

# 2020–21 **PRE-BUDGET SUBMISSION** VICTORIA







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# About PSA

PSA is the only Australian Government-recognised peak national professional pharmacy organisation representing all of Australia's 31,000 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 healthcare. 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.

## Pharmacists in Victoria

7,443

Registered pharmacists in Victoria working in community pharmacies, hospital, general practice, aged care, Victorian and federal government and within other private sector organisations.





# Executive Summary

Medicines are the most common intervention in health care.<sup>1</sup> Concerningly, problems with the use of medicines is also alarmingly common. In Australia, 250,000 hospital admission a year are a result of medicine-related problems. The annual cost of these admissions is \$1.4 billion; 50% of this harm is preventable.<sup>2</sup> This burden of harm is felt in Victoria just like it is throughout Australia.

This pre-budget submission identifies four key areas for consideration as part of the 2020/2021

Financial Year Victorian Government Budget. The PSA seeks to work in partnership with the Victorian Government to achieve mutually beneficial goals of improving access for Victorians in enabling provision of better health outcomes.

In light of this, the Pharmaceutical Society of Australia recommends provision is made in the budget in the following four areas of action:

1

## **Improve access to vaccination to protect Victoria's workforce and those they care for**

PSA calls for regulatory change in Victoria to enable pharmacists to administer vaccines to reduce the risks associated with health and carer occupational exposure to infectious diseases such as hepatitis A, hepatitis B and meningococcal disease.

2

## **Reduce financial barriers to opioid substitution therapy**

PSA calls on the Victorian Government to allocate \$51 million to reduce the financial barriers to people with substance use disorder from accessing Medication Assisted Treatment for Opioid Dependence (MATOD).

3

## **Establish the role of Victorian Chief Pharmacist**

PSA calls on the Victorian Government to allocate \$300,000 annually to improve coordination of health policy and regulatory controls through establishing the role of Victorian Chief Pharmacist.

4

## **Help pharmacists support people presenting with mental health issues**

PSA calls on the Victorian Government to allocate \$500,000 to upskill pharmacists in mental health first aid to support early intervention, appropriate treatment, referral and self-management of Victorians with mental health conditions.



**Ben Marchant**

PSA Victorian President

# Recommendation One

Improve access to vaccination to protect Victoria's workforce and those they care for

## The challenge

Immunisation is one of the most effective disease prevention methods. Vaccines are safe, efficacious and easy for competently trained health professionals to administer. They provide protection against both health and economic impacts of epidemics of vaccine preventable infectious diseases.<sup>3,4</sup>

While vaccination rates for children are high, less than 40% of at-risk adults are considered to be

fully vaccinated.<sup>3</sup> This includes healthcare workers and others caring for our most vulnerable people, including children, the ill, elderly and infirm. For example:

- Less than 50% of childcare workers are fully vaccinated<sup>5</sup>
- Seasonal influenza vaccination uptake is inconsistent in aged care and health care workers.<sup>6</sup>



To protect the Victorian community, it is crucial these workers who have a higher risk of exposure to contracting and spreading infectious diseases are fully vaccinated.<sup>7</sup> Removing barriers to vaccination is essential to achieving this.

## The proposed approach

PSA recommends expanding the range of vaccines that trained pharmacists are able to administer. PSA fully supports the four proposals in the current Department of Health and Human Services (Victoria) vaccination consultation, including:

- **Proposal 1:** allow pharmacist immunisers in Victoria to administer influenza vaccine to persons aged 10 years and older (age lowered from 16 years and older).
- **Proposal 2:** allow pharmacist immunisers in Victoria to administer meningococcal ACWY vaccine to persons aged 15 years and older.
- **Proposal 3:** allow pharmacist immunisers in Victoria to administer measles-mumps-rubella and pertussis-containing (whooping cough) vaccines to persons aged 15 years and older (age lowered from 16 years and older).
- **Proposal 4:** vary restrictions on where pharmacists can administer vaccines in Victoria.

PSA also considers this to be an opportunity to incorporate all vaccines that are recommended for health care workers and carers, including the following<sup>8</sup>:

- Influenza (pharmacist immunisers already authorised to administer)
- Measles/mumps/rubella (pharmacist immunisers already authorised to administer)
- Diphtheria, tetanus and pertussis (pharmacist immunisers currently authorised to administer for purpose of pertussis immunity only)
- Hepatitis B
- Hepatitis A
- Varicella
- Meningococcal (DHHS Consultation proposal 2)

These vaccines would be funded by workplaces, consumers or through the National Immunisation Program (NIP), dependent on individual eligibility. The cost of administration would be funded by workplaces or consumers.

