feedback/surveys: <ul style="list-style-type: none"> ○ Minister/government; ○ community pharmacists; ○ pharmacy owners ○ consumers and their carers; ○ prescribers; ○ RACF staff; ○ Guild National Council. 	<ul style="list-style-type: none"> • Public consultation process March 2011. • Identification of data needs 2011. • Post-implementation review 2012-13.

b. Electronic Recording and Reporting of Controlled Drugs

Program logic: Electronic Recording and Reporting of Controlled Drugs (ERRCD)

Overall component objective (s) / outcome	<ul style="list-style-type: none"> • Improved QUM in relation to controlled drugs. • Reduction in the levels of abuse of Controlled Drugs in Australia. • Improved monitoring of Controlled Drugs.
Results expected during the course of the Fifth Agreement	<ul style="list-style-type: none"> • Reduction in doctor and community pharmacy shopping for Controlled Drugs. • Jurisdictions can access current information on Controlled Drugs being dispensed to consumers in real-time. • Jurisdictions use and/or interface with the ERRCD system. • Planning for Phase 2 is well advanced. • Manual DD books in pharmacies are phased out.
Activities	<ul style="list-style-type: none"> • Engage stakeholders, including through a public consultation process, to design and implement the initiative. • Engage and consult with jurisdictions to support the national implementation of the initiative, in particular phase 2. • Procure, develop and implement an electronic system to consistently record and report on the dispensing of Controlled Drugs in jurisdictions in real-time. • Implement appropriate change management processes.
Aims	<ul style="list-style-type: none"> • To introduce a national system to support the responsible dispensing and monitoring of Controlled Drugs in Australia.

Program logic: Electronic Recording and Reporting of Controlled Drugs

Evaluation Questions	Indicators	Data sources	Data collection
<i>What do we want to know about this outcome?</i>	<i>Achievements will be assessed by analysing:</i>	<i>Data will be derived from:</i>	<i>Timing for data collection and/or data creation:</i>
<ul style="list-style-type: none"> • Was the program implemented as planned? • To what extent have the stated outcomes been achieved? • What factors influenced successful implementation? • What inhibitors were experienced? • Have any unintended consequences emerged? • How have they been addressed? • To what extent are observed impacts attributable to the program? • What evidence, if any, of benefits to consumers? 	<ul style="list-style-type: none"> • Changes in levels of misuse of S8 drugs. • Changes in the number of reported overdoses. • Changes in the level of doctor shopping. • Up-take and use of the system by states and territories. • Stakeholder feedback. 	<ul style="list-style-type: none"> • Responses to public consultation papers. • AIHW National Opioid Misuse Strategy. • Hospital data on emergency admissions. • Coroners' findings in relation to deaths associated with S8 drugs. • Stakeholder feedback/surveys: <ul style="list-style-type: none"> ○ Minister/government; ○ Jurisdictions; ○ Pharmacy owners ○ community pharmacists; ○ appropriate consumer health groups (ie chronic pain network groups); ○ Guild National Council. 	<ul style="list-style-type: none"> • Public consultation process March/April 2011. • Identification of data needs 2011. • Post-implementation review 2012-13.

c. Continued dispensing of PBS medicines in defined circumstances

Program logic: Continued dispensing of PBS medicines in defined circumstances

Overall component objective (s) / outcome	<ul style="list-style-type: none"> • Consumers have timely and appropriate access to chronic therapy medicines.
Results expected during the course of the Fifth Agreement	<ul style="list-style-type: none"> • Appropriate dispensing of PBS medicines under this initiative. • Implementation of pharmacist education for this initiative. • Protocols appropriately support the dispensing of medicines without a prescription. • Relevant changes to the <i>National Health Act 1953</i> enable continued dispensing to occur.
Activities	<ul style="list-style-type: none"> • Engage stakeholders, including through a public consultation process designed to allow for continued dispensing of PBS medicines in defined circumstances. • Develop appropriate protocols and guidelines for continued dispensing. • Conduct a review of the initiative to consider the suitability of any additional medicines to be added. • Implement legislative changes. • Implement system changes in Medicare Australia.
Aims	<ul style="list-style-type: none"> • Facilitate patient adherence to therapy and prevent treatment interruption due to the inability to obtain a timely prescription renewal.

