Submission to:

The Legal and Social Issues Legislation Committee inquiry into the role and opportunities for community pharmacy in primary and preventative care in Victoria

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Submission to the Legal and Social Issues Legislation Committee, Inquiry into Community Pharmacy in Victoria

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Introduction

The Pharmacy Guild of Australia (the Guild) is the national peak pharmacy organisation representing community pharmacy. It strives to promote, maintain and support community pharmacies in delivering quality health outcomes to the community through optimum therapeutic use of medicines, medicines management and related services.

The Guild welcomes the opportunity to make a submission to the inquiry into the role and opportunities for community pharmacy in primary and preventative care in Victoria.

The Guild has been a leader in developing initiatives that expand the pharmacist’s role particularly in the community pharmacy environment and would welcome an opportunity to be involved in the development and implementation of programs that provide benefits not only to the broad Victorian health care environment via budgetary efficiencies, but also to consumers by improving access to primary and preventative health care solutions.

Role of Community Pharmacy

The role of community pharmacy in the health care system continues to change and evolve from its traditional focus around dispensing medications in accordance with the prescriber's intention. Pharmacists, as health professionals, are more directly engaged in primary health care in consultation with GPs and other health professionals. They have undergone long, rigorous and demanding training and aspire to be more than custodians and retailers of medicines. There is also a realisation that the community pharmacy network represents an efficient platform for the delivery of health care services by a highly trained and trusted group of over 6,800 professionals whose skills and knowledge are currently somewhat underutilised in Victoria.

In light of the health challenges that Australia is facing, including an ageing population, increasing prevalence of chronic disease, workforce issues, higher consumer expectation and the rising costs of new technologies and medicines, strong arguments exist for expanding the clinical role of the pharmacist and community pharmacy in primary and preventative care in Victoria.

The Guild sees opportunities for community pharmacy to play an enhanced role in the provision of primary and preventative care in Victoria, resulting in both greater efficiencies in health spending and better patient care, and potentially greater access in rural and remote areas.

Community pharmacy is Australia’s most accessible and frequently used health care destination. Every year, there are around 300 million pharmacy visits with approximately 28,000 registered pharmacists, the majority of whom, work in community pharmacy and provide a wide range of patient care services, support and advice.

In a recent PricewaterhouseCoopers (PwC) research project on the 5th Community Pharmacy Agreement, a survey of 3,000 consumers in the community was undertaken with findings that included:
• 98% of participants reporting that they had no difficulty accessing a community pharmacy, and in addition 82% reported they go to the same pharmacy for most of their pharmacy needs
• 79% would in future visit their community pharmacist in the first instance to seek information on Over-The-Counter medicines and complementary medicines
• 90% reported being satisfied with the interaction they had with their pharmacist (based on the last three visits to the pharmacy), with the main driver for satisfaction being the pharmacist was knowledgeable and provided good advice.

In the most recent Roy Morgan survey, pharmacists are ranked second for ‘ethics and honesty’ (only behind nurses, and now ahead of doctors) of thirty professions. Pharmacists have not ranked below third since the survey commenced in 1988. In the third biennial national survey conducted by the Menzies Centre for Health Policy and Nous Group, pharmacy was the most visited health care service and the one that delivered the best satisfaction rating of 94% of all Australians, beating the next two most visited services for satisfaction in GP's and dentists.

Key areas where an enhanced role could occur are in medicine adherence and management (including in the post-acute setting and aged care), administering vaccinations (as has recently been enabled in Queensland and the Northern Territory), a wider care role to fill health system gaps in rural and regional areas, and reducing pressure on hospital accident and emergency departments by providing advice and supporting self-care, including treatments of minor ailments and better management of long-term conditions.

Pharmacists across the world, including in the UK, US, Canada and New Zealand are now being remunerated for greater roles in these types of services. In Australia there is a lack of remuneration for expanded services. Many services currently provided by community pharmacy are often provided to patients at little or no charge to the consumer, with no direct funding or only minimal funding under the Community Pharmacy Agreement with the Commonwealth. Whilst some services such as blood pressure monitoring, blood cholesterol screening and preparation of dose administration aids to organise medicines have been done at little or no charge, this is not sustainable in the current and future environment. Without appropriate support, there is an opportunity lost for the Victorian community and the Victorian government at large.

