



**Better access for better health
in Victoria**

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Pharmaceutical Society of Australia

The Pharmaceutical Society of Australia (PSA) is the peak national professional pharmacy organisation recognised by the Commonwealth Government as part of the Health Peak and Advisory Bodies Program. We represent Australia's 30,000 pharmacists working in all sectors and locations. Our members interact with health consumers on a daily basis at the frontline, and we understand the challenges that the Australian health system faces.

This paper identifies the following opportunities where the Pharmaceutical Society of Australia can support your organisation in realising your political goals through further health sector reform in Victoria:



1. Improve vaccination rates by expanding the range of vaccines available for pharmacists to administer to the full National Immunisation Program.



2. Establish a position of Chief Pharmacist to advise the Government and provide coordination and support within the Department of Health and Human Services and with other stakeholders.



3. Provide seed funding to pilot the 'shared care' model to demonstrate its impact on the Medication Assisted Treatment for Opioid Dependence services in Victoria.



4. Fully fund Medication Assisted Treatment for Opioid Dependence dispensing and management fees for patients accessing these services from pharmacists.

About the Pharmaceutical Society of Australia

The core functions of Pharmaceutical Society of Australia include:

- providing high quality continuing professional development, education and practice support to pharmacists
- developing and advocating standards and guidelines to inform and enhance pharmacists' practice
- representing pharmacists' role as frontline health professionals.

There are 4,000 PSA members in Victoria; 40% are practising in rural areas. Our members include community and hospital pharmacists as well as pharmacists practising in industry, health promotion, medication review, academia, research, policy and more. The Victorian Branch of the Pharmaceutical Society of Australia supports rural pharmacy practice with 12 rural regional support networks set up within the Victorian Continuing Professional Development structure. This allows us to reach out to the Victorian pharmacy workforce promptly and effectively across the state.

The Pharmaceutical Society of Australia Victorian executive meets regularly with health organisations including the Australian Medical Association (AMA), Australian Dental Association (ADA), Australian Physiotherapy Association (APA), Optometry Australia (OA), Pharmacy Guild of Australia (PGA), Royal Australian College of General Practitioners (RACGP), and Primary Health Networks (PHNs). We have been working on a range of collaborative health projects in Victoria with the RACGP, AMA, Dental Health Service Victoria, PGA, Vision 2020, Cancer Council Victoria, Quit Victoria, Lung Foundation and PHNs with excellent results.



Pharmacists in Health Sector Reform

The Victorian health system is undergoing major reform and a flexible, highly trained and responsive workforce is a key enabler for the implementation of innovative models of care. The pharmacist workforce is a critical part of this, particularly in primary care where significant reforms are planned or already under way.

In Victoria, pharmacists have a key role in assisting with effective policy implementation of key health reform initiatives including real time prescription monitoring, Supercare 24-hour pharmacies, chronic diseases management, voluntary assisted dying, medicinal cannabis, immunisation and drug law reform.

Pharmacists' unique skills and expertise have not been fully utilised. There is significant opportunity within the current health reform environment to ensure that health outcomes for Victorians benefit from pharmacists practising at their full scope of practice as part of collaborative models of care. Full utilisation of pharmacists' skills will improve health outcomes for Victorian, and ease the burden on the Victorian health system.

The Pharmaceutical Society of Australia is keen to work with all stakeholders to drive further improvement in effectiveness and efficiency of the Victorian health system through innovative models of care that best utilise pharmacists' full scope of practice.

Grow an extensive immunisation network in the primary care setting

Pharmacists are the most frequently contacted health professional by the Victorian public. There is an abundance of opportunities for pharmacists to educate and promote immunisation as a key public health activity to the public.

Victorian pharmacists have been providing a vaccination service to the public since June 2016, with excellent feedback from the public for its safety and convenience. Research has shown that pharmacists increase the portion of the population being immunised against influenza with many people being immunised for the first time because of the recommendation and convenient opportunity offered by the pharmacists¹.

At present, the Victorian public is able to be administered Influenza and Whooping Cough vaccines by pharmacists, with measles, mumps and rubella to be added soon. As of August 2018, over 1,000 Victorian pharmacists have been trained by the Pharmaceutical Society of Australia to provide pharmacy based immunisation services.

Building on the success achieved to date, the role of pharmacists in this key public health area should be expanded and enhanced to maximise the impact of this popular and well received option for the public. Restricting the range of vaccines available to the Victorian public provided by pharmacists creates a barrier to full immunisation, as people are forced to visit multiple providers for other vaccines to complete their immunisation needs.

**PSA seeks your commitment to
improve Victorian vaccination rates
by expanding the range of vaccines
available for pharmacists to administer
to the full National Immunisation
Program**

**Improve Victorian Government
coordination and responsiveness
to medication issues within the
complex health care system**

The Victorian public receive pharmaceutical services via a complex system that includes community pharmacies, hospital pharmacies, and aged care facilities. This system involves an interaction between state and federal funding schemes and input from pharmacists in disparate roles throughout the healthcare infrastructure

While there are a number of senior pharmacists employed within the Victorian Government and associated agencies, they all have very defined and separated roles. For example, the registrar of the Victorian Pharmacy Authority is responsible for the regulation of pharmacy premises and ownership; and the Senior Officer, Drugs and Poisons Regulations is responsible for the regulations of drugs, poisons and controlled substances. It is estimated that there are currently more than 14 contact points within the Victorian government for pharmaceutical and pharmacy related projects.

