



***Integrating Pharmacists within Aboriginal  
Community Controlled Health Services to  
improve Chronic Disease Management (IPAC)  
Project***

**QUALITATIVE EVALUATION REPORT  
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**Final Report  
February 2020**

## Appendix A: Literature review search strategy - enablers and challenges

Medline and Emcare data bases were searched. Searches were conducted in OVID Medline (1946-October 23 2019) and Emcare on OVID (1995-October 23 2019) using relevant subject headings from each database, exploding subject headings where appropriate. Medline subject terms included (Patient care team/or Delivery of health Care, Integrated) AND General Practice (exploded) and (Pharmaceutical Services or Pharmacists) (exploded), yielding 65 results. In Emcare searches were conducted on the subject headings (“integrated health care system/or intersectoral collaboration /or primary health care”) AND (pharmacy (shop)/or hospital pharmacy/or mail order pharmacy/or online pharmacy/or speciality pharmacy OR Pharmacist (exploded)) AND (professional practice/or general practice/ or health care practice/or medical practice or private practice), which resulted in 169 references.

One author read the abstracts of all 234 papers, excluding 123 papers, including 6 duplicates. The remaining 111 papers were screened in full (with 2 excluded as a full text paper could not be sourced) and x papers made the final review. An additional 10 papers were found from hand searches (reference list of papers). Data was extracted into a table with the headings:

- Author (year)
- Title
- Type of article
- Context
- Intervention
- Outcomes
- Enablers
- Barriers

### Results

From this extraction, 26 papers were chosen for the final review and themes were identified. This review focused on pharmacists integrated in primary health care or general practice and the enablers and barriers for integration.

Appendix B: IPAC Pharmacist Interview Proforma

**IPAC Project – Qualitative Evaluation  
Draft Interview Template – IPAC Pharmacists**

**The interview will be a conversation. Taking notes, Can view transcript if you like**

<b>Themes</b>	<b>Questions and Prompts</b>
<b>Background</b>	<b>Tell me about yourself and your career?</b>
	<ul style="list-style-type: none"> <li>– Any prior experience working, living or student placement in current community? (time)</li> <li>– Worked in association with the IPAC site prior to program participation? Explore, for how long (how many hours per week or visits per year)?</li> <li>– Where did you complete your training; university?</li> <li>– Previous health care professional experience working in any Australian remote location</li> <li>– Previous experience working with Aboriginal and/or Torres Strait Islander people? In what capacity?</li> <li>– Can you give me a picture of the service? eg how many GPs, locums, visiting specialists, context of the town</li> </ul>
<b>Role</b>	<b>Tell me about your role as the IPAC Pharmacist in an ACCHS?</b>
	<ul style="list-style-type: none"> <li>– Has it been what you expected?</li> <li>– Which aspects do you feel were the most beneficial?</li> <li>– Were there aspects that you feel weren't worthwhile?</li> <li>– How well were you able to fully utilise your skills and expertise?</li> <li>– Were you able to meet the organisations requirements?</li> <li>– What other roles were you asked to do (outside of the 10 core roles)? Explain</li> <li>– How many days a week do you think you actually need to perform your role?</li> <li>– Were there other roles/activities you would have liked to have been involved with increase your effectiveness or that should have been included in the role?</li> </ul>
<b>Preparedness Orientation</b>	<b>Tell me about the induction program?</b>
	<ul style="list-style-type: none"> <li>– How well did it prepare you to fulfil your role? (PSA training and local induction)</li> <li>– Was the cultural orientation adequate to prepare you for working with Aboriginal and Torres Strait Islander co-workers?</li> <li>– Was local induction was available/provided at the site? How prepared did you feel to work with Aboriginal and Torres Strait Islander patients?</li> <li>– Were there any gaps?</li> <li>– Could anything have been improved?</li> </ul>
<b>Integration into the PHC team</b>	<b>Tell me how you worked in the primary health care team?</b>
	<ul style="list-style-type: none"> <li>– To what extent did you feel part of the PHC team?</li> <li>– Were there any 'champions' [leaders] at your site who lead communication and facilitated integration?</li> <li>– How well did other members of the primary health care team understand your role?</li> <li>– Were you involved in meetings?</li> <li>– Were any staff members available to support your work [eg. Aboriginal Health Worker or community liaison workers]? How useful was this?</li> </ul> <p><b>What strategies did the service implement to help you feel part of the team?</b></p> <ul style="list-style-type: none"> <li>– Were you provided with a uniform?</li> </ul>

	<ul style="list-style-type: none"> <li>– Was a room specially created for you by the practice?</li> <li>– Were you promoted in newsletter or in other media eg. radio, social media?</li> <li>– Were you involved in events? eg. Planning days and events, eg. NAIDOC</li> <li>– Were there other things that helped you feel included?</li> </ul> <p>– <b>Overall on a scale of 1-10 (1 being not successful to 10 being very successful) how well do you feel you integrated into the primary health care team?</b></p>
<b>Cultural Competence</b>	<b>Tell me about your relationship with the local community/ies?</b>
	<ul style="list-style-type: none"> <li>– Do you feel you had a good understanding of local people and their culture?</li> <li>– Did you know what was important to them?</li> <li>– Did you have a local cultural mentor? Would you have liked one? How well did this work?</li> <li>– How welcomed do you believe you were by the community? What might have influenced this? – can you give an example</li> </ul>
<b>Consent process</b>	<b>How would you describe recruitment and the consent process?</b>
	<ul style="list-style-type: none"> <li>– How often did clinic staff refer patients to you?</li> <li>– How much support did you receive from the ACCHS staff to recruit patients?</li> <li>– How comfortable did you feel approaching patients?</li> <li>– <b>Did you have many patients who didn't provide consent? Estimate?</b></li> <li>– Do you know what might have influenced their choice?</li> <li>– Were there any common characteristics of those who didn't consent? Eg. Working, M/F</li> <li>– Were there any local issues that impacted on recruitment?</li> </ul>
<b>Relationships</b>	<b>Tell me about the working relationships you developed with your patients?</b>
	<ul style="list-style-type: none"> <li>– How well do you think your patients understood your role?</li> <li>– How easy was it to get patients to come and see you?</li> <li>– Did patients make appointments but then not show up? Do you know why?</li> <li>– How long do you think it took to build rapport [trusting relationships] with patients?</li> <li>– Were you able to communicate effectively?</li> <li>– How freely did patients discuss their medicines?</li> <li>– Did you feel your patients understood the information you were providing them? How was this confirmed?</li> <li>– Do you feel that the patients were just saying things to please you?</li> </ul>
<b>Changes</b>	<b>To what extent do you think things changed in the health service as a result of your role?</b>
	<ul style="list-style-type: none"> <li>– What changed?</li> <li>– How has clinical care of patients changed?</li> <li>– Do you think your patients' knowledge about their medicines has changed? What might have influenced this? Can you give an example?</li> <li>– Have you seen any evidence of patients being more adherent? What might have influenced this?</li> <li>– Has communication regarding patients medications improved within the service as a result of your role?</li> </ul>

	<ul style="list-style-type: none"> <li>– How often did you suggest any prescribing or other recommendations to the GPs after completing a MAI, HMR and non-HMR)?</li> <li>– How were these suggestions made? Eg. Written report, notes in the CIS, discussion, case conference/team meeting; other</li> <li>– How often did the prescriber take on board your recommendations?</li> <li>– What actions did the prescriber take? Eg. Patients recalled? telephoned? letters? Followed-up opportunistically (next time they presented?)</li> <li>– <b>Overall, how would you rate the effectiveness of your role on a scale of 1-10 (with 10 being most effective)? What worked? Were there any barriers?</b></li> </ul>
<b>Collaboration with other providers</b>	<b>Tell me about interactions you have with other healthcare providers</b>
	<ul style="list-style-type: none"> <li>– Do you feel that your communication has been effective with the GPs within the service?</li> <li>– Were the GPs supportive of your role? [All or some]</li> <li>– How effective do you believe your communication has been with other health staff within [eg. Diabetes educator, Aboriginal Health Worker] the service?</li> <li>– Has communication regarding patients medications improved between the service and external providers such as hospitals, non-ACCHS GPs and specialists?</li> <li>– What is your relationship like with the local community pharmacies? Has this relationship changed over the project duration?</li> </ul>
<b>Resources</b>	<b>Tell me about any resources you used or did you need to develop new ones?</b>
	<ul style="list-style-type: none"> <li>– Did you use any resources developed through the IPAC Project? [eg. posters, brochures]</li> <li>– Which resources were the most appropriate?</li> <li>– Why did you have to modify them? What did you have to develop?</li> <li>– How did your patients find these?</li> </ul>
<b>Medication Adherence</b>	<b>One of the tools provided was the N-MARS patient survey to measure adherence. How easy did you find it to implement this survey?</b>
	<ul style="list-style-type: none"> <li>– Did you engage an Aboriginal Health Worker (or another person) to assist with the survey? How?</li> <li>– Could patients answer the questions easily? (effort to implement)</li> <li>– Do you feel that your patients' responses changed once your relationship developed?</li> <li>– Did it give you basis for further conversations regarding education/strategies to improve adherence?</li> <li>– There is evidence dose administration aids make it easier for patients to be more adherent. <b>Approximately what proportion of the IPAC consented patients were using dose administration aids at commencement?</b> Do you believe DAAs improve adherence?</li> </ul>
<b>Project General</b>	<b>Tell me about how the project has operated at this site overall?</b>
	<ul style="list-style-type: none"> <li>– What worked well?</li> <li>– What were the challenges?</li> <li>– How useful was it to be able to access clinical information on a patient from the clinical software?</li> <li>– Tell me about your experience with data entry?</li> </ul>

	<ul style="list-style-type: none"> <li>– How much travel did you have to do to undertake activities eg. HMRs? How did this impact on your role?</li> <li>– How much support did you receive from the Affiliates? [AMSANT/VACCHO/QAIHC]</li> <li>– Have you practiced outside of your IPAC role? If yes, is this within the IPAC site, the local community or another town?</li> <li>– <b>Did you have any out of pocket costs doing your job? If yes, Could you estimate what these might have totalled?</b></li> <li>–</li> </ul>
<b>Future</b>	<ul style="list-style-type: none"> <li>– Do you think there is a role for non-dispensing pharmacists within ACCHSs in the future? Yes/no and comment</li> <li>– What type of skills do you think are required for this role?</li> <li>– If this role was continued would you stay? What are your main reasons for this choice?</li> <li>– What changes to the role should be considered?</li> <li>– How many days a week do you think the role is required in this service?</li> <li>– What advice would you give someone who was going to do this role?</li> <li>– Is there anything else you would like to add?</li> </ul>

Appendix C: Online Survey – CEOs and Managers



## IPAC Project: CEO and Managers Survey

### IPAC Project: CEOs and Managers Survey

#### Introduction

##### Project Leaders:

Ms Dawn Casey (NACCHO), Mr Mike Stephens (NACCHO), Associate Professor Sophia Couzos (JCU), Ms Deb Bowden (PSA).

