The Victorian Community Pharmacist Statewide Pilot:

Summary report on the evaluation findings and the first 12 months of operation

VICTORIA State Government | Department of Health

To receive this document in another format, email the Community Pharmacist Statewide Pilot team <CPP@health.vic.gov.au>.

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

Except where otherwise indicated, the images in this document show models and illustrative settings only, and do not necessarily depict actual services, facilities or recipients of services. This document may contain images of deceased Aboriginal and Torres Strait Islander peoples.

In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people. 'Indigenous' or 'Koori/Koorie' is retained when part of the title of a report, program or quotation.

ISBN - 978-1-76131-780-4 (pdf/online/MS word)

Available at the department's website <https://www.health.vic.gov.au/primary-care/victorian-community-pharmacist-statewide-pilot> (2503111).

Acknowledgements

Acknowledgement of Country

The Victorian Department of Health (the department) acknowledges the strength, power and resilience of Aboriginal people as members of the world's oldest living culture. The department recognises Aboriginal people as Australia's First Peoples and honours the richness and diversity of all Traditional Owners across Victoria.

The department respects the lore, customs and languages practised by Aboriginal people in Victoria and their deep spiritual and cultural connections to land and water. The department is committed to a future based on equality, truth and justice and recognises the ongoing systemic injustices faced by Aboriginal people. Victoria's treaty and truth-telling processes offer a chance to address these wrongs, empowering Aboriginal people to make decisions for their communities.

The department pays its deepest respects to ancestors, Elders and leaders, past and present, whose strength and fortitude have paved the way for future generations.

Acknowledgement: Evaluation & Insights

Evaluation & Insights (E&I), a unit within the department which is independent of the area responsible for the Victorian Community Pharmacist Statewide Pilot (the pilot), conducted the evaluation of the pilot's first 12 months of service delivery. This report is based on their evaluation findings.

Acknowledgements: Victorian Community Pharmacist Statewide Pilot

Department of Health teams

Past and present membership
Community Pharmacist Statewide Pilot Coordination, Safer Care Victoria, Immunisation Projects and Policy, Commercial Legal Advisory, Digital Development and Platform, Health Feedback & Complaints, M365 Unit, Legislative and Regulatory Reform, Regulatory Compliance and Operations, Strategic Communications, Community and Public Health, Medicines team.

Advisory Group convened by Department of Health

Past and present membership
Australian Medical Association (Victorian Branch), Health Issues Centre, Pharmacy Board of Australia, Pharmacy Guild of Australia – Victorian Branch, Pharmaceutical Society of Australia – Victorian Branch, The Royal Australian College of General Practitioners Victorian Faculty, The Rural Doctors Association of Victoria, Victorian Aboriginal Community Controlled Health Organisation, Victorian and Tasmania Primary Health Network Alliance, Victorian Multicultural Commission, Victorian Pharmacy Authority, Women's Health Victoria, Consumer representatives, representatives of the Department of Health and Safer Care Victoria.

Clinical Reference Group convened by Safer Care Victoria

Past and present membership
Practising community pharmacists and general practitioners from regional, metropolitan locations, and within an Aboriginal Community Controlled Organisation, Infectious Disease Specialists, clinical pharmacologists, academics (associated with territory education and with expertise in pharmacy, antimicrobial stewardship, women's health and research implementation), and representatives from the consumer group, the Therapeutic Guidelines Limited, Women's Health Victoria, the Department of Health and Safer Care Victoria.

Consumer Advisory Group Initially convened by Health Issues Centre, now supported by the Department of Health

Past and present members
Twenty-three members representing diverse Victorian population groups.

Contents

Executive summary

The Community Pharmacist Statewide Pilot (the pilot) commenced in Victoria in October 2023. An independent evaluation of the pilot was conducted in late 2024, and this report shares outcomes from the pilot's first 12 months of operation, along with key findings from the evaluation.

The pilot was designed to test an expanded role for community pharmacists. It allowed appropriately trained community pharmacists to provide certain prescription-only medicines (Schedule 4) and vaccines as part of the following services:

1. Resupply of select oral contraceptive pills without a prescription for women (16–50 years).
2. Treatment for uncomplicated urinary tract infections (UTIs) in women (18–65 years).
3. Treatment for herpes zoster (shingles) and flare-up of mild plaque psoriasis for people 18 years and older.
4. Vaccinations for travel, as well as vaccinations for hepatitis A, hepatitis B, poliomyelitis and typhoid.

The pilot aimed to increase access to affordable, local primary healthcare. It followed the establishment of similar trials in Queensland and New South Wales. The expanded primary care model was later supported by the Commonwealth's Scope of Practice Review (October 2024).[1] This review examined the evidence on a range of primary healthcare workforces' ability to deliver on their full scope of practice in primary care. The final report highlighted the opportunities for primary health care professionals to extend their work to their full scope of practice.

Pharmacists provided more than 23,000 services in the first 12 months of the pilot. During that time, no serious safety concerns were reported, and levels of patient satisfaction were consistently high.

Safety and quality were the highest priorities in the pilot's design. Participating pharmacists used evidence-based clinical guidelines and completed specified training, so they were equipped to deliver the new services.

1 https://www.health.gov.au/resources/publications/unleashing-the-potential-of-our-health-workforce-scope-of-practice-review-final-report

The evaluation results suggest that the pilot was able to improve access to care. The groups benefiting most from the services appear to be women and people living in regional or rural areas:

84%

of services were provided to women. Two of the four services (UTI treatment and oral contraceptive pill resupply) were specifically designed for women, addressing healthcare delays that could worsen symptoms or disrupt daily lives.

93%

of survey respondents stated they were able to access care within 24 hours whether they lived in a metropolitan, regional, or rural area – an advantage for many people living outside the metropolitan area considering there are lower numbers of GPs in many regional communities.

