



4 August 2020

Lizzie Blandthorn
Chair, Public Accounts and Estimates Committee
Parliament House
Spring Street
East Melbourne VIC 3002

Dear Ms Blandthorn,

RE: Inquiry into the Victorian Government's Response to the COVID-19 Pandemic

The Society of Hospital Pharmacists of Australia is the national professional organisation for more than 5,000 pharmacists, pharmacists in training, pharmacy technicians and associates working across Australia's health system. SHPA is committed to facilitating the safe and effective use of medicines, which is the core business of pharmacists, especially in hospitals.

SHPA welcomes the opportunity to respond to the inquiry into the Victorian Government's response to the COVID-19 pandemic. The impact of the COVID-19 pandemic on the Australian healthcare system has been substantial, and SHPA along with its members are proud to have played a significant role.

SHPA would like to thank the Victorian Government for their effective leadership during the COVID-19 pandemic. In particular, changes under *Public Health Emergency Order pursuant to section 22D of the Drugs, Poisons and Controlled Substances Act 1981*, regarding electronic transmission of digital image prescriptions and emergency supply of medicines have enabled pharmacists to enable continuous supply of critical medicines for chronic conditions whilst reducing the risk of community transmission posed by hospital outpatients having to attend hospitals in person. SHPA commends the implementation of such measures to complement legislative and regulatory changes made nationally regarding telehealth consultations and prescriptions to ensure safe medicines access and medicines adherence for Victorians.

Please see attached SHPA's submission to the Senate Inquiry into the Australian Government's response to the COVID-19 pandemic, which discuss the challenges faced by Australian hospitals throughout the COVID-19 pandemic including: medicines supply and access, hospital preparedness and workforce capacity. These findings were supported by SHPA's Hospital Pharmacy Capacity Snapshot survey series which lasted for five weeks between April – May 2020.

SHPA notes that Victoria has a decentralised hospital system and lacks hospital pharmacy functions as observed in other jurisdictions which have been important in co-ordinating medicines supply, especially during a public health emergency. This means that data on key medicines stocks to support ventilator-capable ICU beds, is not readily available, significantly hampering the ability to assist health services to prepare for the pandemic and potential surge in cases. SHPA has regular meetings with the COVID-19 - Health Sector Consumables and Equipment – Pharmaceuticals team at the Department of Health and Human Services (DHHS). SHPA is pleased that DHHS has since established stock level reporting systems of key medicines with Victorian hospitals, and thanks DHHS for the opportunity to have provided advice on the initial list of critical medicines to monitor for treatment of COVID-19 patients requiring intensive care.





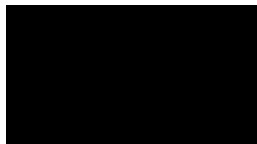
The single largest concern experienced by Directors of Pharmacy, Chief Pharmacists and SHPA members nationally was the immense difficulty experienced by hospital pharmacy departments to procure critical medicines for the anticipated surge of patients requiring ventilation in intensive care units. Whilst governments placed a high priority on obtaining personal protective equipment and ventilators, in the early stages of the pandemic the difficulties that would be faced by Australia's hospitals in obtaining the medicines necessary to use ventilators does not appear to have been appreciated. These medicines include, but are not limited to:

- propofol – induction agent for intubation, sedative agent for ventilation
- cisatracurium, atracurium, rocuronium, vecuronium, pancuronium – neuromuscular blockers to facilitate intubation and ventilation
- midazolam, fentanyl – induction agents for intubation, sedative agents for ventilation

In the initial weeks of our survey, Australian hospital pharmacies reported 80% of orders for propofol were either being placed on backorder or only supplied in part quantities. The survey also found that in four out of the five weeks surveyed, the majority of orders for neuromuscular blockers were placed on backorder, with less than 30% of these orders being supplied in full. Overall, regional and rural hospitals – who have fewer options and less workforce capacity to manage procurement – experienced a greater rate of orders being placed on backorder. This had the potential to risk patient care, although SHPA does not claim that this has occurred.

Looking forward, SHPA provides this information for the consideration of the government in any future planning for public health emergencies. If you have any queries or would like to discuss our submission further, please do not hesitate to contact Johanna de Wever, General Manager, Advocacy and Leadership on [REDACTED]

Yours sincerely,



Kristin Michaels
Chief Executive

Attachments

SHPA Submission to Senate Inquiry into the Australian Government's response to the COVID-19 pandemic

