

Senate Select Committee on COVID-19

Inquiry into the Australian Government's response to the COVID-19 pandemic

May
2020

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Purpose

The Pharmaceutical Society of Australia (PSA) makes this submission to the Senate Select Committee on COVID-19 which is inquiring and reporting into:

- a. the Australian Government's response to the COVID-19 pandemic; and
- b. any related matters.

In the context of the Committee's focus on the Australian Government's response to the COVID-19 pandemic, PSA's submission primarily centres on the role of pharmacists during that pandemic in caring for Australians.

About PSA

PSA is the only Australian Government-recognised peak national professional pharmacy organisation representing all of Australia's 32,000 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.

Recommendations

The Pharmaceutical Society of Australia (PSA) provides the following recommendations to the Senate Select Committee on COVID-19.

Recommendation 1: National and local pandemic planning must incorporate the ability to invoke systematic medicine supply restrictions in a timely manner to support equity of access to all Australians.

Recommendation 2: Limitations on supply of medicines implemented during a public health emergency must be supported by legislation to enable pharmacists to enforce those restrictions and help ensure continuation of equitable supply for all Australians.

Recommendation 3: The Pharmaceutical Benefits Scheme Continued Dispensing initiative which was expanded during recent public health emergencies, including the COVID-19 pandemic, should be enabled on a permanent basis to support continuity of patient care.

Recommendation 4: The current therapeutic substitution arrangements implemented through the Serious Shortage Medicine Substitution Notice should be reviewed with a view to allowing pharmacists to supply an alternative medicine, in place of a medicine in shortage, in accordance with professional judgement and contemporary therapeutic guidelines.

Recommendation 5: Provisions should be in place to cease the issuing of prescriptions for medicines with directions to dispense multiple repeats at one time during a public health emergency, particularly when restrictions have been enforced for international and/or local travel.

Recommendation 6: The Australian Government must provide adequate and ongoing quantities of personal protective equipment stock for use by pharmacists and pharmacy staff recognising their critical public health role.

Recommendation 7: Supplies of personal protective equipment for community pharmacies should be distributed through pharmaceutical wholesalers known as the Community Service Obligation Distributors.

Recommendation 8: As essential health workers during a pandemic or other public health emergency, support for pharmacists must be prioritised to ensure pharmacist delivered services continue through that declared period.

Recommendation 9: The Australian Government must provide clearer public health messaging that people known or suspected of being infected with a communicable disease must not enter community pharmacy premises. Such patients should be supported by providing immediate access to telehealth pharmacist consultations and acknowledgement that any medicines or advice that they need to obtain from their local pharmacy can be done without leaving their home.

Recommendation 10: The Australian Government should allocate funding for patient consultation services delivered by pharmacists.

Recommendation 11: The arrangement that allows pharmacists to deliver medication management review services via telehealth should continue beyond the pandemic with appropriate quality controls.

Recommendation 12: The Australian Government should provide leadership and support through the Council of Australian Governments and Health Ministers to ensure national uniformity and harmonisation in therapeutic goods legislation across all jurisdictions.

Recommendation 13: A Commonwealth Chief Pharmacist must be appointed urgently to enable the design and coordination of consistent and rapid implementation of relevant measures during public health emergencies and to provide strategic national leadership in improving an overall medicine safety and quality use of medicines agenda for Australia.

Recommendation 14: The role of the pharmacist in regularly distributing public health messages and implementing measures to enable equitable availability of medicines and other healthcare resources must be appropriately recognised and remunerated by the Australian Government.

Recommendation 15: Pharmacists as essential frontline healthcare service providers must be equipped with information on public health messages and changes to legislation as early as possible prior to implementation in order to maximise their ability to deliver on the Australian Government's objectives.

Recommendation 16: Contemporary and permanent legislation must be enacted in all jurisdictions to protect pharmacists and other healthcare workers from physical violence and verbal abuse.

Recommendation 17: Businesses providing essential services during a pandemic must be adequately supported and, in particular, the unique circumstances of and impact on community pharmacy operations must be accommodated.

Introduction

The PSA acknowledges the Australian Government's rapid and decisive response that helped Australia contain the pandemic.

The Australian Government and the Australian response in general were exemplary however that does not mean that there were not missteps and lessons to be learnt for the future. This submission highlights areas where improvements can be made to ensure that patients, and their healthcare providers are supported.