Program logic: Continued dispensing of PBS medicines in defined circumstances

Evaluation Questions	Indicators	Data sources	Data collection
<i>What do we want to know about this outcome?</i>	<i>Achievements will be assessed by analysing:</i>	<i>Data will be derived from:</i>	<i>Timing for data collection and/or data creation:</i>
<ul style="list-style-type: none"> • Was the program implemented as planned? • To what extent have the stated outcomes been achieved? • What factors influenced successful implementation? • What inhibitors were experienced? • Have any unintended consequences emerged? • How have they been addressed? • To what extent are observed impacts attributable to the program? • What evidence, if any, of benefits to consumers? 	<ul style="list-style-type: none"> • Changes in the level of owing scripts. • Improvements in access to drugs in scope. • The level of adherence to PSA Professional Protocol for Continued Dispensing • Reported changes in patient care. • Stakeholder feedback. 	<ul style="list-style-type: none"> • Medicare Australia (rejection codes) • PBS data. • Guild progress reports. • Responses to public consultation papers. • Stakeholder feedback/surveys: <ul style="list-style-type: none"> ○ Minister/government; ○ Prescribers (particularly General Practitioners); ○ Pharmacy owners ○ community pharmacists; ○ consumers; ○ Guild National Council. 	<ul style="list-style-type: none"> • Public consultation process March 2011. • Identification of data needs 2011. • Post-implementation review 2012-13.

d. Pharmacy Practice Incentives Program

Program logic: Pharmacy Practice Incentives

<p>Overall component objective (s) / outcome</p>	<ul style="list-style-type: none"> • Contribute to optimising the value and effectiveness of the PBS and the health system. • Improved patient health outcomes through providing high quality care, information, advice and services, in relation to: <ul style="list-style-type: none"> <u>Dose Administration Aids</u> <ul style="list-style-type: none"> ○ To improve patient safety and medication adherence to lead to better health outcomes for consumers. <u>Clinical Interventions</u> <ul style="list-style-type: none"> ○ To improve patient outcomes through the identification, resolution and documentation of drug-related problems. <u>Staged Supply</u> <ul style="list-style-type: none"> ○ To increase patient compliance with medication regimens, through the provision of PBS medicines in instalments. <u>Primary Health Care</u> <ul style="list-style-type: none"> ○ Deliver a range of primary health care activities to improve access to services delivered within community pharmacy. <u>Community Service Support</u> <ul style="list-style-type: none"> ○ Deliver a range of infrastructure activities to ensure staff are appropriately trained, and quality use of medicine services are provided. <u>Working with others</u> <ul style="list-style-type: none"> ○ Improve linkages and collaboration between other health professionals and community pharmacy.
<p>Results expected during the course of the Fifth Agreement</p>	<ul style="list-style-type: none"> • Successful transition of pharmacies from Fourth Agreement Quality Maintenance Allowance arrangements to Fifth Agreement Pharmacy Practice Incentives arrangements. • Pharmacy uptake and participation in the provision of DAA, Clinical Intervention and Staged Supply services.
<p>Activities</p>	<ul style="list-style-type: none"> • Implementation and adherence with a patient service charter, incorporated into the standards for the Quality Care Pharmacy Program. • Implementation of the specific requirements for each priority area, in line with relevant standards and protocols., eg. the agreed measure(s), process for assessment, support documentation etc.
<p>Aims</p>	<ul style="list-style-type: none"> • To introduce a program of pharmacy practice incentive payments to quality accredited community pharmacies.

