



# PROGRAM RULES

## Indigenous Health Services Pharmacy Support

March 2022



**Australian Government**  
Department of Health

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## 1 INTRODUCTION

The Indigenous Health Services Pharmacy Support (IHSPS) Program is funded under the Seventh Community Pharmacy Agreement (7CPA) to support quality use of medicines (QUM) services and aims to reduce adverse events and associated hospital admissions or medical presentations. This document outlines the Program Rules governing the IHSPS program. This document must be read in conjunction with the Pharmacy Programs Administrator (PPA) General Terms and Conditions (General Terms). Definitions in the General Terms apply to these Program Rules.

The Program Rules may also be revised from time to time, at the final discretion of the Australian Government Department of Health (the Department).

The Program Rules are administrative and reflect the Department's intention as to how the IHSPS Program is to be administered by the PPA. The decision to approve IHSPS funding is entirely at the Department's discretion, and these Program Rules do not confer any entitlement for an IHS or Service Provider to receive funding under this Program. Neither the PPA nor the Department will accept liability for any loss or damage incurred by an IHS or Service Provider in expectation of the provision of funding.

## INDIGENOUS HEALTH SERVICES PHARMACY SUPPORT

### 2 DEFINITIONS

**General Terms** means the PPA General Terms and Conditions, available at [www.ppaonline.com.au](http://www.ppaonline.com.au).

**IHS** means an Indigenous Health Service that is:

- funded by the Department's Indigenous Health Division for the provision of primary healthcare services to Aboriginal and Torres Strait Islander peoples; OR
- approved to participate in the Remote Area Aboriginal Health Services (RAAHS) Program

**NACCHO** means the National Aboriginal Community Controlled Health Organisation

**Outstation** means a permanent remote health service of a primary IHS, staffed by at least one permanent healthcare worker, where Pharmaceutical Benefits Scheme (PBS) medicines approved for supply under the RAAHS arrangements are stored in compliance with an approval issued by the relevant state/territory health authority.

**PBS** means the Pharmaceutical Benefits Scheme.

**PPA** means the Pharmacy Programs Administrator.

**Program Participant** means an IHS or Service Provider approved to participate in this Program who is responsible for submitting relevant documentation and receiving payments during the Program cycle.

**PSCC** means the Seventh Community Pharmacy Agreement Pharmacy Stakeholder Consultation Committee.

**QUM** means Quality Use of Medicines.

**QUM Support** means support for QUM as defined under the IHSPS Support Categories.

**RAAHS Program** means the Remote Area Aboriginal Health Services Program, established under section 100 of the *National Health Act 1953*.

**Service Agreement** means an agreement between a prospective Service Provider and an IHS for the provision of all QUM activities, as defined under Section 3.2. An example agreement is available at <https://ppaonline.com.au>.

**Service Provider** means an eligible entity which has an executed Service Agreement with an eligible IHS to provide QUM Services in accordance with these Program Rules and the General Terms.

**Registered Pharmacist** means a person who holds a general (non-provisional) registration as a Pharmacist on the Register of Pharmacists with the Australian Health Practitioner Regulation Agency (AHPRA).

**The Act** means the *National Health Act 1953*.

**The Department** means the Australian Government Department of Health.

## INDIGENOUS HEALTH SERVICES PHARMACY SUPPORT

### 3 BACKGROUND

Quality Use of Medicines (QUM) is one of the central objectives of Australia's National Medicines Policy, and involves the safe and judicious use of medicines. QUM involves:

- Using medicines only after considering other treatment options;
- Appropriately choosing a medicine after appraisal of factors, including the clinical condition, risks and benefits, and any co-existing conditions;
- Using medicines safely and effectively, including monitoring effects on the patient's health and/or quality of life, and minimising misuse and abuse.
- QUM principles stress the importance of communication between patients and health professionals to increase a patient's knowledge and understanding of their medicines.