##### Evaluation Organisation:

Evaluation Team led by James Cook University (College of Medicine and Dentistry)

The IPAC project is a large project that will determine if including a registered non-dispensing practice pharmacist as part of the primary health care team within Aboriginal community controlled health services (ACCHSs) leads to improvements in the quality of the care received by Aboriginal and Torres Strait Islander peoples. It is a partnership between the Pharmaceutical Society of Australia (PSA), the National Aboriginal Community Controlled Health Organisation (NACCHO), and James Cook University (JCU) College of Medicine and Dentistry.

Detailed information on the project is available in the information brief emailed with the invitation to participate in this online survey. This survey will take approximately 30 minutes to complete.

For more information or to make a complaint, you can contact the NACCHO Project Lead: Mike Stephens, Tel: 02 6246 9300; Email: [mike.stephens@naccho.org.au](mailto:mike.stephens@naccho.org.au). Other Project staff to contact include: Deb Bowden from the Pharmaceutical Society of Australia: Tel: 02 6283 4740; Email: [Deb.Bowden@psa.org.au](mailto:Deb.Bowden@psa.org.au). You can also contact the NACCHO Deputy Chief Executive Officer: Ms Dawn Casey at [dawn.casey@naccho.org.au](mailto:dawn.casey@naccho.org.au).

The Human Research Ethics Committees (HRECs) continue to provide oversight as the project progresses. If you have any concerns or complaints regarding the ethical conduct of the study, you are invited to contact the appropriate HREC:

NT: Ethics Administration, Human Research Ethics Committee of the NT Department of Health and Menzies School of Health Research. (HREC Ref 2018-3072) Tel: 08 8946 8600 or email [ethics@menzies.edu.au](mailto:ethics@menzies.edu.au)

Vic / Qld: St Vincent's Hospital Melbourne, Human Research Ethics Committee: Executive Office of Research, St Vincent's Hospital Melbourne. (HREC Ref 252/17) Tel: 03 9231 2394, or email: [research.ethics@svhm.org.au](mailto:research.ethics@svhm.org.au)

## Informed Consent

**1. The purpose of the Project, as outlined in the Information Brief is clear and I have had the opportunity to ask questions about the project.**

**2. I understand that my participation will involve the completion of an online survey and I agree that the researcher may use the results as described.**

**3. I acknowledge that:**

**- Taking part in this study is voluntary and I am aware that I can stop taking part in it at any time without explanation or prejudice;**

**- Any information I give will be kept strictly confidential and that no names will be used to identify me in this study;**

**- I have been advised as to what data is being collected, the purpose for collecting the data, and what will be done with the data upon completion of the research.**

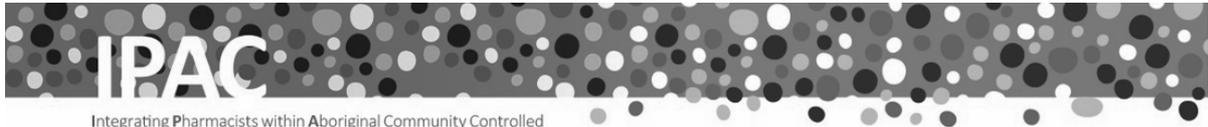
**- As participation in this study involves completion of an online questionnaire, the completion of the questionnaire will be considered evidence of consent to take part in this study.**

\* 1. Please indicate whether or not you are willing to participate in the study. Clicking the YES button below indicates that you have decided to participate. You can say no.

Do you agree to participate in this study?

No

Yes



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## IPAC Project: CEO and Managers Survey

### Background

2. In which ACCHS do you work?

3. What is your role within this ACCHS?

- Chief Executive Officer
- Senior Medical Officer / Clinical Director
- Practice Manager
- Chronic Disease Coordinator
- Other (please specify)

4. How long have you been working at this service (years)?

5. On average, how many hours per week do you work at the service?

6. Have you worked in any other ACCHSs?

- No
- Yes

If yes - for how many years?

7. Are you:

- Male
- Female

8. Which age group do you fall into?

30 years or under

31-40 years

41-50 years

51-60 years

61 years or over



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## IPAC Project: CEO and Managers Survey

### Roles and Responsibilities

9. At the commencement of the IPAC project, how would you rate your understanding of the:

	Not clear				Very clear
IPAC project and its aims	<input type="radio"/>				
IPAC pharmacists' role/s and expected activities	<input type="radio"/>				

Do you have any comments regarding your understanding of the the IPAC project and the IPAC pharmacists' roles?

10. What were you hoping to achieve by participating in the IPAC project?

11. How broad were differences between what you expected the IPAC pharmacists' role would be and what it was in practice?

No difference					Big difference
<input type="radio"/>					

What were the differences?

12. How would you rate your understanding / the clarity between the roles of the IPAC pharmacist and:

	Not clear				Very clear
GPs and nurses in this clinic?	<input type="radio"/>				
Community pharmacist/s?	<input type="radio"/>				

Do you have any comments regarding the clarity between roles?

13. How clear was the IPAC pharmacists' communication with you about their role?

Not clear	Very clear
<input type="radio"/>	<input type="radio"/>



## IPAC Project: CEO and Managers Survey

### Integration

14. Were there any 'champions' or leaders who facilitated the pharmacists' integration into the primary health care team where the IPAC pharmacist worked?

- No  
 Yes

If yes, who was the champion? Can you explain what they did?

15. What support was provided by the health service, for the IPAC pharmacist:

	No	Yes
Allocated a room or space	<input type="radio"/>	<input type="radio"/>
Uniform provided	<input type="radio"/>	<input type="radio"/>
Promoted in newsletter and/or other media	<input type="radio"/>	<input type="radio"/>

Other (please specify) or Comments

16. Did an Aboriginal Health Practitioner or another staff member support the IPAC pharmacist?

- No  
 Yes

How well did this work out? What type of support was provided? How important was this?

17. To what extent did the IPAC pharmacist participate in meetings within the ACCHS and discuss issues and ideas about medicines?

- Daily
- Weekly
- Fortnightly
- Monthly
- Irregularly
- Never

What sort of topics were discussed?

18. How valuable was the IPAC pharmacists' participation in meetings to discuss issues and ideas about medicines?

Not valuable at all

Very valuable



19. How often was the IPAC pharmacist involved in any team meetings with health care team members to talk about any patient's care plans?

- Daily
- Weekly
- Fortnightly
- Monthly
- Irregularly
- Never
- Not sure

20. What did you think about having an IPAC pharmacist within the team/service?

21. What did your staff think about having an IPAC pharmacist within the team/service?

22. How would you rate the IPAC pharmacists' communication with other staff members?

Not effective at all

Very effective

23. To what extent did the IPAC pharmacists' relationship with other health staff change over their time within the service?

Not at all

Great extent

24. To what extent has there been any changes in workload for other staff since the IPAC pharmacist started?

Not at all

Great extent

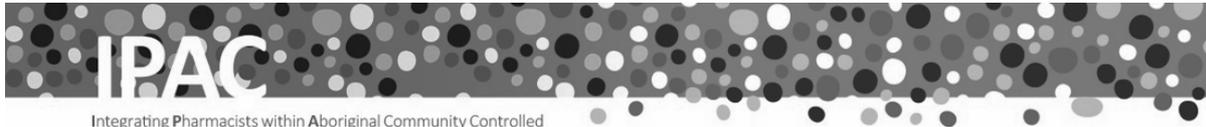
25. How would you rate the IPAC pharmacists' integration into the primary health care team?

Not integrated into team

Fully integrated into team

26. What aspects of the IPAC pharmacists' role did you find most useful?

27. What barriers impacted upon the IPAC pharmacists' ability to fully implement their role, if any?



## IPAC Project: CEO and Managers Survey

### Cultural Appropriateness

28. Was a local cultural induction available to the IPAC pharmacist?

- No  
 Yes

If yes, can you outline briefly what was provided?

If no, were there any reasons why induction wasn't provided?

29. Did the IPAC pharmacist have a local cultural mentor or person to support their work?

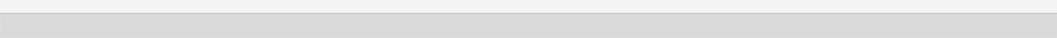
- No  
 Yes

How well did this work out?

30. How culturally sensitive was the IPAC pharmacist?

Not sensitive at all

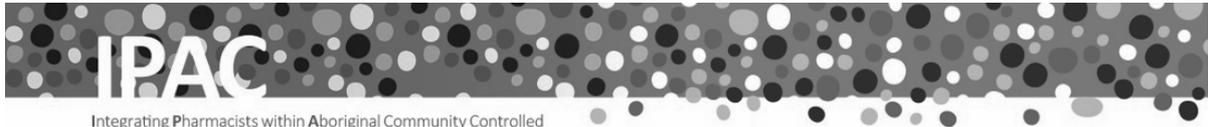
Very sensitive



31. Do you have any comments about how the IPAC pharmacist worked with Aboriginal staff and patients?



37. Can you provide any examples of positive communication or relationships?



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## IPAC Project: CEO and Managers Survey

### Referral and Consent Processes

38. Which roles in your service RECRUITED/REFERRED patients for the project? (Select all that apply)

- IPAC Pharmacist
- Reception staff
- GPs
- Nurses
- Aboriginal and/or Torres Strait Islander Health Practitioners
- Liaison officers
- Other ACCHS staff members
- Specialists
- Allied Health professionals (community-based)
- Other (please specify)

39. Which roles in your service CONSENTED patients including signing the consent form for the project?  
(Select all that apply)

- IPAC Pharmacist
- Reception staff
- GPs
- Nurses
- Aboriginal and/or Torres Strait Islander Health Practitioners
- Liaison officers
- Other ACCHS staff members
- Specialists
- Other (please specify)

40. How would you rate the referral and consent process?

Very difficult

Very easy



41. What referral or consent processes worked well?

42. How could referral or consent processes for enrolment of patients in the study have been improved?



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## IPAC Project: CEO and Managers Survey

### Patient Recruitment

43. Are you aware of any eligible patients who were not referred to be a part of the IPAC project?

- No  
 Yes

If yes, were there any common characteristics of these patients? Why weren't they referred?