While community pharmacists embrace their role as primary health care professionals, there is a need to balance this with viability of the sector. As such, all expanded services should have appropriate remuneration and business cases for implementation.
Pharmacists’ involvement in these areas would:

- free-up scarce doctor resources to allow them to provide medical care for patients with serious, complex and chronic conditions
- reduce preventable and unnecessary hospitalisations through a greater emphasis on early detection and intervention, and ongoing supported self-management of chronic conditions
- prevent hospital re-admission for at-risk patients, which will make a significant impact on the wellbeing of Victorians and inefficiencies in healthcare resources in the Victorian system.

A number of opportunities for Victoria are outlined below, noting that appropriate data collection and use of e-health technologies should underpin all the programs and patient interventions in these initiatives.

1. **Role of pharmacies in post-acute health care, aged care, personalised medication management and vaccinations**

1.1. Reducing the rate of hospital re-admissions due to medication misadventure or non-adherence

> **For patients at high risk of re-admission to hospital, a mandatory, coordinated medication management plan should be established immediately following discharge from hospital. The community pharmacist would perform medicine reconciliation, in collaboration with the hospital pharmacist and the GP. Then, with the patient, the community pharmacist would produce an agreed plan to manage medication adherence and other issues that may increase the risk of readmission to hospital.**

The increased prevalence of chronic and complex health conditions, which are managed across various parts of the health system, has placed a greater emphasis on the interface between acute and primary health care. These conditions are often associated with complex medication issues.

Between 2-3% of hospital admissions are associated with the occurrence of an adverse medicine event accounting for an estimated 230,000 hospital admissions per year with costs to the health system estimated at $1.2bn, with half of these events considered to be avoidable.¹

There is good evidence that continuity in medicine management can improve with a systematic approach.² Community pharmacy is an underutilised resource in supporting continuity of care. Within 30 days of hospital discharge, 71% of patients visit their General Practitioner (GP) within a median time of 12 days, whilst 86% of patients visit their pharmacy within a median time of 6 days to have a prescription filled.³

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³ EE Roughead et al; Continuity of care: when do patients visit community healthcare providers after leaving hospital?; Internal Medicine Journal; Vol 41, Issue9; pp662-667; Sept 2011
Evidence indicating that significant patient harm and sub-optimal use of medicines frequently result when consumers move between different health settings and care providers, for example:

- Omission of medicine from the discharge summary list sent to community health care professionals was associated with an increased risk (by a factor of 2.3) of hospital readmission or an adverse medicine event.
- Less than 2% of people leaving hospital receive a discharge plan, case conference or medication review within the first month after discharge.
- 85% of discrepancies in medication treatment originate from poor medication history taking.

There is a clear need for improved coordination between the hospital and primary health care systems in terms of managing the medicines aspects of patients transferring out of acute care back into the community setting. There is no funding for medication management services at this critical juncture – the very time when it is most important that patients’ medicine regimen is correct, is properly understood by all involved and is effectively monitored.

Community pharmacy, as the most frequently visited health care destination, is ideally placed to fill this vital service gap of collaboration between hospital pharmacists, prescribers and community pharmacists.

The Health Innovation and Reform Council has recommended the development and implementation of a Quality Use of Medicine project aimed at identifying the barriers and enablers of a medication reconciliation. The Pharmacy Guild of Australia is currently working with the Department of Health and other key stakeholders to define the scope of the project.

1.2. Aged care in the home

A community pharmacy scheme to provide a personalised medication management service targeted to the cohort of older Victorians who are at risk of hospital admission/re-admission and to remain living independently.

