

**Submission  
No 52**

**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:** Pharmaceutical Society of Australia

**Date Received:** 26 April 2024

NSW Government

## Inquiry into the implementation of Portfolio Committee No. 2 recommendations relating to the delivery of specific care in remote, rural and regional NSW

APRIL  
2024

### Purpose of this submission

The Pharmaceutical Society of Australia (PSA) makes this submission to the Inquiry into the implementation of Portfolio No. 2 recommendations relating to the delivery of specific care in remote, rural and regional NSW.

PSA's submission is informed by the professional practice experience and perspectives of pharmacists.

### About PSA

PSA is the only Australian Government-recognised peak national professional pharmacy organisation representing all of Australia's 37,000 pharmacists working in all sectors and across all locations.

PSA is committed to supporting pharmacists in helping Australians to access quality, safe, equitable, efficient and effective health care. 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 fairly remunerated.

PSA has a strong and engaged membership base that provides high-quality health care 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.

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## Introduction

Currently in New South Wales, there are 10,786 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. Given the experiences of recent years, including the COVID-19 pandemic and other public health emergencies, there is a fundamental case for strengthening policies and programs of NSW Health, improving coordination and allocating resources to best utilise pharmacists to benefit the people of NSW living in rural, regional and remote areas.

## Issues under the Terms of Reference

In this submission, PSA provides comments and recommendations relating to selected clauses in the [Terms of Reference](#).

### 1C. Indigenous Health Services

There is an urgent need to address the considerable health disparities for Aboriginal and Torres Strait Islander peoples, and PSA is dedicated to improving equity of access to medicines and quality use of medicines by Aboriginal and Torres Strait Islander peoples.

PSA is committed to improving pharmacists' capability to deliver health care in a way that Aboriginal and Torres Strait Islander peoples will regard as culturally safe and responsive, and to embed cultural safety into pharmacy education and professional development programs to improve patient outcomes.

PSA is committed to improving awareness and understanding amongst pharmacists of the resilience, strengths and leadership of Aboriginal and Torres Strait Islander peoples, communities and organisations. PSA seeks the opportunity to work with NSW Health and relevant stakeholders to achieve this goal.

Recommendation	PSA Comment
<p><b>Recommendation 23:</b></p> <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></ul>	<p>PSA seeks inclusion on the Palliative Care Taskforce. PSA as the professional peak body for pharmacists 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 reconciled medication lists following patient transitions of care</li></ul>

<ul style="list-style-type: none"> <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>	<ul style="list-style-type: none"> <li>Preparing dose administration aids if necessary/appropriate 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, and to enhance multidisciplinary care coordination with local care providers.</p> <p>PSA recommends local-level training for pharmacists to understand and meet the palliative care needs of their First Nations community members and has experience working in partnership with Aboriginal and Torres Strait Islander health leaders to develop and deliver locally tailored education for pharmacists.</p> <p>PSA also works closely with national bodies such as the Therapeutic Goods Administration (e.g. recently, PSA provided expert pharmacist advice on appropriate management of patients, including First Nations peoples, 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 which impacts on equity and timely access to essential palliative care medicines).</p> <p>Resources that may warrant consideration:</p> <ul style="list-style-type: none"> <li><a href="#">IPEPA/PCC4U Palliative Care Toolkit for Aboriginal and Torres Strait Islander Health Professionals 2023 _ WEB (pepaeducation.com)</a></li> <li><a href="#">Advance care planning for Aboriginal and Torres Strait Islander peoples   Advance Care Planning</a></li> </ul>
<p><b>Recommendation 31</b></p> <p>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>	<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) 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. The independent expert advice recognised the significant impact pharmacists can have when integrated into comprehensive primary healthcare teams. MSAC considered that the model was safe and effective compared to usual care. MSAC further considered that the estimated costs for providing this integrated, collaborative, culturally appropriate patient-centred care to improve health outcomes for Aboriginal and Torres Strait Islander peoples was good value for money. PSA has considerable expertise in this model of care to improve the health of First Nations peoples, and would welcome discussions with NSW Health.</p>
<p><b>Recommendation 32</b></p> <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 Respecting the Difference: Aboriginal Cultural Training</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 the <b>Deadly Pharmacists Foundation Training course</b>.</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>PSA supports the development of locally tailored education for pharmacists, co-designed with Aboriginal and Torres Strait Islander peoples, to increase pharmacists' understanding of local history, culture and priorities.</p>
<p><b>Recommendation 33</b></p> <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 recognises that all cultures need to 'see themselves' in the care they receive.</p> <p>Aboriginal and Torres Strait Islander people are currently under-represented in the pharmacist workforce. In 2021/22, 0.3% of registered pharmacists in Australia identified as Aboriginal and/or Torres Strait Islander.</p> <p>To increase the cultural safety of the health workforce, 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 peoples.</p>

