Service delivery in pharmacy practice: what can be achieved in regional NSW

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In October 2011, I concluded a five-year project that involved transforming a small underperforming community pharmacy in Lockhart, NSW to a diversified and broad service offer to the small community. Although everything that I attempted may not have been successful, I will attempt to identify those lessons that I have learnt and focus on what other professionals can take away and use in their professional practice.

As a recent Charles Sturt University graduate, I was always interested in applying the skills and training that was part of a new cohort of students interested in pharmacy ownership—but this opportunity that presented itself meant that I could actually change pharmacy practice.

On 16 July 2007 I bought Lockhart Pharmacy and was responsible for the delivery of pharmacy services to an estimated population of 3618, with 25.3% of the population under 5 years old, 14.9% of the population aged 65 years and older, 42.1% with dependent children, an unemployment rate of 5.7%, an index of relative disadvantage of 1020 (high) and a 1.5% Indigenous population.

To meet the residents of Lockhart and establish rapport and confidence was my initial intent, however the challenges of computer systems that didn’t work, a dirty building, a leaking roof and a challenging relationship with the town ‘characters’ made for an interesting first few months in pharmacy ownership. The particular trait of the town locals to be called by a different Christian name than that they were known by Medicare Australia frustrated me initially, but only reinforced in me the special relationship that the residents had with themselves and the community.

As a direct consequence of developing the professional services at Lockhart, and first gaining accreditation through the ACCP, I was able to extend and develop the medication review services that I was already offering to Woodhaven (Lockhart) and Urana MPS. Consequently, I was offered some additional review services into other MPS services at Hay, Henty, Culcairn, Leeton, Tumbarumba and Holbrook.

As a direct consequence of the 4th Pharmacy Agreement, the DMAS (Diabetes Management) and PAMS (Asthma Management) programs were initiated at Lockhart with specifically identified patients being enrolled and supported through these services. Unfortunately both these programs, although successful, were unable to attract further funding in the 5th Pharmacy Agreement. UTAS also initiated a warfarin monitoring program for four patients on long-term warfarin therapy. After education, patients were able to monitor their warfarin levels in their own homes, as well as continue to receive professional support from their general practitioner.
In 2008 I was offered another building for purchase with the Westpac sub-agency in it. As I was looking for a more suitable premises and this presented me with a much more substantial building, I redeveloped the building and opened this renovated and improved premises in early 2009. Banking services were separated from the pharmacy itself, although the banking staff were employed by the business.

In identifying the improvement to services in Lockhart, I need to note the contribution of many key local people in the community. The local GP, Dr Ken Mackey was extremely supportive of attempts to develop collaborative professional relationships—as he also was responsible for training of junior medical staff and improving clinical services in the community via the HMR model of review services. The Woodhaven manager (local nursing home), Lyn Hamson, helped to develop improved QUM services by facilitating a monthly MAC meeting.

In the space of five years, local support for the community pharmacy returned. I identified the improvement in local service delivery in the community pharmacy as the prime reason for this return of local support.