

INQUIRY INTO OVERCOMING INDIGENOUS DISADVANTAGE

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From: Victoria Pymm
To: Lynn Race
Date: 1/09/2008 11:49 am
Subject: Fwd: RE: Inquiry into overcoming Indigenous Disadvantage

>>> "Steven R. Drew" <stevenrdrew@psansw.org.au> 01/09/08 11:44 am >>>

Dear Victoria

Please find attached a supplementary submission for consideration. My apologies for the delay in getting this to you.

Regards

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Steven R Drew BA(MAS) MAICD

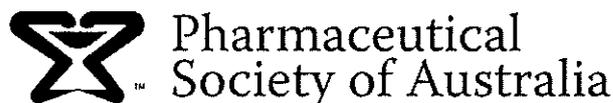
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18 August 2008

The Hon Ian West, MLC
Chairperson
Legislative Council Standing Committee on Social Issues
NSW Parliament
Macquarie Street
SYDNEY NSW 2000

Dear Mr West

Inquiry into overcoming Indigenous disadvantage – Interim Report

Thank you for your letter dated 3 July 2008 advising the release of your Committee's Interim Report and inviting the provision of a supplementary submission on the 'issues for consideration' identified in the Interim Report.

Firstly, the Society commends Committee on the Interim Report. We believe Committee's investigations and deliberations have been well captured and represented; providing a sound basis for the development of policies and programs to address Indigenous disadvantage.

We welcome the opportunity to provide a supplementary submission and trust our comments will help build on, flesh out and identify responses to the issues articulated in the Interim Report.

Overview

The Society supports the key themes identified by the Committee as a result of its Inquiry. Nonetheless, the Society believes that prior to setting out to address Indigenous disadvantage, it is essential that a clearly articulated goal, including a timeframe for achievement. From this starting point, implementation of specific strategies and measurement of outcomes can proceed.

Before addressing the specific issues for consideration, the Society takes this opportunity to highlight the important role pharmacy can play in improving the health outcomes of Indigenous Australians and as a result, positively impact on Indigenous disadvantage.

About 6,500 pharmacists work in community pharmacy, hospital pharmacy and industry in NSW. Community pharmacies are widely distributed in all of the State's centres of population, and hospital pharmacies are established in all major public hospitals (community pharmacists provide pharmacist services in many smaller hospitals). Community pharmacists are the most accessible health-care professionals for the Australian population. Anyone can enter a pharmacy without an appointment and obtain free, immediate professional advice about health issues. Many people find the accessibility and relative informality of an encounter with a pharmacist much less stressful than an encounter with a doctor, a nurse or other allied health professional.

Pharmacists are held in high esteem by the community as trusted advisers on health matters, as honest and reliable suppliers of medications and other health-related products, and as understanding and supportive professionals. The pharmacy profession is thus ideally placed to provide health-promoting advice, support self-care, assist individuals who have ongoing health-care needs, and generally have a strong positive influence on the health behaviour of the community.

The traditional role of pharmacy – the role that comes to most people’s minds when they think of a pharmacist – is the supply and dispensing of medicines. While this traditional role continues, pharmacy is increasingly involved in the provision of professional services. The extent and significance of this shift, and the opportunities that it presents to the health system, are not widely recognised by other health professions, the community and even some government agencies. Professional pharmacy services include:

- Primary care (e.g. provision of advice on contraception, the management of less-severe upper respiratory tract infections, and advice on infant feeding).
- Disease state management - the monitoring and support of patients with complex chronic diseases (e.g. helping people with diabetes to monitor and manage their disease and prevent complications, and checking for drug interactions where patients are taking multiple medications).
- Prevention (e.g. advice on smoking cessation and advice on the management of obesity) and therapeutics (e.g. advice on the timing of a daily diuretic medications to enable heart-failure patients to travel or undertake outdoor activities).
- Provision of expertise as members of integrated multi-disciplinary teams.

Pharmacists are ready to expand their professional services where their involvement would improve the effectiveness and efficiency of health care. New services that could be considered in collaboration with other health professionals include the administration of vaccines and limited prescribing (e.g. prescribing of some repeat medications). Trials of these services have already been undertaken in other countries.