As part of the Sixth Community Pharmacy Agreement (6CPA), funding was provided for two programs that focused on improving QUM in relation to Aboriginal and Torres Strait Islander people. The Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander People (QUMAX) Program provided funding for a range of support services provided by participating Aboriginal Community Controlled Health Organisations (ACCHOs) in rural and urban Australia. The Section 100 Pharmacy Support Allowance Program provided an allowance for community pharmacies and approved hospital authorities (under certain conditions) to provide a range of QUM services to IHSs participating in the Section 100 Remote Area Aboriginal Health Services (RAAHS) program.

During 2017, both of these programs were reviewed as part of a broader review of Indigenous Pharmacy Programs, being the RAAHS program and the Closing the Gap (CTG) PBS Co-payment Measure. It was recommended that the programs be amalgamated and redesigned into a single QUM program. In consultation with relevant stakeholders, the Department has developed a new program called the Indigenous Health Services Pharmacy Support (IHSPS) Program. The new program also reflects changes to other pharmacy programs, including the introduction of the Indigenous Dose Administration Aid (IDAA) program, which have been agreed during negotiations for the 7CPA.

#### 3.1 Program Definition

The IHSPS Program aims to improve QUM and health outcomes for Aboriginal and Torres Strait Islander people by providing funding for the purchase of a range of QUM Support activities. Under the IHSPS Program, an eligible IHS is able to:

- a) Receive payments directly to commission QUM Support through any of the categories listed in Section 3.2; OR
- b) Enter into a Service Agreement with any eligible Service Provider to provide **all** QUM Support activities, and to submit relevant documentation and receive payments on behalf of the IHS.

The IHSPS Program will be administered by the PPA, with support from the National Aboriginal Community Controlled Health Organisation (NACCHO).

#### 3.2 Support Activity Categories

To achieve the aim of the IHSPS Program, funding is allocated amongst participating IHSs on an annual basis. Once funding is allocated, each IHS or Service Provider will complete an annual Work Plan, outlining local QUM objectives for each QUM support category. It is recommended that if an IHS is not engaging a Service Provider, the development of the annual Work Plan be undertaken in consultation with the IHS's local community pharmacy or another registered pharmacist where it is considered appropriate.

## INDIGENOUS HEALTH SERVICES PHARMACY SUPPORT

The Work Plan categories enable IHSs, or Service Providers, to develop local QUM objectives and any other QUM related support, based on the needs of the community identified by the IHS. IHSs, or Service Providers, may consult with the NACCHO Support Officer to understand and assist with developing a Work Plan that meets their needs.

The Work Plan includes four QUM Support categories detailed below:

### 1. QUM Pharmacist support

Aims to facilitate pharmacist support to IHS staff and clients in relation to QUM, including:

- Education for staff and patients on QUM and the appropriate use of specific medicines;
- Medicine quality assurance, e.g., policies on the storage and supply of medicines;
- Continuous improvement and compliance with relevant legislative requirements; and
- Medication management support activities where not funded through other programs.

An IHS is able to engage any registered pharmacist or approved pharmacy to provide this support. The range of services to be provided is by agreement with the relevant IHS. The pharmacist/pharmacy must ensure they have an understanding of the cultural needs of the community/ies they support. If travel is required to deliver the service, this cost should be included in the quote provided by the pharmacy – this should not include meals and accommodation.

### 2. QUM devices

Aims to reduce the financial barriers to access QUM devices to improve overall delivery of medicines and management of chronic disease, where funding is not available through another Australian Government program. These devices must be for the personal use of a patient on a regular basis to help them manage their medication regime for a chronic condition, e.g., asthma spacers. Funding should not be used to purchase devices that are used by an IHS for multiple clients, or to cover the costs of medicines. The standard list of QUM devices is provided at Appendix A.

### 3. QUM education

Aims to reduce financial barriers to access QUM education for IHS employees and their clients. This category may also help IHSs to access current medicine resources, thus promoting suitable, safe and effective medication management for IHS clients. Funding will only be provided if these are not publicly available for free, with prior approval. The standard list of QUM education resources is provided at Appendix B.

### 4. Patient transport

Aims to reduce barriers for patients to access medicines and pharmacist services by providing transport support, where this is not funded under another Australian Government program, including the COVID-19 Home Medicines Service. Funding cannot be used for transporting medicines to an IHS. Use of funding for transport activities must be adequately justified, and appropriately documented and reported, e.g., car log book.

