

**Submission
No 4**

**THE IMPLEMENTATION OF PORTFOLIO COMMITTEE No. 2
RECOMMENDATIONS RELATING TO THE DELIVERY OF SPECIFIC HEALTH
SERVICES AND SPECIALIST CARE IN REMOTE, RURAL AND REGIONAL NSW**

Organisation: Pharmacy Guild of Australia (NSW Branch)

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12th April 2024

SUBMISSION

The implementation of Portfolio Committee No. 2 recommendations relating to the delivery of specific health services and specialist care in remote, rural and regional NSW.

The New South Wales Branch of the Pharmacy Guild of Australia (the Guild) welcomes the opportunity to engage with the Committee in this inquiry.

Patients in remote, rural, and regional communities deserve access to as high a standard of care as their metropolitan counterparts. The existence of a skilled and stable healthcare workforce is essential to achieving this goal.

Community pharmacies act as important health centres across New South Wales, offering a first point of primary care to patients and delivering a number of specialist services.

This submission contains recommendations to further strengthen the pharmacy workforce and better enable pharmacists to assist in the delivery of high-quality primary and specialist care.

Specifically, this submission will make the following recommendations:

- With reference to ToR 1) **d) Mental health services, and drug and alcohol services (including Recommendation 11)**, we recommend that, as part of its efforts to improve access to drug and alcohol services, the Government restructure incentives for pharmacies to participate in the state's Opioid Treatment Program.
- With reference to ToR 2) **Any updates or further observations relating to the progress of implementing Portfolio Committee No. 2 recommendations relating to workforce issues, workplace culture and funding issues, as per the Select Committee on Remote, Rural and Regional Health's previous inquiry**, we recommend that the Government immediately implement a full scope of practice trial for community pharmacists, mirroring the North Queensland trial.

We hope that these recommendations will be of use to the Committee in its work.

New South Wales Branch

Suite 201, 10 Norbrik Drive, Bella Vista NSW 2153
Tel +61 2 9467 7100 • Fax +61 2 9467 7101
enquiries@nsw.guild.org.au
www.guild.org.au/nsw
ABN 87 740 877 429





1. PROTECTING OPIOID TREATMENT IN NEW SOUTH WALES

The Opioid Treatment Program (OTP) is a vital service for people recovering from drug addiction. Under the program, patients receive opioid replacement therapy with treatments such as methadone to help them overcome their dependence to illegal opioids like heroin.

The NSW OTP is delivered by a range of providers, but primarily community pharmacies. The participation of pharmacies in the OTP is of particular importance in rural, regional, and remote communities. Because opioid replacement treatment requires routine dosing – typically daily – it is vital that patients have access to a dosing provider in easy distance. For many regional communities, pharmacies are the only possible provider of OTP; if a pharmacy in a remote community ceased to participate in the OTP, many of its patients would have no other options for treatment nearby.

Despite its importance, participation in the OTP places a significant administrative burden on pharmacies due to the heavily restricted nature of the drugs that are involved. Because of this, government incentives through the Pharmacy Incentive Scheme (PhIS) are vital in ensuring pharmacies continue to deliver OTP treatments.

Currently, 907 pharmacies are registered for the PhIS, with 516 pharmacies submitting declarations for the most recent claims period (May-October 2023). Due to recent Commonwealth changes to the funding of OTP, there is a real concern that many pharmacies no longer wish to participate in the OTP due to low rates of remuneration and a high administrative burden.

A sharp decline in OTP participation among pharmacies could have severe ramifications for patients in remote, rural, and regional NSW who depend on the program to overcome opioid dependence and live healthy, fulfilled lives. Below are recommendations for restructures to pharmacy incentives to help the PhIS continue to meet its objectives and support the OTP in delivering critical treatment to patients.

1. Increase the number of community pharmacy OTP dosing points.

Most pharmacies that do not currently offer OTP feel that the remuneration is insufficient for the work involved. OTP patients can be complex, requiring further management which is not reflected in PBS remuneration. This is compounded by the substantial administrative burden involved in supplying heavily regulated substances like those which are used in the OTP. Pharmacies which participate in the OTP have expressed concerns at the punitive approach taken during OTP audits, which dissuades them from continuing to offer the program.