Achieving these recommendations is a matter of regulatory change, without any additional funding requirements to train workforces, or build infrastructure.

## Why it will work

Pharmacists have been immunising in Victoria since June 2016 when legislation change saw pharmacists start to administer influenza vaccines in community pharmacy.

The accessibility of community pharmacists (through a well-established network of community pharmacies and extended operating hours) and consumer trust has provided an accessible and convenient location for the delivery of vaccination services. The pharmacist workforce has been acknowledged as contributing to a meaningful reduction in the severity of seasonal influenza<sup>9</sup> in particular.

Pharmacists in other countries have also been shown to safely administer these workplace-recommended vaccinations<sup>10</sup>, as summarised below.



### Timeline

As trained pharmacist immunisers already have the skills and infrastructure to provide this service, this could be implemented immediately following changes to the Victorian Pharmacist administered vaccination guidelines.<sup>11</sup>.



### Budget

Minimal: Vaccines to be funded by workplaces, consumers or through the National Immunisation Program (NIP), dependent on individual eligibility.

	Victoria	Australia (other)	Argentina	Canada*	Portugal	South Africa	Switzerland	UK	USA*
Influenza	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pertussis, diphtheria, tetanus	✓&	✓&	✓	✓	✓	✓	✗	✓	✓
MMR	✓	✓%	✓	?	✗	✓	✓	✓	✓
Meningococcal	✗	✓ (WA only)	?	?	✓	✓	✗	✓	✓
Hepatitis A	✗	✗	✓	✓	✓	✓	✓	✓	✓
Hepatitis B	✗	✗	✓	✓	✓	✓	✓	✓	✓
Varicella	✗	✗	?	✓	✓	✓	✗	✓	✓

\* denotes jurisdictional variation

% All except ACT

& only for purpose of pertussis immunity (most states)

**PSA calls for the regulatory changes in Victoria to enable pharmacists to administer vaccines to reduce the risks associated with health and carer occupational exposure to infectious diseases such as hepatitis A, hepatitis B and meningococcal disease.**

## BENEFITS TO VICTORIANS

- Increases uptake of recommended immunisations by health and carer workforce, providing greater protection to health workers, care workers and the vulnerable Victorians they care for
- Increases access for immunisation services especially in rural and remote areas
- Slows the spread of outbreaks of vaccine-preventable diseases in aged care facilities

## Future opportunities

Australian pharmacists have been administering vaccines safely and effectively since 2014 and across all States and Territories since 2016. PSA supports further removal of barriers to Australians accessing immunisation, including;

- regulatory changes to enable appropriately trained pharmacists to administer any vaccine which can be administered by other authorised immunisers
- equal consumer accessibility to NIP-funded vaccines, state vaccination programs and Medicare Benefits Schedule items, regardless of which authorised immuniser provides the vaccination service
- greater flexibility in locations where pharmacists can administer vaccines, such as residential aged care facilities or workplaces.



# Recommendation Two

## Reduce financial barriers to opioid substitution therapy

### The challenge

The harms caused by pharmaceutical and illicit opioids in the Victorian community are well documented. Strong policy responses to these, such as SafeScript and the supervised injecting facility in North Richmond have helped reduce individual risk of opioid use, as well as identify more people who are seeking treatment for substance use disorder.<sup>12,13</sup> This has placed additional pressure on community pharmacy treatment services.<sup>14</sup>

Medication Assisted Treatment for Opioid Dependence (MATOD) programs support people living with a substance use disorder and provide stability and a pathway to rehabilitation through daily dosing of long-acting opioid medicines (i.e. methadone and buprenorphine). PSA understands there are approximately 14,000 people currently within the program in Victoria. However there are substantial barriers to access by people within and outside of the program who need the service.

### The barrier

In Victoria, patient cost has been recognised as the most substantial barrier to accessing opioid substitution therapy.<sup>15</sup> While the medicines are supplied free-of-charge through the Pharmaceutical Benefits Scheme under section 100 of the National Health Act 1953 (Cth), the professional fee for safe, witnessed dosing is funded by the consumer.