Over the next two decades, the number of people aged 65 and over is projected to rise by 91% and the number of people aged 85 and over will more than double. Australia-wide, as many as 30% of hospital admissions for the elderly are from adverse medicine events, costing $380 million per year to the public health system, which can also cause patients to be

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6 Therapeutic Goods Administration, Labelling and packaging practices: A summary of some of the evidence Version 1.0, January 2013
more susceptible to injury through fall, and 50% of these admissions are considered potentially avoidable.\(^7\)

Community pharmacists are ideally placed to take an active role in the delivery of personalised medication and health management services, as they are cognisant of the needs of older people and the necessity to provide and facilitate services and longer-term strategies to support ‘ageing in place’, that is, to enable older people to remain in their current setting (such as their own homes) for as long as possible as their care needs increase.

There is a strong argument for individual medicines management services for older people that may be identified as high risk of medicines misadventure to prevent avoidable hospital admissions.

Community pharmacy is ideally placed to provide a personalised medication and health management service targeted to older people who have been assessed as likely to move into a Residential Aged Care Facility or is at risk of hospital admission/re-admission if they do not have sufficient support, including support in managing their medicines. The NSW government is investigating similar options.

Services as part of an ‘Aged care in the home’ initiative could include:

- development of agreed action plans with other healthcare professionals caring for the patient
- provision of medicines oral medicines in dose administration aids
- home delivery of medicines where required (and possible)
- medicine reviews undertaken in the patient’s home (focusing on education, adherence, compliance, adverse effects and possible drug interactions)
- regular monitoring of blood pressure and other health indicators (including blood glucose)
- management and monitoring of any devices that are used by the patient.

Also see Attachment 1.

1.3. Vaccinations and immunisation

\[\text{A state government subsidised, community pharmacy based influenza vaccination program, and other immunisations, to be introduced to improve vaccination rates and coverage, and reduce costs associated with administering vaccines in the general practice setting.}\]

The Productivity Commission has recently reported that more than 25 per cent of eligible patients do not receive a subsidised influenza vaccination, and about 20,000 preventable hospitalisations annually are due to conditions for which vaccinations are available.

Internationally, vaccination by community pharmacists has become commonplace, with the experience overwhelmingly positive. Pharmacists commonly administer a range of vaccines in countries including the USA, Canada, the United Kingdom and New Zealand. These are

\(^7\) *Ibid*
also being introduced or piloted in the Australian states of Queensland and the Northern Territory.

In late 2013, the Pharmacy Board of Australia (the ‘Board’) confirmed that the administration of vaccines was within the scope of practice of a pharmacist. The recognition by the Board follows work done by the Advanced Pharmacy Practice Framework Steering Committee in developing a set of competencies for immunisation by pharmacists which was derived by comprehensively mapping the Australian National guidelines for immunisation education for registered nurses and midwives (2001) with the Canadian Immunization competencies for health professionals (2008) and reverse mapping with the National competency standards framework for pharmacists in Australia (2010).

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The Pharmacy Guild of Australia’s Quality Care Pharmacy Program (QCPP) provides a platform for quality assurance of pharmacy practice reflecting the Australian Standard 85000:2011 – Quality management system for pharmacies in Australia. QCPP resources for pharmacy immunisation are being revised to support pharmacist immunisation and will be available from June 2014. Likewise, the Practice Guidelines for the Provision of Immunisation services in Pharmacy released by the Pharmaceutical Society of Australia (PSA) in 2013 is being revised to cover pharmacist immunisation and is also expected to be available from August 2014. In addition, both the Guild and PSA are developing training programs for pharmacists to ensure consistency with the competencies of other immunisers in Australia.

In addition to increasing accessibility and reducing costs, the availability of pharmacist vaccinators ensures that the risk of major influenza pandemic can be reduced through more efficient and widespread access to vaccines.

The Pharmacy Guild & PSA are working with the Queensland University of Technology & James Cook University on a research project to investigate pharmacist administered influenza vaccination in a community pharmacy setting.

The trial involves 80 pharmacies and at the time of the last published report in May, over 10,000 vaccines had been administered of which about 25% had been for ‘walk-in’ patients.

As part of any immunisation service, pharmacists will be required to:

- undergo additional training aligned to the competencies expected of other health professionals administering vaccines (including the management of anaphylaxis and adverse events)
- administer the service in an appropriate pharmacy setting to ensure patient safety, comfort and privacy away from the general trade area.