<p><b>Recommendation 43</b></p> <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>
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## 1D. Mental Health Services and Drug and Alcohol Services

Mental health conditions are the leading cause of disease burden in Australia and the leading cause of death for young people. One in two Australians will experience a mental health condition across their lifetime.

The use of medicines is the most frequent intervention in mental health care, and in NSW in 2021–22, close to 1.4 million people were dispensed at least one prescription for a mental health-related medication. Sub-optimal use of medicines can lead to sub-optimal health outcomes, additional unnecessary burden on the individual or the health system, or even harm.

There are many opportunities for pharmacists to better support NSW residents living in regional, rural and remote communities with mental illness and substance misuse disorders.

The PSA **Medicine safety: mental health care** report, found that:

- People with severe mental health conditions have poorer physical health than the general community and have a 12–16-year shorter life expectancy.
- 18% of Australians use medicines to treat a mental health condition.
- Antidepressants were involved in 31% of medicine-related deaths due to overdose, and antipsychotics in 17% of medicine-related deaths due to overdose.
- 1 in 4 Australians are taking a medicine that would not be recommended for them based on the individual genetic variation of their drug metabolising enzymes.
- Medicine changes are frequent in mental health facilities, with an average of 10 changes per admission.
- Over 40% of mental health facilities do not have any pharmaceutical handover at discharge.

Investments are needed to utilise the expertise of pharmacists to ensure equity of access and improve care for people with mental health conditions to use medicines they need safely and effectively. Based on the **Medicine safety: mental health care** report, PSA recommends that the NSW Government consider:

1. Funding mental health first aid and mental healthcare training for all members of the pharmacy team, including pharmacists and support staff in all practice settings.

2. Implementing and funding community pharmacy mental health screening programs to provide early intervention for people experiencing mental health symptoms and facilitate early referral to an appropriate health practitioner for further assessment.
3. Implementing and funding community pharmacy mental health medicines consultation services, for people newly commenced on a mental health medicine, and to provide ongoing support and medicines information.
4. Funding 7-day a week pharmacist coverage on all mental health wards in hospitals participating in multidisciplinary teams and after hours on-call health pharmacist services.
5. Formalising transition of care pharmacist services to reduce the incidence of errors which occur when people move between care settings.

All the above recommendations are to be supported by a quality and evaluation framework, real world data, centralised reporting and targeted quality indicators. Pharmacists and pharmacies delivering these services need to be adequately remunerated and incentivised for training, participation, and data collection.

### Opioid Treatment Program

PSA recognises the NSW Pharmacy Incentive Program for pharmacies participating in the Opioid Treatment Program (OTP) as an important arrangement to enhance equitable person-centred care.

PSA acknowledges our partnership with the NSW Health Centre of Alcohol and Other Drugs to educate, upskill and support pharmacists to deliver the Opioid Treatment Program. We welcome this opportunity to improve access to safe and high-quality OTP services delivered by community pharmacies in rural and remote areas.

Further investment is needed to support pharmacies in regional, rural and remote NSW to deliver OTP services. Incentives could include support for infrastructure, IT software and further incentives for pharmacists to commence and deliver OTP services.

