



**The Pharmacy  
Guild of Australia**  
VIC Branch

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## **Submission**

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# **The Inquiry into the Government's response to the Covid-19 pandemic**

## **Comments by the Pharmacy Guild of Australia-Victoria to the Inquiry into the Government's response to the Covid- 19 pandemic**

Date

31 July 2020



## INTRODUCTION

The Pharmacy Guild of Australia (the Guild) is the peak national pharmacy organisation representing community pharmacy. The Guild aims to promote, maintain and support community pharmacies as the most appropriate primary providers of health care to the community through optimum therapeutic use of medicines, medicines management and related services.

The Guild and its more than 5,700-strong community pharmacy network across Australia (including over 1400 in Victoria) have a long and credible record of delivering evidenced-based programmes for Government and consumers, consistently demonstrating a capacity to deliver significant outcomes.

As the most frequently accessed and most accessible health destination, community pharmacies are playing a critical role in the provision of primary health care during the Covid-19 pandemic.

The Guild welcomes the opportunity to make a submission to the inquiry into the Government's response to the Covid-19 pandemic.

Outlined in this submission are some of the issues that have significantly impacted on the community pharmacy sector's ability to maintain access to medicines and related service during the Covid-19 pandemic.

### Community pharmacy

- There are over 5,700 community pharmacies in Australia<sup>1</sup> (over 1400 in Victoria)
- On average, every person visits a community pharmacy 18 times each year in metropolitan, rural and remote locations<sup>2</sup>.
- Community pharmacies are the most frequently accessed and most accessible health destination, with over 449 million individual patient visits annually and the vast majority of pharmacies open after-hours, including weekends<sup>3</sup>.
- Pharmacists are one of the most trusted professions along with nurses and doctors. Public opinion surveys have shown that 93% of adults trust the advice they receive from pharmacists<sup>4</sup>.

These facts highlight the importance of community pharmacy in the provision of primary health care to the Victorian community.

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<sup>1</sup> PBS Expenditure and Prescriptions Twelve Months to June 2018: Table 13

<sup>2</sup> ABS Demographic Statistics, PBS Date of Supply

<sup>3</sup> PBS Date of Supply, Guild Digest, <http://www.abs.gov.au/ausstats/abs@.nsf/mf/3101.0>

<sup>4</sup> [https://www.guild.org.au/about-us/community-pharmacy-2025/CP2025\\_OrimaResearch\\_FullReport\\_16May2018.pdf](https://www.guild.org.au/about-us/community-pharmacy-2025/CP2025_OrimaResearch_FullReport_16May2018.pdf)



## **ISSUES AND AREAS OF CONCERN IDENTIFIED DURING THE COVID-19 PANDEMIC**

### **1. Access to Protective Personal Equipment (PPE)**

Limited or lack of reliable access to PPE particularly masks for pharmacy staff has been a major concern throughout the Covid-19 pandemic. The Primary Health Networks (PHN), responsible for the distribution of the Commonwealth stockpile, only provided limited quantities of masks to community pharmacies, which were generally insufficient for the pharmacy workforce.

PHNs were instructed to only draw from the national stockpile if 'commercial stock was unavailable'. In many cases this was not well understood by primary health care providers, or there was an assumption that given pharmacies sell masks (when available) they should not need to be requesting them for their staff. Pharmacy staff felt as though they were not given priority or acknowledgement during the COVID pandemic when requesting masks.

The Department of Health and Human Services (DHHS) issued advice on 25<sup>th</sup> July that Health care workers **must** wear a level 1 or type 1 disposable surgical mask in public-facing areas – particularly where adequate social distancing is not possible. This advice was not communicated to the Pharmacy Guild of Australia and there does not appear to be any indication that consideration was given to ensuring reliable access to the required masks. It also appears that the needs of the pharmacy workforce in rural and regional areas outside of metropolitan Melbourne and the Mitchell Shire were not taken into consideration when formulating this advice.

### **2. Public Health Emergency Orders**

Public Health Emergency Orders (PHEO) have been issued to facilitate the supply of medicines during the COVID-19 pandemic and to reduce the regulatory burden on prescribers and pharmacists. While the Guild welcomed and supported these Orders, a number of practical issues have arisen during their implementation, particularly with PHEO #4, which authorises a pharmacist to supply prescription only medicines based on a digital image of an original paper prescription transmitted by the prescriber. Under this Order, prescribers are required to store the original prescription for two years. There is ample evidence that prescribers are not complying with this requirement. This is now falling on community pharmacists thus placing an additional burden on community pharmacies who are now having to manage a large number of original prescriptions where the digital prescription has already been received and processed.

