



6 July 2018

Mr Aaron Harper  
Committee Chair  
Health Committee  
Parliament House  
George Street  
Brisbane QLD 4000

**RECEIVED**

27 JUL 2018

Committee Office

Dear Mr Harper,

**RE: Inquiry into the establishment of a pharmacy council and transfer of pharmacy ownership in Queensland**

I write to offer the opinions of Lung Foundation Australia on the current inquiry into the pharmacy sector in Queensland.

Lung Foundation Australia is the only national charity dedicated to supporting anyone with a lung disease. We are a national first point-of-call for patients, their families and carers, health professionals and the general community.

With regards to questions of the scope of services which pharmacists can provide, the Lung Foundation would be supportive of any scope which enables pharmacists to take a more active role in screening for lung diseases, particularly COPD, and educating patients in the appropriate use of their inhaled medications to minimize symptoms, reduce exacerbations and maximize quality of life.

While we recognize the critical role of medical doctors in the diagnosis and treatment of lung diseases, we also recognize the role of community pharmacy in early risk assessment and patient education.

Chronic Obstructive Pulmonary Disease (COPD) is a progressive lung disease that affects 1 in 7 Australians aged 40 or over<sup>i</sup> and is the second leading cause of avoidable hospital admissions<sup>ii</sup>. While COPD currently has no cure, there is evidence to show that early diagnosis, combined with the initiation of evidence-based management at the early stages of the disease, can reduce the burden of COPD, improve quality of life, slow disease progression, reduce mortality and keep people out of hospital<sup>iii</sup>.

1 in 7 Australians over the age of 40 has COPD<sup>ii</sup> which has progressed to the point where symptoms are present and may already be affecting daily life. Research shows that half of those people will not even know they have COPD<sup>iv</sup>.

COPD is diagnosed in at-risk individuals on the basis of clinical assessment and a finding of fixed airway obstruction which is detected using spirometry. However, spirometry remains under-utilised in clinical practice for a number of reasons including cost, low reimbursement, and low confidence with use and interpretation of results<sup>iv,v,vi,vii,viii</sup>.

Customers at risk will regularly visit a pharmacy and there are opportunities for early detection of COPD using a COPD screening device.

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Honourable Sir Peter Cosgrove AK MC (Retd)  
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COPD screening devices are simple lung function tools used to identify individuals who are at risk of COPD. The main aim of targeted COPD case-finding, with a COPD screening device, is to identify those at risk of COPD and avoid unnecessary spirometry in those with normal lung function. <http://lungfoundation.com.au/health-professionals/clinical-resources/copd/targeted-copd-case-finding-using-copd-screening-devices-in-the-community/>

The Lung Foundation has had success with community pharmacy in implementing a risk assessment and case finding program as well as supporting pharmacy to educate their patients in the use of their inhaler devices. We support and appreciate the role community pharmacy plays in promoting lung health and identify people at risk of lung disease. We would be opposed to any changes which could jeopardise the important role pharmacists play, as primary healthcare providers, in the fight against lung disease.

Regards,



Heather Allan  
Chief Executive Officer

<sup>i</sup> Toelle B, Xuan W, Bird T, Abramson M, Atkinson D, Burton D, James A, Jenkins C, Johns D, Maguire G, Musk A, Walters E, Wood-Baker R, Hunter M, Graham B, Southwell P, Vollmer W, Buist A, Marks G. Respiratory symptoms and illness in older Australians: The Burden of Obstructive Lung Disease (BOLD) study. *Med J Aust* 2013;198:144-148

<sup>ii</sup> Page A, Ambrose S, Glover J et al. Atlas of Avoidable Hospitalisations in Australia: ambulatory care-sensitive conditions. Adelaide PHIDU, University of Adelaide. 2007

<sup>iii</sup> McKenzie DK, Frith PA, Burdon et al on behalf of The Australian Lung Foundation. The COPDX Plan: Australian and New Zealand Guidelines for the Management of Chronic Obstructive Pulmonary Disease 2014, found at [www.copdx.org.au](http://www.copdx.org.au)

<sup>iv</sup> Wilt TJ, Niewoehner D, Kim C, Kane RL, Linaberry A, Tacklind J, et al. Use of Spirometry for Case Finding, Diagnosis and Management of Chronic Obstructive Pulmonary Disease (COPD). Summary, Evidence Report/Technology Assessment No. 12. Rockville, MD: Agency for Healthcare Research and Quality (prepared by the Minnesota Evidence-based Practice Center) 2005. AHRQ Publication No.: 05-E017-1, Contract No.: 290-02-0009

<sup>v</sup> Johns DP, Burton D, Walters JA, Wood-Baker R. National survey of spirometer ownership and usage in general practice in Australia. *Respirology*. 2006;11:292-8.

<sup>vi</sup> Lwin AM, McKinley RK. Management of COPD in primary care in Leicestershire. *Prim Care Respir J*. 2005;14:38-41.

<sup>vii</sup> Walters JA, Hansen E, Mudge P, Johns DP, Walters EH, Wood-Baker R. Barriers to the use of spirometry in general practice. *Aust Fam Physician*. 2005;34:201-3.

<sup>viii</sup> Bolton CE, Ionescu AA, Edwards PH, Faulkner TA, Edwards SM, Shale DJ. Attaining a correct diagnosis of COPD in general practice. *Respir Med*. 2005;99:493-500.