

Queensland Community Pharmacy Pilot – Newsletter

Dear colleagues,

Welcome to this edition of the Queensland Community Pharmacy Chronic Conditions Management Pilot newsletter. In this issue we share information on the recently updated Patient eligibility screening tool, the difference between pilot consultations and usual pharmacy care, and a reminder regarding draft consultation records.

Updated Patient Eligibility Screening Tool

Following the release of the updated Pilot Clinical Protocols for the chronic conditions management services, the [Patient eligibility screening tool](#) has been updated.

The purpose of this tool is to enable pharmacy staff to undertake initial patient screening for eligibility using readily identifiable information, including criteria that patients can easily and reliably self-report, such as age, pregnancy status and relevant pre-existing medical conditions.

A reminder that the screening tool does not replace the treating pharmacist's full eligibility assessment for those patients that progress past the screening phase. Additional exclusion criteria such as red-flag signs and symptoms must still be assessed by the pharmacist as part of a comprehensive consultation.

Is it a Pilot consultation or usual pharmacy care?

Although some aspects of chronic conditions management are part of usual pharmacy care, pilot consultations differ from business-as-usual (BAU) pharmacy services.

An increasing number of services are being recorded as pilot consultations where eligibility criteria are not met, or where the care provided reflects BAU service provision only (e.g. smoking cessation services). While these services may be appropriate to deliver, they must be documented through BAU clinical documentation processes and not recorded as a pilot consultation. **In addition, the PDL consultation fee subsidy only applies to consultations for Chronic Conditions Management Pilot services.**

A pilot service is a comprehensive chronic conditions management service that includes lifestyle support and management of modifiable risk factors and, where indicated, structured prescribing of s4 medicines. Whereas BAU or usual pharmacy care includes medicines management activities (e.g., continued supply) and other standard pharmacist care (e.g., OTC support and advice, provision of general health and wellbeing services).

For chronic conditions management pilot services, ALL patients must meet the eligibility criteria as described in the relevant Clinical Protocol/s.

Where a patient meets eligibility criteria under the relevant Pilot Clinical Protocol, the consultation can be recorded as pilot consultation. If a patient does not meet eligibility criteria, or the condition cannot be managed under the Pilot Clinical Protocol, the consultation is NOT a pilot service and should not be recorded as one.

Lifestyle management (including BAU services such as smoking cessation and weight management) and other non-pharmacological interventions can form part of a pilot service, particularly where pharmacotherapy is not yet indicated. However, the provision of lifestyle management alone does not constitute a pilot service. For lifestyle management to be recorded as a pilot service, it must be delivered as part of a structured pilot consultation for an eligible patient, and in accordance with the Pilot Clinical Protocol. This includes appropriate clinical history-taking, examination, and management of the chronic condition.

Draft consultations

Participating pharmacists are reminded to review and finalise all draft consultations within the Clinical Information System within **24 hours of the consultation** to ensure clarity and completeness of the clinical documentation. Draft consultation records also impact on pilot quality and safety monitoring and evaluation activities.

Pharmacists should implement a process to review and close out draft consultation records at the end of each day. Please refer to the [Chronic Conditions Management Pilot Handbook](#) for further information and guidance.