There is no doubt that legislative amendments, policy decisions and funding initiatives contributed to significantly lower infection rates in the global context and helped to alleviate the impact of the pandemic on Australians, in particular the health system.

It is not unexpected, however, that with such an unprecedented crisis there were challenges in policies and decisions made, which were not ideal. PSA takes this opportunity to highlight areas where unnecessary barriers were put in place and where policy decisions impacted on professional practice and hindered pharmacists in assisting patients and fulfilling professional obligations. There were even cases where the law had to be circumvented in order to provide the care expected by patients.

It must be remembered that pharmacies are considered to be essential services during this public health emergency and expected to continue to deliver health care and meet the needs of patients, carers and the public. As far as PSA is aware, of the 5,700 community pharmacies in Australia, not a single one closed – every community pharmacy remained open throughout the pandemic to provide care, medicines and supplies to Australians. Yet community pharmacy leaders and community pharmacists were not always fully consulted when policy and implementation decisions were being made, including those affecting the pharmacy sector.

PSA believes it is necessary to not only raise these concerns but to provide recommendations that will ensure Government, in the future, is prepared for a second wave of the COVID-19 pandemic as well as any future public health emergencies.

Issues

In the following section of this submission, PSA highlights key issues experienced by pharmacists, particularly barriers which restricted pharmacists from providing patients the best possible care during the pandemic. PSA also provides recommendations to ensure limitations can be transformed into future solutions to benefit all Australians.

1. Medicine shortages during the pandemic

Adequacy of medicine supply chain

As the pandemic took hold in Australia, common medicines quickly became out of stock in community and hospital pharmacies across the country including:

- children's paracetamol liquid;
- children's ibuprofen liquid;

- salbutamol inhalers (e.g. *Ventolin*);
- hydroxychloroquine tablets.

The shortages were not limited to just these medicines and extended to all essential medicines, including medicines for chronic conditions such as respiratory health, high blood pressure and diabetes management.

PSA is aware of pharmacies that were unable to procure any prescription and non-prescription medicines to supply to their patients for two weeks or more, necessitating patients to travel from pharmacy to pharmacy or enquire with multiple pharmacies even beyond their local geographical area. This created a cycle of panic by patients and carers to obtain these much-needed medicines.

This situation was unfortunately exacerbated by one of the state health officers who encouraged patients to have at least 60 days' supply of their medicines at home. This led to further panic-buying putting patients at risk and forcing pharmacists to frequently bear the brunt of panicked consumer behaviour and abuse.

Medicine supply limits

Limitations on supply of certain medicines came into force only after the pharmacy sector, including the PSA, appealed to the Australian Government to enforce these limits. While this measure was helpful to a certain degree, some patients felt that pharmacists were unfairly choosing to deny access to their medicines and many took out their frustrations on pharmacists and pharmacy staff. The Australian Government's message to the public that such a measure was necessary in order to ensure equitable access to prescribed medicines during the pandemic and beyond, was not strong nor prominent in the initial stages. Thus, it was left to the pharmacists on the ground to communicate this rule to patients and to deal with any negative reactions.

PSA also became aware that pharmaceutical wholesalers were taking the step to place their own, somewhat arbitrary, limits on some medicines when fulfilling orders from pharmacies. These were reportedly in their attempts to dampen the effects of surges in demand and to prevent a maldistribution of supply across the country. While PSA understands the reasons behind such actions being taken, they did not always help alleviate the pressures faced by community pharmacists as those measures are not apparent to the pharmacist placing orders; they are likely to only see that the medicine they require is "out of stock".

A significant lack of communication from the pharmaceutical wholesalers about the limits they were putting in place, the rationale and current stock levels being held in specific geographical regions and across Australia were not helpful.

While pharmaceutical wholesalers may have been in contact with the Therapeutic Goods Administration about supply issues, these types of information were often not shared more broadly with practitioners at the coalface, such as pharmacists and doctors.

Continued dispensing

In response to recent public health emergencies, including the bushfire crisis and the COVID-19 pandemic, the Australian Government provided initial and continuing temporary expansions of the Pharmaceutical Benefits Scheme (PBS) Continued Dispensing initiative to support continuity of essential medicine therapy for all Australians. 'Continued dispensing' allows consumers to access

standard PBS pack sizes of essential medicines in an emergency where there is an immediate therapeutic need and accessing a prescription is not practical.