Recommendation	PSA Comment
<p><b>Recommendation 11</b></p> <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. 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</p>	<p>As the peak professional organisation representing pharmacists practising in all settings, PSA requests pharmacists be consulted and included in the development of the 10-Year Rural and Remote Medical and Health Workforce Recruitment and Retention Strategy.</p>

workers, paramedics, allied health practitioners and Rural Generalists.	
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## 1E. Aged Care and Palliative Care

PSA is strongly committed to promoting the integration of pharmacists into multidisciplinary team-based services. Historically, pharmacists have been overlooked in this regard. However, with increasing availability and use of medicines, particularly for people living in aged care facilities, and palliative patients, greater focus and priority must be given to medication safety and quality use of medicines issues – and hence the expertise of pharmacists must be utilised in the context of person-centred team-based care.

### Palliative Care

Rural pharmacists are pivotal to the provision of both home based and community based palliative care. As part of the multi-disciplinary palliative care team pharmacists can provide medicine information, reduce the risk of medicine misadventure, provide home medicine reviews, provide dose administration aids and ensure community pharmacies are prepared to supply core medicines.

PSA has a strong track record of working in partnership with Primary Health Networks, including on palliative care projects such as Palliative Care Access to Core Medicines (PCAM) projects. Work on the development of a national core palliative care medicines list for home-based patients is well advanced and should be considered by NSW Health when finalised.

In South Australia PSA has delivered numerous projects for palliative care pharmacists in Aboriginal Health and in Aged Care and in community palliative care services. These projects have enabled timely access to palliative care medicines and support for end-of-life care for people in residential care and at home.

PSA in partnership with the University of South Australia undertook a study to assess the real-world impact of home palliative care pharmacists in rural South Australia, and the effectiveness of this model of care from the perspectives of healthcare professionals. The study showed that home palliative care pharmacists can improve medication management, enhance communication between patients and their treating teams, and decrease the burden of going to the GP.

**[A qualitative exploration of the role of a palliative care pharmacist providing home-based care in the rural setting, from the perspective of health care professionals - Downing - Australian Journal of Rural Health - Wiley Online Library](#)**

### Aged Care

In January 2019 the Royal Commission into Aged Care Quality and Safety found that Australia is facing a critical problem with medicine mismanagement in aged care facilities. This led to the Australian Government providing funding for onsite pharmacists at aged care facilities, which is due to be implemented in 2024. The Australian Pharmacy Council will develop accreditation standards and a new accreditation system for education programs that will credential pharmacists to work on-site in aged care facilities.

The **[PSA Medicine safety: Aged care Report](#)** found:

- Over 95% of people living in aged care facilities have at least one problem with their medicines detected at the time of a medicines review; most have three problems.



- 50% of people with dementia are taking medicines with anticholinergic properties, which can worsen confusion and other symptoms of dementia.
- One fifth of people living in aged care are on antipsychotics; more than half use the medicine for too long.

To improve medicine related problems, reduce inappropriate medicine and administration errors it will be critical that onsite pharmacists are engaged in regional, rural and remote NSW aged care facilities. Funding for rural pharmacists to upskill and complete the required training is needed, as is funding for pharmacists to travel to work onsite at aged care facilities. When services cannot be delivered face to face, funding should be considered for the virtual delivery of quality use of medicines services.