With high patient satisfaction, growing public demand, and a focus on safety, the Victorian Community Pharmacist Statewide Pilot has been a successful pilot – it is a possible future model of care that increases accessible primary care options for Victorians.


arrotex

Introducing the Victorian Community Pharmacist Statewide Pilot

Background

Pharmacists are trusted health professionals embedded in the Victorian community. They have been able to supply certain Schedule 4 (prescription-only) medications where there is an immediate need under the Pharmaceutical Benefits Scheme Continued Dispensing Arrangements (enabled in Victoria since 2013).

The Victorian Community Pharmacist Statewide Pilot (the pilot) was introduced by the Victorian Government to test an expanded role for community pharmacists. Pilot consultations and the provision of select Schedule 4 medications without a prescription built on the existing knowledge and experience of pharmacists in providing primary health care.

Primary care is generally the first service people go to for health care outside of a hospital or specialist. It includes diagnosis and treatment of health conditions and long-term care. Primary care also covers health promotion and prevention services.[2]

Context

Challenges to accessing primary care services in Australia have persisted for generations (Duckett & Breadon 2013). Australia's general practitioner workforce shortage and prolonged Medicare Benefit Scheme freeze in the past have compounded patients' access to timely and affordable care. This can be particularly pronounced in rural and regional areas where people face lengthy travel times and long waiting periods to access treatment for minor illnesses (Duckett & Breadon 2013).

Pharmacist-led care, including treatment for low-risk health conditions, is an established part of healthcare provision in several countries. Community pharmacies in Canada, New Zealand, and the United Kingdom have been delivering improved access, and timely and effective treatment for several minor conditions, including urinary tract infections (Beahm et al. 2018; Stewart et al. 2018; Booth et al. 2013; Gauld et al. 2017).

In Australia, there has been a nationwide movement towards pharmacists being able to play a bigger role in delivering primary health care, supported by the Commonwealth's Scope of Practice

2 https://www.health.gov.au/topics/primary-care/about

Review that was published in October 2024.[3] This review's proposed reforms included a focus on removing barriers that impede health professionals, including pharmacists, from practising to their full scope. Queensland and New South Wales have been early adopters to test pharmacist-led care in treating low-risk health conditions.

Drawing on local and international learnings, the pilot commenced in October 2023. Set to run for a period of 12 months, the pilot was later extended to 30 June 2025 to continue services while the evaluation was conducted.

About the pilot

By enabling community pharmacists to deliver treatment under a structured prescribing model for certain low-risk conditions, the pilot aimed to provide options for patients to access timely, local services – including in areas where existing access to primary healthcare is limited.

The pilot allowed trained community pharmacists in Victoria to provide certain prescription-only medicines (Schedule 4) and vaccines as part of the following services:

- treatment for shingles
- treatment for a flare-up of mild plaque psoriasis
- resupply of select oral contraceptive pills
- treatment for uncomplicated urinary tract infections (UTI)
- provision of select travel health and other vaccines.

These services were designed under a structured prescribing approach.

Structured prescribing refers to a model where a healthcare professional, such as a pharmacist, prescribes medications under a formal arrangement like a guideline, protocol, or standing order.[4]

The pilot was designed to give pharmacy owners flexibility in how they delivered services, while ensuring compliance with pharmacy regulations. Owners could offer appointments through booking only or by accepting walk-ins, helping them manage services alongside their usual operations. They could also choose which services from the set of services to offer and the days and times these were offered.

3 https://www.health.gov.au/resources/publications/unleashing-the-potential-of-our-health-workforce-scope-of-practice-review-final-report

4 https://www.pharmacyboard.gov.au/News/Professional-Practice-Issues/Pharmacist-Prescribing-FAQ.aspx

A range of design and implementation mechanisms were in place to support safety in service delivery. These included:

- structured and evidence-based clinical management protocols (management protocols) developed based on existing therapeutic guidelines
- choice of conditions with established, low risk treatments
- service delivery by qualified pharmacists
- compulsory additional training for pharmacists
- online smart forms to guide decision-making, and
- input from experts and sector representatives into protocols and policy settings.

Pharmacy validation checks and departmental compliance and audit checks verified compliance with regulatory requirements.

To protect the safety and privacy of patients, pharmacy businesses wanting to participate had to have a private consultation room to meet the specific pilot requirements within their premises. Pharmacists also had to comply with the legal and clinical framework for the pilot, including the Department of Health Secretary Approval and management protocols. Participating pharmacies also had to meet the requirements of the Victorian Pharmacy Authority Guidelines and other guidelines issued by the Department of Health.

Pharmacists followed evidence-based structured clinical management protocols to assess each patient's circumstances and symptoms. Together with smart forms to guide the pharmacist through the process, the protocol identified whether the patient was in scope to be treated under the pilot, or whether they should see another medical professional. Once confirmed as in scope, the most suitable treatment and/or medication approach was determined according to patient needs. These protocols, developed with input from medical experts, were grounded in best-practice healthcare standards.

The pilot was designed to support integrated healthcare. The smart forms had letter generation capability to provide a summary of the consultation for the patient's usual doctor, subject to the patient's consent to share. The patient handouts for each clinical service listed additional information to help the patient identify any further advice or care needed.

The department provided a payment of $20 per consultation to the pharmacies to support the administrative work required for the pilot. This meant most consultations were at no cost to the patient (note that pharmacies were able to charge patients for the travel health and vaccination service). Medication costs were also offset so that patients would pay the same amount they would if they had a prescription from a doctor.

The Better Health Channel hosted information for the public about the pilot's services[5] including eligibility, costs, and data collection. There was also a searchable map on the webpage to assist people in finding a local pharmacy offering the service they were seeking.

The pilot incorporated a departmental complaints process to identify and address any concerns. This included requirements to support patient understanding and informed consent to participate.

- Patients were informed of their right to comment, ask questions, or raise complaints about their care.
- Patients received a handout after their pharmacy consultation. This handout included information about how to make a complaint and who to contact if they had concerns. The information was also on the Better Health Channel and in information sheets.