PSA supports this measure as a safe and sensible solution to assist patients in emergency situations to be able to access medicines in a timely manner and maintain their usual medication therapy. It is important for their health, to be able to ease the stress and support patient care, particularly those relying on the use of medicines for their chronic conditions.

PSA strongly supports this expanded measure being adopted permanently in the interests of patient health and well-being during public health and other emergencies.

Therapeutic substitution

Pharmacists are familiar with medicine shortages as they experience this on a daily basis, i.e. even before the COVID-19 pandemic. For patients and carers, medicine shortages can be inconvenient, stressful, time consuming and have cost implications. Depending on the nature and duration of a shortage, it can also negatively impact on a person's health and quality of life.

Prior to COVID-19, PSA, in partnership with the Pharmacy Guild of Australia, presented to the Medicine Shortages Working Party (convened by the Therapeutic Goods Administration) a proposal outlining potential solutions to help mitigate the impacts of medicine shortages on patients as well as pharmacists and prescribers. This involves the pharmacist being allowed to dispense a suitable alternative medicine, in accordance with contemporary therapeutic guidelines, when a prescribed medicine is in shortage without the need to request a new prescription from the prescriber. In many cases, a medicine shortage could be managed by a therapeutic substitution which is clearly within the scope of a pharmacist's practice – for example, substitution of the dose form of a medicine (e.g. dispensing capsules instead of tablets) or dispensing a different (lower or higher) strength of the same medicine (e.g. 2 x 20 mg tablets instead of 1 x 40 mg tablet).

Although a mechanism to permit substitution of a medicine in shortage has recently been implemented, it requires a substitution notice to be issued by the TGA with explicit directions to the pharmacist on even the simplest form of substitution (e.g. substituting capsules for tablets), and then the notice has to be enabled in legislation in each state and territory. This was not what PSA had proposed. PSA contends that, what has been implemented ignores and undermines the professional capabilities of pharmacists. It will not improve timely access by patients to medicines in shortage and will not provide the best support for continuity of patient care, particularly for people on medicines for chronic conditions.

As the Australian Government-recognised peak national professional pharmacy body, PSA has a role to function as a source of sector knowledge and expertise and to provide well-informed and impartial advice to the Commonwealth within the area of expertise. Thus, PSA is disappointed that expert advice provided by the profession as a way to minimise the impact of a medicine shortage and support continuity of prescribed therapy for patients, was not implemented in an optimal manner.

Supply of multiple quantities

Section 49 of the *National Health (Pharmaceutical Benefits) Regulations 2017* allows the original prescription and all prescribed repeats to be supplied at the one time. To issue such a prescription, commonly referred to as a 'Reg 24' prescription (the provisions were described under Regulation 24 in the instrument which existed prior to 2017), the prescriber must be satisfied that all of the following conditions apply:

- the maximum PBS quantity is sufficient for the patient's treatment
- the patient has a chronic illness and or lives in a remote area where access to PBS supplies is limited, and
- the patient would suffer great hardship by trying to get repeated supplies of the item on separate occasions.

In the early stages of the pandemic, pharmacists reported to PSA that they were receiving a surge of 'Reg 24' prescriptions equating to six months' supply of the medicine at once. PSA has anecdotal feedback that doctors were issuing 'Reg 24' prescriptions in the belief that this would be in the best interests to protect their patients. However, this trend placed the supply chain at substantial risk and caused significant angst to patients in immediate need of ongoing therapy of their chronic conditions. There were also flow-on difficulties experienced by pharmacists in negotiating medicine availability and procurement, and handling the multitude of enquiries and follow-ups with patients seeking to ensure continuity of therapy with their prescribed medicines.

Influenza vaccination shortages

Messages by the Australian Government to encourage people to obtain their influenza vaccinations, particularly in the background of the COVID-19 pandemic, may have been well intended. This resulted in patients flooding into community pharmacies, general practice and to other immunisers to secure appointments for their annual influenza vaccinations. While we commend the Australian Government for its efforts to raise influenza vaccination rates of the general population and to secure additional influenza vaccine doses into the market to cope with this demand, there still remains a significant shortage.

Community pharmacists have been overwhelmed with vaccination requests that cannot be fulfilled. Even today, pharmacists are still reporting of having pages of waiting lists of people seeking the influenza vaccine this year.

