

Dear Committee Chair,

Re: Inquiry into the establishment of a pharmacy council and pharmacy ownership in Queensland

I am pleased to provide this response to the above inquiry on behalf of the Leukaemia Foundation.

Introduction

Every year in Australia, 12,000 people are diagnosed with blood cancer or blood related disorder (accounting for around 10% of all cancer diagnoses) and currently there are more than 60,000 Australians living with blood cancer.

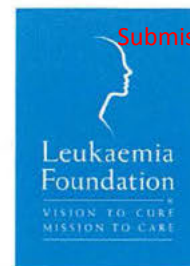
According to the Australian Institute of Health and Welfare (Report: Cancer in Australia 2017), the number of new cancer cases expected to be diagnosed in 2017 is 2.8 times higher than in 1982. Incidence rates for blood cancers have also been rising, in some cases significantly: from 1991 to 2009, the incidence of non-Hodgkin lymphoma increased by 40% and multiple myeloma increased by 35%. Both lymphoma and leukaemia are currently among the ten most commonly diagnosed cancers for all Australians, and the most commonly diagnosed cancers for Australians aged 0–24 years.

The Leukaemia Foundation is the only national charity dedicated to helping those with leukaemia, lymphoma, myeloma and related blood disorders survive and then live a better quality of life. We do this by providing a range of services and support to Australian families living with blood cancer, including:

- Providing free accommodation to more than 800 families, primarily from regional or rural Australia, so they can access treatment and care
- Providing transport services to and from medical appointments, equating to more than 1 million kilometres per year
- Providing counselling; comprehensive information, education, and support programs; guidance navigating the health system; emotional support, such as patient support groups, peer support programs and grief and bereavement services; and hardship and financial assistance to help the 60,000 Australians who are currently living with a blood cancer
- Acting as a trusted source of blood cancer information for all Australians, providing disease and management information (print and digital), newsletters, and delivering seminars and conferences.

In addition to these support services, the Leukaemia Foundation funds, supports and commissions research and initiatives that improve health outcomes for people living with blood cancer, as well as actively advocating for people living with blood cancer including improved access to new treatments and drugs, access to clinical trials, and promoting new models of care, such as patient-centred care, personalised medicine and more treatments delivered outside of the acute hospital setting.

We are responding to this inquiry in the context of these services and activities.



The role of pharmacies in chronic disease management

The Leukaemia Foundation supports the current model of pharmacy ownership. We believe the role of pharmacies extends beyond that of a medication dispensary to that of a critical primary care member of an integrated and complementary health system.

Pharmacists are one of the most trusted professions, just behind nurses and doctors. Pharmacies are located in communities throughout Australia – particularly regional and remote communities often not [well-served/adequately served] by GPs or hospitals – and are readily accessible to patients. This is particularly relevant for residents in the Central and NW Queensland, Townsville-Mackay and Central Queensland Medicare Local Areas, where the GP full-time workforce equivalent per 100k population falls below the national average (source: Grattan Institute).

For people managing chronic disease, such as people living with blood cancer, the role of the local community pharmacy can improve outcomes. International evidence supports this, showing increased patient benefit when pharmacists take an active role in helping to manage chronic care.

For these reasons, we see community pharmacies as a vital component of any integrated cancer care partnership.

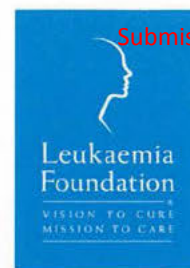
This model of care is applied in various degrees internationally. In the UK and Canada, doctors can authorise pharmacists to continue dispensing prescriptions for a defined period of time. This practice has resulted in a more efficient use of both GP and pharmacist time and skills, reduced costs to patients and more accessible care. This practice has seen a demonstrable improvement in patient safety and medication compliance as well as a reduction in costs to the health system.

This integrated care model is particularly relevant when treating patients with cancer. Pharmacists can provide a relaxed, 'drop in' environment and be a trusted and known source of information that augments or reinforces other information, particularly information related to dose regimen, side effects, and advice on minor issues, such as nutrition, hair regrowth, skin and oral care. Pharmacists are also uniquely placed to identify and help manage any related issues, such as anxiety or depression, or other psychosocial issues. A recent study found that this informal chemotherapy counselling by pharmacists can have a significant impact on quality of life and psychological outcomes of cancer patients (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5433062/>).

Of significant importance is the role that Pharmacists play in identifying and responding to any risks (such as potentially adverse medication interactions) or significant patient health issues requiring immediate referral or intervention. This is particularly vital as cancer treatment increasingly focuses on personalised treatment, and as new treatments and drug regimens are constantly being developed, trialled and prescribed at the individual level. While these models can result in improved outcomes for patients, they can also present risk and highlight the need for pharmacists to take an active role in patient care.

The effect of deregulating community pharmacy

With community pharmacies playing an increasingly important role in integrated care models for people living with chronic disease such as blood cancers, the effect of deregulation could result in access inequities for people from rural and regional communities, lowered standards of care, increased risk through adverse medicine-medicine interactions and reduced survival and quality of life outcomes as a result.



Our concerns include the closure of rural stores based on profitability indices, rather than population needs, creating access inequities for people living in these areas and further adding to the burden of disease.

Expanding the scope of the practice of pharmacists

As per research and studies outlined in this paper, the Leukaemia Foundation strongly believes that expanding the scope of practice for pharmacists to support a more integrated model of care for people living with blood cancers would not only deliver improved health and wellbeing outcomes for these people, as well as reducing the burden on GPs and other services. This model would be particularly beneficial for people living in remote and regional areas where pharmacies are often the only conveniently located health service.

We support the work undertaken in this area by the Grattan Institute and contained in their 2014 report: [Access all areas: new solutions for GP shortages in rural Australia](#). While written four years ago, the report remains relevant, particularly with the call to enhance the role of pharmacists to be provided *in partnership with other primary care providers* to increase primary care provision, reduce health system costs and deliver improved health outcomes.

The Leukaemia Foundation are committed to advocating the needs of people living with blood cancer and identifying the issues that enhance their survival and quality of life. I appreciate your consideration of our response and invite further opportunity to discuss the impacts on people living with blood cancer with the change in pharmacy council and ownership.

Kind Regards

A handwritten signature in blue ink, appearing to read "Bill Petch".

Bill Petch

Chief Executive Officer

Leukaemia Foundation