To underpin the growth of professional services, the vocational education and training of pharmacists has moved away from a concentration on the chemistry and preparation of medicines towards the development of a capacity for cognitive services such as those listed above. Pharmacy education and training, which are increasingly offered at postgraduate level, include the development of skills in brief interventions, a wide range of practical clinical skills, skills for information retrieval and lifelong learning, an understanding of the Australian health system, and knowledge of the major diseases that are prevalent in the Australian population.

Measuring outcomes

The Society supports the call for greater clarity on the issue of overall leadership and responsibility for defining the performance indicators and delivering priorities under the NSW State Plan and Two Ways Together plan. Both these plans identify key areas for attention which will positively address Indigenous disadvantage. The Society believes that to assist in the development of meaningful, measurable outcomes, it is essential to include those professions who have knowledge of what is achievable and willing to work with all parties to achieve the desired outcomes.

Similarly, the Society supports the proposition that the measurement of health priorities and the associated programs should be a key element of the NSW Government’s health strategy for Indigenous communities.

Coordinated service delivery

The Society strongly supports the proposal to examine the issue of improving the relationship between government and non-government services in more detail. This is an extremely important and sensitive issue. It is essential that efforts to improve these relationships should encompass all non-government service providers, whether specialist Indigenous service providers or general community based services, including private businesses.

Partnership in service delivery

The Society would suggest that the unique role pharmacy plays in everyday public health has been overlooked and warrants therefore articulation within this section.

As noted earlier, community pharmacists are the most accessible health-care professionals for the Australian population. Further, pharmacists already have an important place in rural settings where shortages of doctors and nurses are often particularly acute, and where available medical and nursing staff are often heavily overloaded. In these settings, professional pharmacy services can help to ensure that the community receives high-quality primary care and disease state management.

Within this context, the Society believes that the potential of pharmacy in an integrated health system to help achieve improved health outcomes in the future on four key characteristics:

- The wide-ranging expertise and capacity of pharmacists as health professionals, especially (but by no means only) in the use of medicines.
- The accessibility of the pharmacy profession to the general community and to other health professionals, both in community and in hospital settings, and the consequent capacity of pharmacy to influence the health behaviour of the community.
- The readiness of the pharmacy profession to collaborate with other health professionals in ensuring that patients receive high-quality integrated care.
- The expertise of the pharmacy profession in the promotion and support of safe, effective self-care, both for people with minor illnesses and injuries and for people with long-term health-care needs due to chronic disease.

The pharmacy profession is thus ideally placed to be an active member in any partnership delivering health services. In our initial submission, the Society identified a number of opportunities for partnership between our organisation and community controlled services. Accordingly, we would encourage Committee to revisit these with a view to incorporating the pharmacy profession into the service delivery system as a means to improving service delivery and addressing Indigenous disadvantage and the disparity in life expectancy with non-Indigenous Australians.

Examples of proposed partnerships include:

- each ACCHS in NSW be invited to participate in the Pharmacy Self Care (PSC) program, working in partnership with a Pharmacy Self Care pharmacy member, to access sufficient fact cards and adapted fact cards to meet the needs of their local community.
- an education program based on the PSC material be devised jointly by the Society and ACCHS for delivery across and within Aboriginal communities.
- Indigenous community representatives, smoking cessation experts and the Society work together to devise strategies, which will assist to wean smokers from the Indigenous community from this habit.

Funding

The Society is concerned that health funding issues are not identified within this section. Delivery of health services in NSW generally, and rural, remote and regional communities is under great stress. This is a fundamental issue which needs to be addressed in its own right. Whilst acknowledging the role of housing and overcrowding on health, rolling both these important needs into a single focus is unhelpful.

Employment, mentoring and training of Indigenous people

Employment, mentoring and training opportunities for Indigenous people is vital in addressing current high levels of disadvantage.

The Society believes that an option to be considered for inclusion in the Final Report under this heading is the training of Indigenous young people to undertake pharmacy and pharmacy support services within Indigenous communities.

The Society believes Indigenous young people should be trained within their communities.

At present we believe the current requirement for young persons to leave their families and communities for training elsewhere actually works to deter them taking up training opportunities, specifically:

- (i) they feel the loss of family and community support, and they are forced to live in a new community not necessarily culturally sensitive to their needs;
- (ii) training is carried out in an environment not related to their community environment.