Program logic: Pharmacy Practice Incentives Program

Evaluation Questions	Indicators	Data sources	Data collection
<p><i>What do we want to know about this outcome?</i></p>	<p><i>Achievements will be assessed by analysing:</i></p>	<p><i>Data will be derived from:</i></p>	<p><i>Timing for data collection and/or data creation:</i></p>
<ul style="list-style-type: none"> • Was the program implemented as planned? • To what extent have the stated outcomes been achieved? • What factors influenced successful implementation? • What inhibitors were experienced? • Have any unintended consequences emerged? • How have they been addressed? • To what extent are observed impacts attributable to the program? • What evidence, if any, of benefits to consumers? 	<ul style="list-style-type: none"> • Levels of service provision over time. • Take-up rates for services being provided under the six identified priority areas. • Pharmacy drop-out rates. • % of pharmacies accredited for PPI purposes. • Evidence of quality services being provided by pharmacies, against six identified priority areas. • Stakeholder feedback. 	<ul style="list-style-type: none"> • Medicare Australia. • ACC meeting papers. • Australian Standards for Community Pharmacy. • Fifth Agreement website enquiries. • QCPP Requirement Documents. • Audits by QCPP assessors. • Fourth Agreement R&D project titled ‘PROMISE’ (University of Tasmania). • Guild progress reports. • Stakeholder feedback/surveys: <ul style="list-style-type: none"> ○ Minister/government; ○ Pharmacy owners ○ community pharmacists; ○ consumers; ○ Guild National Council. 	<ul style="list-style-type: none"> • Implementation reports to ACC from July 2010. • Reports per funding agreements to DoHA from July 2010.

e. MedsCheck/Diabetes MedsCheck Pilot

Program logic: MedsCheck and Diabetes MedsCheck Pilot

Overall component objective (s) / outcome	<ul style="list-style-type: none"> • To ensure best targeting of the new MedsCheck and Diabetes MedsCheck services, in particular, eligibility and streamlined service delivery supports for pharmacies.
Results expected during the course of the Fifth Agreement	<ul style="list-style-type: none"> • Pilot to inform the national rollout in 2012 of the MedsCheck and Diabetes MedsCheck services.
Activities	<ul style="list-style-type: none"> • Implement the pilot and evaluate: <ul style="list-style-type: none"> ○ patient eligibility criteria (demand); ○ community pharmacy processes; ○ optimal service delivery support(s) for community pharmacy.
Aims	<ul style="list-style-type: none"> • To ensure optimal targeting and delivery of the national MedsCheck and Diabetes MedsCheck services, including mechanisms for demand/budget management over the life of the Fifth Agreement. • Specific aims of the pilot are: <ul style="list-style-type: none"> ○ Testing the proposed eligibility criteria, and being able to adjust the criteria based on demand and resourcing availability to focus on those most in need. ○ Identification of likely numbers of patients who qualify for the service. ○ Test the usefulness of the content within the assessment tool.

Program logic: MedsCheck/Diabetes MedsCheck Pilot

Evaluation Questions	Indicators	Data sources	Data collection
<i>What do we want to know about this outcome?</i>	<i>Achievements will be assessed by analysing:</i>	<i>Data will be derived from:</i>	<i>Timing for data collection and/or data creation.:</i>
<ul style="list-style-type: none"> • Was the program implemented as planned? • To what extent have the stated outcomes been achieved? • What factors influenced successful implementation? • What inhibitors were experienced? • Have any unintended consequences emerged? • How have they been addressed? • To what extent are observed impacts attributable to the program? • What evidence, if any, of benefits to consumers? 	<ul style="list-style-type: none"> • Number and frequency of services provided. • Pharmacy drop-out rate. • Number of services conducted in relation to HMR in pilot areas • Number of recommendations for other pharmacy services (e.g. DAA, HMR, weight management etc) • Stakeholder feedback. 	<ul style="list-style-type: none"> • Medicare Australia • Participating pharmacies (pilot data). • Reports to patients during the pilot. • Raw data provided by the Department. • ACC meeting papers. • Australian Standard for Community Pharmacy. • National and international literature, where relevant. • Stakeholder feedback/surveys: <ul style="list-style-type: none"> ○ Minister/government; ○ Pharmacy owners ○ community pharmacists; ○ consumers and carers; ○ Guild National Council. 	<ul style="list-style-type: none"> • Data collection to commence from the date of the pilot. • An external firm will be engaged to evaluate the pilot, and this will include collection protocols for the pilot, survey instruments and/or other tools for use throughout the contract period. • Full report including recommendations to inform national rollout, due May 2012.

