Department of Health and Ageing

Review of the Professional Programs and Services Advisory Committee Case Study Report Diabetes Pilot Program Steering Committee

April 2010
This report contains 23 pages PPSAC Diabetes Case Study Report 30 June 2010

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Executive Summary

The Commonwealth Department of Health and Ageing (the Department) has engaged KPMG to conduct a review of the Professional Programs and Services Advisory Committee (PPSAC). This report forms one of two case study reports that are part of the review.

The PPSAC Diabetes Pilot Program Steering Committee (Steering Committee) provides advice and recommendations to PPSAC on the implementation and ongoing management of the Diabetes Pilot Program ($12.9 million). The Diabetes Pilot Program forms part of the Better Community Health initiative under the Fourth Community Pharmacy Agreement.

The objective of the Diabetes Pilot Program was to assess the feasibility, costs and benefits of national implementation of a Diabetes Medication Assistance Service (DMAS) and a Risk Assessment for Diabetes Service (RADS).

DMAS was approved by PPSAC in November 2006 and the Minister in December 2006 for implementation in two stages. RADS was provided conditional approval dependent upon the revision of the National Health and Medical Research Council (NHMRC) Evidence Based Guidelines for case Detection and Diagnosis of Type 2 Diabetes to support point of care testing using capillary blood as part of a screening process. RADS, however, did not proceed.

Terms of reference for the Diabetes Pilot Program Steering Committee were established by PPSAC in June 2007. The Steering Committee was principally tasked with providing advice and recommendations to PPSAC on the implementation and ongoing management of the Diabetes Pilot Program, and providing input, as appropriate, to the development of program business rules, program materials, and the broad direction of the Program. There was general agreement that the Steering Committee fulfilled its terms of reference with the exception of ongoing monitoring of the program.

The Steering Committee was active in the early stages of the program and provided a number of recommendations to PPSAC including: the revision of patient eligibility requirements between Stage 1 and 2 of DMAS to address identified barriers in patient recruitment; and feedback on the proposal for the RADS in late 2008.

Steering Committee members were satisfied with the group’s efficiency and progress on business made through meetings. The minutes indicate that the Steering Committee discussed the progress of the pilot, development of stage 2, and progress of the evaluation at each meeting, considering various aspects and resolving to make recommendations to PPSAC as required. The minutes also indicate that updates on the DMAS project were provided to Steering Committee members through written reports and verbal updates at the meetings.

Generally stakeholders were satisfied with the membership of the Diabetes Pilot Program Steering Committee and thought that it effectively built on relationships with other groups such as allied health and GPs. However, a couple of issues were...
identified with the membership. Firstly, while it was acknowledged that Diabetes Australia is a peak body representing those living with Diabetes it was thought that there should have been an additional/separate consumer representative on the Steering Committee. It was noted that the Steering Committee attempted to obtain consumer representation but was unsuccessful. Secondly, it was thought that the inclusion of an endocrinologist or a representative from the Australian Diabetes Society would have improved the robustness and the evidence based approach of the program design. However this was not supported by all members interviewed.

The Steering Committee met twice in face-to-face format and once by teleconference during the period December 2007 to November 2008. At its November meeting the Steering Committee scheduled future meetings for 20 May 2009 and 26 November 2009 however these meetings did not occur. This was a cause of dissatisfaction for some members and a feeling of lack of closure for all members interviewed. Most of the Steering Committee members interviewed were very satisfied with the secretariat support and the level of information provided to the Steering Committee.

Barriers to effectiveness of the Steering Committee were noted. These included:

- lack of consumer representation
- issues with the process for development of the program proposal for the RADS program, quality of background research and its alignment with NHMRC guidelines
- operating arrangements and particularly the lack of a work plan to provide overall direction for the Steering Committee and the lack of closure for the Steering Committee’s business
- lack of ongoing program performance reporting and monitoring
- concern about the value for money aspects of the business rules of the program and potential to address perceived duplication of services.
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1 Introduction

The Commonwealth Department of Health and Ageing (the Department) has engaged KPMG to conduct a review of the Professional Programs and Services Advisory Committee (PPSAC).