44. Are you aware of any patients who did not consent to be a part of the IPAC project?

- No  
 Yes

If yes, were there any common characteristics of patients who didn't consent? eg. working, age, gender. Do you know what might have influenced their choice?

45. Were there any service or systems issues within the ACCHS that impacted on patient recruitment for the IPAC project?

- No  
 Yes

If yes, can you describe the issues?

46. Were there any local community issues that impacted on patient recruitment for the IPAC project?

No

Yes

If yes, can you describe the issues?

47. Did you receive a briefing or training in relation to the IPAC project and patient consent processes?

No

Yes

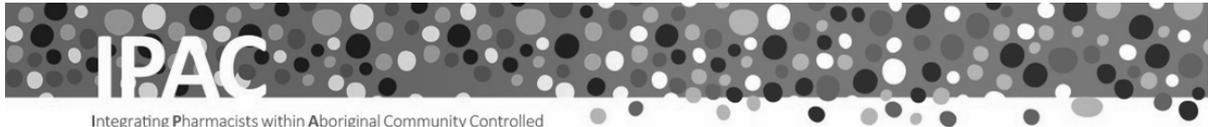
If yes, who provided this training?

48. How effective was the training for the IPAC project?

Not effective

Very effective

49. Do you have any comments on recruitment processes and training for the IPAC project?



## IPAC Project: CEO and Managers Survey

### Working with the IPAC Pharmacist

50. How often did you have contact with the IPAC pharmacist?

- Daily
- Weekly
- Fortnightly
- Monthly
- Irregularly
- Never

51. The IPAC pharmacist had a set of core roles within the health service. How would you rate their role in the following:

	Not effective at all				Very effective		N/A or Don't Know
Conducting Home Medicines Reviews	<input type="radio"/>						
Conducting medication reviews outside the home (non-HMRs)	<input type="radio"/>						
Reviewing the appropriateness of medications and assessing for prescribing omissions	<input type="radio"/>						
Addressing medication adherence issues	<input type="radio"/>						
Participating in team-based meetings/activities	<input type="radio"/>						
Quality assurance with the use of medicines (undertaking drug reviews)	<input type="radio"/>						
Providing patient education	<input type="radio"/>						
Providing staff support and education	<input type="radio"/>						
Further developing relationships with community pharmacists	<input type="radio"/>						
Providing a medicines information service	<input type="radio"/>						
Supporting transitional care (eg. checking medication list after patient discharge from hospital)	<input type="radio"/>						

Do you have any comments about the above roles?

52. To what extent did the following work processes change when the IPAC pharmacist started in the health service?

	Decreased significantly		Remained the same		Increased significantly		N/A or Don't Know
Opportunity to discuss individual patient therapies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of the IPAC pharmacist for a Home Medicines Review	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 900 claims for a Home Medicines Review	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistance with updating medication lists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunity to ask for information about medicines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follow up of medication supply with Community Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

53. To what extent do you think the IPAC pharmacist influenced...

	Not at all				Great extent		N/A or Don't Know
Medicines-related priorities with the health service (eg. encouraging adherence)	<input type="radio"/>						
Positive clinical care outcomes for patients	<input type="radio"/>						
Communication processes between health staff, regarding patients medication or treatment	<input type="radio"/>						

Comments

54. To what extent do you think having the IPAC pharmacist in the health service impacted upon patients'...

	Great extent				Not at all	N/A or Don't Know
Knowledge about the role of an IPAC pharmacist	<input type="radio"/>					
Knowledge about their medicines	<input type="radio"/>					
Adherence to taking their medications	<input type="radio"/>					
Confidence to ask more questions about their medicines	<input type="radio"/>					

Comments



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## IPAC Project: CEO and Managers Survey

### Collaboration

55. **PRIOR** to the IPAC pharmacist commencing, how would you rate communication regarding patients and their medications, between this health service and...

	Not effective				Very effective		Don't know or N/A
Hospitals (such as at the time of patient admission and discharge)	<input type="radio"/>						
Specialists	<input type="radio"/>						
Allied health professionals	<input type="radio"/>						
Community pharmacies/pharmacists	<input type="radio"/>						

56. **SINCE** the IPAC pharmacist commenced, how would you rate communication regarding patients and their medications, between this health service and...

	Not effective				Very effective		Don't know or N/A
Hospitals (such as at the time of patient admission and discharge)	<input type="radio"/>						
Specialists	<input type="radio"/>						
Allied health professionals	<input type="radio"/>						
Local community pharmacies/pharmacists	<input type="radio"/>						

How have these relationships changed?

57. To what extent was the health service able to fully utilise the IPAC pharmacists' skills and expertise?

Not utilised at all

Fully utilised

58. How would you rate your confidence in the IPAC pharmacists' professional capabilities?

Low confidence

High confidence

59. How would you rate the IPAC pharmacists' role overall?

Not effective

Very effective

60. Do you have any comments regarding the IPAC pharmacist role?



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## IPAC Project: CEO and Managers Survey

### Resources

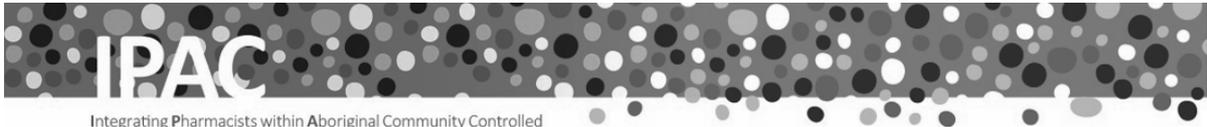
61. How would you rate the resources provided for promoting the IPAC project?

	Not effective at all				Very effective		N/A or Don't Know
Posters	<input type="radio"/>						
Brochures	<input type="radio"/>						
Video clips	<input type="radio"/>						

Other (please specify)

62. Which resources worked best for patients? Why?

63. Which resources did patients have difficulty with, if any? Can you describe the difficulties?



## IPAC Project: CEO and Managers Survey

### General Project

64. How well was the IPAC project able to be implemented at this site?

Not well at all

Very well






















65. How well did the IPAC pharmacist role meet the requirements of the health service?

Not well at all

Very well





















66. Which aspects of the IPAC project worked well?

67. What challenges were experienced in implementing the IPAC project?

68. How much support did your health service receive from the State/Territory Affiliate (eg VACCHO, QAIHC, AMSANT) in relation to the implementation of the IPAC project?

None at all

A great deal

N/A








How useful was this support?

69. How much support did the clinic/service receive through the NACCHO support network?

A great deal

None at all

N/A

How useful was this support?

70. Is your health service participating in the Health Care Homes (HCH) initiative?

No

Yes

If yes, can you describe any overlap between the IPAC pharmacist activities and the HCH initiative?

71. Does your service participate in, or has it commenced participation in any other initiatives that may have impacted on the work of the IPAC pharmacist? eg. workforce incentives programme

No

Yes

If yes, can you describe any overlap between the IPAC pharmacist activities and these other initiatives?



Integrating Pharmacists within Aboriginal Community Controlled Health Services to improve Chronic Disease Management



## IPAC Project: CEO and Managers Survey

### In the future

72. Would you like the IPAC pharmacist role to continue in this ACCHS beyond the project?

- No  
 Yes

Please explain your response

73. How many days per week would this health service require the professional services of an IPAC type\* pharmacist?

\* An IPAC-type pharmacist is "a non-dispensing pharmacist within Aboriginal community-controlled primary health care services, that undertakes any or all of the 10 core roles as outlined in the IPAC project".

74. Do you think the roles of the IPAC pharmacist need to be changed?

- No  
 Yes

If yes, in what way?

75. Do you think there is a role for an IPAC-type (see Q74 for definition) pharmacist within ACCHSs in the future?

No

Yes

Please explain your response

76. What advice would you give another health service who was going to introduce an IPAC-type pharmacist role?

77. Is there anything else you would like to add about the IPAC project or IPAC pharmacists' role?

Appendix D: Online Survey – GPs



Integrating Pharmacists within Aboriginal Community Controlled Health Services to improve Chronic Disease Management



## IPAC Project: GP Survey

### IPAC Project: GP Survey

#### Introduction

##### Project Leaders:

Ms Dawn Casey (NACCHO), Mr Mike Stephens (NACCHO), Associate Professor Sophia Couzos (JCU), Ms Deb Bowden (PSA).

##### Evaluation Organisation:

Evaluation Team led by James Cook University (College of Medicine and Dentistry)

The IPAC project is a large project that will determine if including a registered non-dispensing practice pharmacist as part of the primary health care team within Aboriginal community controlled health services (ACCHSs) leads to improvements in the quality of the care received by Aboriginal and Torres Strait Islander peoples. It is a partnership between the Pharmaceutical Society of Australia (PSA), the National Aboriginal Community Controlled Health Organisation (NACCHO), and James Cook University (JCU) College of Medicine and Dentistry.

Detailed information on the project is available in the information brief emailed with the invitation to participate in this online survey. This survey will take approximately 25 minutes to complete.

For more information or to make a complaint, you can contact the NACCHO Project Lead: Mike Stephens, Tel: 02 6246 9300; Email: [mike.stephens@naccho.org.au](mailto:mike.stephens@naccho.org.au). Other Project staff to contact include: Deb Bowden from the Pharmaceutical Society of Australia: Tel: 02 6283 4740; Email: [Deb.Bowden@psa.org.au](mailto:Deb.Bowden@psa.org.au). You can also contact the NACCHO Deputy Chief Executive Officer: Ms Dawn Casey at [dawn.casey@naccho.org.au](mailto:dawn.casey@naccho.org.au).

The Human Research Ethics Committees (HRECs) continue to provide oversight as the project progresses. If you have any concerns or complaints regarding the ethical conduct of the study, you are invited to contact the appropriate HREC:

NT: Ethics Administration, Human Research Ethics Committee of the NT Department of Health and Menzies School of Health Research. (HREC Ref 2018-3072) Tel: 08 8946 8600 or email [ethics@menzies.edu.au](mailto:ethics@menzies.edu.au)

Vic / Qld: St Vincent's Hospital Melbourne, Human Research Ethics Committee: Executive Office of Research, St Vincent's Hospital Melbourne, (HREC Ref 252/17) Tel: 03 9231 2394, or email: [research.ethics@svhm.org.au](mailto:research.ethics@svhm.org.au)

## Informed Consent

**1. The purpose of the Project, as outlined in the Information Brief is clear and I have had the opportunity to ask questions about the project.**

**2. I understand that my participation will involve the completion of an online survey and I agree that the researcher may use the results as described.**

**3. I acknowledge that:**

**- Taking part in this study is voluntary and I am aware that I can stop taking part in it at any time without explanation or prejudice;**

**- Any information I give will be kept strictly confidential/anonymous and that no names will be used to identify me in this study;**

**- I have been advised as to what data is being collected, the purpose for collecting the data, and what will be done with the data upon completion of the research.**

**- As participation in this study involves completion of an online questionnaire, the completion of the questionnaire will be considered evidence of consent to take part in this study.**

\* 1. Please indicate whether or not you are willing to participate in the study. Clicking the YES button below indicates that you have decided to participate. You can say no.