PSA understands the procurement of influenza vaccines is finalised in, or by, the final quarter of the year before the influenza season. The situation being experienced in Australia this year showed that the planning and procurement of influenza vaccines in Australia is not adequate to accommodate a pandemic situation.

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2. Lack of access to personal protective equipment

Based on the experience of the pharmacy profession during this pandemic, the Australian Government was ill-prepared for the equitable and timely distribution of personal protective equipment (PPE) for pharmacists in primary care and in our hospitals. Being frontline healthcare professionals, pharmacists need to be protected against the transmission of COVID-19 to protect the health of the workforce and the health of their patients.

PSA even received reports from pharmacists about patients going into their pharmacies to collect medicines on their way home to 'isolate' following a positive test for or suspected case of coronavirus. Some people with known or suspected COVID-19 illness were 'popping into the pharmacy to quickly pick up medicines' despite clear pharmacy signage and measures to screen out unwell patients and prevent them from entering the premises.

Pharmacists are essential health workers. We must ensure adequate support for pharmacists to be able to continue to deliver vital services through a public health emergency, both in hospitals and through primary care. As evidenced during the COVID-19 pandemic, even when medicines are not necessarily required, patients, carers and members of the public have relied on pharmacists for general information such as infection control, good hygiene practices, symptom detection and management, guidance on PPE use, and referral to medical services and testing clinics. Other health professionals, particularly prescribers, regularly contacted pharmacists regarding new prescription requirements and arrangements for patients' medicines to be supplied or delivered. Pharmacists are therefore core service providers in delivering the COVID-19 health management response.

PSA understands there are reports overseas of pharmacist clinical ward services being removed when hospitals became overwhelmed with COVID-19 cases. This in fact put patients and the health system at risk particularly around medication safety at a time when pharmacists' unique expertise is needed most.

A similar situation has also been reported in the aged care sector where lack of investment in pharmacist delivered services led to a higher risk of medication harm and increased potential for negative health outcomes. PSA has reported on these aspects in the **Medicine safety: Aged care** report published earlier this year.

Thus, any future pandemic planning must ensure that pharmacist services are continued during a pandemic at all stages and at every level of care.

Distribution of personal protective equipment to community pharmacies

As patient-facing health professionals, the work of pharmacists means they will be casual contacts of people who could have COVID-19, for example when administering vaccines, taking blood pressure measurements, dispensing doses of methadone or other opioid pharmacotherapy, demonstrating the use of therapeutic devices, and performing medication management reviews and medication counselling.

Some specific examples relating to PPE availability to community pharmacies are as follows:

- PSA's experience was that Government messaging about the need for PPE for pharmacists and their staff on the frontline was inconsistent and further, PPE was difficult to obtain. Distribution through Primary Health Networks (PHNs) saw the prioritisation of PPE for medical practitioners. It was felt by pharmacists that the PHNs being asked to act as storage and distribution centres was a task clearly outside of their capability and capacity.
- Despite the general increase in patient presentations into community pharmacies and demand for masks, medicines and information by patients and the public, pharmacies have only limited access to masks from the National Medical Stockpile. For example, community pharmacies are eligible to access the supply for the use of their staff "when there is no available commercial supply and they have significant contact with people presenting with fever or respiratory symptoms". PSA understands government-funded supplies "cannot be sold as commercial stock". However, it is totally unacceptable that the abovementioned caveats are applied to pharmacists needing to access adequate protective supplies while carrying out their frontline care and public health support duties. To provide example figures, most pharmacies received a maximum of 50 masks at a time while consulting with over 200 patients each day with the support of multiple pharmacy staff.
- The distribution of masks through PHNs to community pharmacies has not been timely or consistent. For example, one pharmacist who requested a supply of masks through the local PHN was asked to collect the single box of masks from the PHN office located two hours' drive away.
- PSA also received anecdotal reports from pharmacists that submitting requests to PHNs for supply of masks were apparently met with suspicion, and that there was a lack of support generally with regards to the situation community pharmacists were experiencing.

Recommendation 6: The Australian Government must provide adequate and ongoing quantities of PPE stock for use by pharmacists and pharmacy staff recognising their critical public health role.

Recommendation 7: Supplies of PPE for community pharmacies should be distributed through pharmaceutical wholesalers known as the Community Service Obligation Distributors.