Two case studies were undertaken to demonstrate the effectiveness of the workings of the Steering Committee structure and associated governance mechanisms. This is one of two case studies. The other case study relates to the Research and Development Steering Committee. The purpose of the case studies is to provide an in depth view of the working of the Steering Committees and provide an illustration of the governance mechanisms at work for two specific program areas.

1.1 Review Objectives

The objectives of the review of PPSAC are to:

- determine the effectiveness of PPSAC in carrying out the functions prescribed to it under the Fourth Agreement
- determine the ability of PPSAC to deliver pharmacy programs and services under the Fourth Agreement
- provide findings to inform future governance arrangements under any subsequent Community Pharmacy Agreement.

1.2 Case study report

The following section outlines the process for developing the case studies and describes the structure of this report.

1.2.1 Case study development

KPMG developed the case studies in tandem with the other data collection activities, sourcing information from:

- the review of documentation, including Steering Committee minutes
- stakeholder interviews
- the testing workshop.

Stakeholders who were targeted to provide information for the case studies are listed in Appendix A, with their role in the Diabetes Steering Committee noted.
1.2.2 Report structure

The case study reports include the following:

- executive summary
- objectives of the Steering Committee
- Steering Committee membership
- a chronological description of the Steering Committee activities
- program reporting
- a description of issues including those that are barriers to the achievement of the objectives of the Steering Committee
- interaction with PPSAC (and other subcommittees where relevant) including reporting on Steering Committee and program performance
- examples to illustrate the management of issues by the Steering Committee that reflects their effectiveness in fulfilling obligations in relation to accountability for oversight of the delivery of program outcomes and stewardship of resources.
2 Diabetes Steering Committee Objectives

The PPSAC Diabetes Pilot Program Steering Committee (Steering Committee) provides advice and recommendations to PPSAC on the implementation and ongoing management of the Diabetes Pilot Program ($12.9 million). The Diabetes Pilot Program forms part of the Better Community Health initiative under the Fourth Community Pharmacy Agreement.

2.1 Program Objectives

The objective of the Diabetes Pilot Program was to assess the feasibility, costs and benefits of national implementation of a Diabetes Medication Assistance Service (DMAS) and an opportunistic Risk Assessment for Diabetes Service (RADS) to help identify people with undiagnosed type 2 diabetes.

The objectives of DMAS were to:

- investigate the feasibility of implementing the Diabetes Medication Assistance Service (DMAS) by identifying the key barriers and facilitators to its national implementation
- further test the impact, number of visits needed and sustainability of the DMAS.

DMAS was agreed by PPSAC in November 2006 and approved by the Minister in December 2006 for implementation in two stages:

- Stage 1 from September 2007 to May 2008 – the aim was to identify the optimal number of follow-up visits with the pharmacist, and how the program could be rolled out effectively through community pharmacy. Ninety pharmacies were to be involved in stage 1.
- Stage 2 from mid 2008 to February 2010 – involving up to 800 community pharmacies.

The Steering Committee also considered, at its final meeting (November 2008), a proposal for the second component of the Diabetes Pilot Program, a Risk Assessment for Diabetes Service (RADS). The former Minister for Health and Ageing provided conditional approval for this element of the Program pending the amendment of the NHMRC Evidence Based Guideline for Case Detection and Diagnosis of Type 2 Diabetes to include point of care testing using capillary blood as part of the diabetes case detection protocol.

The review of the NHMRC guideline did not occur until mid 2008 and a public draft was released that supported the proposed method of screening. In December 2008 PPSAC discussed a revised proposal for the Risk Assessment from the Steering Committee and approved it in an out-of-session process in February 2009 pending the NHMRC endorsement of the revised Guideline. The NHMRC guideline was approved by the NHMRC in July 2009 and supports the method of screening proposed.
The Guild advised the Department in November 2009 that, due to the limited timeframes available and lack of public release of the NHMRC Guideline, it would not proceed with the Risk Assessment under the Fourth Agreement.

2.2 Terms of reference

Terms of reference for the Diabetes Pilot Program Steering Committee were established by PPSAC in June 2007.