The New Pharmacy Incentive (\$1000 + GST per pharmacy) has been in place for several years and has not increased in that time. This is insufficient to attract new pharmacies to offering the OTP.

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It is recommended that the initial new pharmacy incentive be increased to \$2000 + GST and be indexed to CPI, to ensure that it remains a genuine incentive for pharmacies to participate in the OTP well into the future.

Areas of need, particularly for non-metropolitan areas where OTP treatment centres are more urgently required, could be identified by the Centre for Alcohol and Other Drugs, with pharmacy outreach conducted by the Guild.

2. Increase the number of community pharmacy OTP dosing points offering the administration of depot buprenorphine.

Depot buprenorphine is a highly desirable option for the treatment of opioid dependence. Unlike more commonly used treatments like methadone, which are administered daily, depot buprenorphine can be administered weekly or even monthly. This gives patients far more stability and flexibility in their treatment, allowing them to go on holiday or travel for work without making arrangements for daily dosing while away from their usual provider. This also makes it a promising option for patients in rural or remote areas who do not live within easy daily commuting distance of an OTP provider.

However, administration of depot buprenorphine is not encouraged under current incentives. The PBS administration fee of \$22 is insufficient given the time, facilities, and equipment required, and there are very few patients who receive depot buprenorphine.

Funding for the administration fee is a Commonwealth responsibility. However, given the many benefits that depot buprenorphine provide, NSW Health should provide greater financial incentive for pharmacies to offer the treatment. While not directly comparable, the Tasmanian Government provides pharmacies with top-up payments for OTP treatments which has seen success in bridging the gap between Commonwealth funding and pharmacy needs.

It is recommended that NSW Health provide a \$58 top-up payment to pharmacies per administration of depot buprenorphine, indexed to CPI, to help increase the number of community pharmacies offering depot buprenorphine.

3. Increase the safety and quality of the OTP in community pharmacy dosing points.

The Community Pharmacy OTP Self Audit is a valuable tool to ensure pharmacies meet professional and regulatory requirements. The Guild promotes this tool to participating pharmacies at least twice a year. The existing Quality Improvement and Educational Incentive provides an incentive for participating pharmacies to undertake the self-audit twice yearly.

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However, given the importance of the audit to the maintenance of quality standards, **it is recommended that instead of an hourly rate incentive based on time taken, the incentive be a flat rate of \$200 + GST per semi-annual reporting period.**

To ensure actual completion of these audits, a random sample of pharmacies claiming this incentive should be selected for a validation audit.

4. Support pharmacists' skills and workforce.

Currently, there are very few pharmacist-specific OTP-related training courses. NSW Health has provided funding to the PSA to develop and host a depot buprenorphine training course for pharmacists. The Guild believes that further pharmacist-specific training courses for OTP delivery should be available at no cost to pharmacists, covering clinical, professional, and regulatory aspects of providing OTP in a community pharmacy environment.

This would help build workforce capacity for the delivery of OTP treatment among pharmacists in non-metropolitan areas.

It is recommended that an educational incentive of \$50 + GST per hour should be offered to pharmacies whose staff complete these pharmacist-specific courses, covering the costs of training.

5. Continued participation of Community Pharmacies in OTP.

In our consultation with participating pharmacies, it was made clear that the \$50 per patient incentive is an important support for pharmacies that helps ensure they continue to participate in OTP.

To ensure the continued participation of community pharmacies in OTP, it is recommended that the current patient participation incentive of \$50 + GST per patient be retained.

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2. SUPPORTING PHARMACISTS TO WORK AT THEIR FULL SCOPE OF PRACTICE.

Last year saw the commencement of scope of practice reform across New South Wales. This began with a state-wide trial that has seen pharmacists across the state authorised to treat uncomplicated Urinary Tract Infections (UTIs) and renew prescriptions for oral contraceptives; the trial will also soon expand to minor skin conditions such as dermatitis.

So far, these reforms have seen high rates of patient uptake and produced positive health outcomes. As of April 2024, the trial has seen nearly 15,000 treatments delivered across New South Wales.

As well as the upcoming changes to allow pharmacists to treat skin conditions, the NSW Government has committed to further reforms to allow community pharmacists to work at their full scope. These reforms would see pharmacists able to treat a wider range of everyday health issues, like asthma, nausea, and smoking cessation. These reforms will see a range of benefits to patients and the state.