Pharmacists can contribute to reducing the transmission and costs of influenza by:

- administering influenza vaccines

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8 Communique 5 Dec 2013; www.pharmacyboard.gov.au
• educating and motivating consumers
• supporting other immunisation providers
• referring high risk patients and patients eligible for subsidised vaccines under the National Immunisation Program to their GP.

Community pharmacy’s unique position:
• With more than 5000 community pharmacies in Australia, 300 million patient visits per year, community pharmacy is the most accessible and visited health care destination providing quality service and advice.
• Community pharmacy has a high level of public trust.12
• Community pharmacy has the ability to fill a gap in administering influenza vaccines to those who do not visit the GP and don’t have access through the National Immunisation Program.

Increasing public acceptance of pharmacists as immunisers, consistent with international practice:
• USA – Influenza vaccine in some states since 1994; broad range of vaccines in all 50 state since 2009
• UK – Influenza vaccine since 2002
• Canada – Influenza vaccine since 2012
• Ireland – Influenza vaccine since 2011
• New Zealand – Influenza vaccine since 2011; pertussis and meningococcal since early 2014
• Portugal – Influenza vaccine since 2008.

International evidence indicates that pharmacist administered vaccines have been associated with:
• increased vaccine uptake (primarily in addition to and not instead of those administered by traditional immunisation providers)
• decreased disease burden
• positive economic benefits
• pharmacists embracing the expanded role
• no increase in anaphylaxis or adverse events.

2. Role of community pharmacy in rural and remote Victoria

Community pharmacies are generally the most accessible healthcare destination for people in rural and remote areas. There is the opportunity to capitalise on the existing community pharmacy infrastructure and workforce in rural and remote areas, and to facilitate patient access to services for which extensive travel would normally be required. As an example, a Section 100 Highly Specialised Drug that is currently only accessible through a public hospital could be supplied by a community pharmacy in a rural or remote location. The community pharmacy could also facilitate initiatives such as tele-health.

Community pharmacy is well placed to be part of the total solution to the challenge of providing cost effective health care in Victoria over coming decades. However, community pharmacy can only play its role effectively if there is adequate incentives and opportunity in place to encourage investment to attract and retain the appropriate workforce in rural locations.

In many circumstances, particularly in regional and remote Australia, a community pharmacy may be the only available or most appropriate health service for conducting tele-health consultations. This could enable residents to have consultations with specialists located in Melbourne or major regional cities. This would require an investment to purchase appropriate equipment and to provide a suitable private space in the pharmacy.

It is recognised that tele-health will generally be managed through a patient’s GP or other health care coordinator in order to maintain continuity of care. In addition, utilising the existing pharmacy infrastructure would be the most logical and cost-effective means to conduct these services. As such, pharmacy should be viewed as an ‘other health care facility’ in which a patient can access tele-health and video conference to a specialist at another location. In the instance where the GP is removed geographically from both specialist and patient, the patient’s GP would ideally have the opportunity to participate in a three-way consultation that includes the patient and medical specialist. This would be comparable to the exemption provided under the Tele-health initiative to residential aged care services, Aboriginal Medical Service (AMS) and Aboriginal Community Controlled Health Service (ACCHS), which are able to provide tele-health consultations without a Medicare provider number.

Therefore, the piloting of rural and remote pharmacies as ‘health hubs’ should be investigated providing a variety of services - QUM/adherence services, Indigenous, health checks/screening, vaccinations, a broadened continuing dispensing role, wound care and treatment of minor ailments, smoking cessation, diabetes risk assessment, care and support to name some areas.
3. Remuneration, workforce and financial issues with respect to any expansion of the role of community pharmacies

Promotion of community pharmacy’s role in the health system to reduce avoidable hospital admissions

At a time when Australia is facing a dire shortage of medical practitioners and other healthcare professionals, and with varying out of pocket costs, community pharmacy is the only health professional network where patients can easily access the advice of university trained health professionals at little or no charge and with no appointment, and have affordable access to life saving medicines on the PBS.