There was general agreement among stakeholders consulted that the Steering Committee fulfilled its terms of reference with the exception of ongoing monitoring of the program. However one member thought that the purpose of the Steering Committee was quite undefined. This was also reflected in other stakeholder interviews including with the secretariat and program managers. The issues with lack of defined ongoing purpose and role created problems with future functioning of the Steering Committee and meant that there was little understanding of when it had achieved its objectives.

The table below contains an assessment of the Steering Committee’s performance against each of its Terms of Reference.

<table>
<thead>
<tr>
<th>Terms of Reference</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provide advice and recommendations to PPSAC on the implementation and ongoing management of the Diabetes Pilot Program, under the Better Community Health Program of the Fourth Community Pharmacy Agreement.</td>
<td>The Steering Committee’s meeting minutes show that it was effective in meeting this term of reference with regards to implementation, but not ongoing monitoring of the program.</td>
</tr>
<tr>
<td>2. Provide input, as appropriate, to the development of program business rules, program materials, and the broad direction of the Program.</td>
<td>The Steering Committee’s meeting minutes demonstrate that it provided input on program business rules, materials and the broad direction of the program.</td>
</tr>
<tr>
<td>3. Provide other specific advice as requested by the PPSAC from time to time.</td>
<td>The Steering Committee provided specific advice as requested by the PPSAC from time to time (advice on a diabetes project proposal).</td>
</tr>
<tr>
<td>4. Establish working groups for discrete purposes and with specific timeframes as required and with the agreement of PPSAC.</td>
<td>Working groups of the Steering Committee were not required.</td>
</tr>
</tbody>
</table>

2.3 Timeline of events

On 5 September 2006, PPSAC agreed to establish a time limited Diabetes Working Group to provide advice on the development of the Diabetes Pilot Program. The Working Group met twice in late 2006 providing detailed input into the proposal which was endorsed by PPSAC in November 2006.
On 7 June 2007 PPSAC agreed to establish the Diabetes Pilot Program Steering Committee to provide advice to PPSAC on the ongoing management of the Pilot Program. Dr John Aloizos chaired both groups and also chaired stakeholder meetings prior to the establishment of the Working Group to develop the program proposal. There was also commonality in membership between the Working Group and Steering Committee.

There was some concern by stakeholders at the amount of time taken to establish the Steering Committee, agree the program design, determine business rules for the DMAS and engage program management and subcontracted parties. Development of a timeline of events from the minutes and agenda papers demonstrated that there was significant time delay with the first meeting of the Steering Committee taking place over two years after the signing of the Fourth Agreement (Figure 1). However it is important to note that development work was undertaken by stakeholders and the Diabetes Pilot Program Working Group prior to the establishment of the Steering Committee and further, that the Funding Agreement for the Pharmacy Guild to manage the program was not executed until 25 June 2007.
### Figure 1: Timeline of events Diabetes Pilot Program Steering Committee

<table>
<thead>
<tr>
<th>TIME</th>
<th>EVENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 2005</td>
<td>Signing of Fourth CPA Diabetes Pilot Program identified for funding as part of the Better Community Health Program</td>
</tr>
<tr>
<td>June 2006</td>
<td>Agreement by PPSAC that a diabetes discussion paper will be reviewed at Sept 2006 meeting</td>
</tr>
<tr>
<td></td>
<td>Two meetings Chaired by Dr John Aloizos to commence work on Diabetes proposal.</td>
</tr>
<tr>
<td>September 2006</td>
<td>PPSAC agrees to convene a Diabetes Working Group to further develop the Diabetes Pilot Program proposal. Membership specified.</td>
</tr>
<tr>
<td>November 2006</td>
<td>PPSAC reviews proposal and agrees to recommend it to the Minister pending modifications</td>
</tr>
<tr>
<td>December 2006</td>
<td>PPSAC Chair writes to Minister recommending adoption of the Diabetes Pilot Program proposal.</td>
</tr>
<tr>
<td></td>
<td>Minister approves proposal</td>
</tr>
<tr>
<td>June 2007</td>
<td>PPSAC agree Diabetes Pilot Program Steering Committee and membership. TOR and operating arrangements are specified Funding agreement executed with Guild</td>
</tr>
<tr>
<td>December 2007</td>
<td>First meeting of the Diabetes Pilot Program Steering Committee</td>
</tr>
<tr>
<td>May 2008</td>
<td>Second meeting of the Diabetes Pilot Program Steering Committee</td>
</tr>
<tr>
<td>November 2008</td>
<td>Third meeting of the Diabetes Pilot Program Steering Committee</td>
</tr>
</tbody>
</table>
3 Membership and Operations

This section describes the membership and operations of the Steering Committee.