Do you agree to participate in this study?

No

Yes



Integrating Pharmacists within Aboriginal Community Controlled Health Services to improve Chronic Disease Management



## IPAC Project: GP Survey

### Background

2. In which health service (ACCHS) do you work?

3. What is your role within this health service?

- Clinical practitioner
- Management only
- Part clinical / Part management
- Other (please specify)

4. How long you have been working at this service (years)?

5. On average, how many hours per week do you work at the service?

6. Have you worked in any other ACCHSs?

- No
- Yes

If yes - for what length of time? (accumulated in years eg. 0.5FTE for 4 years = 2 years)

7. Are you:

- Male
- Female

8. Which age group do you fall into?

30 years or under

51-60 years

31-40 years

61 years or over

41-50 years



Integrating Pharmacists within Aboriginal Community Controlled Health Services to improve Chronic Disease Management



## IPAC Project: GP Survey

### Roles and Responsibilities

9. At the commencement of the IPAC project, how would you rate your understanding of the:

	Not clear				Very clear
IPAC project and its aims	<input type="radio"/>				
IPAC pharmacists' role/s and expected activities	<input type="radio"/>				

10. How broad were differences between what you expected the IPAC pharmacists' role would be and what it was in practice?

No difference					Big difference
<input type="radio"/>					

What were the differences, if any?

11. How would you rate your understanding / the clarity between the roles of the IPAC pharmacist and:

	Not clear				Very clear
GPs and nurses in this clinic?	<input type="radio"/>				
Community pharmacist/s?	<input type="radio"/>				

Comments

12. Were there any 'champions' or leaders who facilitated the pharmacists' integration into the primary health care team where the IPAC pharmacist worked?

- No  
 Yes

If yes, who was the champion? Can you explain what they did?

13. To what extent did the IPAC pharmacist participate in meetings and discuss issues and ideas about medicines?

- Daily  
 Weekly  
 Fortnightly  
 Monthly  
 Irregularly  
 Never

What type of topics were discussed?

14. What aspects of the IPAC pharmacist's role did you find most useful?

15. What barriers impacted upon the IPAC pharmacists ability to fully implement their role, if any?

16. How would you rate the IPAC pharmacists' integration into the primary health care team?

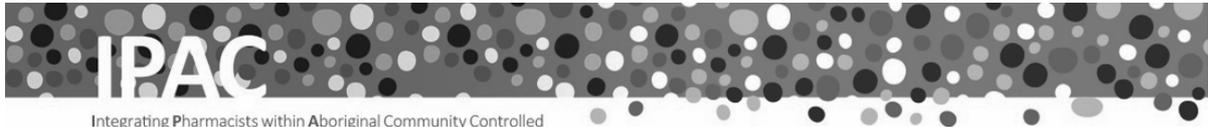
Not integrated into team

Fully integrated into team



22. Can you provide any examples of positive communication or relationships involving the IPAC pharmacist?

23. Do you have any comments about how the IPAC pharmacist worked with Aboriginal and Torres Strait Islander staff and patients?



## IPAC Project: GP Survey

### Referral Processes

24. How often did you refer patients to see the IPAC pharmacist (during the recruitment phase)?

- Daily
- Weekly
- Fortnightly
- Monthly
- Irregularly
- Never

25. How would you rate the process of referring patients for enrolment in the IPAC project?

Very difficult

Very easy



26. What processes for referral of patients in the IPAC project worked well?

27. What factors influenced your readiness to refer?

28. Were there any eligible patients that you didn't refer for enrolment into the IPAC project?

No

Yes

If yes, were there any common characteristics of these patients? eg. working, age, gender

29. How could patient referral processes for enrolment in the IPAC project have been improved?



## IPAC Project: GP Survey

### Consent Processes

30. Did you ever directly enrol patients into the IPAC project (and ask them to sign the consent form)?

- No  
 Yes

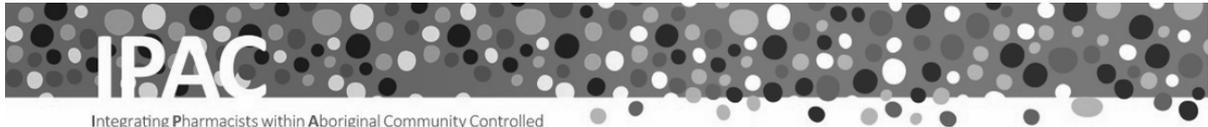
31. Are you aware of any patients who did not consent to be a part of the IPAC project?

- No  
 Yes

If yes, were there any common characteristics of patients who didn't consent? eg. working, age, gender

32. What worked well within your service in relation to gaining consent from patients to participate in the IPAC project?

33. How could patient consent processes for enrolment in the IPAC project have been improved?



## IPAC Project: GP Survey

### Training on Recruitment and Consent Processes

34. Did you receive a briefing or training in relation to the IPAC project and patient referral and consent processes for enrolling patients into the study?

- No
- Yes

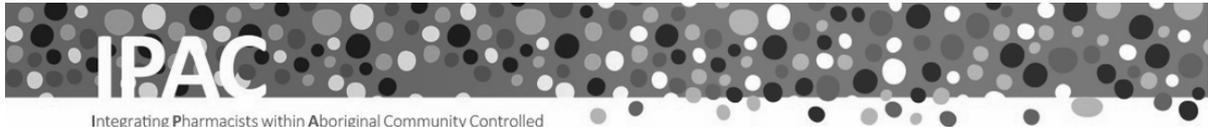
If yes, who provided this training?

35. How effective was the training on referral and consent processes for the IPAC project?

Not effective

Very effective

36. Do you have any feedback regarding the training on referral and consent processes for the IPAC project?



## IPAC Project: GP Survey

### Patient Recruitment

37. Were there any health service or systems issues within the ACCHS that impacted on patient recruitment for the IPAC project?

- No  
 Yes

If yes, please describe the issues?

38. Were there any local community issues that impacted on patient recruitment for the IPAC project?

- No  
 Yes

If yes, please describe the issues?



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## IPAC Project: GP Survey

### Working with the IPAC Pharmacist

39. How often did you have contact with the IPAC pharmacist?

- Daily  
 Weekly  
 Fortnightly  
 Monthly  
 Irregularly  
 Never

40. To what extent did the following work processes change for you, when the IPAC pharmacist started in the health service?

	Decreased significantly		Remained the same		Increased significantly	N/A or Don't Know
Opportunity to discuss individual patient therapies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of the IPAC pharmacist for a Home Medicines Review	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 900 claims for a Home Medicines Review	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistance with updating medication lists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunity to ask for information about medicines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follow up of medication supply with Community Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41. The IPAC pharmacist had a set of core roles within the ACCHS. How would you rate their role in the following:

	Not effective at all				Very effective		N/A or Don't Know
Conducting home medication reviews	<input type="radio"/>						
Conducting medication reviews outside the home	<input type="radio"/>						
Reviewing the appropriateness of medications and assessing for prescribing omissions	<input type="radio"/>						
Addressing medication adherence issues	<input type="radio"/>						
Participating in team-based meetings/activities	<input type="radio"/>						
Quality assurance with the use of medicines (undertaking drug reviews)	<input type="radio"/>						
Providing patient education	<input type="radio"/>						
Providing staff support and education	<input type="radio"/>						
Further developing relationships with community pharmacists	<input type="radio"/>						
Providing a medicines information service	<input type="radio"/>						
Supporting transitional care (eg checking medication list after patient discharge from hospital)	<input type="radio"/>						

Comments

## 42. To what extent do you think the IPAC pharmacist...

	Not at all				Great extent		N/A or Don't Know
Influenced medicines-related priorities within the health service? (eg. encouraging adherence)	<input type="radio"/>						
Provided <b>relevant</b> medicines information through education and support with queries?	<input type="radio"/>						
Provided <b>useful</b> medicines information through education and support with queries?	<input type="radio"/>						

## 43. To what extent do you think having the IPAC pharmacist in the ACCHS impacted upon...

	Not at all				Great extent		N/A or Don't Know
The clinical care of patients	<input type="radio"/>						
Patients' knowledge about their medicines	<input type="radio"/>						
Patients' adherence to taking their medications	<input type="radio"/>						

Can you describe any evidence of changes in patients' knowledge and/or adherence? What might have influenced this?

## 44. What proportion of your time was saved by having the IPAC pharmacist help you with managing patients and their medications?

0	50	100	<input type="checkbox"/>

## 45. Did the IPAC pharmacist suggest any changes in prescribing or make other recommendations to you as a result of undertaking any medication reviews or assessments?

- No
- Yes



## IPAC Project: GP Survey

### Feedback on Medication Reviews

#### Home Medicines Reviews (HMRs) and non-Home Medicines Review (non-HMR)

46. Did the IPAC pharmacist suggest any changes in prescribing or make other recommendations to you as a result of undertaking a Medicines Review either within or outside the home?

- No
- Yes

47. How did the IPAC pharmacist communicate these suggestions?

- Written report
- Notes in the patient's record
- Discussed directly with me in person or via telephone
- Case conference/team meeting
- Other (please specify)

48. How fitting were the IPAC pharmacists' recommendations from the medicines review?

Not appropriate

Very appropriate

49. How often did you act on the IPAC pharmacists' recommendations from the medicines review?

Never

Always

## 50. What actions did you take?

- I contacted and recalled patient for appointment
- I telephoned the patient to provide information
- I sent a letter to the patient to provide information
- I visited the patient in their home
- I arranged for another health professional to visit the patient at home
- I followed-up with the patient opportunistically (the next time they presented)
- I changed/updated the patients medications list
- None
- Other (please specify)

## Assessments for Medication Appropriateness and Potential Omissions

51. Did the IPAC pharmacist suggest any changes in prescribing or make other recommendations to you as a result of undertaking an assessment of the appropriateness, or potential omission of medications?

