

**Queensland Parliament – Health, Communities, Disability Services
and Domestic and Family Violence Prevention Committee**
Inquiry into the Queensland Government's health response to COVID-19

 Jul
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Purpose

The Pharmaceutical Society of Australia (PSA) makes this submission to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee Inquiry¹ with the following terms of reference:

1. That the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee inquire into and report to the Legislative Assembly on the Queensland Government's Response to COVID-19 in relation to the health response only;
2. That in undertaking the inquiry, the Committee should take into account the Australian Government's health response to COVID-19 and its impacts on the Queensland Government's response;
3. That in conducting the inquiry the Committee is to be conscious of any requests for witnesses or materials and ensure that any requests do not unreasonably divert resources from the immediate COVID-19 response; and
4. That the Committee report to the Legislative Assembly by no later than 3 months after the conclusion of the Public Health Emergency declared under the Public Health Act 2005 regarding COVID-19.

In the context of the Committee's focus on the Queensland Government's health response to the COVID-19 pandemic, PSA's submission centres on the role of pharmacists during that pandemic in caring for Queenslanders.

About PSA

PSA is the only Australian Government-recognised peak national professional pharmacy organisation representing all of Australia's 32,000 pharmacists working in all sectors and across all locations.

PSA is committed to supporting pharmacists in helping Australians to access quality, safe, equitable, efficient and effective health care. PSA believes the expertise of pharmacists can be better utilised to address the healthcare needs of all Australians.

PSA works to identify, unlock and advance opportunities for pharmacists to realise their full potential, to be appropriately recognised and fairly remunerated.

PSA has a strong and engaged membership base that provides high-quality health care and are the custodians for safe and effective medicine use for the Australian community.

PSA leads and supports innovative and evidence-based healthcare service delivery by pharmacists. PSA provides high-quality practitioner development and practice support to

¹ Queensland Parliament: Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee. Inquiry into the Queensland Government's health response to COVID-19. 22 Apr 2020. At: <https://www.parliament.qld.gov.au/work-of-committees/committees/HCDSDFVPC/inquiries/current-inquiries/COVID-19>

pharmacists and is the custodian of the professional practice standards and guidelines to ensure quality and integrity in the practice of pharmacy.

At 31 March 2020, there were 6,338 registered pharmacists across Queensland working in community pharmacies, hospital, general practice, aged care, government and within other private sector organisations and as consultant pharmacists.

Recommendations

The Pharmaceutical Society of Australia (PSA) provides the following recommendations to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee on the Queensland Government's health response to COVID-19.

Recommendation 1: *The Queensland Government should have a clear, regular and timely mechanism to consult with the Pharmaceutical Society of Australia, the peak professional body for pharmacists, on all matters relating to the supply of therapeutic goods and/or impacting on pharmacist practice.*

Recommendation 2: *A Queensland Chief Pharmacist must be appointed urgently to enable the design and coordination of consistent and rapid implementation of relevant measures during public health emergencies and to provide ongoing strategic leadership in improving an overall medicine safety and quality use of medicines agenda for Queensland.*

Recommendation 3: *In consultation and partnership with other states and territories, the Queensland Government should provide leadership to consider the adoption of uniform therapeutic goods legislation across all jurisdictions as far as practicable.*

Recommendation 4: *The Queensland Government should consider enabling contemporary legislation to permanently adopt emergency medicine supply arrangements (including the Drug Therapy Protocol – Communicable Diseases Program) enabled during the COVID-19 pandemic under a declared public health emergency.*

Recommendation 5: *To provide greater protection against vaccine-preventable diseases, Queenslanders eligible to receive NIP- and state-funded vaccines should have the same equitable access arrangements to those vaccines if they choose to utilise a pharmacist-administered vaccination service.*

Recommendation 6: *Pharmacist immunisers should be able to administer vaccines in any location as long as they adhere to the vaccination standards and not be constrained to a community or hospital pharmacy setting.*

Recommendation 7: *As essential health workers during a pandemic or other public health emergency, any future pandemic planning must provide for adequate support for pharmacists and pharmacy staff in all settings to ensure pharmacist-delivered clinical services can continue during all stages of a pandemic and at every level of care.*