3.1 Composition of the Steering Committee

The Steering Committee consists of fourteen (14) members made up of representatives from key stakeholder groups.

The Terms of Reference establish the organisations and expertise to be included in the Steering Committee membership. A list of members and organisations/expertise is provided below.

<table>
<thead>
<tr>
<th>Nominated representative</th>
<th>Organisation/expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr John Aloizos AM (Chair)</td>
<td>Independent expert</td>
</tr>
<tr>
<td>Ms Clair Matthews</td>
<td>Australian Diabetes Educators Association</td>
</tr>
<tr>
<td>Ms Rachel Yates</td>
<td>Australian General Practice Network</td>
</tr>
<tr>
<td>Ms Helen Willimott</td>
<td>Department of Health and Ageing – Chronic Disease Programs and Palliative Care Branch</td>
</tr>
<tr>
<td>Ms Andrea Kunca</td>
<td>Department of Health and Ageing – Community Pharmacy Branch</td>
</tr>
<tr>
<td>Mr Matt O’Brien</td>
<td>Diabetes Australia</td>
</tr>
<tr>
<td>Mr Matt Ryan</td>
<td>Pharmaceutical Society of Australia</td>
</tr>
<tr>
<td>Ms Toni Riley</td>
<td>PPSAC/Pharmacy Guild of Australia</td>
</tr>
<tr>
<td>Mr Ian Todd</td>
<td>PPSAC/Pharmacy Guild of Australia</td>
</tr>
<tr>
<td>Ms Jane Ludington</td>
<td>Society of Hospital Pharmacists in Australia</td>
</tr>
<tr>
<td>Vacant</td>
<td>Consumer representatives (two)</td>
</tr>
</tbody>
</table>

Meeting minutes also refer to several ‘proxy’ attendees from various representative organisations where nominated representatives were unavailable. The terms of reference do not deal with proxy attendance, but instead state that in the event of member absences, ‘he/she will be asked to provide comments or input into the items for discussion at that meeting to the secretariat’.
3.1.1 Steering Committee expertise and representation

As identified above, PPSAC identified the organisations to be represented on the Steering Committee.

Generally stakeholders were satisfied with the membership of the Diabetes Pilot Program Steering Committee. It was felt that the Steering Committee was effective in building relationships with other groups such as allied health and GPs and that all members of the Steering Committee added value to the program design.

At its first meeting (December 2007) the Steering Committee identified a need for consumer representation. PPSAC provided approval for two consumer representatives at its February 2008 meeting, however, at the time of the November 2008 Steering Committee meeting, the Steering Committee had still to nominate consumer representatives. The Department indicated that Diabetes Australia was approached on several occasions regarding nominating consumer representatives but no response was received.

The following concerns were also raised in relation to the membership. First, while it was acknowledged that Diabetes Australia is a peak body representing those living with Diabetes, it was thought that they would speak with a different voice than a consumer. Second, stakeholders perceived that the inclusion of an endocrinologist or a representative from the Australian Diabetes Society would have improved the robustness and the evidence based approach of the program design. This view however, was not supported by all members interviewed. Third, although the Diabetes Pilot Program did not have a specific Indigenous health focus, it was also noted in the review given the higher burden of disease in the Indigenous community, that the Steering Committee could have included an Indigenous representative or established stronger linkages to the PPSAC Rural and Indigenous Steering Committee.

3.2 Steering Committee operations

3.2.1 Operating arrangements

The terms of reference for the Steering Committee included operating arrangements and set out the following requirements:

- The Steering Committee was to develop a work plan supporting its terms of reference and setting out objectives, milestones, timeframes and allocated responsibilities. It does not appear from the minutes that this occurred.

- The Steering Committee was to report to PPSAC twice a year or as requested. Reports were provided to PPSAC following each Steering Committee meeting.