5 https://www.betterhealth.vic.gov.au/community-pharmacist-pilot#about-the-community-pharmacist-pilot


prescript

Monitoring progress and measuring impact

What we set out to learn

The Evaluation and Insights Team in the Strategic Policy and Evidence Branch of the Department of Health conducted an evaluation of the pilot's first 12 months of service delivery. The team independently analysed and reported pilot monitoring data as well as patient, pharmacist and peak body feedback data. The overall evaluation (including data collection tools, data analysis, and reported findings) was independently peer reviewed.

The evaluation was conducted to determine whether the pilot was meeting its core objectives, including improving timely access to care, safety, and delivering services that were patient-centred and well received.

The evaluation was structured around seven key evaluation questions:

1. **Equity of access:** To what extent does the pilot support equity of access to in-scope services?
2. **Safety of service delivery:** To what extent is the service safe?
3. **Patient-centred services:** To what extent does the pilot provide patient-centred treatment and care?
4. **Value creation:** To what extent does the service provide value for the health system, patients, pharmacists, and pharmacy business owners?
5. **Information sharing:** To what extent are pilot service providers sharing information with other primary healthcare service providers?
6. **Unintended consequences:** Were there any unintended consequences of the pilot?
7. **Program design insights:** What lessons does this pilot offer for future program and policy design?

Data gathered on services delivered between 27 October 2023 and 26 October 2024 were used to inform the evaluation.

Limitations

- The evaluation focused on assessing the implementation of the pilot's model of care in the context of existing research and evidence, demonstrating the effectiveness of the four available treatments. It was not designed to be a clinical controlled trial.
- The evaluation collected de-identified information on patient experiences and outcomes using two different surveys at different time points. Consequently, the survey data was not designed to track the impact of the pilot on individual patients over time.

Gathering data along the way

The evaluation team gathered information via different mechanisms.

- Feedback and data were collected from patients and participating pharmacists via the methods below.
- Six peak bodies were invited to participate in consultation interviews. (Note: two peak bodies, representing medical primary healthcare providers, did not participate. Therefore, their views of the pilot are not included in this report.)
- The pilot's consumer advisory group provided qualitative feedback in a consultation session.

	Patient Survey A	Patient Survey B	Pharmacist Survey
Number of responses	3,172	2,075	435
Number of surveys sent	15,734	5,551	2,532
Response rate	20%	37%	18% of the total 2,483 pharmacists registered to deliver the pilot
Method[6,7]	SMS and email online survey link to consenting patients in English only.	SMS and email online survey link and Computer Assisted Telephone Interviewing follow-up with non-respondents to consenting patients. Both methods were available in English only and limited to patients 16 years and older.	Email survey link with a request to also forward the link to other participating pharmacists in the pharmacy. The survey was in English only.

6 Patient Survey B was limited to patients 16 years and older, therefore experiences of younger teenagers and children were excluded. Children aged 5 years and older could receive the travel health and vaccination service. Variations in age eligibility for the approved vaccines existed. Overall, those aged 5 to 16 years represented up to 10 per cent of all patients who received the travel health and vaccination service. An exact proportion of people between the ages of 5 and 16 years who received the travel health and vaccination service could not be reported due to the aggregate age groups reported: 2% of patients were 5–9 years of age, 3% were 10 to 14 years of age and 5% were 15–19 years of age.

7 The total number of pharmacists that received a survey link is not able to be ascertained. The survey was emailed to 2,532 pharmacists (including pharmacy owners and managers) where emails were available in the pilot registration database. At the time, based on the unique number of the Australian Health Practitioner Regulation Agency (Ahpra) numbers in the pilot registration database, there were 2,483 pharmacists registered to deliver pilot services.

Key positive impacts for the public

800
participating pharmacies

23,000+
services provided

97%
patient satisfaction

ZERO
serious safety concerns

Improved access to care

This outcome aligns with key evaluation question #1:

Equity of access: To what extent does the pilot support equity of access to in-scope services?

23,000
pilot services delivered to patients

Patients from all
80
Victorian Local Government Areas (LGAs) accessed the service

800
participating pharmacies

As of 26 October 2024, 800 pharmacies in Victoria (54% of the total registered Victorian pharmacies) were approved to provide pilot services. These approved pharmacies were distributed across 77 out of 80 Local Government Areas (LGAs) in Victoria.

The pilot expanded primary care options for people living across Victoria – especially those in rural and socio-economically disadvantaged areas.

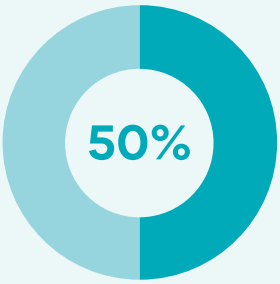
- Data indicates that the pilot uptake by pharmacies increased the health care options in regions where there was lower GP access than average.
- There was higher uptake of the pilot by pharmacies in 25 out of 49 Local Government Areas (LGAs) where existing access to primary health care was assessed as low. In these LGAs they had fewer GPs for every 1,000 individuals in a population when compared to the state average.
- Among the 25 LGAs where there was higher uptake of the pilot, 21 were located in regional or rural Victoria.
- The pilot performed strongly across nine of these 25 LGAs as more people received care for uncomplicated UTIs and resupply of the oral contraceptive pill than the average across Victoria. Seven of these were in regional or rural LGAs.

By allowing pharmacists to provide treatment for uncomplicated UTIs, contraceptive resupply, and skin conditions, the pilot reduced the need for patients in rural LGAs to travel long distances for these services.

These results indicate that strong rural uptake can help ease pressure on rural health services, particularly in areas where access to affordable medical care is limited.

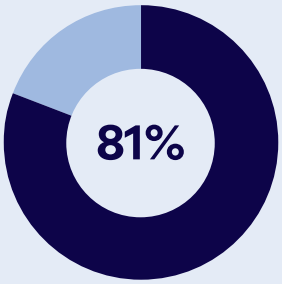
Continued interest and growth in the pilot

3 months



Within the first three months, **50%** of pharmacies approved to take part in the pilot had begun providing services

12 months



By 12 months, **81%** of pharmacies approved to take part in the pilot had begun providing services

As demand for pilot services grew, pharmacy participation continued to increase. This demonstrated growing engagement in the pilot initiative and may reflect the gradual completion of training requirements by pharmacists as they approached readiness to commence services. It may also reflect growing patient awareness and willingness to try this new service model.