While community pharmacists embrace their role as primary health care professionals, there is a need to balance this with the viability of running a business, something that is often overlooked for the pharmacy profession. There are a number of services that community pharmacy provide at a cost to their business, and the unfortunate reality is that this will need to be reassessed in the coming years given the current economic environment in addition to other pressures being exerted on pharmacy such as direct distribution, cuts in PBS growth, rescheduling of pharmacist and pharmacy only medicines, increasing rental prices, workforce shortages in rural/remote locations and key medicine patent expiries.

With the possible introduction of a Federal Co-Payment of $7 for GP consultations there is an increased risk that patients will visit their accident and emergency department of their State public hospital.

Supporting consumer self-care

Empowering consumers to accept more personal responsibility for their health is a key feature of government social policy around the world. International evidence shows that ‘self-care’ through healthy life choices, avoiding ‘life-style’ diseases and taking an active role in the management of common illness improves personal health and reduces medical costs.

Self-care does not imply consumers are not supported in their health care needs, but ensures they have access to, and are encouraged to seek advice from, a multidisciplinary team of healthcare professionals.

New models of care are needed to meet the challenges of an ageing population and rising levels of chronic disease. Supporting Australians to assume greater personal responsibility for their health will make a meaningful contribution towards a sustainable healthcare system. Community pharmacists are particularly well placed to play a greater role in supporting consumers in the self-care continuum via a Minor Ailments Service and management support for long-term conditions.

13 Global Access Partners Taskforce – Non-prescription Medicines & Self-Care
Minor Ailments

The Victorian government could establish a structured minor ailments scheme centred around an information and advertising campaign to promote community pharmacy as an accessible and affordable healthcare destination to deter patients with certain symptoms from attending costly emergency departments. Ideally this would be accompanied by a recordable schedule of items that are currently prescription-only but could be available for community pharmacists to provide as part of this program — examples may include medicines for urinary tract infections, swimmer’s ear and skin infections. There are also many products already under the existing pharmacist-only and pharmacy-only schedules that would be relevant to a minor ailments scheme such as this. Pharmacists would also provide general advice and play a triage role, directing patients to a GP or emergency department if they are unable to provide appropriate assistance or advice, or if there was no suitable non-prescription remedy.

A study commissioned by the Australian Self Medication Industry (ASMI) and conducted in 2008 by international health industry consultants IMS, found that 15% of all GP consultations involve the treatment of minor ailments, and 7% involve the treatment of minor ailments alone. When projected nationally, this equated to 25 million GP consultations annually, or approximately 96,000 consultations per day.

Community pharmacy already provides advice, usually for no or little charge and with no structured program in place, in relation to many minor ailments such as coughs and colds, headache, skin disorders, constipation, diarrhoea, haemorrhoids, ear aches, back pain, eczema, cold sores, conjunctivitis and many others.

A structured minor ailments scheme that included a consumer education campaign to raise the awareness of the choices available to consumers in relation to these minor ailments, together with appropriate remuneration that recognises community pharmacy’s enhanced role, would ensure a better allocation of health resources. It would also provide greater convenience and more timely treatment for patients suffering from these ailments. The
program would include protocols relating to the need for GP or emergency referral, with the pharmacy playing a triage role.

In implementing such a program Australia would be following the lead of other forward-thinking countries. A pharmacy-based National Health Service (NHS) Minor Ailments Scheme has already been implemented in Scotland (see the promotional material at Attachment 1) & other parts of the UK, and programs also exist in some Canadian provinces.

**Pharmacist support for Self-Management of long-term Conditions**

Pharmacists could assist consumers with long-term conditions who are stabilised to self-manage their condition. Assist with ongoing access to medicines, helping monitor (e.g. blood glucose, BP etc.) and to use associated devices (e.g. spacer).

Medication continuance’ is used in the UK and some Canadian provinces. Doctors can authorise pharmacists to continue dispensing for an agreed period of time. This has led to a more efficient use of pharmacist and GP time and expertise, and reduced costs to patients.14

**First-aid and wound care**

Wounds, including cuts, scrapes/abrasions and lacerations are quite common, and that even relatively minor wounds are associated with morbidity such as infection and loss of function and possible loss of earnings. Community pharmacy can play a significant role in addressing the unmet need in wound care services particularly in rural areas where there are fewer alternative service providers.