- The Steering Committee was to meet face-to-face at least once a year, with other meetings at frequencies as agreed by the Steering Committee. This
requirement was not met. Although the Steering Committee held two face-to-face meetings and one teleconference in the period December 2007 to November 2008 there were no meetings subsequent to this. The frequency of meetings was an issue of some dissatisfaction for some Steering Committee members, with the sense that there was no closure to the business of the Steering Committee.

The operating arrangements do not specify the minimum number of attendees required for a quorum. Decision-making processes were not clear in the operating arrangements, but it appears from the minutes that decisions were by consensus.

The operating arrangements do not make any reference to confidentiality and managing conflicts of interest, although management of these issues was consistent with arrangements for PPSAC.

3.2.2 Meeting attendance and format

The Steering Committee met twice in face-to-face format and once by teleconference between December 2007 and November 2008. At its November 2008 meeting the Steering Committee scheduled future meetings for 20 May 2009 and 26 November 2009, however, these meetings did not take place due to a lack of any material business for the Steering Committee to consider. After November 2008 the only communication with members was by email from the secretariat.

The three meetings of the Steering Committee were well-attended by nominated members or their representatives.

In accordance with the terms of reference, representatives of the DMAS stage one implementation team and evaluation team attended meetings as observers.

3.2.3 Meeting structure

Meeting business generally consisted of the following items:

- a Chair’s report – which included welcome and introduction, acknowledging apologies, disclosures of interest, and providing the opportunity for participants to add other items for business;
- discussion and endorsement of the minutes and action items arising from the previous meeting;
- agenda items for discussion and/or decision – which would generally include discussion of the stage 1 pilot progress, stage 2 pilot planning, and progress of the pilot evaluation;
- other business – e.g. next meeting.
Members could also raise additional agenda items either prior to the meeting or at the beginning of the meeting although this rarely occurred. Steering Committee members interviewed perceived that the agenda was managed by the Department with little input from members.

3.2.4 Secretariat support

Secretariat support was provided by the Department of Health and Ageing.

Generally Steering Committee members interviewed were very satisfied with the secretariat support and the level of information provided. Members felt they were well prepared for meetings but acknowledged that much was left to the Department who appeared to direct the overall business of the Steering Committee. One Steering Committee member was concerned with delays in distribution of documentation prior to the meeting.

3.2.5 Disclosures of conflicts of interest

Although the operating arrangements do not make any reference to confidentiality and managing conflicts of interest, the minutes indicate that each meeting opened with disclosures of interests. At the third meeting, all members were asked to sign deeds of undertaking in relation to confidential information and conflicts of interest.

Some stakeholders identified that there was an overarching conflict of interest for some Steering Committee members in developing the Diabetes Pilot Program as both Diabetes Australia and the Guild (representing community pharmacy owners) had a commercial interest in the outcomes of the deliberations of the Steering Committee because they compete for the same funding (as they essentially provide a similar service).

3.3 Steering Committee activities

3.3.1 Program monitoring and reporting

Steering Committee members were satisfied with the group’s efficiency and progress on business made through meetings. The minutes indicate that the Steering Committee discussed the progress of the pilot, development of stage 2, and progress of the evaluation at each meeting, considering various aspects and resolving to make recommendations to PPSAC as required. The minutes also indicate that updates on the DMAS project were provided to Steering Committee members through written reports and verbal updates at the meetings.

Through the meeting process, there was fairly comprehensive feedback provided to members on the status of the DMAS program. There were two sources of feedback provided:
1. Reports from the Program managers (the Guild): One progress report viewed (dated January 2008), provided data on progress such as the number of pharmacies recruited to provide DMAS and expenditure of program funds.

2. Reports from the DMAS Stage 1 Implementation Team (Sydney University): One presentation to the Steering Committee on their progress was viewed. This progress presentation incorporated other elements on project progress, such as results from workshop evaluations, telephone surveys and numbers of patients recruited by jurisdiction.

Evaluation of the DMAS program was conducted by an independent evaluator. The evaluation team presented their evaluation approach to the Steering Committee at the May 2008, and interim and draft final evaluation findings were circulated to the Steering Committee by email out-of-session.