The Department will consider funding of QUM devices and education resources that are not on the standard lists on a case-by-case basis. The standard QUM devices and education resources lists will be monitored and up-dated annually if required, in consultation with the Pharmacy Stakeholder Consultation Committee (PSCC).

## 4 PROGRAM PROCESS AND REQUIREMENTS

Participation in the IHSPS Program involves the following requirements and processes:

### 4.1 IHS Eligibility

To be eligible to participate in the IHSPS Program, an IHS must:

- Be funded by the Department's Indigenous Health Division for the provision of primary healthcare services to Aboriginal and Torres Strait Islander peoples; **OR**
- Be an IHS approved to participate in the RAAHS Program, **AND**
- Agree to these Program Rules and the General Terms.

### 4.2 Annual Registration by an eligible IHS

To participate, eligible IHSs are required to register for the program annually via the online form, with support from the NACCHO Support Officer as required. Where an IHS is approved to participate in the RAAHS Program, it must provide an approved RAAHS ID number and details of its outstations which are approved to supply PBS medicines to its clients.

The online registration form requires authorisation by the IHS Chief Executive Officer or equivalent. There is a designated annual registration period and registrations will only be accepted during this time ([Table 1](#))

IHSs who have previously participated in the IHSPS Program will receive an invitation to register again via email. Those who have not participated in the most recent program cycle can call the PPA Support Centre on 1800 951 285 to request an invitation to register.

### 4.3 Annual Allocation of Funds

The annual funding allocation for each IHS consists of a base amount plus an additional amount for each IHS client. Calculation of client numbers will be drawn from the information provided during the annual registration process. Further information is provided in a separate Fact Sheet.

Once annual registrations close, the annual allocation for each IHS will be calculated based on factors including the total number of participating IHSs (and outstations) and total number of nominated IHS clients. The allocation for each IHS will be communicated by the PPA to the IHS.

Funding for the IHSPS Program is limited on the basis of available Australian Government funds. If there is an oversubscription of Program Participants, the amount of funding available for the program will be distributed with an aim of providing equity across the country.

### 4.4 Delegating Authority to a Service Provider

Upon being advised of their allocation, IHSs may choose to delegate authority to a Service Provider to develop and submit all relevant documentation, including reporting, and receive all payments for the current IHSPS Program cycle - this will require implementation of a Service Agreement between the IHS and the nominated Service Provider. From here on, nominated Service Providers and IHSs who decide to submit their own documentation, will be referred to as Program Participants.

**Please note:** An IHS may only have a Service Agreement with one approved Service Provider for the Program cycle and must remain with that Service Provider for the entirety of the Program cycle, unless there are mitigating circumstances. In the next program cycle, the IHS may instead choose not to delegate authority, or to delegate to a different Service Provider after the annual allocation of funding.

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To be eligible to participate, a Service Provider must be:

- A Community Pharmacy approved to dispense PBS medicines under section 90 of the Act (s90 Pharmacy); or
- A business entity with an Australian Business Number (ABN) and a relationship with a Registered Pharmacist. This includes a Registered Pharmacist operating as a sole trader with an ABN; or
- A Hospital Authority approved to dispense PBS medicines under section 94 of the Act (s94 Pharmacy), and which:
  - Is supplying PBS medicines to an IHS under the RAAHS Program;
  - Has a Registered Pharmacist employed, who has capacity to provide Support Services to a participating IHS; AND
  - If the participating IHS is located in a town where there is a s90 Pharmacy, holds confirmation in writing from the s90 Pharmacy that it is not willing or able to provide Support Services to a participating IHS.

A Service Provider must also:

- Have a Service Agreement in place with an eligible IHS;
- Agree to abide by the General Terms;
- Undertake to provide QUM Support in accordance with these Program Rules;
- Ensure that all QUM Support activities are undertaken by a Registered Pharmacist; and
- Ensure they regularly liaise with the community/ies they support and ensure the services provided continue to meet the cultural and health needs of patients.

The Service Agreement form is available from the PPA website: <https://ppaonline.com.au>.