**Screening and risk assessment**

Early detection of chronic disease provides an opportunity for their effective and or management. Once a patient has been diagnosed with a chronic disease, regular monitoring facilitates appropriate management of their conditions. Community pharmacy is ideally placed to assist in the screening for and or monitoring of a number of conditions.

Utilising the community pharmacy network for basic routine screening and monitoring services provides an efficient early risk-assessment/intervention system and a more cost-effective use of the health system. Consumers will benefit from improved access to screening and monitoring services, earlier detection and ongoing management of chronic conditions such as hypertension or diabetes. As community pharmacies usually have extended trading hours and convenient locations, there is a greater opportunity for opportunistic screening, particularly for those consumers who may be at risk but seldom visit a health practitioner.

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Many pharmacies have already invested in the infrastructure required to conduct health checks and routinely conduct screening/risk assessment and monitoring including:

Screening:
- cardiovascular disease
- diabetes
- bowel cancer
- respiratory conditions (Chronic Obstructive Pulmonary Disease and asthma).

Monitoring:
- blood pressure
- blood glucose/HbA1c
- blood lipids
- lung function.

The services are generally provided either free to consumers or based on a fee-for-service model where the consumer is charged a set fee to receive the service. The level of community pharmacy participation is limited due to lack of appropriate financial incentives.

The introduction of a well-tailored outcome-based incentive would increase the number of participating pharmacies and the number of consumers undergoing screening and risk assessment. A similar model has been in operation in NSW since May 2012. The financial commitment is approximately $2,790,000 for four years. Over 75,000 health checks have been delivered by 500 participating pharmacies since the start of the program.

According to the National Stroke Foundation, the Know Your Numbers program which is predominantly run in community pharmacy, if fully funded, has the potential to avert 1000 cases of stroke and heart disease and would save the Australian economy 27.1 million per year.

**Mental health**

Community pharmacy, as part of its extensive primary health care role, is well placed to be involved in the early invention, support, referral and continuity of care of people with mental illness. Pharmacists are already active in this area, for example through medication adherence and staged supply services.

Research to further develop community pharmacy’s role in mental health was commissioned as part of the Fourth Community Pharmacy Research and Development program. The project conducted research around ways to increase the level of support that community pharmacists provide to people with a mental illness testing three interventions: mental illness awareness raising of pharmacists and pharmacy staff; supporting medication adherence; and enhanced continuity of support for people with mental illness. The research findings demonstrated the benefits of enhancing the role of community pharmacy in mental health.

In addition, community pharmacy is well placed to raise community awareness of mental health issues, particularly lifestyle and preventative strategies, as well as the impact that drug misuse has on mental health.
Engaging community pharmacy in the provision of mental health services would provide the government with a cost-effective, highly accessible and qualified resource to further address the significant health burden of mental illness. In delivering mental health services, pharmacists would work closely with GPs, mental health nurses and mental health care teams.

Community pharmacists’ high standing in the community, their state-wide accessibility and high profile, particularly in rural communities where they act as a focal point for advice and referrals to other health professionals, provides immense benefits and support to people seeking advice, referral and treatment of mental illness.

Given the high prevalence of psychological distress, depression and anxiety in rural communities, engaging community pharmacy in the provision of mental health services would provide the government with a cost-effective, highly accessible and qualified resource to further address the significant health burden of mental illness.

**Aboriginal and Torres Strait Islander Quality Use of Medicines Service**

The gap in life expectancy between Aboriginal and on-Aboriginal Victorians is well documented. Community pharmacists, through positive relationships with the Aboriginal and Torres Strait Islander communities and Aboriginal Community Controlled Health Services, play a critical role in the delivery of primary health care services to Aboriginal and Torres Strait Islander people.

At present, two programs exist to improve access to medicines and the quality use of medicines (QUM) for Aboriginal and Torres Strait Islander Peoples in Victoria:
- the Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander Peoples (QUMAX)
- the Closing The Gap (CTG) PBS Co-payment Measure.