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3. Telehealth services

Expanded telehealth services

An announcement was made on 29 March 2020 that the Australian Government was expanding Medicare-subsidised telehealth services for all Australians and providing extra incentives to general practitioners (GPs) and other health practitioners – commencing the next day. The Government said it was “making telehealth a key weapon in the fight against the COVID-19 pandemic”.

But there was no initial consideration of pharmacists. Other health professionals were provided with the ability to deliver care safely using telehealth services, and were ‘rewarded’ for it. Pharmacists were not even compensated for the extra workload which flowed to community pharmacists as a result of general practices closing and GPs moving to telehealth services, prescriptions from telehealth consultations being provided digitally and dispensed through different arrangements, and a general increase in patient presentations through pharmacies. Pharmacists provided the back-up to general practices that closed to the public, by remaining open, fielding an extraordinary number of telephone calls and home delivery of medicines.

There were no initial telehealth items for pharmacists to conduct medication management review services such as Home Medicines Reviews, Residential Medication Management Reviews, MedsChecks and Diabetes MedsChecks – despite the **commitment** shown by the Australian Government to make the Quality Use of Medicine and Medicine Safety the Tenth National Health Priority Area, and getting all jurisdictions on board. And despite the frightening statistics of harm reported in Australia as a result of medicine use outlined in PSA’s **Medicine safety: Take care** report – figures which are now routinely cited by health professionals and stakeholders as clear reasons for improving medicine safety in Australia.

This apparent oversight of not including any provisions for pharmacist-delivered services was disappointing for the profession given the Australian Government had indicated that ‘anything that can be done by telehealth will be done by telehealth’.

Due to PSA’s strong advocacy work, in mid-April the Government announced that pharmacists would be allowed to conduct medication management review services via telehealth so that vulnerable Australians could continue to receive medicine safety support and information as well as vital comprehensive medication reviews while remaining isolated. Pharmacists would also be protected from the risk of contracting COVID-19. (See further detail below under *Telehealth items for medication management review services*.)

Consultation prior to implementation of telehealth services

In PSA's view, the level of support provided to the pharmacy profession prior to the roll out of expanded MBS telehealth items was inadequate. The volume and impact of prescriptions generated through telehealth consultations have been substantial and some of this could have been alleviated by giving due consideration to implementation logistics for pharmacists in primary care.

A clear example of the minimal consultation which took place with PSA on behalf of the profession is on the fact sheet [guide for pharmacists](#) on the interim arrangements for prescriptions generated via a telehealth GP consultation. There are similar guides for [prescribers](#) and [patients](#). The sequence of events can be summarised as follows:

- Draft fact sheets were sent directly to the PSA CEO, Mark Kinsela, on 27 March for feedback. Mark provided some comments that afternoon. At this time, telehealth services (prior to the expansion) had already commenced and PSA was receiving reports from pharmacists on the ground that many unsigned (by the prescriber) prescriptions were being sent to pharmacies. PSA at this stage was yet to be fully briefed about the measure.
- Several more iterations of feedback were provided by PSA to the Department of Health.
- To PSA's knowledge, the fact sheets, dated 6 April 2020, were not officially published on the Department's web site until 8 April, almost two weeks after the initial measure commenced. By then, draft versions were circulating on social media. PSA also noted that the 8 April fact sheets did not align with the legislative requirements that PSA was aware of at the time.

This is clearly a case when better coordination and inclusion of advice from the pharmacy profession should have been considered much earlier than actually occurred. (See also under *Improving coordination in implementation.*)

The impact of the telehealth items

Recent discussions with medical organisations and practice manager representatives indicated GPs and practice staff were generally happy with the telehealth MBS items, now that their implementation has largely settled.

However, the impact on community pharmacists has been immense and ongoing. Patients have been referred by their doctors to visit the pharmacy to have their blood pressure measured. PSA believes there was no thought given by the Australian Government on how people in need of care would be diverted to, or naturally flow into, community pharmacies because of their accessibility and reliability as an essential service provider. As pharmacists do not have a properly structured and remunerated clinical service 'item', this made it even more difficult to take on the additional workload.

Pharmacists have also reported to PSA that many patients did not know about the availability of telehealth medical consultations or did not understand how they worked. Patients unintentionally placed their own health at risk because many stopped going to doctors or pathology clinics. Public health messaging was absent or inadequate in that many people did not understand medical appointments were a valid reason to leave home and they were not reassured that seeking care was safe. People were also refusing medical and pharmacist home visits even for essential care.