Recommendation 8: *In any public health emergency planning process for distribution of personal protective equipment (PPE) from the National Medical Stockpile, the Queensland Government must negotiate for adequate supplies to be allocated to protect essential health workers in Queensland without the risk of facing shortages of PPE.*

Recommendation 9: *Provisions should be in place to cease the issuing of prescriptions for medicines with directions to dispense multiple repeats at one time during a public health emergency, particularly when restrictions have been enforced for international and/or local travel.*

Recommendation 10: *Relevant Queensland Government agencies should facilitate the coordination and dissemination of key public health and medicine-related messages through pharmacists to patients and communities, and support pharmacists to reinforce those messages. Pharmacists must be appropriately recognised and remunerated by Government for this important role.*

Recommendation 11: *Contemporary and permanent legislation must be enacted in Queensland to protect pharmacists and other healthcare workers from physical violence and verbal abuse.*

Introduction

The PSA acknowledges the Queensland Government's overall health response that helped Queensland to contain the pandemic. In general, the health response was exemplary and, in many areas, world leading. The PSA would like to acknowledge the Premier Annastacia Palaszczuk, Deputy Premier Steven Miles and Chief Health Officer Jeanette Young, in particular, for their leadership, communication, grit and speed to action.

There is no doubt that legislative amendments, policy decisions and funding initiatives contributed to significantly lower infection rates in the global context and helped to alleviate the impact of the pandemic on Queenslanders and the health system.

There are however, from PSA's perspective, several lessons to be learnt for the future. This submission highlights areas where improvements can be made to ensure that Queensland patients and families are better protected, and pharmacists and other healthcare providers are better supported.

PSA takes this opportunity to highlight areas where there were unnecessary barriers or where policy decisions impacted on professional practice and hindered pharmacists in assisting patients and fulfilling professional obligations. There were even cases where the law had to be circumvented in order to provide the care expected by patients.

Pharmacies are considered to be essential services during this public health emergency and expected to continue to deliver health care and meet the needs of patients, carers and the public. As far as PSA is aware, of the over 1200 community pharmacies in Queensland, not a single one closed – every community pharmacy remained open throughout the pandemic to provide care, immunisations, medicines and supplies to Queenslanders. Yet pharmacy leaders and pharmacists were not always fully consulted when policy and implementation decisions were being made, including those affecting the pharmacy sector.

PSA believes it is necessary to not only raise these concerns but to provide recommendations that will ensure the Queensland Government is prepared for any future public health emergencies, including a second wave of the COVID-19 pandemic.

Issues

1. Legislative disparities

Delayed implementation of legislative amendments

During the COVID-19 pandemic, the Australian Government effected a number of significant legislative amendments or new arrangements to allow for continued delivery of healthcare services and medicine supplies. These included the following:

- Expanded Medicare-subsidised telehealth consultations for medical and allied health services.
- The *National Health (COVID-19 Supply of Pharmaceutical Benefits) Special Arrangement 2020*² made the supply of medicines subsidised by the Pharmaceutical Benefits Scheme (PBS) to patients prescribed those medicines as a result of a telehealth medical consultation safer and more convenient. Arrangements for the supply of a pharmaceutical benefit on a paper-based prescription was modified to allow supply based on an image of the prescription provided by the prescriber to the patient's preferred pharmacy.

As with any medicine-related initiative funded or recommended by the Commonwealth Government, appropriate Queensland legislation must be enabled for implementation in this state.

The Commonwealth Special Arrangement to allow pharmacists to supply prescribed medicines based on a digital image of a prescription resulted in one of the most significant imposts on pharmacists throughout Australia, particularly from a workload and workflow perspective. Disappointingly, however, the difficulties were further compounded for Queensland pharmacists and prescribers as the necessary legislative arrangements in this state were the last to be formalised around the country, some two months after the first jurisdiction had implemented changes.

Critically, PSA was also aware that practitioners felt forced, at times, to follow advice that contravened jurisdictional poisons law. The high levels of confusion experienced by prescribers and patients in Queensland and inordinate stress endured by pharmacists due to the delayed action of the Queensland Government was entirely unacceptable and preventable.