Further to this, some prescribers do not comply with the PHEO #4 requirements, continue to prescribe S8 or S4 Drugs of Dependence, which are not covered by the order – and are unwilling to provide an original prescription in a timely manner despite pharmacies contacting them to remind them of their legislative responsibilities

### **3. Aged Care Facilities**

A number of Aged Care Facilities (ACF) have been affected by the Covid-19 pandemic. Community pharmacies that service ACFs have implemented a range of measures to maintain access to medicines for residents while minimising the risk of Covid-19. A no-contact medicines delivery is a low



risk approach. However, community pharmacies are still required to obtain evidence of receipt of medicines particularly for Schedule 8 medicines. This may not be possible in circumstances where contact with ACF staff is restricted due to Covid-19. An adjustment of these requirements should be considered.

Community pharmacies also had to contend with mounting pressure from ACFs to maintain access to medicines to support continuity of care in situations where an ACF is still using traditional non-compliant residential medication charts which are not regarded as a valid order to supply. This has emphasised the need for the urgent implementation of the electronic National Residential Medication Chart as broadly as possible to ease administrative burden on nursing staff at the facility, prescribers and pharmacies that service these facilities.

#### **4. Business continuity support**

Although the number community pharmacy staff who have returned a positive Covid-19 test result remains relatively low, affected pharmacies are required to temporarily close to allow appropriate cleaning and disinfection to occur before resuming operation generally within 24 to 48 hours by deploying a new team excluding the affected team member and those deemed to be a close contact who are generally required to self-isolate for 14 days. The entire process is a costly exercise and places significant financial strain on the community pharmacy at a time of great uncertainty. Furthermore, the level of stress and anxiety caused by these events may impact on the mental health and wellbeing of pharmacy staff.

The lack of acknowledgment of community pharmacy as an essential service by regulatory authorities has resulted in community pharmacy staff being unable to access exemptions afforded to other health workers in similar situations. There were also cases where pharmacy staff were denied access to Covid-19 priority testing provided to other health workers.

This has caused pharmacy staff to feel undervalued and underappreciated despite their commendable contribution to better health outcomes for all Victorians by maintaining timely access to medicines and related services including vaccination under challenging circumstances.

The expansion of Telehealth services in General Practice during the Covid-19 pandemic resulted in a significant increase in the demand for pharmacist-administered vaccinations including those funded under the National Immunisation Program (NIP). Despite this, community pharmacies experienced delays in receiving NIP stock from DHHS appointed distributor as community pharmacy was not considered a priority.

The Covid-19 pandemic also exposed some of the deficiencies of the Opioid Replacement Therapy (ORT) program in Victoria. ORT in Victoria is largely a community-based delivery model. It is estimated that over 95% of ORT patients are serviced by a community pharmacy. The current policy for maintenance pharmacotherapy for opioid dependence does not appear to have mechanism for implementing flexible arrangements during a crisis.



## **CONCLUSION AND RECOMMENDATIONS**

The Community pharmacy is a highly adaptable and resilient part of the primary health care system. However, the unprecedented severity and duration of this pandemic have created a number of challenges that have in turn impacted on community pharmacy's capacity to maintain its core function of providing timely access to medicines to the Victorian community.

The Guild urge the Government to consider the following recommendations:

- Provide timely and reliable access to PPE for community pharmacy staff
- Review and implement flexible policies that allow community pharmacy to maintain timely access to medicines to ACFs affected by Covid-19
- Provide a business continuity support fund to assist pharmacies where a staff has tested positive
- Acknowledge community pharmacy as an essential service to ensure that community pharmacy staff can access priority testing, exemptions to travel restrictions and any other assistance provided to health workers in essential services.
- Ensure that access to NIP stock in community pharmacy is prioritised to improve access to NIP vaccines for vulnerable Victorians. The same approach should apply to a Covid-19 vaccine should it become available
- Ensure that the policy for maintenance pharmacotherapy for opioid dependence includes a set of arrangements including financial support to maintain access to treatment for patients at risk or affected by Covid-19