Unlike in other states where a no-consumer-cost government-funded clinic model exists, MATOD services in Victoria are nearly exclusively provided privately through community pharmacies. This increases the financial barrier to access and makes it more important that these barriers are addressed, particularly as remuneration has been recognised in government inquiries as being a barrier to more pharmacies offering MATOD.<sup>14</sup>

### The proposed approach

PSA proposes a co-payment model where the Victorian Government funds witnessed dosing and clinical service fee for MATOD minus a monthly client co-payment. It is proposed the value of the PBS co-payment (currently \$40.50 for the general population and \$6.50 with health care concession entitlement) would be an appropriate amount with regards to client affordability and equity.

As depot buprenorphine becomes a more predominant treatment option, it is envisaged over time this would be incorporated into this proposed funding model.



#### Timeline

PSA considers this could be introduced from 1 September 2020 following a period of three months to implement necessary payment and eligibility processes.



#### Budget

PSA estimates the cost of the proposal to be approximately \$51 million annually.

### Why it will work

The Victorian Department of Justice currently fully funds the witnessed dosing fee for a period of one month following discharge of a person from prison. This is recognised as providing stability in a high risk period.

Other state and territory governments in Australia provide greater support to Opioid Substitution Therapy. For example, the ACT Government funds<sup>16</sup> part of the professional fee for witnessed dosing in community pharmacies, reducing the patient contribution. This is recognised to significantly reduce the financial barrier to clients in the program.

**The PSA calls on the Victorian Government to allocate \$51 million to reduce the financial barriers for people with substance use disorder to access MATOD services.**

## BENEFITS TO VICTORIANS

- Removes barriers to access for people with opioid use disorder, notably the cost to clients
- Ensures greater adherence to opioid substitution therapy, providing greater stability to those who require the service



# Recommendation Three

## Establish the role of Victorian Chief Pharmacist

### The challenge

The Victorian health system provides support and advice to approximately 6.4 million people but is challenged by a complex and fragmented healthcare system. To deliver against key areas of health policy requires engagement with many state and federal stakeholders, often with conflicting priorities. Added to this is the ever-changing landscape of medicines and regulations in Australia, which require a collaborative and proactive approach to ensure health professionals and the public are kept aware of important updates. Currently this involves engaging with an estimated 14 contact points that sit within various Victorian Government agencies to address pharmaceutical and pharmacy related projects.

### The proposed approach

PSA recommends establishing a Chief Pharmacist role for the state of Victoria, who can provide a uniform approach to pharmaceutical advice for government and key stakeholder agencies such as the DHHS.

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 collaboration between the pharmacy sector and other Victorian health professionals. The Chief Pharmacist would liaise with all the contact points within government and provide advice to Ministers, Ministerial staff and agencies to support policy development, planning and implementation of health service reform agendas. This position could also provide a consistent voice and point of contact for peak professional bodies such as PSA to engage more efficiently with all stakeholders.

Creation of a Chief Pharmacist role would provide the strategic understanding and knowledge of pharmacist capabilities to enable the Victorian Government to most effectively utilise the pharmacist workforce to improve medicine management and patient safety in hospitals, aged care and in the community.



#### Timeline

From 1 July 2020



#### Budget

PSA estimates the budget allocation to support this proposal to be \$300,000 annually, including salary and on-costs.

### Why it will work

Other Australian jurisdictions, including New South Wales and the Australian Capital Territory have an appointed Chief Pharmacist who provides coordinated advice and oversight to medicine-related matters within their health systems. These roles are recognised as providing high quality advice within government and facilitating efficient operation of pharmacist-related regulation.

### PSA calls on the Victorian Government to establish a Chief Pharmacist position.

#### BENEFITS TO VICTORIANS

- Provides a single point of contact between Victorian Government agencies on pharmaceutical and pharmacy sector issues
- Delivers strategic advice and insights on how to best utilise the pharmacist workforce to achieve key health initiatives and outcomes



# Recommendation Four

## Help pharmacists support people presenting with mental health issues

### The challenge

It is estimated that close to half (45.5%) of the Australian population between 16 and 85 years of age will experience a common mental illness in their lifetime with the prevalence of mental health issues, such as depression, increasing with other chronic conditions.<sup>17</sup> These mental health challenges vary with age (see graph) and are even more common in rural and remote Australia, where pharmacists are the most accessible healthcare professional, working in close collaboration with doctors and nurses.

Pharmacists are well placed to support these patients in the community and identify them early so they can be referred to appropriate mental health providers, including general practitioners. Evidence suggests that prevention and early interventions can reduce the need for more complex and costly interventions.