f. MedsCheck/Diabetes MedsCheck National Rollout

Program logic: MedsCheck/Diabetes MedsCheck

Overall component objective (s) / outcome	<ul style="list-style-type: none"> • MedsCheck: To enhance the quality use of medicines by educating community based patients about their medicines, identifying any problems they may be experiencing with their medicines and understanding interactions between medicines. • Diabetes MedsCheck: to provide a tailored medication management service for patients with recently diagnosed or poorly controlled type 2 diabetes who are unable to access other diabetes services in their community.
Results expected during the course of the Fifth Agreement	<ul style="list-style-type: none"> • Clear introduction of two distinct new programs that are optimally targeted and managed within their budget; the MedsCheck and Diabetes MedsCheck services should complement, but be distinguishable from other medication management programs e.g. Clinical Interventions or Home Medicines Review.
Activities	<ul style="list-style-type: none"> • Implement the national rollout, with reference to evaluation findings of the MedsCheck and Diabetes MedsCheck pilot. • Work with Medicare Australia to ensure seamless systems support. • Work with relevant stakeholders to ensure service guidelines and resources are promulgated to support the new services. • Compliance arrangements will also be put in place to ensure ongoing accountability and quality of the service.
Aims	<ul style="list-style-type: none"> • Introduction of two new services in the spectrum of medication management programs drawing upon the information and learning gained from the earlier pilot.

Program logic: MedsCheck/Diabetes MedsCheck rollout

Evaluation Questions	Indicators	Data sources	Data collection
<i>What do we want to know about this outcome?</i>	<i>Achievements will be assessed by analysing:</i>	<i>Data will be derived from:</i>	<i>Timing for data collection and/or data creation:</i>
<ul style="list-style-type: none"> • Was the program implemented as planned? • To what extent have the stated outcomes been achieved? • What factors influenced successful implementation? • What inhibitors were experienced? • Have any unintended consequences emerged? • How have they been addressed? • To what extent are observed impacts attributable to the program? • What evidence, if any, of benefits to consumers? 	<ul style="list-style-type: none"> • Number and frequency of services provided. • Number of services conducted in relation to HMR services. • Program budget expenditure. • Changes in the number of HMR referrals, Clinical Interventions and Staged Supply services. • Number of recommendations for other pharmacy services (e.g. DAA, HMR, weight management etc) • Stakeholder feedback. 	<ul style="list-style-type: none"> • Medicare Australia. • Australian Standard for Community Pharmacy. • Industry (PSA/Guild). • ACC meeting papers. • National and international Literature, where relevant. • Pilot Evaluation. • Guild progress reports. • Stakeholder feedback/surveys: <ul style="list-style-type: none"> ○ Minister/government; ○ Pharmacy owners ○ community pharmacists; ○ Consumer and carers; ○ Guild National Council. 	<p>Initial survey in 2013.</p> <p>Follow-up survey early 2014 if required.</p>

5.2. Outcomes Reviews: Community Pharmacy and Patient Services

a. Rural Programs

Program logic: Rural Programs

Overall component objective (s) / outcome	<ul style="list-style-type: none"> • To support access to medicines for rural and remote Australians through supporting access to community pharmacy. • To increase the number of pharmacists in rural and remote practice. • To increase the length of stay of pharmacists in rural and remote practice. • To overcome the barriers to the delivery of community pharmacy services in rural and remote communities.
Results expected during the course of the Fifth Agreement	<ul style="list-style-type: none"> • Increased access to community pharmacy services in rural and remote Australia through a well resourced and available network of community pharmacies, including support for the community pharmacy workforce. • Successful transition from Fourth Agreement to Fifth Agreement arrangements.
Activities	<ul style="list-style-type: none"> • Implement agreed findings of the November 2010 Evaluation of the Rural Pharmacy Programs (KPMG). • Implement new Rural Pharmacy Workforce Program elements (Post-intern Incentive Allowance and the Rural Intern Training Allowance). • Implement new geographical classification arrangements for all rural pharmacy programs by January 2012.
Aims	<ul style="list-style-type: none"> • To ensure the Fifth Agreement rural programs are operating efficiently and effectively and that their policy objectives are clear and understood.

