

## **SHPA Post-hearing Response to Questions on Notice from Health outcomes and access to health and hospital services in rural, regional and remote New South Wales, 10 September 2021**

**The Hon. WALT SECORD:** Are there major hospitals in New South Wales that do not have pharmacists on duty 24 hours? I am not talking about small multipurpose services, but I am talking about major hospitals in New South Wales. Can you give some examples of major hospitals that would not have pharmacists on duty?

**Ms MICHAELS:** A number of our major hospitals in New South Wales do not have seven-day services at this point in time. They are simply not resourced to do so.

**The Hon. WALT SECORD:** But is that an acceptable standard in other States and Territories around Australia?

**Ms MICHAELS:** There are also other States and Territories that do not provide seven-day services at this point in time, but there are a number that do as well.

**The Hon. WALT SECORD:** I just want to know if she could provide the names of those hospitals on notice. Thank you.

### Response from Ms MICHAELS

To respond to this question, SHPA sent out a short survey to all Principal Referral and Public Acute Group A hospitals in New South Wales, asking whether they had a hospital pharmacist on duty on 24-hours a day 7-days a week, and if not, what hours their pharmacy service operated outside of traditional business hours with at least one pharmacist on duty on-site.

Outside of the hours where there is at least one pharmacist on duty on-site, hospitals will have an 'on-call pharmacy service' designated to a hospital pharmacist team member who is expected to be responsive to the on-call after-hours pharmacy phone while at home, to respond to emergency medicine supply requests or urgent enquiries around clinical decisions on medicines use for critically ill patients.

All the Principal Referral and Public Acute Group A hospitals who responded to our survey did not have a hospital pharmacist on duty on 24-hours a day 7-days a week. Of the respondents, the following table outlines the hours outside of traditional business hours (defined as 8.00am – 5.00pm) where they have at least one pharmacist on duty on-site. Some results for hospitals which were within the Principal Referral or Public Acute Group A Hospital's Local Health District were also recorded and are supplied for completeness.

Many respondents noted that for weekend services, there were typically only one or two pharmacists on duty for the limited weekend services, responsible for the safe and quality medicines supply to their hospital of over a hundred or several hundred beds. This level of service provision, falls far short of what is described in SHPA's Standards of Practice for Clinical Pharmacy Services, [Chapter 9: Staffing Levels and Structure for the Provision of Clinical Pharmacy Services](#).

Several hospitals also noted that pharmacy departments were essential to support state-run COVID-19 vaccination clinics, however given that New South Wales has the smallest hospital pharmacy workforce proportional to other states, there is extremely limited surge capacity in the New South Wales hospital pharmacy workforce to support this. Whilst New South Wales hospital pharmacists undertake their critical role in the COVID-19 pandemic with great pride and are grateful to meaningfully contribute to the largest public health initiative ever, the workforce capacity constraints have led to increased stress and burnout experienced by the profession, along with sentiments that they are not providing the safest possible care to patients or enhancing medicines safety and quality use of medicines without the support of a sufficiently resourced hospital pharmacy department.

<b>Hospital</b>	<b>Outside of business hours on a weekday</b>	<b>Saturdays</b>	<b>Sundays</b>
Bankstown-Lidcombe Hospital	Not open	9.00am – 1.00pm	Not open

Bathurst Hospital	Not open	Not open	Not open
Blacktown & Mount Druitt Hospital	5.00pm – 6.00pm	8.30am – 1.00pm	8.30am – 1.00pm
Blue Mountains Hospital	Not open	Not open	Not open
Byron Central Hospital	Not open	8.00am – 1.00pm	Not open
Coffs Harbour Health Campus	Not open	8.00am – 1.00pm	Not open
Concord Repatriation General Hospital	Not open	Not open	Not open
Gosford Hospital	Not open	8.30am – 5.00pm	8.30am – 5.00pm
John Hunter Hospital	Not open	8.30am – 1.30pm	9.30am – 1.30pm
Lismore Base Hospital	Not open	8.00am – 4.00pm	8.00am – 4.00pm
Lithgow Hospital	Not open	Not open	Not open
Liverpool Hospital	Not open	9.00am – 1.00pm	Not open
Murwillumbah Hospital	Not open	8.00am – 1.00pm	Not open
Nepean Hospital	5.00pm – 6.30pm (Extends to 10.00pm during winter months)	8.00am – 1.00pm (or until work is completed)	8.00am – 1.00pm (or until work is completed)
Orange Health Service	Not open	10.30am – 1.30pm (Usually during winter months only, but has extended for COVID-19 pandemic. This service is currently under review to determine if it will continue.)	Not open
Port Macquarie Hospital	Not open	8.00am – 12.00pm	8.00am – 12.00pm
Prince of Wales Hospital  Sydney Children's Hospital Randwick  Royal Hospital for Women  (South Eastern Sydney Local Health District)	Not open	8.30am – 5.00pm Emergency Department Pharmacist  8.30am – 12.30pm Compounding pharmacist  8.00am – 4.30pm COVID-19 pandemic surge response pharmacist from September to November 2021	8.30am – 5.00pm Emergency Department Pharmacist
Royal North Shore Hospital	5.00pm – 10.00pm (Emergency Department pharmacist)	8.00am – 4.30pm	8.00am – 4.30pm
Royal Prince Alfred Hospital	Not open	9.00am – 1.00pm	Not open
Shoalhaven District Memorial Hospital	Not open	8.00am – 12.00pm (or until work is completed)	8.00am – 12.00pm (or until work is completed)

