



The Pharmacy Guild of Australia

23 November 2021

Committee Secretary
Health and Environment Committee
Parliament House
George Street
Brisbane QLD 4000
Email: hec@parliament.qld.gov.au

Re: Submission to the Inquiry into the provision of primary, allied and private health care, aged care and NDIS care services and its impact on the Queensland public health system.

About The Pharmacy Guild of Australia

The Pharmacy Guild of Australia (Guild) is the national peak organisation representing community pharmacies in Australia. It strives to promote and support community pharmacies as the appropriate providers of primary frontline healthcare through optimum therapeutic use of medicines, medicines management and other related services.

About community pharmacy

Community pharmacy is an essential and trusted part of Queensland's primary healthcare system.

- There are over 1200 community pharmacies in Queensland¹
- On average, every person visits a community pharmacy 18 times each year, in metropolitan, rural and remote locations²
- In capital cities, 97% of people have access to at least one pharmacy within a 2.5 km radius, while in the rest of Australia 66% of people are within a 2.5 km radius of a pharmacy³
- Pharmacists are one of the most trusted professions along with nurses and doctors. Public opinion surveys have shown that 84% of adults trust the advice they receive from pharmacists⁴
- Over 94% of community pharmacies in Queensland are quality accredited against [Australian Standard AS 85000:2017 - quality management system for pharmacies in Australia](#).⁵
- Community pharmacies are the custodians of the Pharmaceutical Benefits Scheme (PBS). The Commonwealth funds the PBS which subsidises the cost of many medicines in Australia.
- Community pharmacies provide an array of services, which extend well beyond the dispensing of medicines. These include administering vaccinations, supporting medication adherence, delivering programs such as needle and syringe programs, the National Diabetes Services Scheme and the Return of Unwanted Medicines Program.

¹ The Pharmacy Guild of Australia (23rd December 2021)

² ABS Demographic Statistics, PBS Date of Supply (15th October 2021)

³ The Pharmacy Guild of Australia 2020 (updated 15th October 2021)

⁴ <https://www.roymorgan.com/findings/7244-roy-morgan-image-of-professions-may-2017-201706051543>

⁵ Quality Care Pharmacy Program (30th November 2021)

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Collaboration with Government

The Guild recognises and appreciates the collaborative relationship we have had to date with the Minister for Health and Ambulances Services, which has resulted in many advances in pharmacists' scope of practice for the benefit of all Queenslanders.

We acknowledge the hardworking staff across Queensland Health and thank them for their responsiveness and proactive approach to maintaining regular contact with the Guild to ensure that our community pharmacy network remains informed throughout the COVID-19 pandemic.

COVID-19 and community pharmacy

The community pharmacy network has been on the frontline of Queensland's response to the COVID-19 pandemic, ensuring continued access to medicines and primary health care services, providing vaccinations, as well as a source of education, advice and reassurance for all Queenslanders.

Community pharmacies have been faced with many pressures during this time. They have sustained increased workloads and the need to rapidly adapt systems and workflows to address issues stemming from panic buying of medicines, medicine shortages, telehealth image-based prescriptions, social distancing and physical restriction measures, heightened infection control procedures, sourcing personal protective equipment for staff and the public, and the high demand for vaccinations and home delivery services.

Regardless of these stressors, community pharmacies have responded exceptionally well, stayed open and provided quality healthcare for the benefit of all Queenslanders.

Case in point, is that community pharmacies have delivered over 2.8 million COVID-19 vaccine doses to Australians since their delayed commencement in the COVID-19 vaccine roll out.⁶

Community pharmacists working to their full scope of practice

There are many challenges facing the health care system in Queensland:

- An aging population, increasing burden of chronic disease, and growing community demands for responsiveness.
- The decentralised and geographic nature of Queensland and inequitable access to health services in regional, rural and remote areas.
- The COVID-19 pandemic's impact through increased hospitalisations and ICU requirements, effects of 'long-COVID', furloughing of staff, and the suspension or delay of screening programs and chronic disease management.
- Workforce shortages across all health professions.

One of the solutions is to enable all health practitioners, including community pharmacists, to work to their full scope of practice. Pharmacists working to their full scope possess the competencies required to contribute to patient care through:

- Non-medical prescribing - structured prescribing arrangements (protocols); and autonomous/independent prescribing

⁶ <https://www.health.gov.au/sites/default/files/documents/2021/12/covid-19-vaccine-rollout-update-22-december-2021-covid-19-vaccine-rollout-update-21-december-2021.pdf>

- Dispensing – medicine supply and dispensing of a prescription
- Review – medicine reconciliation and review of current therapy
- Administration – administration of vaccines, other injectable medicines, and other non-injectable medicines

There are many examples of other allied health practitioners who can work to their full scope (including prescribing) such as nurse practitioners, optometrists, podiatrists, midwives, physiotherapists, dentists⁷.

In many rural and remote areas, the local community pharmacy is often the only primary healthcare provider immediately accessible to meet the community's urgent healthcare needs. Queensland's extensive network of approximately 1200 pharmacies, could be further leveraged to provide additional support to the general practice and the public health system to achieve sustainable, accessible and high-quality healthcare.

For example, more than one third of Queensland's emergency department (ED) presentations are ailments or injuries that could be treated by a pharmacist if authorised. These ED presentations include supply of repeat prescriptions (continued dispensing), administering vaccinations, management of acute skin conditions etc.⁸

We have already seen examples of where community pharmacists, once legislatively enabled, are able to provide quality healthcare in areas previously considered outside of their scope.