**Please note:** the Service Agreement form provided on the PPA website is **not** intended for use in instances where the Registered Pharmacist or pharmacy is only providing activities in the QUM Pharmacist Support category and has not been delegated authority to submit documentation on behalf of the IHS.

### 4.5 Work Plan

Program Participants will be required to develop an annual Work Plan which involves distributing the annual budget across the support activities and defining local objectives and activities for each of the QUM Support categories. Funding can be allocated to any or all the support categories. Program Participants may consult with the NACCHO Support Officer to understand an IHS' QUM needs and assist with developing a Work Plan.

Where the Program Participant is an IHS-nominated Service Provider, the Work Plan must be co-developed with that IHS and approved by the IHS Chief Executive Officer or equivalent.

Where a Work Plan is submitted by a Service Provider, it must be accompanied by an executed copy of the Service Agreement with the participating IHS.

Where a Work Plan is submitted by an IHS, it must be accompanied by a Declaration Form. The Declaration Form is available [here](#).

The Work Plan will define the following information:

- Who is responsible for providing services under each QUM Support category;
- What is planned for each QUM Support category; and
- The funding amount for each negotiated QUM Support category.



## INDIGENOUS HEALTH SERVICES PHARMACY SUPPORT

Where funding is to be used for patient transport activities, this should be based on the Australian Tax Office's rate per kilometre travelled and appropriately documented.

The organisation type of each Program Participant determines what documentation needs to be submitted, how it needs to be submitted, and who it needs to be submitted to.

The following documents are available to provide guidance of the exact processes each particular type of Program Participant will need to follow in order to participate in the IHSPS Program:

- ACCHO, should refer to Work Flow for ACCHOs available [here](#)
- State-run IHSs, should refer to Work Flow for State-run IHS available [here](#)
- Service Providers who have a Service Agreement with an ACCHO, should refer to Work Flow for Service Providers working with ACCHOs available [here](#)
- Service Providers who have a Service Agreement with a State-run IHS, should refer to Work Flow for Service Providers working with State-run IHS available [here](#)

Program Participants must ensure they have read their relevant Work Flow document as Work Plans must be lodged in the correct way by the designated cut-off date ([Table 1](#)). Work plans received after this date will not be accepted, unless there are exceptional circumstances.

## 5 PAYMENT SCHEDULES

Funding will be provided to Program Participants in three payments.

### 5.1 Initial Payment

The PPA will make an initial payment to the Program Participant for 50% of the annual allocation for all QUM categories. This payment will be made by the PPA once the Work Plan has been approved. See the relevant Work Flow document for information on the Work Plan submission and approval process for each type of Program Participant.

### 5.2 Subsequent Payment

The PPA will make the two subsequent payments (equivalent to 30% and 20% of the yearly allocation, respectively) within 30 days of the PPA approving the Progress Reports (see Section 6).

## 6 REPORTING DOCUMENTATION AND DELIVERABLES

### 6.1 Reporting Requirements

Program Participants will be required to provide two Progress Reports for each program cycle, including financial reporting (as appropriate) against the QUM Support categories outlined on the reporting template in the Work Plan. Where a Service Provider is providing reports on behalf of an IHS, a copy of these reports must also be provided to that IHS.

Reporting will involve the Program Participant specifying for each QUM Support category:

- The amount spent versus the allocated budget;
- How the funding was spent (i.e., what was purchased); and
- The number of patients that have benefited.

## INDIGENOUS HEALTH SERVICES PHARMACY SUPPORT

Completed reports will need to be submitted as per the relevant Program Participant Work Flow document in line with the following dates:

**Table 1: IHSPS Program activities and reporting requirements**

| Activity  | Dates   | Payments  |
|---|---|---|
| Annual Registration (IHS only)                        | Registration opens on the first business day in April and closes at the end of the 6 <sup>th</sup> business week.<br><b>1 April 2022 – 13 May 2022</b>                                  | Nil   |
| Budget Notification                                   | The PPA and Health will endeavour to notify participants of their budget on the first business day in June.<br><b>1 June 2022</b>   | Nil   |
| Work Plan Submission                                  | Work Plans will be accepted as soon as participants have been notified of their budget and must be submitted before the last business day in July.<br><b>1 June 2022 – 29 July 2022</b> | 50% of annual allowance paid either upon Work Plan approval or upon upload of the Approved Work Plan to the PPA Portal depending on Program Participant type.<br><br>See relevant Work Flow document for specific Program Participant requirements. |
| First Report<br>Reporting period:<br>1 Jul to 31 Dec  | First report due on the last business day in January<br><b>31 January 2023</b>  | 30% of annual allowance upon PPA approval of the 1st progress report  |
| Second Report<br>Reporting period:<br>1 Jan to 30 Jun | Second report due on the last business day in July<br><b>31 July 2023</b>   | 20% of the annual allowance upon PPA approval of the final progress report  |

Where any of the above deadlines are not met the Program Participant will forfeit the deliverable payment and not be eligible to participate in the remainder of the program cycle, unless there are exceptional circumstances.

## 7 PROGRAM SUPPORT

The PPA and NACCHO Support Officers are responsible for providing overall support to Program Participants. The PPA Support Officer can provide general advice, whilst the NACCHO Support Officer will be able to provide more specific support, including in relation to development of Work Plans, progress reporting, and day-to-day operational support.

Online educational and training resources about the IHSPS Program are available on the PPA website (<https://ppaonline.com.au>) and the NACCHO website (<https://www.naccho.org.au>).

If you require any assistance or support regarding the IHSPS Program, please contact the PPA or NACCHO Program Officer:

**PPA Support Team**

Phone: 1800 951285 between 9am to 8pm AEST Monday to Friday

Email: [support@ppaonline.com.au](mailto:support@ppaonline.com.au).

**NACCHO Support Officer**

Phone: 02 6246 9300

Email: [qum@naccho.org.au](mailto:qum@naccho.org.au)

## 8 AUDIT AND COMPLIANCE REQUIREMENTS

Program applicants must retain full and true records in relation to the receipt and use of the allowance for not less than seven years after receipt of the allowance. Such records must be kept in a manner that permits them to be conveniently and properly audited. Program applicants may be subject to audits by the Australian Government Department of Health (or its representative) to ensure that the allowance is paid and used in accordance with the General Terms and these Program Rules, and must provide all and any records requested as part of such audit(s).

Program applicants that wrongfully or incorrectly receive support and/or do not meet the requirements set out in the General Terms and these Program Rules may be subject to compliance action (as determined by the Australian Government Department of Health or Pharmacy Programs Administrator) and repayment may be required. Under section 137.1 of the Criminal Code, giving false and misleading information is a serious offence. If an audit/compliance action is to be conducted, Program applicants will be required to produce documentation within a specified time frame.

## 9 RESOURCES

Indigenous Health Services Pharmacy Support Program resources are available for download from the Pharmacy Programs Administrator [website](#).

## APPENDIX A STANDARD QUM DEVICES

- Automatic BP monitors
- Glucometers
- Lancets
- Blood Ketone Test Strips
- Asthma Spacers
- Spacer Masks
- Nebulisers
- Nebuliser tubing bowl mask kits
- Peak Flow Meters
- Piko Digital Peak Flow Meters
- Tablet Cutters
- Tablet Crushers
- Ezy Drop eyedrop guide
- Pil-bob device
- Autosqueeze eye drop bottle squeezer

### **Updated March 2022 to include:**

- Dosette boxes
- Pulse oximeters
- INR test strips

## APPENDIX B STANDARD QUM EDUCATION RESOURCES

- Australian Medicines Handbook (AMH) and Companion Books
- eTherapeutic Guidelines (eTG)
- Monthly Index of Medical Specialities (MIMS)
- Medicines (Purple) Book for Aboriginal and Torres Strait Islander Health Practitioners
- Pregnancy & Breastfeeding Medicines Guide
- Australian Pharmaceutical Formulary
- Don't Rush To Crush
- Remote Primary Health Care Manuals
- Contraception: An Australian Clinical Practice Handbook

### Updated March 2022 to include:

- Australian Injectable Drugs Handbook
- UpToDate
- Renal Drug Database



**CONTACT THE SUPPORT CENTRE:** 1800 951 285 | [support@ppaonline.com.au](mailto:support@ppaonline.com.au)