

**Submission  
No 27**

**THE IMPLEMENTATION OF PORTFOLIO COMMITTEE No. 2  
RECOMMENDATIONS RELATING TO WORKFORCE ISSUES, WORKPLACE  
CULTURE AND FUNDING CONSIDERATIONS FOR REMOTE, RURAL AND  
REGIONAL HEALTH**

**Organisation:** Pharmaceutical Society of Australia

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## **Select Committee on Remote, Rural and Regional Health inquiry into the implementation of Portfolio Committee No. 2 recommendations relating to workforce issues, workplace culture and funding considerations for remote, rural and regional health**

### **About PSA**

PSA is the only Australian Government-recognised peak national professional pharmacy organisation representing all of Australia's 36,000 pharmacists working in all sectors and across all locations.

PSA is committed to supporting pharmacists to help Australians access quality, safe, equitable, efficient and effective healthcare. 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 remunerated. PSA has a strong and engaged membership base that provides high-quality healthcare 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 pharmacists and is the custodian of the professional practice standards and guidelines to ensure quality and integrity in the practice of pharmacy.

**In NSW, there are 10,440 registered pharmacists working in community pharmacy hospital, general practice, aged care, government and within other private sector organisations.**

As the most accessible health professionals, it is vital for pharmacists to be working to their full potential. The experiences of the health care sector throughout the COVID-19 pandemic made a strong and urgent case for improving coordination and resources to best utilise pharmacists as part of the state's health system.

### **Background**

PSA supports the work being undertaken by the Select Committee on Remote, Rural and Regional Health and their inquiry into the implementation of the Portfolio Committee No. 2 recommendations relating to workforce issues, workplace culture and funding considerations for remote, rural and regional health.

PSA welcomes the opportunity to respond to the implementation of the Portfolio Committee No. 2 recommendations from the perspective of pharmacists.

No.	Recommendation	PSA Comment
7	<p>That the NSW Government urgently engage with the Australian Government at a ministerial level to:</p> <ul style="list-style-type: none"> <li>• establish clear governance arrangements and a strategic plan to deliver on the health reforms recommended in this report to improve doctor workforce issues</li> <li>• progress those initiatives that both levels of government have identified as meritorious, but where progress has been slow or non-existent.</li> </ul>	<p>PSA supports the development of a strategic plan to deliver on the recommended health reforms to improve the doctor workforce issues. However, PSA contends that meaningful health reform and delivery of health system synergies and efficiencies will require broader consideration of the contributions of multidisciplinary healthcare practitioners. Therefore, PSA suggests that, as part of this plan, consideration should be given to building upon the existing pharmacy network to enhance the delivery of primary care services. Workforce measures and incentives that are in place for other health professionals could be aligned to include pharmacists. Collaborative team-based care arrangements and incentives for pharmacists and other health practitioners to work with doctors may also help to address some of the workforce issues of the medical profession.</p>
8	<p>That the NSW Government investigate ways to support the growth and development of the primary health sector in rural, regional and remote areas, and support the sector's critical role in addressing the social determinants of health and reducing avoidable hospitalisations for the citizens of New South Wales.</p>	<p>PSA welcomes the NSW Government investigating ways to support the growth and development of the primary care sector.</p> <p>Given that pharmacists are well placed to deliver a much greater role in primary care, PSA would welcome engagement with NSW Health to explore how pharmacists can support the growth of primary care.</p> <p>There are many strategies that may be relevant for consideration including expanding pharmacist prescribing trials, increasing non-dispensing pharmacist roles in GP practices and by utilising pharmacists to reduce medication errors at transitions of care, to minimise avoidable hospitalisations.</p> <p>PSA also suggests looking at engaging with Primary Health Networks to connect and facilitate local coordination of primary care providers according to the needs of rural, regional, and remote area patients in their catchment.</p>

10	<p>That the NSW Government work with the Australian Government to establish a Rural Area Community Controlled Health Organisation pilot, with a view to evaluating and refining it for roll-out in all areas of New South Wales where existing rural health services do not meet community needs.</p>	<p>PSA seeks clarity on the scope and timelines of the establishment of a Rural Area Community Controlled Health Organisation pilot.</p> <p>PSA has been part of some discussions with the National Rural Health Alliance and is aware that this model could fundamentally restructure the way health services are provided in rural areas. PSA is keen to work with stakeholders to ensure appropriate pharmacist inclusion in this model. PSA would like to also ensure that local health practitioners and providers are supported.</p>
11	<p>That NSW Health work with the Australian Government collaboratively to immediately invest in the development and implementation of a 10-Year Rural and Remote Medical and Health Workforce Recruitment and Retention Strategy.</p> <p>This should be done in consultation with rural, regional and remote local government, schools, community services, human services, unions, professional organisations, general practice, pharmacists and community organisations. It should set out a clear strategy for how NSW Health will work to strengthen and fund the sustainability and growth of rural, regional and remote health services in each town including quantifiable targets for tangible improvement in community-level health outcomes, medical and health workforce growth, community satisfaction, and provider coordination and sustainability. It must also address hospital and general practice workforce shortages including General Practitioner, nurses and midwives, nurse practitioners, mental health nurses, psychologists, psychiatrists, counsellors, social workers, paramedics, allied health practitioners and Rural Generalist</p>	<p>PSA as an organisation that represents all pharmacists working across all locations, requests to be consulted in the development of the 10-Year Rural and Remote Medical and Health Workforce Recruitment and Retention Strategy.</p>
22	<p>That NSW Health and the rural and regional Local Health Districts work with the Primary Health Networks and other partners to promote improved communication between service providers, including through the use of shared medical record systems, in order to ensure continuity of care for patients.</p>	<p>PSA understands there is a need to improve communication between service providers and suggests that all shared medical record systems should also have the ability to communicate with pharmacy software. This is fundamental to improving seamless and timely person-centred care.</p> <p>With pharmacists delivering increased services, including the NSW Pharmacy trial, it is evident there is a need for improved point-to-point</p>