Improving coordination in implementation

In order to ensure timely and seamless implementation of health- and medicine-related arrangements, PSA recommends early engagement, communication and consultation with the pharmacy profession and better coordination between jurisdictions. While the majority of changes are initiated at federal level, we suggest the Queensland Government can exercise leadership to facilitate the necessary interface between the Australian Government and state and territory governments to ensure effective implementation and minimum disruption for health practitioners. Ultimately this will mean services and benefits can be delivered to patients and the community in a clear and intended manner.

² *National Health (COVID-19 Supply of Pharmaceutical Benefits) Special Arrangement 2020 (Cth)*. At: <https://www.legislation.gov.au/Series/F2020L00312>

One way to engage with the pharmacy profession is to work with the PSA. As the Australian Government-recognised peak national professional body representing pharmacists, PSA is able to assist all governments on issues including professional practice matters, impact of proposed legislative amendments and implementation of health- and medicine-related services. PSA is also the standards-setting body for the profession and the custodian of professional practice standards and guidelines. Generally during the COVID-19 pandemic, PSA appreciated the efforts of Queensland Health in providing advice as early as possible and consulting with the pharmacy profession, however on a number of occasions, whilst concerns were heard, there was an inability to act to address the concerns due to legislative or process barriers.

PSA has made previously calls to the Queensland Government is to fund and establish the vital position of Queensland Chief Pharmacist. This pertinent role would support the Queensland Government's coordination and implementation of policies relating to prescribing, supply and administration of medicines, as well as policy settings relevant to the National Medicines Policy, Queensland Health strategies and the pharmacy workforce.

Harmonisation of medicine supply arrangements

Much of the confusion and difficulties around prescriptions and medicine supply arrangements arose due to the differences in arrangements across jurisdictions and the timing of implementation of new measures and amendments to legislation not being synchronised. These differences are not unique to the COVID-19 pandemic; however, public health emergencies can significantly highlight those differences and heighten negative impacts on practitioners. There were also examples of impacts on equity of access to medicines for patients as the types of medicine that can be legally prescribed across jurisdictions are not the same.

Whilst PSA recognises the sovereignties of states and territories, we believe there should be, as far as practicable, national consistency in the regulation of medicines to improve effectiveness in implementation, efficiencies in professional practice, as well as clarity and equity of access for patients. PSA is aware that federal, state and territory Health Ministers have previously agreed to work on a nationally consistent approach to issues such as pharmacist administered vaccination³ and the regulation of poisons⁴. PSA would encourage the Queensland Government to take leadership in encouraging all states and territories to consider the adoption of uniform arrangements as far as practicable.

Contemporary drugs and poisons legislation

The Queensland Drug Therapy Protocol – Communicable Diseases Program⁵ (DTP-CDP) issued on 27 March 2020 enabled several medicine supply arrangements during the COVID-19 pandemic including:

³ COAG Health Council. Communique, 12 Oct 2018. At : <http://www.coaghealthcouncil.gov.au/Portals/0/CHC%20Communique%20121018.pdf>

⁴ National Coordinating Committee on Therapeutic Goods. Strategies to implement a national approach to poisonous chemical controls. Decision Regulation Impact Statement. 8 Nov 2012. At: https://www.health.qld.gov.au/__data/assets/pdf_file/0020/444251/national-approach-poisonous-chem.pdf

⁵ Queensland Government. Health (Drugs and Poisons) Regulation 1996. Drug Therapy Protocol – Communicable Diseases Program. March 2020. At: https://www.health.qld.gov.au/__data/assets/pdf_file/0036/443988/dtp-comm-disease-program.pdf

- Continuing temporary expansions of the PBS Continued Dispensing initiative. This allows patients to access standard PBS pack sizes of essential medicines in an emergency where there is an immediate therapeutic need and accessing a prescription is not practical.
- Therapeutic substitution of medicines during an established medicine shortage. This arrangement originated prior to the pandemic through a joint proposal of PSA and the Pharmacy Guild of Australia. It was designed to help mitigate Medicine shortages are a regular and ongoing event and a responsive solution is required to ensure a person's health and quality of life are not adversely impacted. Unfortunately, the way in which the solution was implemented by the Therapeutic Goods Administration did not reflect the full intent of the original proposal. Thus, pharmacists have not been permitted to dispense a suitable alternative medicine (therapeutic substitution) within their scope of practice and in accordance with contemporary therapeutic guidelines when a prescribed medicine is in shortage without the need to request a new prescription from the prescriber.