- No
- Yes

52. How did the IPAC pharmacist communicate these suggestions?

- Written report
- Notes in the patient's record
- Discussed directly with me in person or via telephone
- Case conference/team meeting
- Other (please specify)

53. How fitting were the IPAC pharmacists' recommendations from the assessment of medication appropriateness and identification of potential omissions?

Not appropriate

Very appropriate

54. How often did you act on the IPAC pharmacists' recommendations from the assessment of medication appropriateness and identification of potential omissions?

Never

Always



55. Do you have any comments about the recommendations you received from the IPAC pharmacist or actions you took?



Integrating Pharmacists within Aboriginal Community Controlled Health Services to improve Chronic Disease Management



## IPAC Project: GP Survey

### Collaboration

56. How would you rate communication between yourself and the IPAC pharmacist, regarding patients and their medications?

Not effective

Very effective

57. How often was the pharmacist involved in any team meetings with yourself and/or other healthcare team members to talk about any patients' health care plans?

- Daily
- Weekly
- Fortnightly
- Monthly
- Irregularly
- Never

58. How would you rate the input provided by the IPAC pharmacist at team meetings to discuss patients' health care plans?

Not valuable

Very valuable

59. **PRIOR** to the IPAC pharmacist commencing, how would you rate communication regarding patients and their medications, between this Health Service and...

	Not effective				Very effective		Don't know or N/A
Hospitals (such as at the time of patient admission and discharge)	<input type="radio"/>						
Specialists	<input type="radio"/>						
Allied health professionals	<input type="radio"/>						
Community pharmacies/pharmacists	<input type="radio"/>						



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## IPAC Project: GP Survey

### Overall

60. **SINCE** the IPAC pharmacist commenced, how would you rate communication regarding patients and their medications, between this service and...

	Not effective				Very effective		Don't know or N/A
Hospitals (such as at the time of patient admission and discharge)	<input type="radio"/>						
Specialists	<input type="radio"/>						
Allied health professionals	<input type="radio"/>						
Local community pharmacies/pharmacists	<input type="radio"/>						

How have these relationships changed?

61. To what extent were you able to fully utilise the IPAC pharmacists' skills and expertise?

Not utilised at all Fully utilised

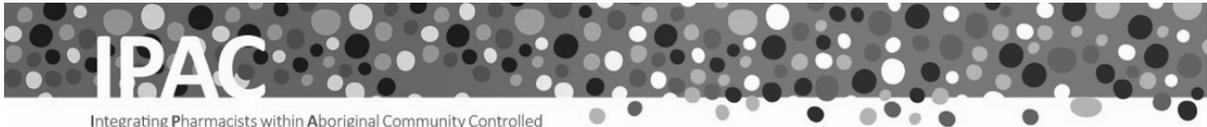
62. How would you rate your confidence in the IPAC pharmacists' professional capabilities?

Low confidence High confidence

63. How would you rate the IPAC pharmacists' role overall?

Not effective Very effective

64. Do you have any comments regarding the IPAC pharmacist role?



## IPAC Project: GP Survey

### General Project

65. How well was the IPAC project able to be implemented at this site?

Not well at all

Very well

66. Which aspects of the IPAC project worked well?

67. What challenges were experienced in implementing the IPAC project?

68. How well did the IPAC pharmacist role meet the requirements of the ACCHS?

Not well at all

Very well

69. How much support did your health service receive from the State/Territory Affiliate (eg VACCHO, QAIHC, AMSANT) in relation to the implementation of the IPAC project?

None at all

A great deal

N/A or Don't Know







How useful was this support?

70. Does your service participate in, or has it commenced participation in any other initiatives that may have impacted on the work of the IPAC pharmacist? eg. Health Care Homes, workforce incentives programme

No

Yes

If yes, can you identify the initiative/s and describe any overlap with the work of the IPAC pharmacist?



## IPAC Project: GP Survey

### In the future

71. Would you like the IPAC pharmacist role to continue in this health service beyond the project?

- No
- Yes

Please explain your response

72. How many days per week would this health service require the professional services of an IPAC-type\* pharmacist?

\* An IPAC-type pharmacist is "a non-dispensing pharmacist within Aboriginal community-controlled primary health care services, that undertakes any or all of the 10 core roles as outlined in the IPAC project".

73. Do you think the roles of an IPAC pharmacist needs to be changed in the future?

- No
- Yes

If yes, in what way?

74. Do you think there is a role for an IPAC-type (see Q72 for definition) pharmacist within ACCHSs in the future?

No

Yes

Please explain your response

75. Is there anything else you would like to add about the IPAC project or IPAC pharmacists' role?

Appendix E: Online Survey – Community Pharmacists



Integrating Pharmacists within Aboriginal Community Controlled Health Services to improve Chronic Disease Management



## IPAC Project: Community Pharmacists Survey

### IPAC Project: Community Pharmacists Survey

#### Introduction

##### Project Leaders:

Ms Dawn Casey (NACCHO), Mr Mike Stephens (NACCHO), Associate Professor Sophia Couzos (JCU), Ms Deb Bowden (PSA).

##### Evaluation Organisation:

Evaluation Team led by James Cook University (College of Medicine and Dentistry)

The IPAC project is a large project that will determine if including a registered non-dispensing practice pharmacist as part of the primary health care team within Aboriginal community controlled health services (ACCHSs) leads to improvements in the quality of the care received by Aboriginal and Torres Strait Islander peoples. It is a partnership between the Pharmaceutical Society of Australia (PSA), the National Aboriginal Community Controlled Health Organisation (NACCHO), and James Cook University (JCU) College of Medicine and Dentistry.

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The Human Research Ethics Committees (HRECs) continue to provide oversight as the project progresses. If you have any concerns or complaints regarding the ethical conduct of the study, you are invited the appropriate HREC:

NT: Ethics Administration, Human Research Ethics Committee of the NT Department of Health and Menzies School of Health Research. (HREC Ref 2018-3072) Tel: 08 8946 8600 or email [ethics@menzies.edu.au](mailto:ethics@menzies.edu.au)

Vic / Qld: St Vincent's Hospital Melbourne, Human Research Ethics Committee: Executive Office of Research, St Vincent's Hospital Melbourne. (HREC Ref 252/17) Tel: 03 9231 2394, or email: [research.ethics@svhm.org.au](mailto:research.ethics@svhm.org.au)

## Informed Consent

**1. The purpose of the Project, as outlined in the Information Brief is clear and I have had the opportunity to ask questions about the project.**

**2. I understand that my participation will involve the completion of an online survey and I agree that the researcher may use the results as described.**

**3. I acknowledge that:**

**- Taking part in this study is voluntary and I am aware that I can stop taking part in it at any time without explanation or prejudice;**

**- Any information I give will be kept strictly confidential and that no names will be used to identify me in this study;**

**- I have been advised as to what data is being collected, the purpose for collecting the data, and what will be done with the data upon completion of the research.**

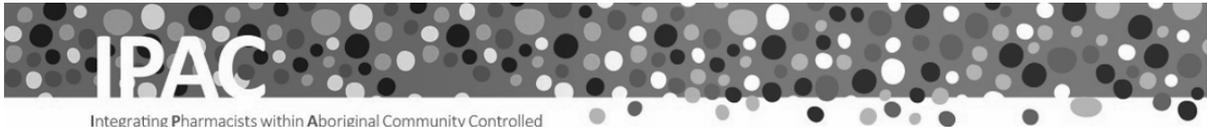
**- As participation in this study involves completion of an online questionnaire, the completion of the questionnaire will be considered evidence of consent to take part in this study.**

\* 1. Please indicate whether or not you are willing to participate in the study. Clicking the YES button below indicates that you have decided to participate. You can say no.

Do you agree to participate in this study?

No

Yes



Integrating Pharmacists within Aboriginal Community Controlled Health Services to improve Chronic Disease Management



## IPAC Project: Community Pharmacists Survey

### Background

2. With which ACCHS (health service) do you primarily work?

3. What is your role in the Community Pharmacy?

- Owner
- Manager
- Pharmacist employee
- Other (please specify)

4. How long you have been working in this pharmacy (years)?

5. On average, how many hours per week do you work at the pharmacy?

6. Have you worked in/with the local ACCHS previously?

- No - skip the next question
- Yes

**7. What work did you do?**

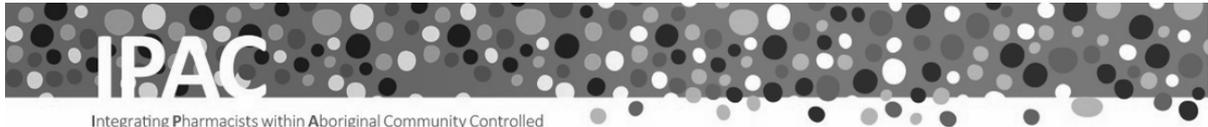
- Contracted/employed to work generally in the ACCHS
- Home Medication Reviews
- s100 visits
- QUMAX site visits
- Other (please specify)

**8. Are you:**

- Male
- Female

**9. Which age group do you fall into?**

- 30 years or under
- 31-40 years
- 41-50 years
- 51-60 years
- 61 years or over



## IPAC Project: Community Pharmacists Survey

### Roles and Responsibilities

10. At the commencement of the IPAC project, how would you rate your understanding of the:

	Not clear					Very clear
IPAC project and its aims	<input type="radio"/>					
IPAC pharmacists' role/s and expected activities	<input type="radio"/>					

11. How would you rate the clarity between the roles of the IPAC pharmacist and Community Pharmacist/s?

Not clear						Very clear
<input type="radio"/>						

Comments

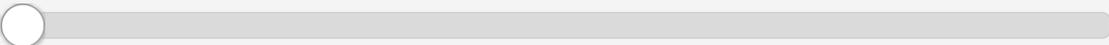
12. How broad were differences between what you expected the IPAC pharmacists' role would be and what it was in practice?

No difference						Big difference
<input type="radio"/>						

What were the differences?

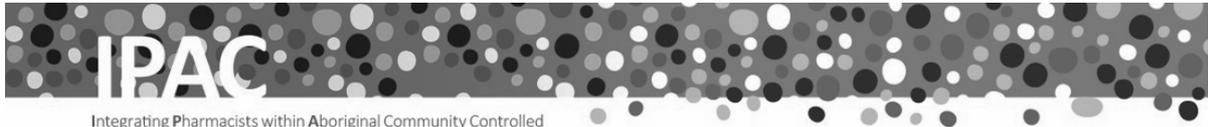
13. How would you rate your working relationship with the health service **PRIOR** to the commencement of the IPAC pharmacist?