41%

of survey respondents identified a shorter waiting time for an appointment as a key reason for choosing to get services at a pharmacy.

A major theme in the qualitative feedback received was convenience and being able to access services immediately. Respondents to the survey noted this was particularly helpful for women needing treatment for uncomplicated UTIs.

A notable outcome of the pilot was the provision of care outside normal business hours and on public holidays. The consumer reference group also noted greater access for vulnerable groups. As a result, more people benefitted from timely care that they otherwise may have had to wait days to receive.

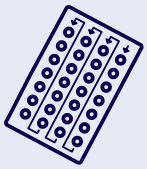
> "It was amazing. Saved a $90 GP fee. Had medication within 10 minutes and killed off symptoms quickly, rather than waiting to get a doctor's appointment."
>
> **– Patient**

> "It is far too difficult, time consuming and expensive to attempt to see a GP on short notice. This service is an absolute lifesaver. It meant I was not in excruciating pain for days on end, which I was last time I had a UTI and this program didn't exist."
>
> **– Patient**

Overview of services delivered

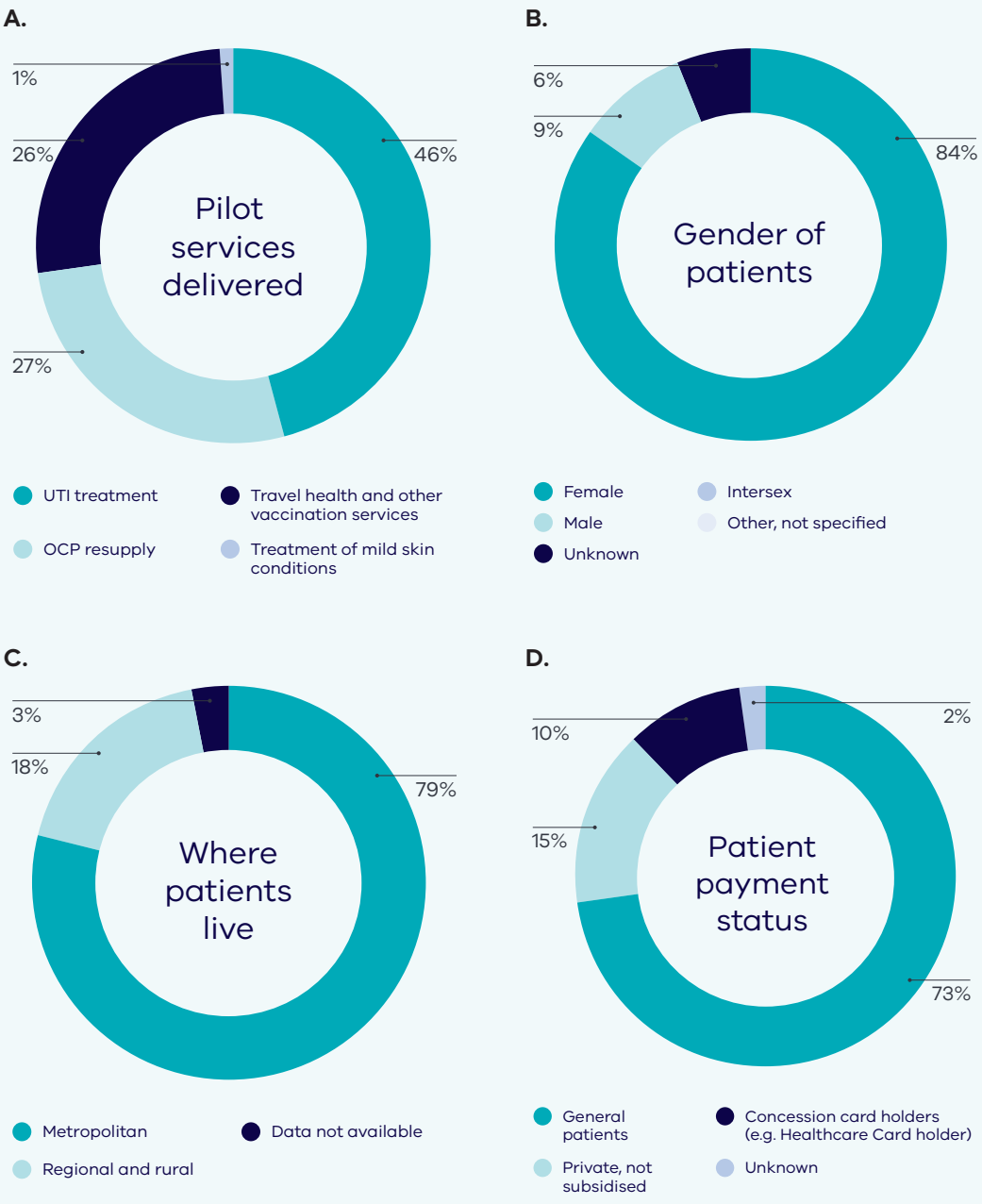
10,680
for treatment of uncomplicated urinary tract infections **(46%)**

6,316
for resupply of the oral contraceptive pill **(27%)**



5,987
for travel health and other vaccination services **(26%)**

231
for the treatment of mild skin conditions **(1%)**



A. n = 23,214 B. n = 23,220* C. n = 23,215* D. n = 17,233#

* The overall number of consultations is slightly higher when data exports are conducted at later time periods for the same timeframe (27 October 2023 to 26 October 2024). This is due to later reporting from pharmacies on a small number of services delivered. The differences in these overall numbers do not make a material difference to the overall results.