		<p>communication using secure messaging between pharmacies and other care settings.</p>
23	<p>That NSW Health, in conjunction with The Australian and New Zealand Society of Palliative Medicine, the Royal Australian College of General Practitioners, the Royal Australasian College of Physicians and the Aboriginal Health and Medical Research Council of NSW urgently establish a palliative care taskforce to:</p> <ul style="list-style-type: none"> <li>• plan palliative care access and services of equivalence to those living in metropolitan areas</li> <li>• map who is currently providing palliative care services and their level of training, as well as where these services are offered</li> <li>• establish an agreed, uniform state-wide platform for the collection of palliative care and end of life care data to allow for clinical benchmarking of regional palliative care services</li> <li>• investigate and promote innovative models of palliative care services</li> <li>• ensure culturally appropriate palliative care services are available to First Nations peoples.</li> </ul>	<p>PSA seeks inclusion on the Palliative Care Taskforce. PSA as a professional peak body is able to facilitate nominees with appropriate experience and expertise.</p> <p>Pharmacists can play a key role within the palliative care team by:</p> <ul style="list-style-type: none"> <li>• Supporting the delivery of community-based palliative care, particularly medicine management and deprescribing</li> <li>• Assisting in the prevention, detection and resolution of medication-related problems</li> <li>• Facilitating continuity of care between health settings to enhance medicine safety, including provision of a reconciled medication lists following patient transitions of care.</li> <li>• Preparing dose administration aids if necessary to assist with medication adherence.</li> <li>• Providing home medicines reviews to rationalise medicines and provide education and support to patients and their caregivers.</li> <li>• Ensure the pharmacy holds core medicines in stock that may be required in the terminal phase.</li> </ul> <p>PSA delivers training for pharmacists, to increase awareness of the Core Palliative Care Medicines List for NSW Community Pharmacy to create better access to these medicines, as well as establish enhanced multidisciplinary care coordination with local care providers.</p> <p>PSA also recommends local-level training for pharmacists to understand and meet the palliative care needs of their First Nations community members.</p> <p>PSA also works closely with bodies such as the Therapeutic Goods Administration (e.g. recently in relation to the discontinuation of a palliative care medicine from the Australian market) and the Department of Health and Aged Care (e.g. PBS medicine listing).</p>

25	That Portfolio Committee No. 2 – Health consider undertaking an inquiry into mental health, including into mental health services in rural, regional and remote New South Wales in the future.	PSA is supportive of an inquiry into mental health, including mental health services in rural, regional, and remote NSW.
30	<p>That NSW Health:</p> <ul style="list-style-type: none"> <li>• commit to providing continuity of quality care with the aim of a regular on-site doctor in rural, regional and remote communities</li> <li>• commit to a model of care under which virtual care technology is used to supplement, rather than replace, face-to-face services</li> <li>• where virtual models of medical care are operating, roster additional suitably trained nursing staff to assist in the provision of the physical care usually attended to by the medical officer</li> <li>• provide staff members with training on how to effectively use telehealth and other virtual models of care</li> <li>• create a public information campaign specifically targeted to rural, regional and remote communities in order to assist patients to effectively engage with virtual care, including factsheets and checklists to set expectations and support positive interactions</li> <li>• ensure that the use of virtual care, if required, is undertaken in consultation with community members, health providers and local governments in rural, regional and remote areas</li> <li>• investigate telehealth cancer care models to improve access to cancer treatment and care including the Australasian Tele-trial model to boost clinical trial participation in regional areas.</li> </ul>	<p>Pharmacists are not funded to deliver virtual care. When developing models for virtual care, consideration needs to be given to funding virtual pharmacist services to ensure all people have equitable access to safe, effective, and high-quality medicines, medicines related services and medicine related information.</p> <p>PSA has previously published, <i>Connecting the dots: Digitally empowered pharmacists</i>, which promotes digital transformation around medicine safety and delivery of health care – it can be accessed at:  <a href="http://www.psa.org.au/wp-content/uploads/2019/07/Connecting-the-dots-Digitally-Empowered-Pharmacists.pdf">www.psa.org.au/wp-content/uploads/2019/07/Connecting-the-dots-Digitally-Empowered-Pharmacists.pdf</a></p>
31	That NSW Health acknowledge the significant cultural barriers that telehealth poses for First Nations communities and work to ensure face-to-face consultations are prioritised.	<p>PSA believes that pharmacists should be integrated within all Aboriginal and Torres Strait Islander primary health services to reduce barriers to the provision of face-to-face consultations and health care.</p> <p>In July 2023, the Medical Services Advisory Committee (MSAC) released its advice supporting funding to embed non-dispensing pharmacists within Aboriginal Health Services. This recommendation was based on a joint submission from PSA, the National Aboriginal Community Controlled Health Organisation (NACCHO) and James Cook University (JCU)</p>