### The proposed approach

PSA seeks an allocation of funding from the Victorian Government to train pharmacists across Victoria, including in regional and rural areas in mental health first aid to identify and assist people experiencing mental health issues.

This would include both initial training (2 day course) and ongoing refresher training (half day course) every three years.



#### Timeline

From 1 July 2020.



#### Budget

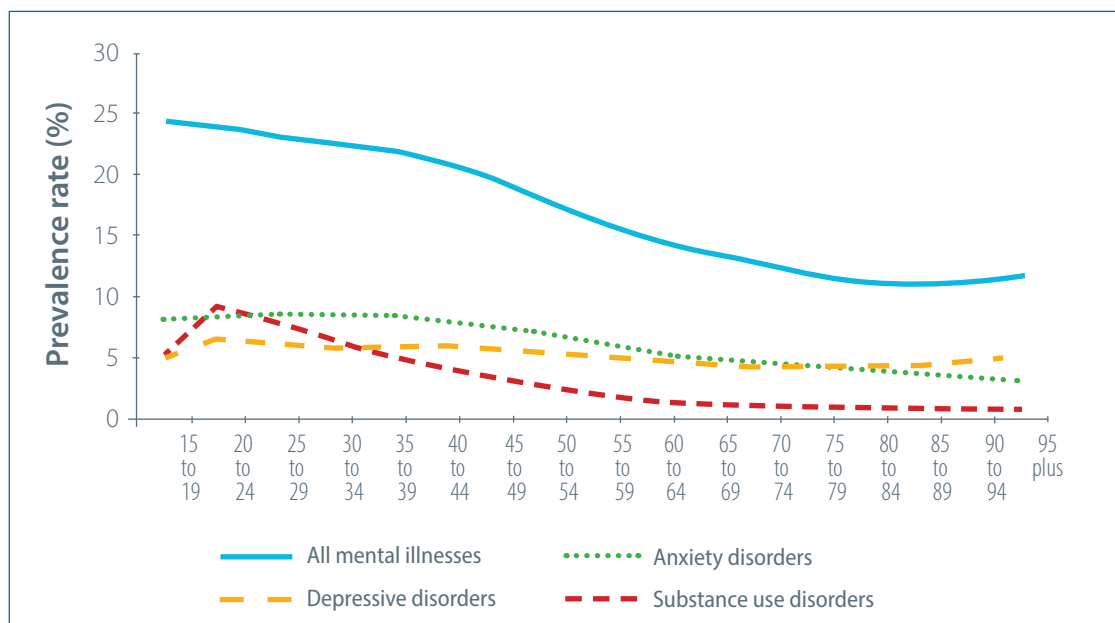
PSA estimates this program would cost around \$500,000 in the first year, and then \$250,000 annually thereafter.

### Why it will work

Mental health first aid is associated with improved knowledge of mental illnesses and confidence in providing appropriate first aid to people with mental illness.<sup>18</sup> The benefits of the training are shown to be sustained over time, and some studies have also shown improved mental health of the people who attend the training.

The NSW Government recently announced \$1 million for pharmacy-specific mental health first aid training for the pharmacy workforce<sup>19</sup> in rural areas, covering mental health problems including depression, anxiety, psychosis, substance use problems and mental health crises (such as suicidal thoughts and aggressive behaviours).

**PSA calls on the Victorian Government to allocate \$500,000 to upskill pharmacists in mental health first aid to support early intervention, appropriate treatment, referral and self-management of Victorians with mental health conditions.**