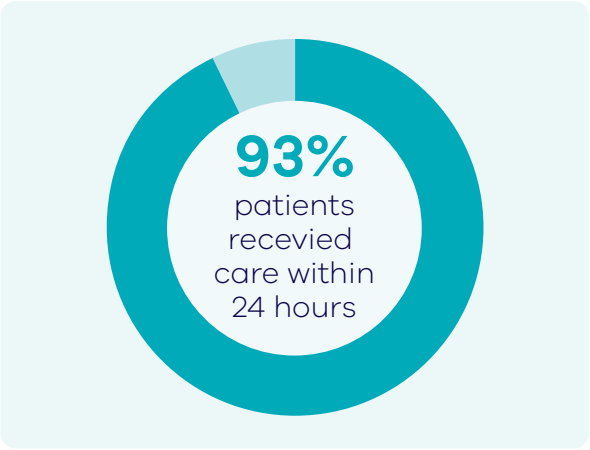
\# Payment status data if for those who received UTI treatment, OCP resupply and mild skin condition treatment services only. This is because Health Care Card holders did not receive a subsidy for any travel health vaccinations received. Additionally, the overall data only captures those who received a prescription treatment for the condition they presented with.

More timely access to care

This outcome aligns with key evaluation questions #1 and #3

Equity of access: To what extent does the pilot support equity of access to in-scope services?

Patient-centred services: To what extent does the pilot provide patient-centred treatment and care?



Timely access to GPs for urgent care remains a challenge. The Australian Bureau of Statistics (2022) reported that 39% of patients were waiting 24 hours or more for an appointment to address urgent care needs.

The evaluation findings demonstrate that pharmacist-led services can provide an alternative care option for lower-risk conditions. Survey results indicate that 93% of patients received care at a participating pharmacy within 24 hours of seeking assistance, regardless of their location. These findings suggest that this pharmacist-led model of care can reduce delays in access to treatment, especially benefitting those in medically underserved communities, including rural areas.

Patients who were surveyed welcomed the addition of in-pharmacy services to their range of options for primary care – 41% identified a short waiting time for an appointment as a key benefit.

> "For something that is common (and many women can self-diagnose), having access to antibiotics right away is a blessing. It would only get worse waiting for a doctor's appointment."
>
> **– Patient**

> "Very happy with the pilot services and hope it continues. It has benefitted the community – especially where we are located. Doctors are booked out for up to 2–3 weeks. We open late hours as well, so it's helpful for customers who really need the service to get it."
>
> **– Pharmacy owner**

Safe services

This outcome aligns with key evaluation question #2:
Safety of service delivery: To what extent is the service safe?

> "Clinical protocols were clear and concise, and any updates were effectively communicated."
>
> **– Pharmacist**

The pilot's design and implementation supported safe service delivery. This included the use of evidence-based structured protocols, service delivery by qualified pharmacists, compulsory additional training for pharmacists and an online smart form to guide decision-making. Pharmacy validation checks and departmental compliance and audit checks ensured compliance with regulatory requirements.

There were no reported adverse patient safety events that resulted in serious harm or death and issues of non-compliance were minor.

Issues relating to the pilot raised through complaints or audit checks were reviewed by Safer Care Victoria and the Department's Health Regulator. They determined that none of the issues raised identified serious harm to the public directly caused by the delivery of pilot services. The number of complaints and feedback received by the department was low (49) in comparison to the total number of services (over 23,000) delivered under the pilot during the 12-month period.

Serious harm is considered to have occurred when, as a result of the incident, the patient has: needed life-saving surgical or medical intervention; a shortened life expectancy; experienced permanent or long-term physical harm, or permanent or long-term loss of function.

– Australian Commission on Safety and Quality in Health Care (ACSQHC)

Safety with vaccinations

All pharmacies delivering travel health and vaccination services under the pilot were required to have an active government-funded vaccine account and had to report all vaccines administered to the Australian Immunisation Register.

Adverse events related to vaccine administration are collected by the vaccination safety body SAEFVIC (Surveillance of Adverse Events Following Vaccination In the Community). The department reported that SAEFVIC did not receive any reports of increased adverse events associated with the travel health and vaccination service during the 11 months of operation in the evaluation period. Note that the travel vaccination service commenced on 22 November 2023.

Safety with UTI consultations and treatment

The provision of pilot services for uncomplicated UTIs by community pharmacists is likely to be as safe and effective as other care settings.

The treatment for uncomplicated UTIs outlined in the management protocol was in alignment with Therapeutic Guidelines: Antibiotic. In the evaluation survey conducted eight to 21 days after patients received services, 13% of respondents who had an uncomplicated UTI service reported that their symptoms did not resolve despite the treatment provided by the pilot.

This observation is consistent with published reports of treatment failure for UTIs in the range of 12–17% for uncomplicated UTIs from studies conducted in the United States, the Netherlands, and the United Kingdom.[8]

This suggests that community pharmacies prescribing antibiotics for uncomplicated UTIs during the pilot were no less effective or safe than in usual care settings.

Overall, 14% of the survey respondents who received any of the pilot services reported having sought further care for the same health issue after receiving care from a community pharmacist.

8 United States (17 per cent) (Fromer et al. 2023), the Netherlands (15 per cent) (Goettsch, Janknegt & Herings 2004) and the United Kingdom (12–16 per cent) (Lawrenson & Logie 2001)

Technical note on antibiotic provision

Incorporation of first-line conservative UTI management in management protocols helped mitigate concerns around potential antibiotic overuse. The protocol for the management of UTIs was developed by Safer Care Victoria with input from the pilot's Clinical Reference Group. The treatment outlined in the protocol was in alignment with the Therapeutic Guidelines Antibiotic recommendations at the time.[9]

The guideline recommends conservative management, symptomatic treatment with non-prescription medicines, and self-care advice as a first-line treatment for uncomplicated UTIs. This is mirrored in the protocol. Further, the protocol also directs pharmacists to advise their patients to see a GP if their symptoms persist 48–72 hours after finishing their antibiotic treatment or if other symptoms develop.

More affordable healthcare

This outcome aligns with key evaluation question #4:

Value creation: To what extent does the service provide value for the health system, patients, pharmacists, and pharmacy business owners?

Affordability was consistently highlighted in patient feedback as a key strength of the pilot. Patients valued the ability to access care for some health conditions without incurring out-of-pocket consultation fees.