Program logic: Rural programs

Evaluation Questions	Potential Indicators	Data sources	Data collection
<p><i>What do we want to know about this outcome?</i></p>	<p><i>Achievements will be assessed by analysing:</i></p>	<p><i>Data will be derived from:</i></p>	<p><i>Timing for data collection and/or data creation:</i></p>
<ul style="list-style-type: none"> • Was the program implemented as planned? • To what extent have the stated outcomes been achieved? • What factors influenced successful implementation? • What inhibitors were experienced? • Have any unintended consequences emerged? • How have they been addressed? • To what extent are observed impacts attributable to the program? • What evidence, if any, of benefits to consumers? 	<ul style="list-style-type: none"> • Take-up of programs among community pharmacists, community pharmacies, interns and students. • Changes in the number of community pharmacy services provided in rural and remote Australia. • Stakeholder feedback. 	<ul style="list-style-type: none"> • Medicare Australia. • ACC meeting papers. • Evaluation of the Rural Pharmacy Programs (KPMG), November 2010. • Data from Guild progress reports. • Stakeholder feedback/surveys: <ul style="list-style-type: none"> ○ Minister/government; ○ Pharmacy owners ○ community pharmacists; ○ hospital pharmacists (where applicable); ○ NAPSA; ○ Interns; ○ consumers; ○ Guild National Council. 	<ul style="list-style-type: none"> • Ongoing

b. Aboriginal and Torres Strait Islander Programs

Program logic: Aboriginal and Torres Strait Islander Programs

Overall component objective (s) / outcome	<ul style="list-style-type: none"> • Improved and culturally appropriate community pharmacy services for Aboriginal and Torres Strait Islander patients by strengthening and supporting the Aboriginal and Torres Strait Islander community pharmacy workforce. • Improved Quality Use of Medicines and medication compliance. • Improved access to medicines under the Pharmaceutical Benefits Scheme. • Reduction in known barriers to QUM for Aboriginal Community Controlled Health Service clients.
Results expected during the course of the Fifth Agreement	<ul style="list-style-type: none"> • Successful transition from the Fourth Agreement to the Fifth Agreement arrangements.
Activities	<ul style="list-style-type: none"> • Implement agreed findings from the NOVA Indigenous Programs Evaluation 2010. • Hold workshops for QUMAX and Section 100 programs.
Aims	<ul style="list-style-type: none"> • To ensure the Fifth Agreement Indigenous programs are operating efficiently and effectively and that their policy objectives are clear and understood.

Program logic: Aboriginal and Torres Strait Islander Programs

Evaluation Questions	Indicators	Data sources	Data collection
<i>What do we want to know about this outcome?</i>	<i>Achievements will be assessed by analysing:</i>	<i>Data will be derived from:</i>	<i>Timing for data collection and/or data creation:</i>
<ul style="list-style-type: none"> • What evidence is there that Fifth Agreement Indigenous programs support wider Australian Government Indigenous policies? • Was the program implemented as planned? • To what extent have the stated outcomes been achieved? • What factors influenced successful implementation? • What inhibitors were experienced? • Have any unintended consequences emerged? • How have they been addressed? • To what extent are observed impacts attributable to the program? • What evidence, if any, of benefits to consumers 	<ul style="list-style-type: none"> • Take up rates of Scholarships and Traineeships • Take up rates of QUMAX QUM Support categories • Take-up rates of QUMAX by ACCHs and community pharmacies. • Take up rates of S100 Support Program by community pharmacies and AHS's • Stakeholder feedback. 	<ul style="list-style-type: none"> • Medicare Australia. • NACCHO progress reports. • Six-monthly ACCH reports. • Evaluation reports: <ul style="list-style-type: none"> ○ Indigenous Pharmacy Programs (Nova, June 2010; ○ Supply and Remuneration Arrangements for Section 100 Drugs (AHA, February 2010). ○ QUMAX (Urbis 2011, April 2011) • QUMAX and Section 100 conference outcomes. • Guild progress reports. • Stakeholder feedback/surveys: <ul style="list-style-type: none"> ○ Minister/government; ○ Pharmacy owners ○ community pharmacists; ○ consumers; ○ Guild National Council. 	<ul style="list-style-type: none"> • Ongoing.