Prevalence of mental health issues in Australia, by age<sup>20</sup>

## BENEFITS TO VICTORIANS

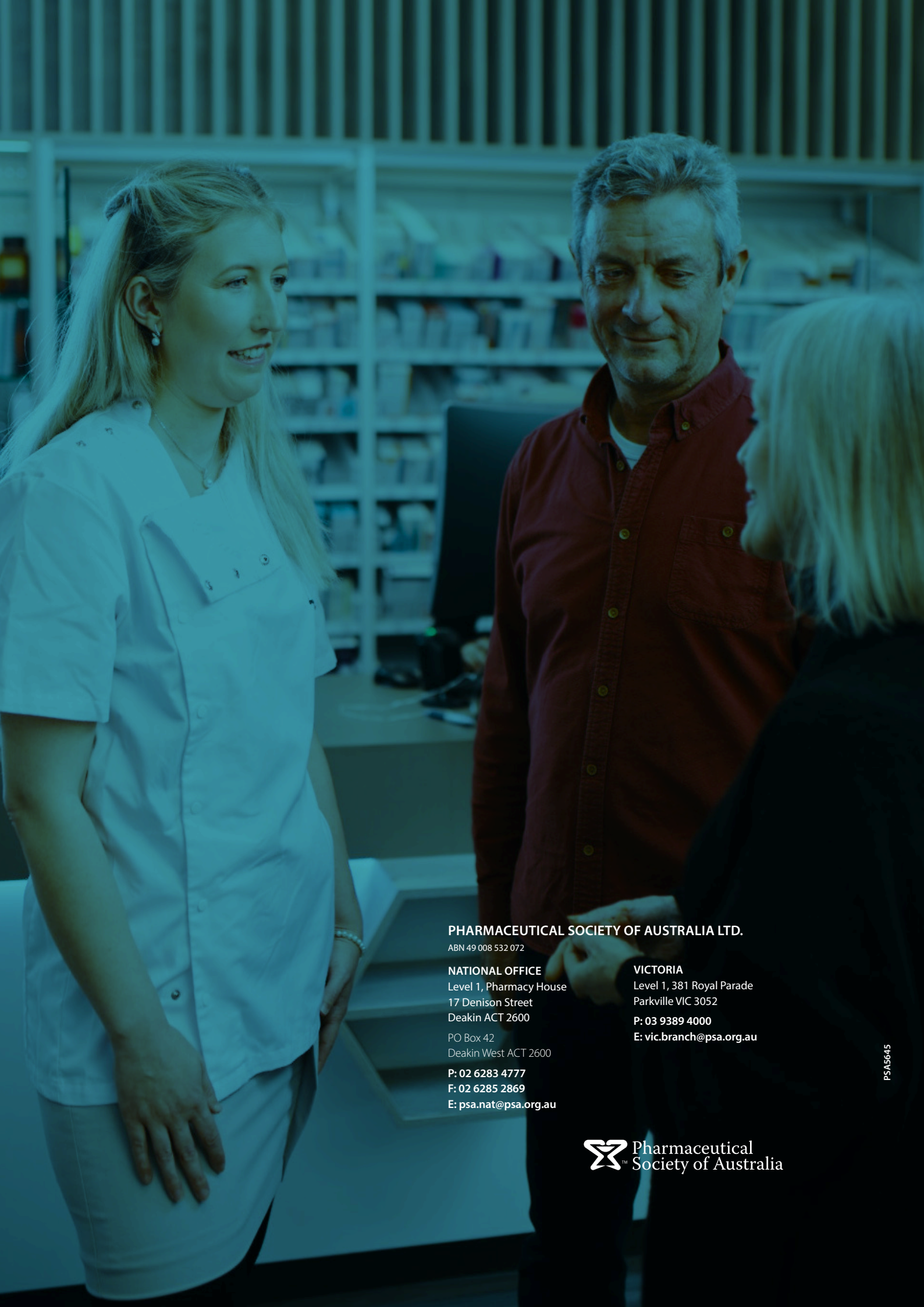
- Provides greater access through better referral to general practitioners and mental health services in Victoria, particularly for those living in rural and remote areas
- Reduces stigma towards mental health issues due to increased community awareness
- Improves detection of untreated mental health issues, enabling earlier intervention and improved outcomes
- Increases mental health workforce capacity
- Greater engagement within communities around mental health issues and subsequent support networks
- Improves use of medicines, including prescribing, ongoing monitoring and subsequent recommendation of therapy adjustment, including deprescribing, in collaboration with other healthcare professionals