Not effective at all Very effective



14. **PRIOR** to the IPAC pharmacist commencing, how would you rate (ACCHS) patients levels of...

	Very low				Very high	Don't know or N/A
Knowledge about their medicines	<input type="radio"/>					
Adherence to taking their medicines	<input type="radio"/>					



Integrating Pharmacists within Aboriginal Community Controlled Health Services to improve Chronic Disease Management



## IPAC Project: Community Pharmacists Survey

### Referral

15. Did you refer any patients to see the IPAC pharmacist?

- No  
 Yes

16. How would you rate the process of referring patients to the IPAC pharmacist?

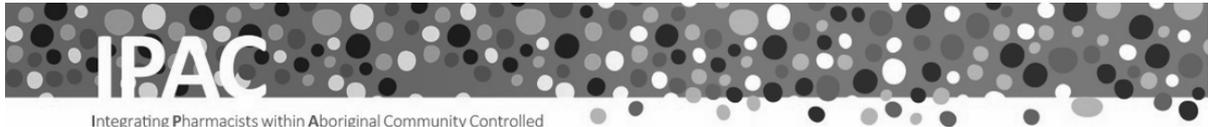
Very difficult

Very easy



17. Approximately how many patients did you refer to see the IPAC pharmacist?

18. What benefit did you think patients would receive from seeing the IPAC pharmacist?



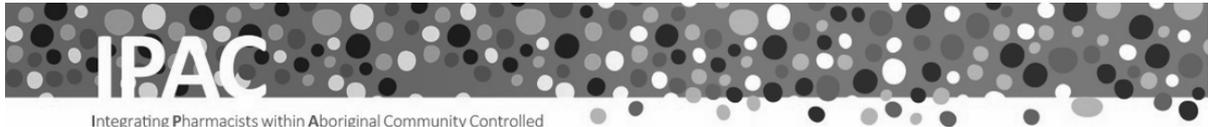
## IPAC Project: Community Pharmacists Survey

### About Referrals

19. Were there any situations where you did not refer eligible patients to see the IPAC pharmacist?

- No
- Yes

If yes, what were the reasons why?



## IPAC Project: Community Pharmacists Survey

### Relationships

From your observations...

20. How effective was the IPAC pharmacist in developing rapport (trusting relationships) with patients?

Not effective

Very effective

21. How willing were patients to see the IPAC pharmacist?

Not willing

Very willing

22. Can you provide any examples of effective relationships you saw the IPAC pharmacist develop?



## IPAC Project: Community Pharmacists Survey

### Working with the IPAC Pharmacist

23. How often did you have contact with the IPAC pharmacist?

- Daily  
 Weekly  
 Fortnightly  
 Monthly  
 Irregularly  
 Never

24. To what extent have the following work-related activities changed your work, since the IPAC pharmacist started in the health service?

	Decreased / Declined		Stayed the same		Increased / Improved	N/A or Don't know
Frequency of contact with the ACCHS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Efficiency of processes for medicines supply	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IPAC Pharmacist facilitated communication with the GPs regarding prescriptions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IPAC Pharmacist facilitated communication with the GPs regarding interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IPAC Pharmacist facilitated communication with the GPs for advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support provided to ACCHS patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

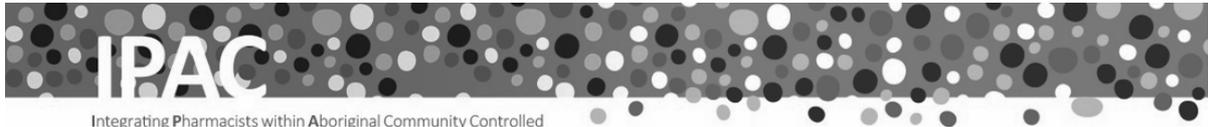
	Decreased / Declined		Stayed the same		Increased / Improved		N/A or Don't know	
Clinical appropriateness of medications prescribed	<input type="radio"/>							
Delivery of medicines to the clinic.	<input type="radio"/>							
Discussions re discharge medications.	<input type="radio"/>							
Notification of Closing the Gap (CTG) script eligibility.	<input type="radio"/>							
Receipt of Home Medication Review reports	<input type="radio"/>							
Requests to source a particular medication.	<input type="radio"/>							
Dose-administration aid preparation and supply.	<input type="radio"/>							
Sourcing pricing advice.	<input type="radio"/>							
Dispensing of medicines.	<input type="radio"/>							
Queries about medication related information.	<input type="radio"/>							
Giving educational sessions to staff within the clinic.	<input type="radio"/>							
Onsite (ACCHS) medicines stock control.	<input type="radio"/>							

25. To what extent have the following patient-related activities changed since the IPAC pharmacist started in the health service?

	Declined		Stayed the same		Improved		N/A or Don't Know
Involvement/interest of patients with their own medications	<input type="radio"/>						
Eligible patients received dose administration aids	<input type="radio"/>						
Participation by IPAC pharmacist in Home medicines reviews.	<input type="radio"/>						
Patient referral for Home medicines review.	<input type="radio"/>						
Assistance with script collection.	<input type="radio"/>						
Home delivery of medicines to patients.	<input type="radio"/>						

Comments





## IPAC Project: Community Pharmacists Survey

### Overall

30. How would you rate your understanding **NOW** of the:

	Not clear				Very clear
IPAC project and its aims	<input type="radio"/>				
IPAC pharmacists' role/s and expected activities	<input type="radio"/>				

31. **SINCE** the IPAC pharmacist commenced, how would you rate (ACCHS) patients levels of...

	Very low			Very high		Don't know
Knowledge about their medicines	<input type="radio"/>					
Adherence to their medicines	<input type="radio"/>					

32. In your opinion, has the IPAC pharmacist had any influence on patients' adherence to their medications?

No influence	High influence
<input type="radio"/>	<input type="radio"/>

33. In your opinion, how would you rate the IPAC pharmacists' role overall?

Not effective	Very effective
<input type="radio"/>	<input type="radio"/>

34. Do you have any comments regarding the IPAC pharmacists' role or impact?



## IPAC Project: Community Pharmacists Survey

### In the future

35. Do you think there is a role for an IPAC-type\* pharmacist within ACCHSs in the future?

\* An IPAC-type pharmacist is "a non-dispensing pharmacist within Aboriginal community-controlled primary health care services, that undertakes any or all of the 10 core roles as outlined in the IPAC project".

No

Yes

Please explain your response

36. How many days per week would the local health service (ACCHS) require the professional services of an IPAC-type (see definition in Q36) pharmacist?

37. How interested would you be in taking on the IPAC pharmacist role in the future?

Not interested at all

Very interested






What are your reasons for this choice?

38. Do you think the roles of the IPAC pharmacist need to be changed in the future?

No

Yes

If yes, in what way?

39. Is there anything else you would like to add about the IPAC project or the IPAC pharmacists' role?

A large, empty rectangular box with a thin black border, intended for the respondent to provide additional information or comments regarding the IPAC project or the role of IPAC pharmacists.

Appendix F: Focus Group / Interview Proforma – Health Services Staff

**IPAC Project – Qualitative Evaluation**  
**Draft Focus Group / Interview Template –Aboriginal Health Workers/Practitioners/Management**  
**(use GP template for practicing GPs)**

(6-8 staff members purposively selected for knowledge of role of the pharmacist and patient journey)

- Welcome and introduce research team
- Acknowledgement of country or ask if Elder can welcome
- Yarn about the project and your experience, no right or wrong answers
- Ask that people don't take anything talked about outside the room
- Everyone will be de-identified in our report, there will not be any names
- You can have a copy of the discussion today or if you want to stop something from being reported you can.

[use IPAC pharmacist's name and service name where appropriate]

TAILOR QUESTIONS TO ROLE OF INTERVIEWEE

Themes	Questions (and prompts)
<b>Introductions</b>	<ul style="list-style-type: none"> <li>– Please tell me your role and how long you have been working in the health service?</li> <li>– How long have you been working in health</li> </ul>
<b>Preparedness Orientation</b>	<ul style="list-style-type: none"> <li>– What is your understanding of the IPAC Project?</li> <li>– Can you explain what <b>[pharmacist name]</b> the IPAC pharmacist did?</li> <li>– How did the pharmacist communicate their role and this project to the team? Was this adequate?</li> </ul>
<b>Integration into the PHC team</b>	<p style="text-align: center;"><b>To what extent did the pharmacist work as a part of the primary health care team?</b></p> <ul style="list-style-type: none"> <li>– How did you feel about a pharmacist joining the team? Explore acceptability/issues</li> <li>– How long did it take for the pharmacist to settle in?</li> <li>– Were there any 'champions' [leaders] who facilitated communication and integration of the pharmacist?</li> <li>– Was a room allocated for the pharmacist? [don't ask if observed]</li> <li>– Were they provided with a uniform? [don't ask if observed]</li> <li>– Were they promoted in newsletter and other media?[ don't ask if observed]</li> <li>– Were you able to fully utilise their skills and expertise?</li> <li>– Can you give any examples of initiatives implemented by the pharmacists? [eg Drug utilisation reviews]</li> <li>– How effective do you think pharmacist's role was? What worked well? What could be improved?</li> </ul>
<b>Team collaboration</b>	<p style="text-align: center;"><b>How effective was the pharmacists' communication with other health staff within the service?</b></p> <ul style="list-style-type: none"> <li>– To what extent did the pharmacist participate in meetings and discuss issues and ideas? What sort of things were discussed? How often?</li> <li>– Was the pharmacist invited to participate in events or clinics? Eg. NAIDOC Did they participate willingly?</li> <li>– Could the pharmacist relate on an interpersonal level to other staff?</li> <li>– Has the information the pharmacist provided been helpful and assisted you in the management of the patients? What type of information has been provided? Would you like to have had less, more or different information?</li> <li>– Has there been any changes in workload for other staff since the pharmacist started?</li> <li>– Did an Aboriginal Health Worker, or another staff member, support the pharmacist? In what ways? How important was this?</li> </ul>