c. Medication Management Programs

Program logic: Medication management programs (Home Medicine Reviews and Residential Medication Management Reviews and QUM services)

Overall component objective (s) / outcome	<ul style="list-style-type: none"> Contribute to the overall aim of the National Medicines Policy ‘to meet medication and related service needs so that both optimal health outcomes and economic objectives are achieved’.
Results expected during the course of the Fifth Agreement	<ul style="list-style-type: none"> Improved patient targeting (HMR) Improved accountability and transparency of QUM services and RMMR. Successful transition from the Fourth Agreement to the Fifth Agreement arrangements for HMR and RMMR.
Activities	<ul style="list-style-type: none"> Map medication management-related initiatives under the Fifth Agreement. Research, evaluation and data collection. Funding best practice review services (RMMR). Introducing new funding arrangements for quality use of medicine services and review the QUM payment calculations after 12 months. Compliance arrangements put in place to ensure ongoing accountability and quality of the service (RMMR).
Aims	<ul style="list-style-type: none"> To ensure that Fifth Agreement investments are contributing directly to achieving the objectives of the Fifth Agreement and broader government policy in relation to medication management.

Program logic: Medication Management Programs (Home Medicines Reviews and Residential Medication Management Reviews)

Evaluation Questions	Indicators	Data sources	Data collection
<i>What do we want to know about this outcome?</i>	<i>Achievements will be assessed by analysing:</i>	<i>Data will be derived from:</i>	<i>Timing for data collection and/or data creation:</i>
<ul style="list-style-type: none"> • What evidence is there that Fifth Agreement medication management programs support wider Australian Government health policies? • In what way are medication management-related components of Fifth Agreement investments coordinated/integrated? • To what extent are observed impacts attributable to the program? • What evidence, if any, of benefits to consumers? • Have any unintended consequences emerged? How have they been addressed? 	<ul style="list-style-type: none"> • Changes in the take-up/demand for services in relation to available program budgets. • Number of HMRs provided per accredited pharmacist (over a given time). • Numbers of RMMRs provided per contract holder • Number of HMR referrals by pathway. • Number of medication management plans completed by GPs and sent to pharmacies. • Number of HMRs accessed by high risk groups, e.g. CALD, Indigenous etc. • Elapsed time between referral and date of service provision (HMR). • Stakeholder feedback. 	<ul style="list-style-type: none"> • Individual program statistics. • ACC and PRG meeting papers. • Stakeholder feedback/surveys: <ul style="list-style-type: none"> ○ Minister/government; ○ Pharmacy owners ○ community pharmacists; ○ accredited pharmacists and relevant hospital practitioners; ○ consumers; ○ HMR/RMMR stakeholders; ○ AACP, SHPA, PSA and APESMA; ○ Guild National Council. 	<p>Initial survey at mid-point of Fifth Agreement.</p> <p>Follow-up survey early 2014.</p>

5.3. Thematic Reviews: Community Pharmacy and Patient Services

a. Consumer Experience

Program logic: Consumer experience

Overall component objective (s) / outcome	<ul style="list-style-type: none"> • Consumer benefits from Fifth Agreement investments.
Results expected during the course of the Fifth Agreement	<ul style="list-style-type: none"> • Increased consumer awareness and understanding of Fifth Agreement programs and services. • Increased recognition among program managers and service providers of the needs of consumers as the primary users and beneficiaries of Fifth Agreement programs/services.
Activities	<ul style="list-style-type: none"> • Build consumer perspective into project plans. • Map consumer-related initiatives under the Fifth Agreement. • Research, evaluation and data collection. • Implement a communication strategy. • Implementation and adherence with the Community Pharmacy Service Charter, incorporated into the quality standards for the Pharmacy Accreditation Program (i.e. Quality Care Pharmacy Program) (see 5.1 d).
Aims	<ul style="list-style-type: none"> • To ensure that Fifth Agreement investments are contributing directly to achieving the objectives of the Fifth Agreement and broader government policy in relation to addressing consumer needs.