		calling for funding of this model as demonstrated in the <i>Integrating Pharmacists within Aboriginal Community Controlled Health Services to improve Chronic Disease Management (IPAC)</i> trial. PSA has considerable expertise in this model of care and would welcome discussions with NSW Health.
32	<p>That NSW Health and the Local Health Districts improve the cultural safety of health services and facilities by engaging with Aboriginal Elders and local communities to:</p> <ul style="list-style-type: none"> <li>• revise and incorporate local content into cultural awareness training such as <i>Respecting the Difference: Aboriginal Cultural Training</i></li> <li>• listen to their experiences of the healthcare system and seek guidance around what cultural safety strategies should be applied in their areas</li> <li>• include prominent Acknowledgements of Country in all NSW Health facilities as a starting point.</li> </ul>	<p>PSA has developed training, co-designed with NACCHO, to equip pharmacists with the skills needed to work with Aboriginal and Torres Strait Islander primary healthcare services.</p> <p>PSA recommends that all pharmacists complete: <a href="#"><i>Deadly Pharmacists Foundation Training course</i></a></p> <p>PSA recognises the importance of Aboriginal and Torres Strait Islander-led healthcare planning to prioritise local needs and to optimise the health and wellbeing of community members.</p> <p><i>PSA supports the development of locally tailored education for pharmacists, co-designed with Aboriginal and Torres Strait Islander people, to increase pharmacists' understanding of local history, culture and priorities.</i></p>
33	<p>That NSW Health and the Local Health Districts, particularly those located in rural, regional and remote areas, prioritise building their Indigenous workforce across all disciplines, job types and locations. This should include additional funding targeted at increasing the number of Aboriginal Care Navigators and Aboriginal Peer Workers.</p>	<p>PSA recommends that NSW Health and LHDs consider including the profession of pharmacy when providing additional funding to support education and the development of healthcare careers for Aboriginal and Torres Strait Islander people.</p>
39	<p>That NSW Health and the rural and regional Local Health Districts upgrade and enhance their collaborative work with the Primary Health Networks to:</p> <ul style="list-style-type: none"> <li>• ensure that high quality health services for rural, regional and remote New South Wales are cooperatively planned and successfully delivered</li> <li>• drive innovative models of service delivery, including those recommended elsewhere in this report.</li> </ul>	<p>With the collaboration of NSW Health, LHDs and PHNs to cooperatively plan health services and innovative models of service delivery, better utilisation of pharmacists for the provision of primary care services should be considered.</p>

42	<p>That the rural and regional Local Health Districts:</p> <ul style="list-style-type: none"> <li>• review, reinvigorate and promote the role of Local Health Advisory Committees to ensure genuine community consultation on local health and hospital service outcomes, and health service planning</li> <li>• investigate methods of better informing communities about the services that are available to them, and publish additional data such as wait times and minimum service standards for the facilities within their remit.</li> </ul>	<p>Community pharmacies can be utilised to act as a conduit to communicate public health information in a timely manner to the public, so that accurate and up-to-date information can be disseminated.</p> <p>Investment in a publicly available service finder directory for community pharmacies is needed. The directory needs to be up to date, with the pharmacies' name, contact details, opening hours and available services and information on how to access these services.</p>
43	<p>That the rural and regional Local Health Districts work with rural and remote communities to develop Place-Based Health Needs Assessments and Local Health Plans in collaboration with the Department of Regional NSW, local government, education, human services, community services, community and First Nations organisations and local health providers that are responsive to the variations in determinants, lifestyle and disease burden for each community and its population.</p>	<p>PSA requests pharmacists be consulted and included in the development of place-based needs assessment programs to support regional, remote and rural communities.</p> <p>It is vital that pharmacists are consulted and included in all initiatives that involve medicines safety and quality use of medicines. Pharmacists work in a variety of settings including community pharmacies, hospitals, general practices and Aboriginal health care services and can be upskilled to provide a wider range of services to support the healthcare system and take pressure off other areas of primary care and improve patients' health outcomes.</p>