While the principle of these arrangements are supported by PSA, under the DTP-CDP, they are linked to a "declared public health emergency". Given these are safe and sensible solutions to allow continuity of therapy without a prescription for people with a chronic disease in emergency situations, PSA strongly believes they should be adopted permanently in Queensland legislation. Emergency situations could include a recently expired prescription, therapeutic substitution in a medicine shortage or a public health emergency.

PSA suggests the Queensland Government should consider enabling contemporary, future-looking regulatory arrangements which allow for this state to be innovative, practical and responsive to healthcare events. With regards to parameters around medicine supply arrangements, they should appropriately reflect the professional capabilities and medicine expertise of pharmacists. This should also help improve overall confidence in the Queensland health system in managing patients' health needs with respect to prescribed therapy during a range of emergency circumstances.

Recommendation 1: The Queensland Government should have a clear, regular and timely mechanism to consult with the Pharmaceutical Society of Australia, the peak professional body for pharmacists, on all matters relating to the supply of therapeutic goods and/or impacting on pharmacist practice.

Recommendation 2: A Queensland Chief Pharmacist must be appointed urgently to enable the design and coordination of consistent and rapid implementation of relevant measures during public health emergencies and to provide ongoing strategic leadership in improving an overall medicine safety and quality use of medicines agenda for Queensland.

Recommendation 3: In consultation and partnership with other states and territories, the Queensland Government should provide leadership to consider the adoption of uniform therapeutic goods legislation across all jurisdictions as far as practicable.

Recommendation 4: The Queensland Government should consider enabling contemporary legislation to permanently adopt emergency medicine supply arrangements (including the Drug Therapy Protocol – Communicable Diseases Program) enabled during the COVID-19 pandemic under a declared public health emergency.

2. Expansion of pharmacist-administered vaccinations

Coronavirus vaccine

During the COVID-19 pandemic, PSA welcomed the Queensland Government's foresight to list the coronavirus vaccine in the DTP-CDP for when such a vaccine becomes available. This demonstrated innovation and commitment to the protection of the health of Queenslanders as well as strong leadership by being the first and only jurisdiction to formalise such an arrangement.

Improving protection for Queenslanders

PSA applauds the Queensland Government's ongoing work to expand access to vaccines for Queenslanders through pharmacist immunisers.

However, pharmacist-administered vaccines are generally not funded under the National Immunisation Program (NIP). This does not provide equitable access to eligible Queenslanders; if an eligible person chooses to be vaccinated by a pharmacist, they should not be disadvantaged by having to pay for the cost. To protect more Queenslanders against preventable diseases both during and after the COVID-19 pandemic, access to NIP- and state-funded vaccines through pharmacist administration is urgently needed. Several other jurisdictions already provide for subsidised vaccines to eligible people through community pharmacies (see NCIRS fact sheet⁶).

In addition, PSA strongly contends that the current restriction on location of where pharmacist immunisers can administer vaccines (i.e. within a community and hospital pharmacy building) is also limiting the opportunity for Queenslanders and the Queensland community to be better protected. There was a range of missed opportunities during the COVID-19 pandemic, for example, pharmacist immunisers could have been deployed to administer vaccines to help ease the health burden in aged care settings or to cover the needs of people who were unable to make vaccination appointments due to closures of schools, general practices and work places. Beyond the current pandemic, PSA strongly advocates for pharmacists to be permitted to administer vaccines in any location that meets the vaccination standards to further improve vaccination rates, be more nimble in times of outbreak and reduce the burden of vaccine-preventable diseases in Queensland.

Recommendation 5: To provide greater protection against vaccine-preventable diseases, Queenslanders eligible to receive NIP- and state-funded vaccines should have the same equitable access arrangements to those vaccines if they choose to utilise a pharmacist-administered vaccination service.

Recommendation 6: Pharmacist immunisers should be able to administer vaccines in any location as long as they adhere to the vaccination standards and not be constrained to a community or hospital pharmacy setting.