Program logic: Consumer experience

Evaluation Questions	Indicators	Data sources	Data collection
<p><i>What do we want to know about this outcome?</i></p>	<p><i>Achievements will be assessed by analysing:</i></p>	<p><i>Data will be derived from:</i></p>	<p><i>Timing for data collection and/or data creation:</i></p>
<ul style="list-style-type: none"> • What evidence is there that services funded under the Fifth Agreement are delivered to consumers? • What evidence is there of consumer satisfaction with Fifth Agreement services? • How are these services publicised to consumers? • What consumer health benefits can be identified from investments in Fifth Agreement programs/services? • How are consumer interests reflected in the development and operation of Fifth Agreement programs/services? • What evidence is there that consumer information is adequate? timely? appropriate? available? • What evidence is there that Fifth Agreement investments recognise the central role of consumers in attaining QUM? 	<ul style="list-style-type: none"> • Consumer awareness of and satisfaction with the Community Pharmacy Service Charter and services provided by community pharmacy outlined in Customer Service Statements. • Consumer awareness of the community pharmacists' role in primary health care; • Take-up and participation in PPI Program. • Changes in the number of MedsCheck, Diabetes MedsCheck, RMMR and HMR services provided. • Number and type of complaints to Australian Health Practitioner Regulation Agency or state health complaints commission. • Stakeholder feedback. 	<ul style="list-style-type: none"> • Fifth Agreement Consumer Consultation Project, Consumers Health Forum, May 2010. • Fifth Agreement consumer materials produced. • Relevant Fifth Agreement R & D projects • ACC meeting papers. • Statistical evidence from individual programs. • Guild progress reports. • Stakeholder feedback/surveys: <ul style="list-style-type: none"> ○ Minister/government; ○ Pharmacy owners ○ community pharmacists; ○ accredited pharmacists; ○ Consumers and carers; ○ Guild National Council. 	<p>Initial survey at mid-point of Fifth Agreement.</p> <p>Follow-up survey early 2014.</p>

b. Access

Program logic: Access

Overall component objective (s) / outcome	<ul style="list-style-type: none"> • All Australians have timely access to the PBS medicines they require, regardless of the cost of the medicine, or where they live. • All Australians have timely access to community pharmacy services in their local community.
Results expected during the course of the Fifth Agreement	<ul style="list-style-type: none"> • Increased levels of collaboration between community pharmacists and other health professionals in the delivery of Fifth Agreement initiatives. • Increased understanding of how Fifth Agreement investments support access to medicines, and improved coordination of these investments. • Increased access and participation by consumers in the professional community pharmacy services.
Activities	<ul style="list-style-type: none"> • Maintain CSO arrangements (see Appendix 3). • Map access-related initiatives under the Fifth Agreement. • Research, evaluation and data collection.
Aims	<ul style="list-style-type: none"> • To ensure that Fifth Agreement investments are contributing directly to achieving the objectives of the Fifth Agreement and the <i>National Medicines Policy</i> in relation to access to medicines.