Stakeholders reported having a ‘lack of closure’ about the program and no formal notification of the end of the Steering Committee.

3.3.2 Communication with PPSAC

The operating arrangements required the Steering Committee to report to PPSAC on a regular basis through an agenda item, twice per calendar year or as requested by the PPSAC.

There is evidence of PPSAC approving the Steering Committee’s request for consumer representation, and of the Steering Committee resolving to provide advice to PPSAC on aspects of the pilot program. While updates on the Diabetes Pilot Program were provided to PPSAC via agenda papers, and verbal reports from members, this was not a clearly documented process at the Steering Committee level.
4 Issues and barriers to effectiveness

Although Steering Committee members were generally satisfied with the group’s efficiency and progress on business made through meetings, there were a number of issues that prevented the Steering Committee from functioning effectively. The most of significant of these are outlined below.

4.1.1 Membership and representation

It was noted that the Steering Committee could have benefited from consumer, and possibly also Indigenous representation.

4.1.2 Program proposal development

There was concern expressed by more than one Steering Committee member regarding the quality of the research that went into developing the Diabetes Pilot Program proposal which included RADS. They noted that the initial proposal had included the provision of point of care testing within community pharmacies. Use of RADS was, however, always subject to National Health and Medical Research Council (NHMRC) approval of blood collection methodology.

In December 2006, the then Minister provided conditional approval for NHMRC Evidence Based Guideline for Case Detection and Diagnosis of Type 2 Diabetes to include point of care testing using capillary blood as part of the diabetes case detection protocol.

The review of the NHMRC guideline did not occur until mid 2008. The guideline was approved by the NHMRC in July 2009 and supports the method of screening proposed. The Guild advised the Department in November 2009 that, due to the limited timeframes available and lack of public release of the NHMRC Guideline, it would not proceed with the Risk Assessment under the Fourth Agreement.

4.1.3 Operating arrangements

Operating arrangements required the development of a work plan, which does not appear to have occurred. The absence of this work plan, which was to provide operational direction may have contributed to the diminishing drive and focus in the latter stages.

There was a strong sense that there was a lack of closure and that members were not informed about the outcomes of their work. One member interviewed thought that the Steering Committee had finished some time previous to this review.

One of contributing factors to stakeholders feeling the lack of closure may be due to the fact that the meetings planned for 2009 did not occur.
4.1.4 Feedback and ongoing monitoring of programs

A comprehensive update on DMAS program progress was provided to the Steering Committee at one of the meetings by the subcontractor delivering the program and reports were provided to members by email out-of-session. However, it was noted that the Steering Committee could have played a greater role in reviewing the progress of the program if the planned meetings had occurred.

4.1.5 Location of the program

One stakeholder noted that greater benefit in terms of health outcomes could have been achieved by the program focusing on areas where there are no existing community diabetes services such as in regional rural and remote areas. Instead the program was rolled out in high population areas where there was perceived to be a duplication of services. This created tension between the Guild and other service providers including Diabetes Australia who provide a similar service. It was also noted that more could be achieved by working collaboratively with other stakeholders rather than establishing a separate service which leads to fragmentation of care provision.
A Interview participants

The following lists participants interviewed during the course of the review of PPSAC. Interviewees that had a particular role with the Diabetes Pilot Program Steering Committee are highlighted.