St George Hospital	Not open	9.00am – 4.30pm	9.00am – 1.00pm during COVID-19 pandemic, usually not open
St Vincent’s Public Hospital Sydney	Not open	9.00am – 1.00pm	9.00am – 1.00pm
Tamworth Rural Referral Hospital	7.00am – 8.00am	Not open	Not open
The Tweed Hospital	Not open	8.00am – 1.00pm	Not open
Wagga Wagga Base Hospital	Not open	8.30am – 5.00pm	8.30am – 5.00pm
Westmead Hospital	5.00pm – 6.30pm	8.20am – 1.30pm (or until work is completed)	8.20am – 1.30pm (or until work is completed)
Wollongong Hospital	Not open	9.00am – 5.00pm	9.00am – 5.00pm
Wyong Hospital	Not open	8.30am – 5.00pm	8.30am – 5.00pm

**In addition to what is contained in your submission and evidence provided at the public hearing, do you have any further comments regarding the current provision of palliative medicine, nursing and care in rural, regional and remote New South Wales?**

*Response from Ms MICHAELS and Mr YIK*

Beyond SHPA’s written submission’s recommendation of embedding clinical palliative care pharmacy service delivery at a ratio of 1 pharmacist for every 20 acute patients and 1 pharmacist for every 30 stable patients, SHPA would like to highlight transitions of care issues for palliative care patients in rural, regional and remote New South Wales.

For this cohort of patients, transitions of care could be transferring between any two of the following settings:

- Public hospital palliative care ward
- Private hospital palliative care ward
- Hospice
- Residential aged care or disability care
- Home

Whilst it is important palliative care patients have a right to choose where they receive care, the fragmented healthcare system exposes palliative care patients to potential issues at transitions of care. This was highlighted similarly by Ms Hayes testimony and written submission where the lack of communication and handover between a public and private hospital led to severe adverse health outcomes.

SHPA members who are palliative care pharmacists practising in New South Wales frequently report issues arising from transitions of palliative care patients between public and private healthcare providers. This stems from insufficient timely communication between the two settings, which can delay discharges or transitions, or lead to a transition or discharge where community based practitioners are not sufficiently prepared for the palliative care patient. Patients who may receive a new referral to community palliative care during an inpatient admission, may not have any contact with this community palliative care service during their inpatient admission in the private hospital, and are discharged with the instruction that the palliative care service will follow up with them at some point. In these situations, palliative care patients do not feel empowered or have the agency to be proactively engaged in their care and are at the behest of waiting to be contacted by community palliative care services.

Specifically, regarding medication supply, as New South Wales hospitals cannot dispense Pharmaceutical Benefits Scheme-subsidised (PBS) medicines on discharge – the only state that is not allowed to do so – PBS prescriptions for medicines are supplied to palliative care patients to be dispensed by their community pharmacy.

However, on follow up discussion with community pharmacies at discharge, often these medicines are not routinely stocked, requiring them to be ordered on as needs basis on receipt of a prescription, which can result in untimely access delays to vital medicines for palliative care patients, such as opioid medicines. Due to the comparatively low palliative care patient cohorts in rural and regional areas, there lacks an incentive for community pharmacies to maintain stock of medicines that are specific to palliative care patients, given the risk of wastage.

In May 2019, SHPA was part of the joint position statement on [Sustainable access to prescription opioids for use in palliative care](#) led by Palliative Care Australia, where the third recommendation was “*Ensure an adequate supply and stock (impres) of minimum levels of opioids commonly used in palliative care including parenteral formulations in acute facilities, community pharmacies...*”.

**In addition to what is contained in your submission and evidence provided at the public hearing, do you have any further comments regarding ways to improve both the access and availability of palliative medicine, nursing and care in rural, regional and remote New South Wales?**

*Response from Ms MICHAELS and Mr YIK*

SHPA’s reiterates our written submission’s recommendation of embedding clinical palliative care pharmacy service delivery at a ratio of 1 pharmacist for every 20 acute patients and 1 pharmacist for every 30 stable patients. Through direct funding of these palliative care pharmacist positions in public palliative care services in New South Wales, access and availability of palliative care will be enhanced and supported to support quality use of medicines, medicines safety and improving timeliness of medicines supply and access.