Recommendation	PSA Comment
<p><b>Recommendation 23:</b></p> <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 the professional peak body for pharmacists 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 reconciled medication list following patient transitions of care</li> <li>• Preparing dose administration aids if necessary/appropriate 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, and to enhance multidisciplinary care coordination with local care providers.</p> <p>PSA recommends local-level training for pharmacists to understand and meet the palliative care needs, particularly in the context of older Australians, including in aged care homes.</p>

	<p>PSA works closely with policymakers and regulators, including at national level such as the Therapeutic Goods Administration (e.g. recently, PSA provided expert pharmacist advice in relation to possible clinical impacts due 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 which impacts on equity and timely access to essential palliative care medicines).</p> <p>Timely access to medicines requires consideration of Commonwealth as well as NSW arrangements in relation to legislation, authorisation and funding. From time to time, palliative care patients may require urgent supply of medicines that cannot be fulfilled by current emergency supply arrangements. PSA supports the removal of legislative barriers to enable pharmacists to provide an emergency supply of all prescribed medicines to people receiving palliative care.</p> <p>In rural and regional NSW, there can be significant deficit of nursing, medical and other supports available for palliative care patients. PSA has been working with Primary Health Networks through the Palliative Care Access to Core Medicines (PCAM) project to assist people who wish to die at home by providing timely access to essential medicines, thereby minimising suffering associated with emergent end-of-life symptoms.</p> <p>As referred earlier, research (by Downing et al.) has shown that rural healthcare professionals are supportive of pharmacists working as part of the palliative care team in home-based settings and identified many benefits of this model of care.</p>
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## 1F. Cancer care and Oncology care

In rural and remote communities, it is important patients have access to specialist pharmacist advice, including for cancer and oncology care. Pharmacists must be accessible wherever medicines are prescribed, dispensed administered or reviewed.

To ensure safe use of medicines and to ensure all people have access to medicines related services and information, pharmacists are needed to deliver specialist care to people in rural, regional and remote areas both face to face and virtually. Pharmacists are not funded to deliver care through telehealth arrangements, and they do not receive adequate funding for the travel needed to deliver care face to face to people in rural and remote areas.

To improve medicine safety in cancer and oncology care, the existing community pharmacy network can be built on to deliver improved care. Funding to train pharmacists working in rural, regional and remote locations in specialty areas such as cancer care and oncology would expand access to specialist pharmacists located in these areas.

Recommendation	PSA Comment
<p><b>Recommendation 30</b></p> <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 currently 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> <ul style="list-style-type: none"> <li>• Funding is required for pharmacists to deliver care through telehealth arrangements to ensure all people have access to medicines-related services and medicines information. This would include Home Medicines Reviews (HMRs) and Residential Medication Management Reviews (RMMRs) via telehealth when in-person reviews are not possible. While face-to-face delivery of health services is generally preferred, digital delivery options should be available and rural and remote patients and carers supported to ensure safe use of medicines, timely referrals where appropriate, and improved health literacy.</li> <li>• Funding is required for outreach services to adequately support pharmacists in the provision of HMRs, RMMRs and Quality Use of Medicines services face-to-face. This is particularly important to ensure pharmacists with specialist knowledge in oncology are able to provide services to this cohort of patients.</li> <li>• 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></li> </ul>

## 1G. Other specialist care and allied health services, as they pertain to the Portfolio Committee No. 2 recommendations

### Pharmacist led clinical services

Health service delivery must be responsive to the care and therapeutic needs of patients. Equal and timely access to safe, high quality, comprehensive care requires healthcare teams and systems to work collaboratively and seamlessly.

In 2022–23, there were over 3 million ED presentations in NSW, and almost half of these were classified as category 4 (e.g. sprained ankle, earache) or category 5 (e.g. small cuts or abrasions). It is crucial that more be done to reduce minor or non-urgent presentations to hospital emergency departments.

People experiencing these less serious and/or less urgent conditions should be informed and supported to access care through their GP or community pharmacist. Pharmacists are underutilised in pathways currently being used in NSW to reduce emergency department presentations. Clear pathways to access healthcare are needed with commensurate investment of resources to facilitate patient access to the right care in a timely, safe manner.

PSA is committed to enabling pharmacists to practice to their full scope and to expand pharmacist prescribing arrangements in a safe and accountable manner to improve patient care and health outcomes. Funding is needed to support pharmacists expand their scope of practice, and to deliver increased clinical services to improve healthcare access for regional, remote and rural communities.