Telehealth items for medication management review services

When a pandemic was declared and physical distancing became critical, most pharmacists who deliver medication management review services had to suspend their work. This was necessary to minimise COVID-19 related risks to patients and the pharmacist. This significantly impacted many patients who are in desperate need of medication management reviews by pharmacists.

PSA strongly advocated for pharmacists to be permitted to deliver medication management review services via telehealth and this was approved to commence from 21 April 2020 for service providers (pharmacists) to undertake under the Sixth Community Pharmacy Agreement (6CPA)-funded MedsChecks, Diabetes MedsChecks, Home Medicines Reviews and Residential Medication Management Reviews. While this was an important change for patient care, an unintended consequence was that the referral for the service which must be issued by the GP is not a claimable MBS telehealth item. This means the patient must attend a physical appointment, which defeats the purpose of the pharmacist being able to deliver a medication management review via telehealth. We believe this has limited potential uptake of telehealth medication management reviews at a time when the care of people's chronic conditions and the quality use of their medicines remained critically important.

Unfortunately, the uptake and effectiveness of this measure may never be truly known as this measure was 'temporary' and there were no system changes made by the 6CPA administrator to identify whether or not a service was undertaken remotely via telehealth; this information resides solely with the service provider who delivered the service. Other COVID-19 related MBS telehealth items are also temporary, however there is data on volume to inform and potentially support continuation of these services into the future. Despite best efforts, therefore, these factors mean it is likely this may have been a missed opportunity to showcase the true value of setting agnostic medication management reviews.

Recommendation 10: The Australian Government should allocate funding for patient consultation services delivered by pharmacists.

Recommendation 11: The arrangement that allows pharmacists to deliver medication management review services via telehealth should continue beyond the pandemic with appropriate quality controls.

4. Legislative disparities

Commonwealth Special Arrangement

The ***National Health (COVID-19 Supply of Pharmaceutical Benefits) Special Arrangement 2020*** made the supply of medicines subsidised by the PBS to patients prescribed those medicines as a result of a telehealth medical consultation safer and more convenient. Arrangements for the supply of a pharmaceutical benefit on a paper-based prescription was modified to allow supply based on an image of the prescription provided by the prescriber to the patient's preferred pharmacy.

While this arrangement appeared progressive and demonstrate leadership by the Australian Government, it was in fact an immense source of confusion for pharmacists. The way it was implemented resulted in one of the most significant imposts on pharmacists, particularly from a

workload and workflow perspective. Enquiries relating to this measure regularly attracted the highest number of daily enquiries from pharmacists through PSA's telephone helpline for members. As mentioned in the introduction, at times, pharmacists were even forced to break the law to ensure patients received their medicines.

Pharmacists also observed the confusion experienced by prescribers, particularly with the handling of the original paper prescription (see first dot point below). There were also repeated and significant levels of confusion and angst by patients with the requirement for the dispensing pharmacy of the original telehealth consultation prescription to retain all repeat prescriptions for future dispensing. Notably, in the vast majority of these cases, pharmacists, as the last point of contact or interaction with the patient, are left to manage the downstream problems.

Examples of issues affecting pharmacists are illustrated below.

- One of the early sources of confusion was due to the amendment in Commonwealth legislation after less than two weeks of initial implementation. This related to the requirement for the prescriber to send the original paper copy of the prescription to the dispensing pharmacy being removed due to reasons of practicality, timeliness and burden on prescribers. This amendment within a short timeframe significantly impacted on pharmacists and Australian Government communication was also inadequate.
- The primary reason why there has been so much confusion on the ground is the timing and pace of implementation by state and territory governments. PSA estimates it took eight weeks from when the Special Arrangement was first enabled under Commonwealth legislation (on 26 March 2020) to the recent enactment (on 19 May 2020) of the arrangement in Queensland, the last jurisdiction to do so. The differences in the arrangements that existed over this extended period of time has been confusing for health professionals – mainly prescribers, practice managers and pharmacists – and for pharmacists, substantially added to workload.
- Even after implementation has been achieved nationally, states and territories have exercised their sovereignties to enact arrangements correctly within their existing legislative framework and to meet their local needs. This means differences persist, for example, in the type of medicine that can be legally prescribed using the Special Arrangement, the mode of transmission that is permitted, or retrospectivity in legislative arrangements. These types of issues create substantial difficulties even for a professional organisation such as PSA to correctly interpret the changes in the context of existing legislation and to accurately communicate those changes to pharmacists. At peak times, there were changes being announced on a daily basis.
- Part of the confusion can also be attributed to the implementation of the Commonwealth COVID-19 Special Arrangement being intertwined with existing state or territory emergency supply provisions (i.e. those arrangements which existed prior to the pandemic to facilitate access to medicines under certain emergency circumstances).
- There is also ongoing confusion by healthcare professionals in distinguishing between the 'digital image prescription' arrangement and the work being conducted to transition to electronic prescriptions. Although the Special Arrangement was regarded as an interim arrangement for prescriptions, the Australian Government announced it with reference to the fast tracking of "Electronic Prescribing" under the National Health Plan and that this was "expected to be ready by May 2020".