Funding from the Victorian Government meant there were no charges for most consultations, and medication costs were aligned with the Pharmaceutical Benefits Scheme (PBS) pricing model. This meant patients paid no more for medications than they would with a GP-issued prescription.

Pharmacies were allowed to charge patients a consultation and vaccine administration fee for travel health and vaccination pilot service. This cost did not seem to be a barrier for patients, with 5,987 travel health and vaccination services delivered during the pilot.

9 Antibiotic, Therapeutic Guidelines. Melbourne: Therapeutic Guidelines Limited. Published 2019, accessed 16 January 2024, from https://www.tg.org.au

While not assessed as part of the evaluation, it is noted that accessibility of services outside normal business hours may have reduced the need to take time off work, potentially further easing financial strain.

> "Overall, I loved this opportunity. It was much faster for me to get treatment, and at a lower cost."
>
> **– Patient**

High patient satisfaction

This outcome aligns with key evaluation question #3:
Patient-centred services: To what extent does the pilot provide patient-centred treatment and care?

> "I am extremely impressed with the way the pharmacist worked with me to ensure I understood what was happening in relation to my vaccine."
>
> **– Patient**

Ninety-seven per cent of patients responding to the survey reported satisfaction with the care they received in the pharmacy. This result was independent of gender or where patients lived.

Patients described the service as patient-centred, with almost all stating they would use it again and would recommend it to others. Many also suggested the continuation and expansion of the pilot.

The department defines patient-centred care as occurring when a healthcare professional clearly explains treatment options, giving all the information needed for a patient to make informed decisions and respecting the patient's decisions.

What survey respondents told us

99%

3,142 of **3,172** of patients surveyed felt listened to

99%

3,150 of **3,172** of patients surveyed felt respected

99%

3,148 of **3,172** of patients surveyed felt the pharmacist spent enough time with them

98%

3,101 of **3,172** of patients surveyed felt their privacy was respected

99%

3,135 of **3,172** of patients surveyed were provided with enough information

99%

3,160 of **3,172** of patients surveyed understood the pharmacist's instructions

More options for women's healthcare

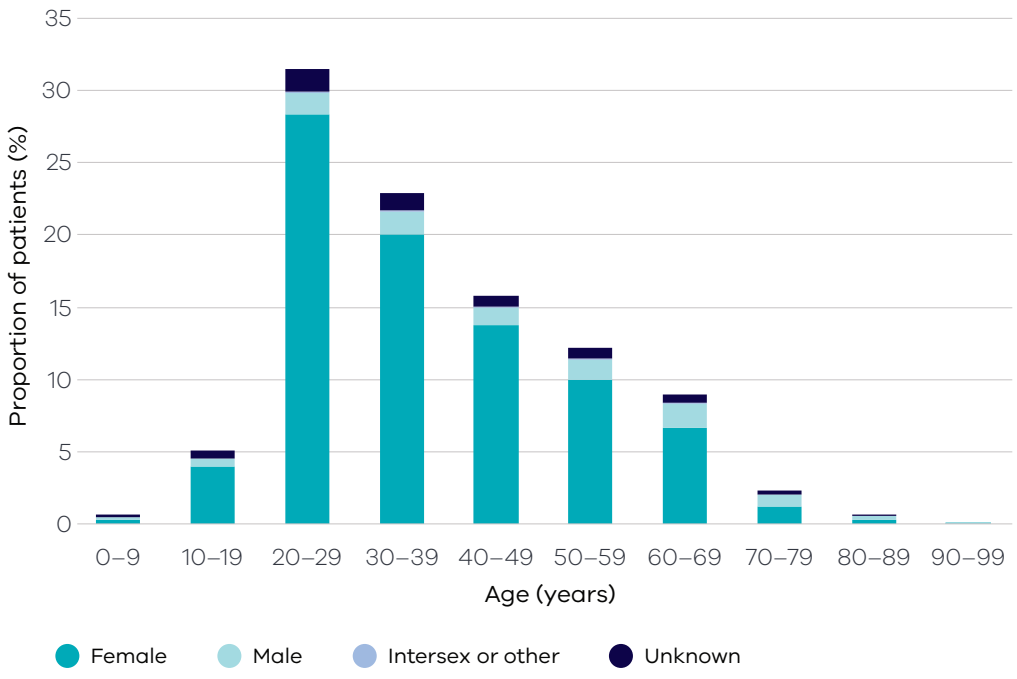
This outcome aligns with key evaluation question #1:
Equity of access: To what extent does the pilot support equity of access to in-scope services?

One of the most notable outcomes of the pilot has been positive benefits delivered for women. Women made up 84% of all pilot patients.

Most services (31%) were accessed by patients aged 20 to 29 years of age, followed by patients aged 30 to 39 years of age (23%). This is likely due to two of the four services being for women's health conditions: UTI treatment and oral contraceptive pill resupply – both critical areas where delays can cause unnecessary discomfort or health risks.

Feedback from the consumer advisory group to the pilot included that the pilot provided a health care alternative for vulnerable women, including victims of domestic violence and those from low-income backgrounds, who may not as easily have been able to see a GP.

Patients by age group



"Especially for women in a family violence situation, they can just go to a participating pharmacy. Maybe they are more comfortable doing that. If they are going out shopping to buy something, it becomes easier for them."

– Consumer Advisory Group

"This pilot is wonderful for women who are living in their cars or in between homes. To access services without the fear or shame of having to go to a doctor to wait. It really does capture an area for women's health that has unmet needs."

– Consumer Advisory Group

Potential benefits for health services

While the pilot was small in scale, the outcomes and evaluation findings are promising for this type of model of care. The following section expands on potential benefits.

Reduced strain on health system

This outcome aligns with key evaluation question #4:
Value creation: To what extent does the service provide value for the health system, patients, pharmacists, and pharmacy business owners?