These services aim to improve access, QUM and medication compliance for Aboriginal and Torres Strait Islander peoples, thereby improving their health outcomes and quality of life. However, these programs have a limited scope and do not address the barriers to accessing pharmacy-based QUM programs such as MedsCheck services and Home Medicines Review (HMR).

Utilising the pharmacist’s expertise in medicines to support QUM and medicine compliance for Aboriginal and Torres Strait Islander peoples will reduce their risk of medicine misadventure. These services will also help improve the management and control of chronic conditions along with co-morbidities, which will improve health outcomes as well as the quality of life for the patient and their families.

The NSW branch of the Guild has recently implemented a smoking cessation program called Quit for New Life. The aim of the program is to provide free Nicotine Replacement Therapy NRT to pregnant Aboriginal women and their households. The program is being
funded by the NSW government. The approximate cost is $232,936. The implementation of a similar program in Victoria would result in significant improvement in health outcomes for the Victorian Aboriginal community.

**Harm minimisation**

The harm associated with illicit drug use and the misuse of pharmaceuticals is well documented. The implementation of harm reduction programs such as Opioid Replacement Treatment (ORT) and Needle and Syringe Program are an effective strategy in reducing the health, social, crime and economic burden of drug misuse in the community.

Project Stop is an effective clinical and law enforcement tool developed by the Guild. It aims to reduce the purchase of pseudoephedrine for non-therapeutic use particularly the manufacture of amphetamines. The mandatory recording of pseudoephedrine sales is critical in ensuring that all pseudoephedrine sales are reported and a more complete data set is available to Victoria Police.

**Opioid Replacement Therapy (ORT)**

The broad goal of treatment for opioid dependence is to reduce the health, social and economic harms to individuals and the community arising from illicit and problematic opioid use. Yet despite the well-established benefits of Opioid Replacement Therapy and the fact over 90% of patients receive their dose from community pharmacy there is currently no clearly articulated community pharmacy ORT recruitment and retention strategy in Victoria. The recent funding of the pharmacotherapy training program via the Pharmaceutical Society of Australia is acknowledged as an important step.

It anticipated that the implementation of the state government funded Area-Based Pharmacotherapy Network will result in better coordination and improve access. However, this does not include financial incentives for community pharmacies.

A recent study looked at the factors that influence pharmacists to provide ORT identified financial issues such as client debt as a major disincentive. There is clearly a need to provide a financial incentive to encourage the recruitment of new pharmacies and the retention of existing pharmacies. An incentive based model has been operating in NSW since 2000 and has resulted in the recruitment and retention of 680 pharmacies servicing over 10,000 patients. The program is managed by the Guild and the estimated government contribution to the scheme is approximately 1.4 million per annum. The implementation of a similar model in Victoria would result in a significant increase in the number of participating pharmacies.

**Needle and Syringe Programs (NSP)**

It is estimated that for one dollar invested in NSPs, more than four dollars would be returned in health care cost savings in addition to the investment. Australia wide, NSPs are estimated to have saved $1.28 billion in downstream health care costs between 2000 and 2009.
Community pharmacies are ideally placed to assist in the distribution of sterile injecting equipment and pharmacy is a critical component of NSP service delivery in Australia accounting for approximately 15% of syringes used for injecting drugs.

An increased number of community pharmacies participating in NSPs, particularly in areas where there is an absence of other NSP providers, will benefit the community by a reduction in the transmission of blood-borne viruses such as HIV and hepatitis C caused by sharing injecting equipment. In addition, it will reduce unsafe needle disposal within the community and improve the quality of service delivery to people who inject drugs.

Pharmacy involvement in NSPs is not uniform across Australia, with state and territory-based schemes varying widely both in scope and nature. In 2009, the Department of Health and the Guild entered into a service agreement to establish the Community Pharmacy NSP Recruitment Project. The aim of the project was to increase NSP coverage and accessibility to new injecting equipment and safe disposal options across Victoria by increasing the number of community pharmacies involved in NSPs. The initial agreement was for 12 month but was subsequently extended to 22 months due to the significant benefits of the project. Over that period, 279 community pharmacies were recruited.