By training young persons within their communities we believe would increase the number undertaking the training and it would improve the quality of training because it occurs within the community. We also believe community support for young persons undertaking training would increase if the community saw the training taking place.

The Society also believes it is more cost effective to train health care professionals in their communities.

From a pharmacy perspective, it is essential that more young Indigenous persons gain training as pharmacists and pharmacy assistants because it is they who are more capable of leading improvements in health care services within Indigenous communities.

Specific strategies

Health Promotion

For many years PSA NSW has made a noteworthy contribution to health promotion and self-care through the production of 'Fact Cards' designed for the public, associated with education for pharmacists on the health issues covered in the 'Fact Cards' and training in counselling. 'Fact Cards' and the associated self-care program have been available since 1989. Their development was made possible by a modest one-off grant from the NSW Department of Health. The program is now self-funding through pharmacy subscriptions, and represents a remarkable return on the Department's original investment.

There are over 80 'Fact Card' topics, including Smoking and Staying a Non Smoker, High Blood Pressure, Weight & Health, Exercise & the Heart and Fat & Cholesterol – addressing the top five (5) preventable health risks.

Recommendation 1

That a quantum of Pharmacy Self Care Fact Cards be reviewed and/or developed to meet the needs of Indigenous Australians.

Recommendation 2

That each ACCHS in NSW become a participant in Pharmacy Self Care (PSC) in partnership with a Pharmacy Self Care pharmacy member and access sufficient of the fact cards and adapted fact cards to meet the needs of their local community.

Recommendation 3

An education program based on the PSC material be developed which can be undertaken by Indigenous Health Workers with the support, if required of a PSC program pharmacist. A PSC liaison officer who can regularly visit each ACCHS to provide ongoing support and advice would be an essential part of this initiative.

Early Interventions

Reducing the incidence of Rheumatic Heart Disease (RHD) in the Indigenous community will assist in reducing the burden of cardio vascular and renal diseases and therefore the disparity in life expectancy between Indigenous and non-Indigenous Australians.

One of the leading causes of RHD is rheumatic fever resulting from streptococcal infections. This is now very uncommon in the non-Indigenous community due to the early use of simple antibiotics in children. Poor compliance is a key issue for the Indigenous community especially in relation to children. If the treatment was readily available, provided immediately on diagnosis supported by necessary counselling and other support material, there is a chance the incidence of RHD could begin to be reduced.

Cigarette smoking is another factor which is a major contributor to the increased disease burden of the Indigenous community. There are now available a wide range of nicotine replacement products available through pharmacies to help reduce nicotine addiction arising from cigarette smoking. Pharmacists have played an important role in assisting to reduce the overall rate for smoking in the general community.

Recommendation 4

Indigenous community representatives, smoking cessation experts and the Society work together to devise strategies, which will assist to wean smokers from the Indigenous community from this habit.

Adherence

Providing medication in an appropriate, easy to use dose administration aid (DAA) has been proven to improve adherence. The number of programs in which these devices have been provided to members of the Indigenous community have identified a number of additional factors which must be considered especially for those persons who maintain an itinerant lifestyle. The pack must have some child resistant properties as to assist in reminding patients to take their medication it must be placed in clear sight of the patient. The simple "Dosette" box has proven unsuitable while a program in the Tiwi Islands has identified that an easily transportable "clamshell pack" which is a semi-durable blister pack has improved both adherence to medication and improved continuity of supply¹. Similarly, there exists a web-based program which, with the permission of the patient, could allow pharmacies and ACCHS, regardless of location, to access the patient's medication profile and ascertain when medication was supplied, and when continuing supplies are due.²

Notwithstanding these mechanisms, there is still the need for a human element to provide reassurance that while symptoms may not be currently discernable, medication for chronic conditions should continue to be taken. There is also a need to ensure there is continuation of supply. A pharmacy trained AHW who can visit these patients provide the counselling and reassurance to ensure continuation of medication consumption and who can make sure there is continuation of supply would be a most useful resource to improve adherence.

Recommendation 5

That criteria be established for the issuing of "clamshell pack" DAAs and that funding be made available to provide "clamshell packs" to those members of the Indigenous community meeting this criteria and for pharmacists to prepare these DAAs. This criteria and this funding to be reviewed when the devices with visual and audio reminders becomes available.