<table>
<thead>
<tr>
<th>Name</th>
<th>Role(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helen Kurincic</td>
<td>Chair PPSAC, Chair Research and Development Steering Committee, Chair Home Medicines Review Program Subcommittee</td>
</tr>
<tr>
<td>Paul Sinclair</td>
<td>PPSAC Member, Chair Evaluation Steering Committee, Past PPSAC Chair</td>
</tr>
<tr>
<td>Ross Maxwell</td>
<td>PPSAC Member, Chair Rural and Indigenous Steering Committee, Member Pandemic Influenza Working Group, Member HMR Subcommittee</td>
</tr>
<tr>
<td>Peter Brunskill</td>
<td>PPSAC Member, Chair Pandemic Influenza Working Group</td>
</tr>
<tr>
<td>Toni Riley</td>
<td>PPSAC Member, Chair Hepatitis C Steering Committee, Member Diabetes Pilot Program Steering Committee, Member HMR Subcommittee</td>
</tr>
<tr>
<td>Lisa Nissen</td>
<td>PPSAC Member</td>
</tr>
<tr>
<td>Alison Roberts</td>
<td>PPSAC Member</td>
</tr>
<tr>
<td>Jennifer Bergin</td>
<td>PPSAC Member, Past Chair Hepatitis C Steering Committee, Member Pandemic Influenza Working Group</td>
</tr>
<tr>
<td>Fiona Mitchell</td>
<td>PPSAC Member, Member Rural and Indigenous Steering Committee</td>
</tr>
<tr>
<td>Ian Todd</td>
<td>PPSAC Member, Member Diabetes Pilot Program Steering Committee</td>
</tr>
<tr>
<td>John Aloizos</td>
<td>Chair Diabetes Pilot Program Steering Committee</td>
</tr>
<tr>
<td>Amy Zelmer</td>
<td>Consumer representative Research and Development Steering Committee</td>
</tr>
<tr>
<td>Yvonne Allinson</td>
<td>Member Research and Development Steering Committee, Member HMR Subcommittee, Member Rural and Indigenous Steering Committee – representing the Society of Hospital Pharmacists of Australia</td>
</tr>
<tr>
<td>Name</td>
<td>Role(s)</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Peter Davey</td>
<td>Research and Development Steering Committee</td>
</tr>
<tr>
<td>Professor Deborah</td>
<td>Research and Development Steering Committee</td>
</tr>
<tr>
<td>Schofield</td>
<td>PPSAC Observer, Member Research and Development Steering Committee, Guild Program Manager for Research and Development, Diabetes Pilot Program and Asthma Pilot Program, Member Evaluation Steering Committee</td>
</tr>
<tr>
<td>Erica Vowles</td>
<td>Diabetes Pilot Program Steering Committee</td>
</tr>
<tr>
<td>Clair Mathews</td>
<td>Diabetes Pilot Program Steering Committee</td>
</tr>
<tr>
<td>Andrea Kunca</td>
<td>Assistant Secretary, Community Pharmacy Branch, DoHA, Member HMR Subcommittee, Member Evaluation Steering Committee, Member Rural and Indigenous Steering Committee, Member Diabetes Pilot Program Steering Committee, Member Hepatitis C Steering Committee</td>
</tr>
<tr>
<td>Jacque Maycock</td>
<td>Director, Pharmacy Programs Section, DoHA (Secretariat), Member Pandemic Influenza Working Group,</td>
</tr>
<tr>
<td>Dianne Braggett</td>
<td>Assistant Director, Pharmacy Programs Section, DoHA (Secretariat)</td>
</tr>
<tr>
<td>Karen Farquhar</td>
<td>Assistant Director, Pharmacy Programs Section, DoHA (Secretariat)</td>
</tr>
<tr>
<td>Audra Millis</td>
<td>PSA Observer, Member Hepatitis C Steering Committee</td>
</tr>
<tr>
<td>Khin Win May</td>
<td>Pharmacy Guild Observer, Member Hepatitis C Steering Committee</td>
</tr>
<tr>
<td>Magdalena Markezic</td>
<td>Research and Development Program Manager</td>
</tr>
<tr>
<td>Grant Martin</td>
<td>Past PSA observer, Past member Pandemic Influenza Working Group, CEO AACP</td>
</tr>
<tr>
<td>Alison Aylott</td>
<td>Member Rural and Indigenous Steering Committee, rural pharmacy representative</td>
</tr>
<tr>
<td>Sophie Couzos</td>
<td>Member Rural and Indigenous Steering Committee, Indigenous representative</td>
</tr>
<tr>
<td>Name</td>
<td>Role(s)</td>
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<td>-------------------------------------------------------------------------</td>
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<tr>
<td>Elsia Archer</td>
<td>Consumer representative Rural and Indigenous Steering Committee</td>
</tr>
<tr>
<td>Debbie Rigby</td>
<td>Member HMR Steering Committee – representing Australian Association of Consultant Pharmacy (AACP)</td>
</tr>
<tr>
<td>Jessica Rynehart</td>
<td>Diabetes Pilot Program manager (Guild)</td>
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