By giving people more local options to access care for minor health conditions, pharmacy services may reduce pressure on existing services like GPs and emergency departments. This assumption is based on the following indicators:

2,762
of 3,172 patients surveyed would have used a GP service **(87%)** if the pilot was not available

147
of 3,172 patients surveyed would have visited a hospital emergency department **(5%)** if the pilot was not available

126
of 3,172 patients surveyed would have not sought any treatment or care **(4%)** if the pilot was not available

A significantly higher proportion of patients surveyed living in regional and rural areas said they would opt for their hospital emergency department in the absence of the pilot signalling benefit for both patients and health services in these areas.

Offering this model of care has the potential to reduce the burden on the broader healthcare system, allowing select low-risk health conditions to be safely delivered in a primary care setting.

> "This pilot is amazing. We have a three-week wait at the doctor, and I didn't even know this existed. I would have had to go to hospital if this got worse, instead of receiving antibiotics."
>
> **– Patient**

Increased job satisfaction for pharmacists

This outcome aligns with key evaluation question #4:
Value creation: To what extent does the service provide value for the health system, patients, pharmacists, and pharmacy business owners?

81%

298 of **435** pharmacists surveyed were motivated by greater professional fulfilment

89%

327 of **435** pharmacists surveyed were motivated to expand healthcare access for their community

Pharmacists valued how the pilot improved community access to primary healthcare and job satisfaction.

As part of the pilot, surveyed pharmacists noted that they appreciated the opportunity to make a meaningful impact in their communities. Many saw it as a better way to use their expertise.

Only 4% of pharmacy owners or managers identified financial gain as their main reason for participation in the 12-month pilot, reinforcing that community benefit and professional satisfaction were the key drivers. Most pharmacists surveyed expressed a strong willingness to continue if the pilot became permanent, despite additional costs to the pharmacy in delivering these services.

> "It has been a very rewarding experience professionally. Our team are looking forward to more opportunities to expand our services."
>
> **– Pharmacy owner**

Pharmacists reported that the additional pharmacist training and smart form supported service delivery, but some reported challenges in their implementation such as cost and time to complete training. Some barriers raised by pharmacists included:

- costs for consulting rooms (an average of $2,356 per participating pharmacy)
- cost of training (an average of $1,110 per participating pharmacy)
- significant time investment to complete the training, and
- insufficient lead time to complete training before the service launch date.

> "The training and notes supplied by the Health Department were most beneficial."
>
> **– Pharmacist**

> "Struggled to find time for the training, but once complete, it was easy to implement the service."
>
> **– Pharmacy owner**

> "The bouncing ball format of the e-form made it very easy to complete the recording."
>
> **– Pharmacy owner**

> "The e-form made the consult easier and more time efficient."
>
> **– Pharmacist**

Opportunities for improvement

Driving awareness, adoption, and the evolution of what pharmacists can do for their communities

Increase awareness of service

This outcome aligns with key evaluation question #7:

Program design insights: What lessons does this pilot offer for future program and policy design?

While there was strong support from patients and pharmacists to continue and even expand the pilot, low community awareness was highlighted in the evaluation feedback as a barrier to public access. Evidence shows that service delivery increased between the three- and 12-month mark, aligning with a media release in February 2024 and a social media campaign by the department in May and June 2024. This suggests that public communication efforts helped drive engagement.

An opportunity identified by both pharmacists and patients was that more advertising and clearer promotion would help ensure more people could benefit from the pilot services.

> "Through conversations, I realised these programs are not actively promoted by the Department of Health. Most people have no awareness of these programs."
>
> **– Pharmacy owner**

> "I was totally unaware of this service until my pharmacist enlightened me."
>
> **– Patient**

Consider impacts from staff shortages

This outcome aligns with key evaluation question #6:
Equity of access: To what extent does the pilot support equity of access to in-scope services?

Pharmacists were strongly motivated to join the pilot to improve community access to primary healthcare, but many reported challenges in managing their usual workload, especially when only one pharmacist was on duty. Pharmacists reported that delivering both dispensary services and pilot consultations at the same time was difficult without additional support. Current legislative responsibilities requires that a pharmacist must always supervise the dispensary.

This issue was reported evenly between metropolitan and regional areas – however it could become more pronounced in regional and rural areas where pharmacies outside metropolitan areas consistently have difficulty attracting, recruiting, and retaining pharmacists. There is an opportunity to work closely with the Victorian Pharmacy Authority and the pharmacy sector to identify and implement solutions if required in future.

> "Busy times can interfere/ delay service delivery if there is not sufficient staff. But employing too many staff may not return the investment if demand is not high enough."
> **– Pharmacy owner**

> "Yes, as a sole pharmacist it can be hard to juggle the workload between private consults and dispensary/general customer enquiries."
> **– Pharmacy owner**

> In rural areas, make sure that there are pharmacists on duty to assist."
> **– Patient**

> "When I arrived, I was told the pharmacist was too busy to see me due to them working alone and was told to come back the next day."
> **– Patient**

Improve information sharing with GPs

This outcome aligns with key evaluation question #5:

Information sharing: To what extent are pilot service providers sharing information with other primary healthcare service providers?

Sharing of the consultation information was strongly encouraged as part of the pilot design, including in the information provided and the smart form functionality. However, the pilot did not mandate that pharmacists share details of patient visits with the patient's usual GP, and privacy laws prevented them from doing so without patient consent. There was also no automated system in place to securely share patient data.

Instead, the pilot design allowed pharmacists to generate a summary letter for patients to give to their GP. Sixty-eight per cent of pharmacist survey respondents reported that they generated this letter for their patients. Pharmacists could also upload patient consultation information to My Health Record in some circumstances. The voluntary sharing of information by pharmacists, particularly when it was not mandatory, was a positive indicator of their willingness to participate in information sharing.

While the pilot ensured safe handling of health information, its reliance on patients to share details themselves could limit the continuity of care. There is an opportunity to explore and consider possible pathways and system changes for improved information sharing with usual care providers.

> "If the patient does not have a My Health Record, and we do not have any patient history at our pharmacy, it can be hard to verify that they have been taking the same oral contraceptive pill for 2+ years."
>
> **– Participating pharmacist**

Expand scope (patient eligibility and treatments available)

This outcome aligns with key evaluation question #7:

Program design insights: What lessons does this pilot offer for future program and policy design?