PSA presents the following as examples of initiatives for consideration or continuation of funding to help advance care for the people of NSW:

- PSA recommends the NSW Government provide funding for a minor illness consultation service through 200 community pharmacies (approximately 10% of all NSW pharmacies). The pharmacies will be selected based on criteria that considers the pharmacy location, opening hours, proximity to a hospital, availability of local GP appointments and capacity to provide the service. Patients can either present to a community pharmacy or book a consultation for symptoms consistent with minor illnesses. There are established treatment guidelines for the management of minor illnesses by pharmacists (including referral to a GP or ED, if necessary) and the service is within the current scope of practice of community pharmacists. There is strong evidence that the clinical advice provided by pharmacists regarding symptoms of minor illnesses results in the same health outcomes if the patient went to see their GP or attended the ED.
- Funding for ongoing consultations for the NSW Pharmacy Trials – including management of urinary tract infections, extending oral contraceptive prescriptions and management of skin conditions (and any future conditions that may be approved). Currently, the consultation fee (rebate) will only be sustainable for 12 months. It was **reported** recently by the Minister for Health Ryan Park, that the trial had surpassed 12,000 consultations across NSW. PSA strongly suggests there should be continued funding to relieve pressure on general practitioners and to improve timely access to care and medicines that patients require.
- Additional funding for these consultations should be considered for pharmacists providing these services in rural and remote areas, similar to funding arrangements for the provision of COVID-19 vaccines.
- The NSW Government has committed to mirroring the North Queensland Community Pharmacy Scope of Practice Pilot. It is expected that funding will be required to implement expanded pharmacist scope of practice including funding for pharmacist training, IT software and infrastructure for pharmacies, particularly for those in regional, rural and remote locations.

PSA presents the following as further examples of initiatives for consideration or continuation of funding to help advance improved access to care for the people of NSW.

- Funding for pharmacists to provide consultations in community pharmacies for the identification of undiagnosed chronic health conditions, administration of prescribed medicines (including injectable medicines that patients may require assistance with), and medicine safety initiatives to support patients after hospital discharge to transition back into the community/their residence and to avoid unnecessary readmissions to hospital.

The types of services or care requirements mentioned here are well suited to be delivered by pharmacists in the community. In addition, timely access to support in these care scenarios will

promote optimal outcomes and are likely to prevent adverse events and/or unnecessary costs for the patient as well as the health system.

PSA suggests there is scope to develop and trial a pharmacist-delivered screening, case-finding and risk assessment service. This involves the pharmacist using evidence-based screening, case-finding and risk assessment methods to identify people at increased risk of, or who may have, an undiagnosed health condition.

Examples of screening and risk assessment by a pharmacist include:

- Measuring a person's blood pressure through a community screening program and interpreting the result as part of an absolute cardiovascular risk assessment.
- Using a chronic obstructive pulmonary disease (COPD) screening device as part of a targeted case-finding strategy to identify people at risk of COPD to refer for standard diagnostic spirometry.
- Completing a screening questionnaire with a patient to determine if they are at risk of depression.

### Transition of Care

The clinical handover of patients to and from hospital is suboptimal, especially in some regional, rural and remote areas. This includes the communication and continuity of care arrangements around medicine management. For example, for 1 in 5 people at high risk of readmission, timely provision of a discharge summary did not occur and over 90% of patients have at least one medicine related problem post-discharge from hospital.

Empowering pharmacists to take responsibility and accountability for medicines reconciliation and clinical communication at transitions of care will result in safer transitions between care settings for patients, and more effective use of healthcare resources.

Pharmacists must be embedded in medicine reconciliation roles at transitions of care, such as in emergency departments, admission clinics and at discharge from hospital care. Community pharmacists must also be supported and funded to actively participate in transitions of care, including in the clinical handover at admission and discharge from hospital.