⁶ National Centre for Immunisation Research and Surveillance. Vaccines from community pharmacy – at a glance. 10 Jun 2020. At: http://ncirs.org.au/sites/default/files/2020-06/NCIRS%20Information%20Sheet-%20Vaccines%20from%20community%20pharmacy_updated%2010%20June%202020_final.pdf

3. Lack of access to personal protective equipment

Being frontline healthcare professionals, pharmacists need to be protected against the transmission of COVID-19 to protect the health of the workforce and the health of patients. The overall experience of the pharmacy profession during this pandemic has been that equitable and timely distribution of personal protective equipment (PPE) for pharmacists in primary care and in hospitals did not occur.

Protection for hospital pharmacists

PSA understands there are reports overseas of pharmacist clinical ward services being removed when hospitals became overwhelmed with COVID-19 cases. This in fact put patients and the health system at risk particularly around medication safety at a time when pharmacists' unique expertise is needed most.

While PSA understands this scenario did not occur in Queensland, PSA is aware of reports that public hospitals had faced shortages of PPE during the height of the pandemic. While acknowledging that the Australian Government is responsible for management of the National Medical Stockpile, PSA would seek assurances from the Queensland Government that in future public health emergencies, adequate PPE supplies will be planned for, negotiated and procured to ensure pharmacists and other essential health workers in this state can be properly protected.

Protection in community pharmacies

In the community pharmacy setting, the work of pharmacists means they will be casual contacts of people who could have COVID-19, for example when dispensing prescriptions, administering vaccines, taking blood pressure measurements, dispensing doses of methadone or other opioid pharmacotherapy, demonstrating the use of therapeutic devices, and performing medication management reviews and medication counselling.

Despite the substantial increase in patient presentations into community pharmacies and demand for medicines, information and services, limited access to PPE of only 50 masks per supply request was allocated for eligible community pharmacies. This limit was inadequate for the majority of community pharmacies and unacceptable given the need for pharmacists to access adequate protective supplies while carrying out their frontline care and public health support duties.

The distribution of PPE from the Australian Government's National Medical Stockpile through Primary Health Networks (PHNs) lacked coordination and reach to community pharmacies, and were not always made available in a timely manner. Pharmacists felt that the PHNs being asked to act as storage and distribution centres for PPE was a task clearly outside of their capability and capacity.

Recommendation 7: As essential health workers during a pandemic or other public health emergency, any future pandemic planning must provide for adequate support for pharmacists and pharmacy staff in all settings to ensure pharmacist-delivered clinical services can continue during all stages of a pandemic and at every level of care.

Recommendation 8: In any public health emergency planning process for distribution of personal protective equipment (PPE) from the National Medical Stockpile, the Queensland Government must negotiate for adequate supplies to be allocated to protect essential health workers in Queensland without the risk of facing shortages of PPE.

4. Medicine shortages

Management and communication of shortages

As the pandemic took hold, common medicines quickly became out of stock in community and hospital pharmacies across the country including children's paracetamol liquid, children's ibuprofen liquid, salbutamol inhalers (e.g. *Ventolin*) and hydroxychloroquine tablets. Shortages also extended to many essential medicines, including influenza vaccines and medicines for chronic conditions such as respiratory health, high blood pressure and diabetes management.

Temporary solutions implemented to help manage various crises included limitations on supply of certain prescription and over the counter medicines, limitations imposed through medicine scheduling changes, pharmaceutical wholesalers placing somewhat arbitrary limits on selected medicines when fulfilling orders from pharmacies, one Serious Shortage Medicine Substitution Notice being issued, and advice to restrict the use of 'Regulation 49' prescribing (which authorises the supply of all repeat prescriptions at the time of dispensing of the original supply).

A significant lack of communication from regulators to patients and the public resulted in pharmacists having to deal with explaining stock shortages (even in the absence of clear information from wholesalers), creating signage in pharmacies, managing patient confusion, anxiety and aggression, and responding to queries from prescribers and practice managers. In future, particularly during public health emergencies, PSA strongly suggests that Queensland Government agencies have a fundamental role in communicating messages which relate to public health issues. While pharmacists have a public health communication and advocacy role, significant decisions or changes should not be left solely for pharmacists to manage.