	<ul style="list-style-type: none"> <li>– Was the pharmacist an effective communicator? How did the pharmacist communicate - patient notes/verbally/case discussions?</li> <li>– Has the relationship of the pharmacist with other health staff changed over their time within the service? If so, How?</li> <li>– What did you think about having a pharmacist within the team/service?</li> </ul>
<b>Cultural Competence</b>	<b>How well did the pharmacist understand the local people, their priorities and culture?</b>
	<ul style="list-style-type: none"> <li>– Was local cultural induction available to the pharmacist? Can you tell me about it?</li> <li>– Did they have a local cultural mentor or local person to support their work? How did this work out?</li> <li>– Do you feel the pharmacist was accepted by the community – can you give an example</li> <li>– In your opinion were there any issues around cultural safety?</li> </ul>
<b>Relationships</b>	<b>Tell me about the pharmacists' relationships with patients?</b>
	<ul style="list-style-type: none"> <li>– Tell me about the pharmacists' communication with patients? What did you observe? Do you think patients understood the pharmacist?</li> <li>– Did you see people developing trusting relationships with the pharmacist?</li> <li>– How willing were people to see the pharmacist? (approachability)</li> <li>– Did you recommend patients/ friends to visit the pharmacist?</li> </ul>
<b>Consent process</b>	<b>How would you describe recruitment and the consent process for the project?</b>
	<ul style="list-style-type: none"> <li>– Was this done by an ACCHS staff member or the pharmacist or both?</li> <li>– What role did Aboriginal Health Workers have in this process?</li> <li>– How effective was this process? What worked? How could this have been improved?</li> <li>– ...If done by ACCHS staff: <ul style="list-style-type: none"> <li>○ What training did you receive in relation to the project and consent processes and who provided this?</li> <li>○ Were there any patients that you didn't refer/consent? Why? What type of patients were these?</li> <li>○ Were there many patients who decided not to be involved in the project [didn't consent?]</li> <li>○ Do you know what influenced their choice?</li> <li>○ Were there any common characteristics of those who decided not to be involved in the project [didn't consent]? Eg. Working, M/F</li> </ul> </li> <li>– Were there any local issues that impacted on recruitment?</li> </ul>
<b>Changes</b>	<b>What has changed since the pharmacist started in the health service?</b>
	<ul style="list-style-type: none"> <li>– Has clinical care of patients changed?</li> <li>– Have you observed any changes in knowledge about the role of the pharmacist in patients?</li> <li>– Do you think patients' knowledge about their medicines has changed? How?</li> <li>– Have you seen any evidence of patients being more adherent to taking their medicines? What might have influenced this?</li> <li>– Have you seen patients asking more questions about their medicines after spending time with the pharmacist? Do you have any examples of this?</li> <li>– Have communication processes regarding patients' medication/treatment changed between health staff?</li> </ul>

	<ul style="list-style-type: none"> <li>– Did you or any other staff members assist with the implementation of the N-MARS patient survey? What assistance was provided? (show proforma)</li> <li>– In your opinion, how accurate do you think patients were when responding to the questions? How do you know?</li> <li>– <i>Overall on a scale of 1 to 10 (with 10 being very effective and 1 being not effective) how effective do you think the pharmacists' role was?</i></li> </ul>
<b>Collaboration with other providers</b>	<b>Tell me about interactions the pharmacist had with other healthcare providers?</b>
	<ul style="list-style-type: none"> <li>– Was the pharmacist able to assist with the transfer of information (or work processes) regarding patients medications with other health providers? Examples</li> <li>– What role did the pharmacist play in multi-disciplinary clinics or team care arrangements?</li> <li>– Can you tell me about any patient group or staff education that the pharmacist facilitated?</li> <li>– Has having a pharmacist at the service changed your relationship with your community pharmacy? If so, how?</li> </ul>
<b>Resources</b>	<b>Tell me about any resources you had for the pharmacist or did you need to develop any new ones? Eg. Brochures, flyers and meds info sheets (present copies)</b>
	<ul style="list-style-type: none"> <li>– Why did you have to modify them? What did you have to develop?</li> <li>– How useful did your patients find these? What did they have difficulty with?</li> </ul>
<b>Project General</b>	<b>Tell me about how the project has operated at this site?</b>
	<ul style="list-style-type: none"> <li>– What worked? [How successful was the introduction of a pharmacist?] In what way?</li> <li>– Were there any challenges?</li> <li>– How well did the IPAC pharmacist meet the health services requirements?</li> <li>– Can you describe any support you received from your NACCHO state Affiliate [AMSANT, VACCHO, QAIHC]?</li> <li>– Can you describe any support you received through the NACCHO support network? Eg. Email lists</li> <li>– Since the pharmacist commenced has your service started participating in any other initiatives that impacted on, or overlapped with, the IPAC Project (eg. Health Care Homes, workforce incentives programme (WIP)? ...If yes, can you describe any overlap between these activities?</li> </ul>
<b>Future</b>	<ul style="list-style-type: none"> <li>– Do you think pharmacists should be as part of the team to provide holistic care to Aboriginal patients?</li> <li>– Would you like this role to continue beyond the project? Why?</li> <li>– How many days a week do you think the pharmacist is needed for in the service?</li> <li>– Do you think the roles of the pharmacist needs to be changed? In what way?</li> <li>– What advice would you give another health service who was going to introduce a pharmacist role?</li> <li>– Is there anything else you would like to add?</li> </ul>

Appendix G: Focus Group / Interview Proforma – Patients

**IPAC Project – Qualitative Evaluation**  
**Draft Focus Group / Interview Template –Patients**

Focus Group of 6-8 patients and 1 in-depth individual  
 Purposively selected who have had experience with the Pharmacist

- Welcome and introduce research team
- Acknowledgement of country or ask if Elder can welcome
- Yarn about the project and your experience, no right or wrong answers
- Ask people to not take anything talked about outside the room
- Everyone will be de-identified in our report, there won't be any names
- Let us know if you would like a copy of the discussion today or if you want to stop something from being reported.

[insert IPAC pharmacist name and service name where appropriate]

THEMES	QUESTIONS (and prompts)
<b>Introductions</b>	<ul style="list-style-type: none"> <li>– Can you tell us about you?</li> <li>– Are you a local or where is your country?</li> <li>– How happy are you with your life right now [life-satisfaction] scale 0-10? (10 being most satisfied)</li> <li>– How long you have been coming to this health service?</li> <li>– Before the project started did you see a pharmacist here or in the community?</li> <li>– Can you tell me about whether you talked about your medicines with the community pharmacist?</li> </ul>
<b>Understanding</b>	<p><b>How do you feel about having a pharmacist here at your health service?</b></p> <ul style="list-style-type: none"> <li>– Do you know why the pharmacist was here?</li> <li>– How often have you been to see the pharmacist here at the service?</li> <li>– Can you tell me what the pharmacist did?</li> <li>– Do you know why you saw the pharmacist?</li> </ul>
<b>Consent process</b>	<p><b>Can you tell me about how you heard about the pharmacist? How were they introduced to you?</b></p> <ul style="list-style-type: none"> <li>– Who suggested you see the pharmacist or did you ask to see the pharmacist? Or did the pharmacist contact you?</li> <li>– How well did this work? Would you have preferred this to be done differently?</li> <li>– How did you feel about signing the consent form to be included in the research project?</li> </ul>
<b>Cultural Competence</b>	<p><b>Can you say whether the pharmacist understood you and your culture?</b></p> <ul style="list-style-type: none"> <li>– Did you feel the pharmacist was respectful?</li> <li>– Did the pharmacist understand what was important for you?</li> <li>– Did the pharmacist listen to your story?</li> <li>– Do you think the pharmacist was welcomed by the community? Why/why not?</li> </ul>
<b>Relationships</b>	<p><b>Tell me about how well the pharmacist worked together [interacted] with you?</b></p> <ul style="list-style-type: none"> <li>– How did you feel about seeing the pharmacist?</li> <li>– How easy was it to get to see the pharmacist?</li> <li>– Did you make an appointment? Were you able to attend your appointment?</li> <li>– Does making an appointment work for you or do you prefer another way?</li> <li>– How did you feel about talking to the pharmacist? (approachability)</li> </ul>

	<ul style="list-style-type: none"> <li>– Did the pharmacist understand and listen?</li> <li>– Did the pharmacist explain things well and use words you understood?</li> <li>– How did you feel when telling the pharmacist your medicines story? (trust)</li> <li>– Did you talk about your visit to the pharmacist with family and friends / you mob? What did you tell them?</li> <li>– Did you encourage them to see the pharmacist?</li> </ul>
<b>Changes</b>	<b>Tell us about anything that has changed with your medicines since the pharmacist started in the health service?</b>
	<ul style="list-style-type: none"> <li>– How did you feel about talking to the pharmacist about your medicines?</li> <li>– What information did the pharmacist give you about your medicines and your health?</li> <li>– After seeing the pharmacist has anything changed in the way you handle your medicines?</li> <li>– Can you take your medicines at the right time?</li> <li>– How do you feel about taking your medicines? Has this changed since you saw the pharmacist?</li> <li>– How likely are you to ask questions about your medicines? Who would you ask about your medicines? (? increase confidence)</li> <li>– How has seeing the pharmacist assisted you in taking care of your health?</li> <li>– Do you feel your health has changed since seeing the pharmacist? How?</li> <li>– Do you think the pharmacist is good for the community? (only if appropriate) why?</li> </ul>
<b>Collaboration with other providers</b>	<b>Can you tell me about any times that the pharmacist talked to other health staff [eg. GP, renal doctor, diabetes educator] with you, or for you?</b>
	<ul style="list-style-type: none"> <li>– Have you met with your health team to talk about your health care plan? How did this go?</li> <li>– Has anything changed with your usual community pharmacist? Eg. how often or why you see them [may not be relevant for S100 sites]</li> </ul>
<b>Resources</b>	<b>Can you tell me about any flyers or written information the pharmacist gave you or that you saw in the clinic? (show poster/brochure)</b>
	<ul style="list-style-type: none"> <li>– What did you think about these?</li> <li>– Did you understand them? Did you have any trouble?</li> </ul>
<b>Patient Survey (N-MARS)</b>	<b>Can you remember the pharmacist asking you lots of questions (for the patient survey) about your medicines? How did you feel answering these questions?</b>
<b>(show template)</b>	<ul style="list-style-type: none"> <li>– Could you understand the questions?</li> <li>– How much time did it take to answer them? (too long or too short)</li> </ul>
<b>Prescription history</b>	<b>Can you tell me when you get a prescription from the doctor, how do you then get your medicines? [S100 site: when the doctor wants you to start a new medicine, how do you get it?]</b>
	<ul style="list-style-type: none"> <li>– Do you get it from the ACCHS? Or from the community pharmacy?</li> <li>– Did the pharmacist in the clinic help you get your medicines? How?</li> <li>– How long does it usually take to fill your prescription when you get it (or get your new medicine)? <i>Explore any delays</i></li> <li>– Where do you usually go for repeat prescriptions (or more medicines)? The GP at the ACCHS or another clinic? Why do you go there?</li> <li>– Do you ever ask your community pharmacy about your medicines?</li> </ul>

<b>Future</b>	<ul style="list-style-type: none"><li>– How would you say the pharmacist was for 'you' if you had to give them a score out of 10? [effectiveness]</li><li>– Would you like to keep seeing the pharmacist at the clinic? Why? [pos and neg]</li><li>– How many days a week do you think the pharmacist should be at the clinic?</li><li>– What things could the pharmacist do better or differently?</li><li>– Is there anything else you would like to add?</li></ul>

Appendix H: Observation Framework

## IPAC Project – Qualitative Evaluation Site and Pharmacist Observation

**Site:**

### Site Observation

Photographs, collection of relevant documents outlining the role of the Pharmacists or the Project

Items	Description of observations	Evidence Collected
Signs		
Posters		
Brochures / flyers		
Newsletters		
Information Briefs		
Other promotional materials eg. Pens		
Layout eg. Accessibility, appropriate spaces		
Location of community pharmacy (onsite?) (Pharmacy vs drug room important to establish)		
waiting room		
location of pharmacist room (usual room?)		
Use of CIS		

### Practice Pharmacist

The researcher will “shadow” the Pharmacist for one day taking detailed field notes and recording observations of workflow and patient interactions. Things to look out for...