Recommendation	PSA Comment
<p><b>Recommendation 10</b></p> <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 update on the 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>

**Recommendation 30**

That NSW Health:

- commit to providing continuity of quality care with the aim of a regular on-site doctor in rural, regional and remote communities
- commit to a model of care under which virtual care technology is used to supplement, rather than replace, face-to-face services
- 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
- provide staff members with training on how to effectively use telehealth and other virtual models of care
- 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
- 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
- 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.

Digital technology provides the means to rapidly compile and share information on demand, which can effectively resolve major factors that contribute to medicine-related problems such as gaps in communication and time delays in accessing information. Implementation of technological innovation is fundamental for timely access to care and continuity of care, improving medication safety in transitions of care, enabling clinical decisions to be better supported by an informed holistic consideration of the patient, and delivering seamless, high- quality care regardless of location or healthcare setting.

It is vital digital health enhancement is prioritised and technology is embraced to transform person-centred healthcare service delivery in NSW. From a pharmacist’s perspective, this includes (but is not limited to):

- use of secure and transparent safety systems e.g. 3D barcodes, positive identification requirements, no transcribing, clinical decision making supported by more complete patient health or medicine information (including pathology reports, allergy status, hospital discharge summaries)
- patient access to health and medicine information when needed e.g. up-to-date medicine list, ability to review health practitioner instructions, monitor for adverse effects, confirm medicine dose tapering, share information with carers, send a direct message to a pharmacist with a medicine-related question.

PSA also suggests there is an imperative to allocate funding for the implementation of electronic prescriptions in all places where prescriptions are written, including public hospitals.

The Virtual Medicines Management ePrescribing pilot will be launched by eHealth NSW in 2024. PSA supports this pilot and recommends additional funding to conduct a medicine safety focused evaluation to drive system improvement from an individual patient, population and system level.

Funding is also needed to enable technology and interoperability to transfer secure messages between healthcare professionals e.g. pharmacists and doctors. This enablement would dramatically improve timely access to health care and medicines that meets the needs of people in NSW.

Noting, PSA has previously discussed in this submission the need to fund pharmacists to provide virtual care and to provide outreach services.

<p><b>Recommendation 42</b></p> <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, consistent with relevant policy and program objectives.</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>
<p><b>Recommendation 43</b></p> <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 as the peak professional body representing pharmacists in all practice settings, 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.</p> <p>Pharmacists work in a variety of settings including community pharmacies, hospitals, general practices and Aboriginal and Torres Strait Islander primary health 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>
<p><b>Recommendation 44</b></p> <p>That the NSW Government adopt a Health in All Policies framework (similar to the policy in South Australia) to ensure that the health of people in New South Wales is central to government decision making, and which recognises that community physical and mental health is a responsibility of all Ministers and Departments of government. Further, such a framework should include a requirement that all decisions of government are assessed to determine the impact on human and environmental health to ensure a whole-of-government ownership of health outcomes for people living in New South Wales.</p>	<p>PSA supports the approach of a 'health in all policies' framework which considers the impact or influence of a range of determinants (e.g. social, economic, political, cultural and environmental) on health. Pharmacists are committed to holistic person-centred care.</p> <p>Although the NSW Government may take leadership in this approach, PSA welcomes the opportunity to collaborate and contribute to such work to help inform priorities and facilitate actions, particularly those relevant to the pharmacy profession.</p>

**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**

**Workforce Issues**

Workforce support, growth and sustainability considerations – PSA has received feedback from pharmacists that firmly indicate greater investment is warranted to better support preceptors who provide professional placement and training opportunities, particularly in private practices such as community pharmacies.

Currently, some placements for pharmacy students and intern pharmacists impose a burden on preceptor pharmacists who need to finance travel and/or accommodation costs to attract trainees and make the transition viable, particularly to a rural or remote practice location.

PSA strongly suggests trainee placement programs should be reviewed across all health professions with a view to providing an equitable framework that maximises opportunity and minimises financial burden on all trainees and preceptors. Such considerations are fundamental to ensuring a dynamic and responsive health workforce that can meet the growing and evolving healthcare needs of Australians.