Program logic: Access

Evaluation Questions	Indicators	Data sources	Data collection
<i>What do we want to know about this outcome?</i>	<i>Achievements will be assessed by analysing:</i>	<i>Data will be derived from:</i>	<i>Timing for data collection and/or data creation:</i>
<ul style="list-style-type: none"> • What evidence is there that Fifth Agreement investments have contributed to access to medicines? • How have community pharmacies contributed to access to medicines? • What enablers and barriers have been experienced in supporting access to medicines through Fifth Agreement investments? • In what way are access-related components of Fifth Agreement investments integrated so as to deliver consistency in outcomes (e.g. QUMAX, CSO, Location Rules, MedsCheck)? 	<ul style="list-style-type: none"> • Take-up and participation rates in Medication Management services, and other relevant Fifth Agreement programs. • Changes in the geographic spread of community pharmacies. • Number and type of complaints to the CSO Administration Agency. • Stakeholder feedback. 	<ul style="list-style-type: none"> • Medicare Australia • Statistical evidence from individual programs (see appendix 5.1 and 5.2). • Guild progress reports. • Relevant Fifth Agreement R & D projects. • ACC meeting papers. • Stakeholder feedback/surveys: <ul style="list-style-type: none"> ○ Minister/government; ○ Pharmacy owners ○ community pharmacists; ○ Consumers and carers; ○ wholesalers; ○ prescribers; ○ pharmaceutical manufacturers; ○ Guild National Council. 	<p>Initial survey at mid-point of Fifth Agreement.</p> <p>Follow-up survey early 2014.</p>

c. Quality Use of Medicines

Program logic: Quality Use of Medicines

Overall component objective (s) / outcome	<ul style="list-style-type: none"> Contribute to improved health outcomes for Australians by making the best possible use of medicines.
Results expected during the course of the Fifth Agreement	<ul style="list-style-type: none"> The objectives and principles of the <i>National Strategy for Quality Use of Medicines (QUM)</i> are reflected in Fifth Agreement programs and initiatives. Increased recognition by health care providers and other stakeholders of the primacy of quality use of medicines. The potential risks as well as the benefits associated with the use of medicines are understood by consumers. Increased collaboration between health care providers, consumers and other stakeholders to achieve QUM. Increased levels of knowledge among health care stakeholders of QUM.
Activities	<ul style="list-style-type: none"> Map QUM-related initiatives under the Fifth Agreement. Research, evaluation and data collection.
Aims	<ul style="list-style-type: none"> To ensure that Fifth Agreement investments are contributing directly to achieving the objectives of Fifth Agreement and the <i>National Strategy for the Quality Use of Medicines</i> policy in context with national health reform.

Program logic: Quality Use of Medicines

Evaluation Questions	Indicators	Data sources	Data collection
<p><i>What do we want to know about this outcome?</i></p>	<p><i>Achievements will be assessed by analysing:</i></p>	<p><i>Data will be derived from:</i></p>	<p><i>Timing for data collection and/or data creation:</i></p>
<ul style="list-style-type: none"> • What evidence is there that Fifth Agreement programs and initiatives have been developed in line with QUM principles? • What evidence is there that Fifth Agreement investments have contributed to medicines being used: judiciously; appropriately; safely; efficaciously? • What enablers and barriers have been experienced in realising the benefits of QUM through Fifth Agreement investments? • In what way are QUM-related components of Fifth Agreement investments coordinated/integrated? • What evidence is there that Fifth Agreement investments recognise the central role of consumers in attaining QUM? 	<ul style="list-style-type: none"> • How well Fifth Agreement programs and initiatives include elements that reflect QUM principles. • Take-up rates for programs by key target groups. • Level of adherence to relevant PSA Professional Practice Standards³: Counselling. • Number of pharmacists that take advantage of training activities and materials developed under the Fifth Agreement. • Number of QUM services (i.e. HMR, RMMR, RMMR QUM services, QUMAX, MedsCheck, Diabetes MedsCheck and relevant PPI priority areas) provided by community pharmacy. • Stakeholder feedback. 	<ul style="list-style-type: none"> • Medicare Australia. • Fifth Agreement Program documentation • Statistical evidence from individual programs (see appendix 5.1 and 5.2). • QCPP accreditation data. • Guild progress reports. • Stakeholder feedback/surveys: <ul style="list-style-type: none"> ○ Minister/government; ○ Pharmacy owners ○ community pharmacists; ○ consumers; ○ prescribers; ○ NPS; ○ Guild National Council. 	<p>Initial survey at mid-point of Fifth Agreement.</p> <p>Follow-up survey early 2014.</p>