Statewide information on shortages

As mentioned above, the management of medicine shortages during the pandemic was somewhat ad hoc, albeit under overwhelming circumstances, and community pharmacists and hospital pharmacists were frequently unable to access current or accurate information on available stock levels of medicines through pharmaceutical wholesalers.

PSA did receive positive feedback that Queensland Health had facilitated the consolidation of information on stock holdings and forecasting of medications use in Queensland Hospital and Health Services through the assembly of the COVID-19 Medications and Pharmacy Planning and Response Group. PSA encourages the continuation of the group during COVID recovery and beyond as the rapid sharing of information and collaboration helped to forecast and plan for medicine shortages in areas such as ICU and surgery, as well as palliative care. The latter being

more important now than ever with more Queenslanders preferring to die at home, access to end of life care medicine across every corner of the state is critical.

Recommendation 9: Provisions should be in place to cease the issuing of prescriptions for medicines with directions to dispense multiple repeats at one time during a public health emergency, particularly when restrictions have been enforced for international and/or local travel.

Recommendation 10: Relevant Queensland Government agencies should facilitate the coordination and dissemination of key public health and medicine-related messages through pharmacists to patients and communities, and support pharmacists to reinforce those messages. Pharmacists must be appropriately recognised and remunerated by Government for this important role.

5. Leveraging the community pharmacy network

Pharmacists as ambassadors for government health messaging

The importance of the community pharmacy network and the services pharmacists provide was recognised as evidenced by the designation of pharmacies as essential services during the COVID-19 pandemic.

As essential health workers, pharmacists require adequate support to continue to deliver vital services through any public health emergency in all settings. As evidenced during the COVID-19 pandemic, in addition to requests for medicines, patients, carers and members of the public relied on pharmacists for general information such as infection control, good hygiene practices, symptom detection and management, guidance on PPE use, and referral to medical services and testing clinics. Other health professionals, particularly prescribers, regularly contacted pharmacists regarding new prescription requirements and arrangements for patients' medicines to be supplied or delivered. Pharmacists are core service providers in delivering the state's COVID-19 health management response.

While pharmacists are expected to deliver government messages and implement various government measures, PSA was often disappointed to find that pharmacists and pharmacy staff were neither adequately equipped (e.g. lack of PPE) nor supported financially to continue to carry out their frontline role.

During the COVID-19 pandemic, community pharmacists have been working extremely hard to ensure government messages and changes are communicated accurately to patients and the public, and any legislative changes interpreted and implemented correctly. Pharmacists have, once again, been the pillar of many communities during these difficult times.

Going forward, PSA believes it is important to re-iterate that the role pharmacists play as public health advocates cannot be underestimated. Pharmacists everywhere – particularly in community pharmacy – serve the public health educator and ambassador role strongly without recognition or remuneration. The pharmacy network can be agents to disseminate information to increase the reach, they can also help ensure continuity of care for services that we saw drop off during COVID such as routine pathology screening and other preventative health measures.

Protection of health workers

Health is of vital importance to all Australians. The uncertainty of the COVID-19 pandemic and limitations to the availability of medicines made people anxious. Unfortunately some members of the public displayed anger and abusive behaviour towards pharmacists and pharmacy staff which was totally unacceptable.

PSA appreciated the swift response by the Queensland Government in introducing a public health order, the *Protecting Public Officials and Workers (Spitting, Coughing and Sneezing) Direction*⁷.

PSA notes, however, that this Direction is effective only “until the end of the declared public health emergency”. All health workers and public officials must be protected from intentional abusive behaviour, or threats of such behaviour, regardless of whether it is during a declared public health emergency or not. Therefore, PSA would strongly support this arrangement being made permanent.

Recommendation 11: Contemporary and permanent legislation must be enacted in Queensland to protect pharmacists and other healthcare workers from physical violence and verbal abuse.

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⁷ Queensland Health. Protecting Public Officials and Workers (Spitting, Coughing and Sneezing) Direction (No. 3). 15 May 2020. At: <https://www.health.qld.gov.au/system-governance/legislation/cho-public-health-directions-under-expanded-public-health-act-powers/protecting-public-officials-and-workers-direction>