Activity within the 10 core roles:	Notes
1. Medication Management Reviews (HMR, non-HMR, follow-up) 2. Team-based collaboration 3. Medication adherence assessment & support 4. MAI audit, and AoU 5. Preventative health care 6. Drug Utilisation Review 7. Education and training 8. Medicines information service 9. Medicines stakeholder liaison 10. Transitional care	
<b>Activity OUTSIDE the 10 core roles</b>	
<b>Relationships with staff (approachability, interactions)</b>	
<b>Communication with staff</b>	
<b>Relationships with patients (approachability, honesty, trust, power)</b>	
<b>Communication with patients</b>	
<b>Resources available vs Resources used with staff and patients (staff, CIS, brochures etc)</b>	
<b>Time needed for IPAC Project data capture (CIS, logbook)</b>	

## Appendix I: Letter of invitation to nominate for field/site visits

8<sup>th</sup> January 2019

Dear CEOs and IPAC site representatives,

The JCU Evaluation Team would like to invite ACCHSs that are participating in the IPAC project to nominate for involvement in the qualitative evaluation of the project. This will involve a visit to your service to interview and observe the activity of relevant staff working on the IPAC project. We will also be asking if we can interview patients. The information collected will help us to understand how the IPAC pharmacist is actually making a difference and what the community thinks of this new role.

We are inviting three (3) services in total, one in each jurisdiction (Queensland, Victoria and the Northern Territory), to be involved. The visits and data collection activities will be undertaken by Dr Robyn Preston, a qualitative researcher from JCU, who is experienced in health services research, with assistance from other qualitative researchers. The visits will take place in July and August 2019.

If your service would like to take part, we will ask for your help to recruit appropriate patients who would be willing to be part of a focus group or interview, and to assist them to attend. This will need to be coordinated prior to the visit. Some ACCHS staff will also be asked to participate in a focus group or interview.

### How will services be selected?

We are keen to work with services that would like to be involved. As well as having one service from each jurisdiction, we also need to make sure that we have a service from each setting (urban, regional and remote) to obtain an understanding of how the pharmacist's role might vary in different locations.

### What will happen during the visit to your service?

The qualitative researcher/s will be at your service for **3-4 days**. Activities will be undertaken with the IPAC pharmacist, site staff and patients.

This includes:

Participants	Data collection activity
IPAC Pharmacist	In-depth semi-structured interview, recorded (approx. 1 hour)
Observations of the IPAC Pharmacist	Non-participant observation of Pharmacist for one work day (Shadowing)
Patients (6-8 patients, purposively selected who have experience with IPAC Pharmacist)	Focus group discussion or individual interviews if preferred (recorded, approx. 45-60 minutes)
Individual Patient One (1) patient purposively selected having experience with IPAC Pharmacist	In-depth semi-structured interview (recorded, approx. 45-60 minutes)
Aboriginal Health Workers/Practitioners/GPs (6-8 staff members purposively selected for knowledge of role of the IPAC Pharmacist and patient journey)	Focus group discussion or individual interviews (recorded, approx. 45-60 minutes)
Observations at the Site by the Researchers	Photographs e.g. Posters, signs Collection of relevant documents, e.g. Flyers, newsletters

All information and data collected from participants will be de-identified and the names of participating services will not be disclosed in any public reports or presentations, unless prior permission has been granted. If you would like any further information, please email or give us a call. If you would like to nominate your organisation, please send an email to Dr Deb Smith, JCU Project Manager at: [deb.smith@jcu.edu.au](mailto:deb.smith@jcu.edu.au)

**Nominations close on Monday 4<sup>th</sup> February, 2019.**

## Appendix J: Site Recommendations Report

### IPAC Project - Qualitative Evaluation Site Recommendations Draft 13/02/2019

ACCHSs participating in the IPAC project were invited to nominate to be considered for a site visit as part of the qualitative evaluation of the project. Evaluation activities will be undertaken with the IPAC Pharmacist, staff members and patients as outlined in the invitation. The visits will take place over 3-4 days in July and August 2019.

Six (6) ACCHSs nominated to be involved in the qualitative evaluation: one each from the Northern Territory and Victoria, and four from Queensland. The table below lists the sites and selected details:

State	Organisation	S100 or QUMAX	Service reported active patients	FTE Allocated	ASGS-RA	MMM	Active Pts *	Recruited Patients GRHANITE 31/01/19	Recruited Patients Logbook 31/01/19
NT		QUMAX	13000	1.4	RA3	2	13,000	78	79
QLD		S100	7000	1.0	RA4	6	7,000	28	18
QLD		QUMAX	7000	1.2	RA3	2	7,000	200	205
QLD		QUMAX	4000	0.6	RA2	2	4,000	161	104
QLD		QUMAX	3600	0.4	RA3	5	3,600	44	43
VIC		QUMAX	2000	0.4	RA3	4	2000	8	8

Source: Doctor Connect (Australian Statistical Geography Standard-Remoteness Area (ASGS-RA), and also the Modified Monash Model (MMM). Active Patients data from NACCHO. Recruited patient's data from GRHANITE data extractions and Pharmacist Logbook.

#### Selection Criteria

The Qualitative Evaluation Team will work with services that would like to be involved and have nominated. We also need to make sure that we have a service from each setting (urban, regional and remote) to obtain an understanding of how the pharmacist's role might vary in different locations. The criteria used in site selection were:

1. Work with sites who have nominated
2. Geographical dispersion – must have remote and regional
3. Well performing site
  - a. good patient recruitment
  - b. high level of pharmacist activity
4. Pharmacist FTE

#### Recommended Sites

Based on the above criteria we recommend selection of the following ACCHSs:

Urban:

Regional:

Remote:

These services fulfil the above criteria. The [redacted] site has been a well performing site and has a high number of patients and activity. It is the closest to an urban location (RA2) from those who nominated based on the AGSC-RA classification. This allows the acceptance of [redacted] as a regional site (RA3) and a representative from the Northern Territory. [redacted] is recommended as the only remote site who nominated (RA4). Both of these sites have acceptable patient numbers and pharmacist activity. We have not recommended the only Victorian site to nominate due to low patient numbers and pharmacist activity. Pharmacist FTE is adequate at the recommended sites to enable visits to be conducted in the timeframe outlined. The Qualitative Evaluation Team seek endorsement of the recommended sites from the PRG.

**IPAC Project – Qualitative Site Visit  
Draft Information and Plans**

**Health Service  
July – August 2019**

Draft Schedule to be discussed

Tuesday	Meet briefly with site contacts Observation of IPAC Pharmacist for one work day (Shadowing) Photographs, collection of relevant documents
Wednesday	Interview with IPAC Pharmacist morning Focus Group discussion with 6-8 patients at lunchtime In-depth interview with 1 patient (afternoon)
Thursday	Focus Group discussion with 6-8 site staff (lunchtime) Any individual interviews with staff in morning/afternoon (if required)

**Staff Focus Groups / Interviews**

- Identification of relevant staff members based on selection criteria (see below)
- Invitation to participate, allow 1 hour, confirm verbal consent (CEO/Managers and GPs have the option of an online survey if they are unavailable during the visit)
- Schedule time and ensure staff are rostered to be available (refreshments will be provided by JCU)
- Formal consent will be done prior to participation (can be done by Site Contact/IPAC Pharmacist)

**Criteria for staff selection (purposive sampling)**

- 6-8 staff members of the service for focus group discussion (Aboriginal Health Workers, Clinical Staff, Practitioners, Managers)
- Include members of the primary care team
- Worked with or had regular contact with the pharmacist
- Employed at the clinic for the duration (or majority) of the project (and preferably prior to pharmacist commencement but not essential)
- Determine whether any staff members would prefer an individual interview (e.g. CEO);

**Participant Focus Groups / Interviews**

- Identification of appropriate patients based on selection criteria
- Invitation to participate, allow 1 hour, confirm verbal consent
- Schedule time
- Ensure participants are able to get to the ACCHS at the designated time (\$20 gift card provided to participants to compensate them for their time and travel, plus refreshments by JCU – planning on obtaining platters from Coles/Woolworths)
- Formal consent will be done prior to participation (can be done prior by Site Contact/IPAC Pharmacist)

**Criteria for participant selection (purposive sampling)**

- Identify 6-8 consented participants (patients) for focus group discussion; and 1 for an in-depth interview
- Must be regular patients and have presented at the clinic at least 3 times in the past 2 years
- Seen the pharmacist on at least 1 occasion, preferably 2 occasions
- Has knowledge of the pharmacists' role

**Further information to be provided by the ACCHS:**

- Identify suitable dates for 3-4 day site visit in July/August
- Is permission required from Traditional Owners?
- Does the Service require any support (or attendance) from NACCHO or the Affiliates during the visit?
- Is there a private room we can use for focus groups and interviews (seat 8 people for focus groups)?
- Will any staff members prefer an individual interview?
- What is the best day/time for staff focus group/interviews?
- What is the best day/time for patient focus group/interviews?
- Does the ACCHS have a fridge and kettle we can use? We will bring tea bags/milk etc.
- Preference for patient compensation - vouchers from Woolworths Wish Group or Coles Myer Group?
- Will interpreters be needed (only for individual interview)?

Schedule of activities to be finalised 2 weeks prior to visit.