Commonwealth and State Governments have identified key health reform areas such as primary health care, mental health and chronic disease prevention. Pharmacists, being the most accessible health professional in Victoria, are suitably equipped to support and progress these reforms. While the role of pharmacists in the logistical supply of medicines is well known, the risk mitigation and case management value of pharmacists are often unrecognised.

**PSA seeks your commitment to
establish a position of Chief Pharmacist
to advise the Government and provide
coordination within the Department of
Health and Human Services and with
other stakeholders.**

The government would be able to more effectively utilise the well-established pharmacist resources if a principal pharmacy service adviser such as a Chief Pharmacist was appointed. The Chief Pharmacist would provide a link between regulation, programs, funding and infrastructure, with a clear responsibility of coordinating all relevant segments of the Department with the pharmacy community and fostering the collaboration of the pharmacy sector with other health professions within Victoria. The Chief Pharmacist would liaise with all the contact points within the government and provide advice to the government and ministers in support of policy development, planning and implementation of health service reform agendas.

**Ensuring a robust, effective and
inclusive mechanism to fight licit
and illicit drug abuse and misuse**

There is overwhelming evidence that the use of illicit drugs and misuse of pharmaceutical medicines are a major community concern, with significant impact on the Victoria health system as well as creating challenges for law enforcement and community welfare. The current referral pathway to support and manage addiction is already at breakpoint, with Medication Assisted Treatment for Opioid Dependence (MATOD) services across all Pharmacotherapy Area Based Networks (PABNs) under enormous pressure.

The Medication Assisted Treatment for Opioid Dependence service has two key components, the prescribing doctors (or nurse practitioners) and the pharmacists who dispense the medications and monitor treatment progress on a daily basis.

There is currently a severe shortage of Medication Assisted Treatment for Opioid Dependence prescribers despite the Victorian government's repeated efforts over many years to recruit doctors and nurse practitioners. Furthermore, a number of key Medication Assisted Treatment for Opioid Dependence prescribers are projected to retire from clinical practice over the next few years. With the implementation of a real time prescription monitoring system (Safescript) over the next 18 months, the demand for Medication Assisted Treatment for Opioid Dependence services is likely to increase significantly, putting additional pressure on the already strained prescriber pool.





The Pharmaceutical Society of Australia has been addressing this issue with a broad range of Victorian stakeholders including the Pharmacotherapy Area Based Networks, AMA Victoria, RACGP Victorian Faculty, RACGP Alcohol and other Drugs (AOD) special interest group, Turning Point, Pharmacotherapy Advocacy Mediation and Support Service (PAMS), Primary Health Networks, and the Victorian Mental Health Nurse Practitioner Collaborative. From these discussions, we determined that there is scope for pharmacists to support a more sustainable collaborative workforce modelⁱⁱ.

Pharmacists are specialists in medicines. Experienced pharmacists can be credentialed to support Medication Assisted Treatment for Opioid Dependence prescribers in the ongoing management of their clients. With appropriate funding, these pharmacists will be able to practise as non-dispensing pharmacists in a variety of locations including but not limited to community health centres or GP practices under a care plan arrangement with the prescribers. This model offers a high level of flexibility and mobility so that these non-dispensing pharmacists could rotate to regional locations to address the service demand there.

PSA seeks your commitment to provide seed funding to pilot the 'shared care' model to demonstrate its impact on the Medication Assisted Treatment for Opioid Dependence services in Victoria.

This proposed 'shared care model' would provide consumers with wider options, and support high volume prescribers to reduce and better manage their work pressures. This model would also encourage non-Medication Assisted Treatment for Opioid Dependence prescribing practitioners to take on patients knowing that they will be supported by an experienced and credentialed pharmacist. This proposed model of care would only be viable if the patient's overall health was managed by their general practitioner. This collaborative framework would ensure a more holistic approach to the wellbeing of Medication Assisted Treatment for Opioid Dependence pharmacotherapy patients.

The Pharmaceutical Society of Australia is keen to work with the Pharmacotherapy Area Based Networks and Primary Health Networks to develop and implement this initiative to fill the service gaps in identified localities.

While Medication Assisted Treatment for Opioid Dependence prescribing services are funded through the MBS and the medicines are subsidised by the Commonwealth there is no funding for the significant work involved in the daily MATOD dispensing service provided by pharmacists. Medication Assisted Treatment for Opioid Dependence dispensing service is therefore supplied on a fee for service arrangement that is a significant barrier for those in need of such care. There is strong evidenceⁱⁱⁱ that adequate government funding for Medication Assisted Treatment for Opioid Dependence would enhance compliance, minimise stigma and encourage more pharmacists to offer the much needed service. The funding of MATOD service provided by pharmacist to consumers has received universal support from the Victorian Alcohol and Other Drugs (AOD) sector including Harm Reduction Victoria^{iv}, Penington Institute^v, RACGP, Pharmacy Guild, and is one of the recommendations of the Victorian Parliamentary Inquiry on Drug Law Reform^{vi}.

PSA seeks your commitment to fully fund Medication Assisted Treatment for Opioid Dependence dispensing and management fees for patients accessing these services from pharmacists.

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Call to Action

PSA believes that there is an urgent need to capitalise on the opportunities presented to the Victorian public to improve health outcomes by adopting innovative models of care that utilise the existing pharmacist workforce. The forthcoming election is the ideal time to commit to a new reform agenda for a healthier Victoria that is tangible, practical and resonate with the electorate. I seek an opportunity to meet with you and discuss details of this paper, and explore ways that The Pharmaceutical Society of Australia may work with you to achieve better health outcomes for Victorians.



Benjamin Marchant MPS

Victorian President

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