Improving coordination in implementation

PSA has made successive recommendations in the context of Federal pre-budget submissions, including **this year**, to fund and establish the vital position of a Commonwealth Chief Pharmacist so that the Australian Government's coordination and responsiveness to medicine safety and quality use of medicines in Australia's complex healthcare system can be improved.

The experience of pharmacists during this pandemic has confirmed and reinforced the urgent need for a Chief Pharmacist. The inadequate coordination efforts and apparent lack of understanding of, or foresight into the flow-on effects and impacts on the pharmacy profession stood out – and has been extremely frustrating.

PSA is aware that, amidst the confusion of implementing the Commonwealth Special Arrangement, communication to prescribers about the arrangement contained instructions to prescribers which contravened state/territory poisons laws. If a Chief Pharmacist had been reviewing the Special Arrangement and liaising with state and territory colleagues, PSA is confident there would have been vastly improved coordination and, more importantly, the provision of guidance which promoted prescribing and supply practices which were not legal at the time would have been avoided.

Recommendation 12: The Australian Government should provide leadership and support through the Council of Australian Governments and Health Ministers to ensure national uniformity and harmonisation in therapeutic goods legislation across all jurisdictions.

Recommendation 13: A Commonwealth Chief Pharmacist must be appointed urgently to enable the design and coordination of consistent and rapid implementation of relevant measures during public health emergencies and to provide strategic national leadership in improving an overall medicine safety and quality use of medicines agenda for Australia.

5. Pharmacists as ambassadors for government health messaging

The Australian Government recognised the importance of the community pharmacy network and the services pharmacists provide as evidenced by the designation of pharmacies as essential services. However, this was not reflected in the implementation of Government's measures; pharmacists and pharmacy staff were neither adequately equipped nor supported financially to carry out their frontline role. PSA also provided examples earlier in this submission regarding PPE availability to pharmacists (see under 2. *Lack of access to personal protective equipment*).

Key health messages from the Australian Government and the implementation of changes to arrangements which impact on medicines and health care provision have mostly occurred in quick succession with very limited lead-in time periods. Community pharmacists have been working very hard to ensure those government messages are communicated accurately to patients and the public, and any legislative changes interpreted and implemented correctly.

The rapid and frequent changes have required pharmacists to produce signage and explain those changes and likely impact for patients, carers and the public. This might only be seen by policy makers and regulators as 'one' change, but in fact, it has very often been an extremely time consuming and difficult interaction required of pharmacists – and to be repeated many times.

Explaining to a patient that they cannot access their regular medication today because changes in legislation took place overnight is understandably not an easy message to convey. This has led to many instances of confusion, stress and even anger by the patient. After repeated similar scenarios, it can also be significantly and mentally taxing for the pharmacist.

PSA believes it is important to re-iterate that the role pharmacists play as public health advocates cannot be underestimated. Pharmacists say they have lost count of the number of conversations they had about explaining the pros and cons of face masks, reinforcing the logic and significance of 'stay at home' directives, encouraging patients who are over 70 years of age to stay home and access touch-free medicine supply services.

Pharmacists also came across people putting themselves at risk in trying to manage their own health without correct information. One pharmacist reported of a person who had used a combination of aloe vera gel and lighter fluid as an at-home hand sanitiser. After several uses, he lit a cigarette – and set his hand on fire.

Pharmacists everywhere – particularly in community pharmacy – serve the public health educator and ambassador role strongly without recognition or remuneration.

Recommendation 14: The role of the pharmacist in regularly distributing public health messages and implementing measures to enable equitable availability of medicines and other healthcare resources must be appropriately recognised and remunerated by the Australian Government.