- *Administering vaccinations*
Prior to 2014, pharmacists in Australia were not authorised to vaccinate. With the support of Queensland Health, Queensland pharmacists were the first to be authorised to vaccinate in Australia as part of the Queensland Pharmacy Immunisation Pilot (QPIP). Now over 740 pharmacies in Queensland are providing vaccination services and participating in the COVID-19 vaccine roll out.
- *Urinary Tract Infection Pilot (UTIPPQ)*
The implementation of UTIPPQ has been a great success in 2020/21, with over 6,000 women accessing UTI treatment through Queensland community pharmacies. The availability of the service at the right time and in the right place for women, coupled with the professional services provided by pharmacists has made this a service that has been extremely valuable to the community. The current UTIPP-Q pilot was due to compete on 15 December 2021 however, it has been extended until 30 June 2022 while the outcomes of the pilot evaluation, and the future mechanisms to support the service within Queensland can be progressed within Queensland Health.

North Queensland Community Pharmacy Scope of Practice Pilot

We commend the Government for providing a pre-election commitment to design and implement a trial for pharmacists practising to their full scope in North Queensland. Queensland Health is currently working with the Guild and other key stakeholders to define the parameters of the trial and we look forward its commencement.

⁷ <https://www.nps.org.au/australian-prescriber/articles/non-medical-prescribing-in-australia>

⁸ <https://statements.qld.gov.au/statements/91616>

Multidisciplinary care

Multidisciplinary care should not mean that primary health care providers need to be co-located to provide effective care. Physical location of health care providers (whether co-located or otherwise) should not be considered the only determinant of preferred care. An opportunity exists to enhance digitally enabled collaboration between health care providers to deliver a person-centred primary health care system. The reality of primary health care is that providers operate in multiple locations and under differing premises regulations or requirements.

We need to utilise the existing network of established primary health care providers, including the community pharmacy network, through enhanced digital technologies, rather than incentivising the channelling of workforce resources into models of co-location that may duplicate and further fragment care.

The Guild believes that digital infrastructure and software are vital components in primary care reform, particularly secure messaging and software interoperability, as these will facilitate communication between primary health care providers and communication with the hospital system.

Actions to improve the use of secure messaging need to include community pharmacies as a consideration to support interdisciplinary communication and remove the need (and risk) of using email and facsimiles as the primary means of communication. Fundamentally, community pharmacies as a patient's key primary health care provider need to be able to communicate with the patient's prescriber securely and effectively.

Engagement with the community pharmacy sector

In the past, health care reform has failed to recognise community pharmacy as an integral part of the primary health care system leading to underrepresentation at all levels. Collaboration across a broad range of organisations representing different levels of government, professional and stakeholder groups in overseeing implementation of any reform is vital. A community pharmacist representative needs to be considered in all consultation and engagement opportunities.

We note that the Queensland Clinical Senate has recently sent out an expression of interest for a community pharmacist to join as a regular guest. This is a positive step and recognises the important role of pharmacists in future service planning.

Private health care, aged care and NDIS care services

The Guild has submitted extensive feedback on these areas as part of Federal consultation processes. We provide the following links to the submissions for the Committee's consideration:

- [The Pharmacy Guild of Australia – Submission to the Federal Government's Private Health Insurance Review \(December 2015\)](#)
- [The Pharmacy Guild of Australia – Submission to the Royal Commission into Aged Care Quality and Safety \(September 2019\)](#)
- [Comments by the Pharmacy Guild of Australia to the Joint Standing Committee on the National Disability Insurance Scheme: Inquiry into current Scheme implementation and forecasting for the NDIS \(29th October 2021\)](#)

Affordable Medicines Reform

Medicine affordability is an ongoing issue and there is clear evidence that a significant proportion of Australians have difficulties affording their prescription medicines as a result of higher out-of-pocket medicine costs.

- The total number of people that delayed or did not get prescription medicine due to cost was over 900,000 in 2019-20
 - This has only marginally improved since 2013-14
- In 2019-20 over 230,000 people from the most disadvantaged socio-economic quantile delayed or did not get prescription medicine due to cost
 - This has not improved compared with 2013-14
- There is a lack of universality with respect to access to prescription medicines because of costs⁹.

The Guild is advocating for the Commonwealth to introduce reforms to achieve more affordable medicines which in turn will improve adherence. Medication non-adherence is a significant factor in higher health care costs including preventable hospital admissions. We are recommending the Commonwealth reduce the general patient co-payment to \$19.00 (currently \$41.30).

We can provide further information and economic modelling to the Committee on this important proposed reform on request.

Conclusion

Community pharmacy as a profession industry continues to evolve to ensure its services meet the growing health needs and demands of patients and the health sector across Queensland. An expanded role for community pharmacy is well aligned with the current health reforms that aim to better use the full scope of health professionals and to shift the focus to preventative health and chronic disease management, given the projected ageing and growing Australian population.

The Guild, on behalf of its members, is committed to working with other healthcare professionals, stakeholders, community organisations and governments to improve healthcare services and health infrastructure which supports all Queenslanders.

A Guild representative or I, are available to answer any questions the Committee may have and would be happy to appear at any of the upcoming public hearings.

I can be contacted on [REDACTED] should you have any queries.

Regards



Chris Owen
Branch President
The Pharmacy Guild of Australia, Queensland Branch

⁹ ABS Patient Experiences in Australia Survey, various years