Once these reforms are implemented, patients will have better access to everyday primary healthcare. Research shows that accessible, affordable primary healthcare is increasingly difficult to obtain, particularly in rural and regional New South Wales. Only half of GP clinics in New South Wales offer bulk-billing, with some regional areas having bulk-billing rates of less than 10%¹.

Issues of affordability compound with previously identified issues around the accessibility of GP appointments: research from March 2023 found that more than a quarter of patients in regional New South Wales typically must wait three or more weeks to obtain a GP appointment – with that number rising from 17% in September of 2022². Patients also suffer due to the inaccessibility of GPs at night or on weekends, having to either go without treatment until opening hours resume or present to an emergency department.

These changes will provide patients with another avenue to receive high-quality primary healthcare, offering them access to primary healthcare outside of normal operating hours. The increased convenience of being able to seek healthcare from a pharmacy will improve treatment adherence, as patients are no longer forced to delay or go without access to primary healthcare.

¹ Rayane Tamer and Kenneth Macleod, *SBS*. “Just 35 per cent of GP clinics bulk bill new patients. Here's how your area compares. <<https://www.sbs.com.au/news/article/just-35-per-cent-of-gp-clinics-bulk-bill-new-patients-heres-how-your-area-compares/zeiwn5er0>>.”

² Insightfully, *Full Scope of Practice, Community Pharmacists – Opinion Research, NSW*, March 2023.

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This will also result in significant benefits to the state. By promoting treatment adherence and offering more accessible primary healthcare, these changes will generate a total dollar benefit of \$1.6 billion per annum for the state, including a direct healthcare cost-reduction benefit of \$72.9 million for the state government³. Furthermore, it will alleviate pressure on the state's health system, freeing up 1.76 million primary care consultations, 18,000 hours of emergency services, and 97,500 days in hospital care services per annum⁴.

It is recommended that New South Wales carry out a statewide full scope of practice trial, mirroring that taking place in Queensland, immediately.

Prescribing Training

Pharmacists will be required to undertake additional training to deliver services to patients when working at their full scope of practice. In the Queensland pilot, this training is the equivalent of a Graduate Certificate, or six months of full-time postgraduate study, and includes 120 hours of supervised practice. This will consist of two components: a course on safe prescribing and medicine use, and a course on the 23 conditions covered within the reforms. Australian universities have already begun to offer this training⁵, and future graduates from pharmacy degrees will have this training built into their standard education.

However, the existing pharmacy workforce will require this training to be able to begin to provide these services. To minimise the cost barrier to accessing this training for pharmacists across the state, and ensure maximum uptake, it is **recommended that the Government subsidise this training for pharmacists.**

³ EY, *Scope of Practice Opportunity Assessment*, 2023.

⁴ Ibid.

⁵ Queensland University of Technology, *Safe Prescribing and Quality Use of Medicines*.

<https://professional-education.qut.edu.au/study/s/product/safe-prescribing-and-quality-use-of-medicines/01t8q000000F85OAAS>.

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**The Pharmacy
Guild of Australia**
NSW Branch

ABOUT THE PHARMACY GUILD OF AUSTRALIA

The Guild is a national employers' organisation with over 90 years of experience in representing and promoting the value of the role of community pharmacy in the Australian health care system. Community pharmacies are a vital part of our national health system with the potential to make an even bigger contribution to the health of all Australians.

The Guild shares with the Federal Government responsibility for the implementation of the National Medicines Policy, as evidenced by successive Community Pharmacy Agreements (CPA) enshrined in the National Health Act 1953, including the current 7th CPA underpinned by the shared principles of:

- Stewardship of the health system and a shared responsibility for the stewardship of the PBS.
- Partnership in the implementation of Australia's National Medicines Policy.
- Stability and certainty of the Government's investment in the medicine supply chain, as well as timely availability of medicines through a well-distributed community pharmacy network.
- Integrity of Australia's health system, including patient safety and high value clinical care.

The Guild and the broader community pharmacy network have made significant contributions to the achievement of the National Medicines Policy objectives for patient outcomes, while at the same time enabling the ongoing (fiscal) stability of the PBS by working with successive Governments on budget savings measures.

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