Recommendation 15: Pharmacists as essential frontline healthcare service providers must be equipped with information on public health messages and changes to legislation as early as possible prior to implementation in order to maximise their ability to deliver on the Australian Government's objectives.

6. Pharmacists being abused and threatened

Health is of vital importance to all Australians. As movements and access became restricted, people became concerned and anxious. The toilet paper panic buying behaviour quickly descended upon community pharmacies in relation to obtaining medicines. People became stressed when their vital medicines could not be obtained when they visited the pharmacy. The stress compounded any ill health they may have been experiencing, and there was fear for many patients. Sadly, some of these difficult situations translated into anger and abusive behaviour by some members of the public towards pharmacists and pharmacy staff.

As highlighted through media reports, pharmacists and pharmacy staff have been subjected to physical and verbal abuse as well as COVID-19 related threats, including when attempting to enforce restrictions imposed by Government. Examples include:

- Physical violence towards a pharmacist (e.g. punch in the face resulting in extensive bruising and, on medical advice, requiring a CT scan to exclude a fracture) by a person when told he could only purchase one box of tissues.

- Stock (e.g. a large pump pack of sunscreen) thrown at a pharmacist by a person who was informed he could not obtain three repeats at once of his asthma inhaler (which is one of the medicines with supply limits imposed).
- Threats towards pharmacy staff through name-calling, shouting or verbal abuse such as “it will be your fault when I drop dead” or “I hope you die from COVID-19”.
- Reports in mainstream media: [20 March 2020](#), [5 April 2020](#), [7 April 2020](#), [8 April 2020](#).

Recommendation 16: Contemporary and permanent legislation must be enacted in all jurisdictions to protect pharmacists and other healthcare workers from physical violence and verbal abuse.

7. JobKeeper payments

While PSA acknowledges the Australian Government’s efforts to support businesses significantly affected by the COVID-19 pandemic through temporary subsidies, these were not adequately designed for the unique business circumstances of community pharmacies.

One of the requirements for a community pharmacy to be considered an eligible employer for JobKeeper payments is that the business has faced a 30% fall in turnover (for an aggregated turnover of \$1 billion or less). In most cases, community pharmacy businesses were not considered to meet the eligibility criterion of the stipulated turnover reduction. However, factors unique to community pharmacy business operations were not taken into account.

As a provider of essential services, community pharmacies have generally continued to trade as they had done prior to the pandemic in order to meet the health care and medicine needs of patients and the public. In addition, where access to other local healthcare service providers has been reduced, many patients have visited pharmacies to seeking alternative care. There have also been increased demand on general health information as well as COVID-19 related information and advice (e.g. on infection control). Thus the level of service being provided by community pharmacies has generally been steady except for several instances where a pharmacy may have needed to close (e.g. for cleaning and disinfection) due to staff found to be infected with COVID-19.

Critically, however, many community pharmacies actually incurred additional costs to prepare their pharmacies to be able to deliver services consistently, effectively and safely in the pandemic environment. For example, many pharmacies had to rearrange internal layout of stock or even some physical fittings to manage the greater focus on infection control and enhanced hygiene measures. Physical distancing requirements and changes to prescription dispensing and over-the-counter medicine supply processes were also required. The management and scheduling of staff were also substantially different. To protect the health of staff members from COVID-19, rosters were restructured so that there is minimal staff crossover at changes of shifts. Clearly defined teams were also set up so that if any staff member became infected with COVID-19, only those team members would need to be isolated, and there would be members of other teams available for the pharmacy to remain open and continue to deliver essential services.

Additionally, there are other nuances which make the operation of a community pharmacy unique and not directly comparable with other businesses which are also essential services within the

retail sector. The pharmacy business operates on a range of items with different margins. On average, prescription medicines, particularly high cost medicines (such as hepatitis C medicines), have a very low margin (as a percentage) compared to other medicines. For example, if a pharmacy has a 50% drop in sales of 'front of shop' (non-dispensary) items but supplies (dispenses) a number of high cost medicines, the reduction in turnover would appear small despite gross profit and viability falling sharply.

PSA believes community pharmacies were disadvantaged as the design of JobKeeper payment arrangements did not take unique pharmacy business-specific factors into account.

Recommendation 17: Businesses providing essential services during a pandemic must be adequately supported and, in particular, the unique circumstances of and impact on community pharmacy operations must be accommodated.

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28 May 2020