A well-resourced marketing and support campaign combined with a tailored training program were critical to the success of the project. The experience from other jurisdictions demonstrates that an appropriate financial incentive can increase and maintain the level of participation. Since 1986, the NSW Government has invested $1,426,700 per annum and there are currently 472 pharmacies providing NSP services. The implementation of a similar model in Victoria would result in a significant increase in the number of participating pharmacies.

Project Stop

Project Stop is an initiative developed by the Guild to prevent the diversion of pseudoephedrine-containing products through community pharmacy. It is an effective online clinical tool which also provides useful data to law enforcement agencies. The recording of the sale of pseudoephedrine-containing products is mandatory in some states (Qld, WA, SA) but not Victoria.

Furthermore, the platform has the potential to be expanded to include other substances and equipment that are used to manufacture illicit drugs. Having a real time electronic register that records the sale of tablet, pill and capsules manufacturing equipment, excipients and all other substances that have been associated with the manufacture of illicit drugs would add enormous benefit to the Victorian community.

The mandatory use of Project Stop in Victoria and the provision of state funding to further develop Project Stop as described above and ongoing state funding support to ensure its long term viability.
Conclusion

Community pharmacies provide an accessible, safe, efficient, professional, state-wide, primary care service to all Victorians based on quality advice and service through health care professionals. As primary health care providers, pharmacists are involved in health promotion, early intervention, prevention, assessments and general management of health. They are often the first point of call between the public and the health care system. The Guild believes that the network of approximately 1300 community pharmacies in Victoria is an under-utilised resource. This submission has outlined a number of areas where it might be better utilised.

The Guild would welcome an opportunity for the community pharmacy sector to be involved in the development and implementation of programs that provide benefits not only to the broad Victorian health care environment via budgetary efficiencies, but also to consumers by improving access to primary and preventative health care solutions.

Community pharmacies are the most accessible of all primary health care services, and pharmacists are one of the most trusted health care professionals. The infrastructure of community pharmacy is a major cost saver to the health system through its role as a first contact point for consumers, assisting with the management of minor health complaints, and when necessary, providing appropriate referrals to general practitioners or other health providers. This role could be further developed with better integration of community pharmacy into the primary health care team and the offering of better aligned incentives for increased activity in this area.
Attachment 1 - Aged Care in the home, and falls prevention

The following diagram includes some of the services already provided through community pharmacy. Through a systemised and remunerated approach as set out below, personalised services could be delivered within Victoria to better assist older Victorians to remain living independently.

- re-enablement services including medication management following discharge from hospital
- Dose Administration Aids
- Consumer Medicine Information profiles home delivery
- medicine reviews with a focus on patient and carer education, including appropriate storage of medicines, interactions and adverse effects;
- assessment of adherence/compliance issues
- staged supply if required
- provision of compounded medicines
- acute and chronic pain-management
- complex therapy support e.g. tuberculosis, anticoagulation monitoring;
- return and safe disposal of unwanted, expired or unused medicines.

- monitoring of health indicators relevant to the patient’s condition and/or medication (e.g. blood pressure, blood glucose, INR)
- independent living requirements through the provision and management of aids and equipment (e.g. mobility aids, bathroom and toilet aids; continence products,
- provision of medical devices (e.g. CPAP machines, catheter supplies, oxygen concentrators, tube feeding equipment, blood glucose monitoring machines, blood pressure machines and nebulisers)
- wound care, including supply of pressure garments, bandages, braces and support products
- foot care, including orthotics and specialised footwear
- seasonal influenza and pneumococcal immunisation.

- Liaison with the patient, carer and GP regarding the issues identified in the program
- Facilitate the transfer of information between care providers to ensure continuity of patient care - IT-enabled where appropriate
- Liaise and refer to allied health care professionals such as occupational therapists and podiatrists, when issues arise e.g. falls assessment
- Post-discharge assessment and follow-up of needs
- Identify locally relevant information on other health care services, support opportunities and resources