Medication Reviews

More than 10 years ago the National Health Service acknowledged the positive benefits that accrue when appropriately trained pharmacists regularly review a patient's total medication profile together with their physiological data (blood sugar, kidney function etc) and segments of their lifestyle which could effect medication and disease processes. Initially pharmacists were paid to provide this service to people in long term care facilities and for the past 6 years this payment has been extended to persons residing at home who met some simple criteria.

¹ This device has been designed by Webstercare, a wholly owned Australian company, who are currently developing a device which will flash and beep each time a dose is due to be consumed.

² See <http://www.webstercare.com.au>

Numerous reports have indicated that such reviews would be most useful for Indigenous persons also, and while a number of pharmacists have tried to provide such a service they have encountered a number of barriers. These include community distrust of intermittent service providers; the absence of any support to pharmacists, in particular financially, for such activities and; insufficient resources, human and other, to adequately meet community needs.

Recommendation 6

That a trial be undertaken whereby a small number of pharmacist positions (say 3 in remote areas, 2 in rural, and 1 in an urban area) be funded with the specific objective to determine the effectiveness of personnel continuity in undertaking Medication Reviews and the resulting benefits from these. These positions should also include liaison with AHWs and counselling and education of patients and their carers.

Disease State Management

Over the past several years rigorous university based research projects have identified and evaluated protocols which support the effective role for pharmacists in Disease State Management. Funding has been included in the 4th Community Pharmacy Agreement for Disease State Management program in Diabetes. Similarly, funds have been identified for an Asthma program. Both of these programs are based on research undertaken and initiatives developed by The University of Sydney Faculty of Pharmacy.

It should also be noted that Charles Sturt University has examined how pharmacists can assist patients suffering from depression.

There is potential therefore for these types of programs to be introduced into a pharmacist's health care offerings to the Indigenous community and the Society would welcome the opportunity to explore this further with the relevant NSW Government departments and Indigenous organisations.

Formulary

As previously advised, it is understood that there is a national program being developed to provide funding and other support to assist the ACCHS gain better access to Pharmaceutical Benefits Scheme (PBS) medications. This would not prevent the development of a medication and possibly medical devices formulary being developed. If there was a template formulary then each ACCHS could adapt this to meet the specific needs of their community, and use of such a formulary would not prevent items outside the list being accessed for particular situations.

Important criteria in determining what to include in such a list would target Australia's National Quality Use of Medicines Policy and would encompass the simplicity of dosing (as adherence to medication regimens decreases with the number of doses to be consumed each day) and the cost benefits of each preparation. The continuing availability of only one brand of each medication would assist in reducing confusion in both patients and carers as well as possibly reducing needless waste.

An imprint system for prescriptions and dispensed medicines, with new packs being provided when a prescription is received for a pack that has been supplied, could control the supply and enable the pharmacist and the AHW to monitor the medication and follow up adherence.

Similarly it has been postulated that if persons with hypertension within the Indigenous community regularly took an ACE inhibitor this would markedly decrease the incidence of renal disease. Inclusion of one ACE inhibitor preparation, with a half life so that it need only be taken once or twice a day would be another essential item on the formulary.

While the PBS is itself a formulary, a more restrictive list which targets the specific needs of its clientele is normal for Australian public hospitals and it is also a device used by some countries to maximise the cost effectiveness of its limited health care expenditure.

Recommendation 7

That the Society work with a committee representative of AHWs, prescribers to the Indigenous community and medical specialist in Cardiovascular, Respiratory and renal medicine to determine a template formulary for ACCHS. The template formulary should include the rationale for the inclusion of each item.

Following completion of this template and associated rationale, the AHW members of the committee could, meet with representatives of each ACCHS in NSW to outline the formulary and encourage them to adapt it to their specific needs. A pharmacist from their PSC partner pharmacy could be involved in these discussions.

As I am sure you appreciate, the Society seeks to secure optimum health outcomes for all the people of NSW. I trust that our feedback is of assistance in further refining and responding to the issues of consideration identified by the Committee. Should you require additional information or clarification on any matters raised in this supplementary submission please do not hesitate to contact me by phoning (02) 9431 1101

Regards



Steven R Drew
Branch Director