# REFERENCES

1. Roughead L, Semple S, Rosenfeld E. Literature Review: Medication Safety in Australia. Sydney: Australian Commission on Safety and Quality in Health Care; 2013 Aug. At: [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au).
2. Medicine Safety: Take Care. Canberra: Pharmaceutical Society of Australia; 2019 Jan. At: [www.psa.org.au](http://www.psa.org.au).
3. Menzies RI, Leask J, Royle J, MacIntyre CR. Vaccine myopia: adult vaccination also needs attention. *The Medical Journal of Australia*. 2017 Apr 3;206(6):238–9.
4. Vaccine preventable disease in Australia. Australian Institute of Health and Welfare; 2018 Oct p. 2. Report No.: PHE236. At: [https://www.aihw.gov.au/getmedia/8eb941be-9137-47b3-80d2-a0919424b2dc/aihw-phe-236\\_Aust.pdf.aspx](https://www.aihw.gov.au/getmedia/8eb941be-9137-47b3-80d2-a0919424b2dc/aihw-phe-236_Aust.pdf.aspx)
5. Hope K, Butler M, Massey PD, Cashman P, Durrheim DN, Stephenson J, et al. Pertussis vaccination in Child Care Workers: room for improvement in coverage, policy and practice. *BMC Pediatr*. 2012 Jul 13;12:98.
6. Seale H, MacIntyre CR. Seasonal influenza vaccination in Australian hospital health care workers: a review. *The Medical Journal of Australia*. 2011 Sep 19;195(6):336–8.
7. Immunisations for work, Better Health Channel. Department of Health & Human Services; 2018 Jun. At: <https://www.betterhealth.vic.gov.au:443/health/healthyliving/immunisations-at-work>.
8. Vaccination for healthcare workers in Victoria. Department of Health & Human Services; 2014 Aug. At: <https://www2.health.vic.gov.au:443/public-health/immunisation/adults/vaccination-workplace/vaccination-healthcare-workers>.
9. Record vaccinations slash flu rates in Australia. Greg Hunt MP. 2018. At: <https://www.greghunt.com.au/record-vaccinations-slash-flu-rates-in-australia/>.
10. FIP global vaccination advocacy toolkit: Supporting and expanding immunisation coverage through pharmacists. The Hague, The Netherlands: International Pharmaceutical Federation (FIP); 2019 Sep.
11. Victorian pharmacist administered vaccination guidelines - April 2019. Melbourne: Department of Health and Human Services, Victorian State Government; 2019 Apr p. 25. At: <https://www2.health.vic.gov.au/Api/downloadmedia/%7B05A3DFF5-F33A-4EA1-BC1B-3B89BA23460B%7D>
12. Medically supervised injecting room at North Richmond Community Health. North Richmond Community Health. At: <https://nrch.com.au/services/medically-supervised-injecting-room/>.
13. Media Release: SafeScript wins national Australian Information Industry Association award. Abbotsford: FRED Health. At: <https://www.fred.com.au/wp-content/uploads/2019/09/Media-Release-SafeScript-wins-national-Australian-Information-Industry-Association-award.pdf>.
14. Inquiry into Community Pharmacy in Victoria. Legal and Social Issues Legislation Committee, Legislative Council, Parliament of Victoria; 2014 October, p. 96. At: [https://www.parliament.vic.gov.au/images/stories/committees/SCLSI/community\\_pharmacy/FINAL\\_Report.pdf](https://www.parliament.vic.gov.au/images/stories/committees/SCLSI/community_pharmacy/FINAL_Report.pdf).
15. Penington Institute submission to the Royal Commission into Victoria's Mental Health System . Melbourne: Penington Institute; 2019 Jul. At: [https://s3.ap-southeast-2.amazonaws.com/hdp.au.prod.app.vic.rcvmhs.files/8315/6688/7200/Penington\\_Institute.pdf](https://s3.ap-southeast-2.amazonaws.com/hdp.au.prod.app.vic.rcvmhs.files/8315/6688/7200/Penington_Institute.pdf).
16. Opioid Maintenance Treatment in the ACT - Local Policies and Procedures 2018 . ACT Health; 2018. At: <https://www.health.act.gov.au/sites/default/files/2018-09/Opioid%20Maintenance%20Treatment%20in%20the%20ACT%20-%20Local%20Policies%20and%20Procedures%202018.pdf>.
17. Prevalence of mental disorders in the Australian population . Department of Health, Commonwealth of Australia; 2007. At: <https://www1.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-m-mhaust2-toc~mental-pubs-m-mhaust2-hig~mental-pubs-m-mhaust2-hig-pre>.
18. Our Impact | Mental Health First Aid. Mental Health First Aid. At: <https://mhfa.com.au/our-impact/our-global-impact>
19. Pharmacy | Mental Health First Aid. Mental Health First Aid. At: <https://mhfa.com.au/courses/public/types/blendedpharmacy>
20. Mental Health Productivity Commission Draft Report: Overview and recommendations. Productivity Commission, Canberra. At: <https://www.pc.gov.au/inquiries/current/mental-health/draft/mental-health-draft-overview.pdf>







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