The steady increase in consultations over the pilot's 12-months of operation shows strong potential for future growth should this model of care extend into the future. This would enable higher volumes of patients to benefit over time.

Patients, pharmacists and consumer advisory groups suggested several ways to scale up the pilot's positive impact on Victorian communities:

- expanding service eligibility
- introducing treatment for additional low-risk conditions
- allowing longer repeat prescriptions.

While any changes would need to be informed by evidence-based practice and clinical advice, this sort of feedback indicates potential value in carefully setting patient scope for this type of model of care. Note that treatments are guided by current medical guidelines and would not be changed in response to public feedback.

> "UTI has such strict criteria that many patients don't qualify which is frustrating."
>
> **– Pharmacy owner**

> "If you don't fit into the very tight category of eligibility, you can't get it... It's just sad that a service that's meant to help make life a bit easier for women isn't even available to so many women."
>
> **– Patient**

> "It was challenging to say no to someone who did not qualify under the pilot. Some were very frustrated that they then had to see a GP."
>
> **– Participating pharmacist**

> "I can only get two more repeat scripts and unless there are changes to the pilot rules, I will have to go back to my GP."
>
> **– Patient**

Conclusion

An innovative way to strengthen the healthcare system

The Victorian Community Pharmacist Statewide Pilot was conducted to test a new model of care in the community for common lower-risk health conditions.

Designed in partnership with expert clinicians and informed by evidence-based health information, the pilot supported trained pharmacists to safely deliver care for select health conditions. It offered the community a convenient alternative to existing care pathways for urinary tract infections, mild skin conditions, resupply of the oral contraceptive pill, and travel health and other vaccinations.

The response from the community has been strongly positive, with particularly positive outcomes for women in increasing their access to care. It has also benefitted people living in regional and rural areas where access to primary care can be limited. Participating pharmacists noted greater job satisfaction, and there were emerging indicators that show this type of model of care could ultimately lead to fewer emergency department visits.

The pilot overall has provided safe care, closer to home, and has increased options for people across Victoria to access the right care, at the right time.

References

Antibiotic [published 2019]. Therapeutic Guidelines. Melbourne: Therapeutic Guidelines Limited; accessed 16 January 2024. <https://www.tg.org.au>.

Australian Bureau of Statistics Reference period 2021-2022, Patient Experiences, Contains data on access and barriers to, and experiences of, healthcare services including GPs, specialists, dental professionals, hospitals and EDs. <https://www.abs.gov.au/statistics/health/health-services/patient-experiences/2021-22>. (Accessed 23 January 2025).

Australian Commission on Safety and Quality in Health Care 2021, *'National Safety and Quality Health Service Standards User Guide for Health Service Organisations Providing Care for Patients from Migrant and Refugee Backgrounds'*. Sydney: ACSQHC. Retrieved from <https://www.safetyandquality.gov.au/sites/default/files/2021-09/user_guide_for_hsos_providing_care_for_patients_from_migrant_and_refugee_backgrounds._august_2021.pdf>.

Beahm NP, Smyth D & Tsuyuki, R 2018, 'A study of pharmacist prescribing and care in patents with uncomplicated urinary tract infections in community', *Canadian Pharmacists Journal*, vol.151, no.5, pp.305–314, doi: 10.1177/1715163518781175. <https://pubmed.ncbi.nlm.nih.gov/31080530/>

Booth J, Mullen A, Thomson D, Johnstone C, Galbraith S, Bryson S & McGovern E 2013, 'Antibiotic treatment of urinary tract infection by community pharmacists: a cross-sectional study', *British Journal of General Practitioners*, vol. 63, no.609, pp. e244–9, doi: 10.3399/bjgp13X665206. <https://pubmed.ncbi.nlm.nih.gov/23540480/>

Duckett, S. and Breadon, P 2013, 'Access all areas: new solutions for GP shortages in rural Australia'. *Grattan Institute Report*, September. <https://grattan.edu.au/report/access-all-areas-new-solutions-for-gp-shortages-in-rural-australia/>

Fromer, DL, Luck, ME, Cheng, WY, Mahendran, M, Da Costa, WL, Pinaire, M, Duh, MS, Preib, MT & Ellis, JJ 2023, 'Incidence of Treatment Failure When Treated with Empiric Oral Antibiotics Among US Female Outpatients with Uncomplicated Urinary Tract Infection', *Open Forum Infectious Diseases*, vol. 10, no. Supplement_2, pp. ofad500-2439). US: Oxford University Press.

Gauld N, Zeng I, Ikram R, Thomas M & Buetow S 2017, 'Antibiotic treatment of women with uncomplicated cystitis before and after allowing pharmacy-supply of trimethoprim', *International Journal of Clinical Pharmacy*, vol.39, no.1, pp.165–172, doi: 10.1007/s11096-016-0415-1. <https://pubmed.ncbi.nlm.nih.gov/28012119/>

Goettsch, WG, Janknegt, R & Herings, RM 2004, 'Increased treatment failure after 3-day courses of nitrofurantoin and trimethoprim for urinary tract infections in women: A population-based retrospective cohort study using the PHARMO database', *British Journal of Clinical Pharmacology*, vol 58, no. 2, pp. 184–189, doi: 10.1111/j.1365-2125.2004.02106.x.

Lawrenson RA & Logie JW 2001. 'Antibiotic failure in the treatment of urinary tract infections in young women'. *Journal of Antimicrobial Chemotherapy*. Vol 48(6), pp. 895–901, doi: 10.1093/jac/48.6.895.

Stewart F, Caldwell G, Cassells K, Burton J & Watson A 2018, 'Building capacity in primary care: the implementation of a novel 'Pharmacy First' scheme for the management of UTI, impetigo and COPD exacerbation', *Primary Health Care Research & Development*, vol.19, no.6, pp. 531–541, doi: 10.1017/S1463423617000925. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6692826/>