Pharmaceutical Society of Australia

Victorian health response to COVID-19

Submission to Public Accounts and Estimates Committee

July 2020

Executive summary

PSA acknowledges the Victorians Government's strong health response to COVID-19. In general, the health response since March 2020 has been and continues to be exemplary. Despite the July surge in greater Melbourne, Victoria's steadfast, evidence-based, health-first leadership continues to be a global exemplar in how to respond appropriately to an infectious disease public health emergency.

Policy decisions, public health orders and funding initiatives continue to contribute to significantly reduced infection rates and death in Victoria and wider Australia compared to global counterparts. PSA supports permanently embedding temporary regulatory measures which have been effective in supporting ongoing patient access to their essential medicines during COVID-19.

Pharmacists are essential. Over 1500 pharmacy premises in Victoria stayed open – providing vital face-to-face health care to all Victorians, including immunisations, essential medicines and other health supplies. Some Victorian hospitals implemented 24-hour pharmacist rosters for staff for the first time[1]. These pharmacists must be adequately protected from infection and abuse to ensure they remain available to support Victorians through this health crisis.

Every crisis brings lessons in hindsight. Inadequate consultation with pharmacy groups and gaps in DHHS expertise led to issues with public health emergency orders. This created delays for Victorians in accessing medicines, and more concerningly led to medicine-related harm.

As the pandemic progresses, PSA's submission highlights improvements needed to better protect Victorians, and to help pharmacists - and other healthcare providers do what they do best: care for the community.

Purpose

The Pharmaceutical Society of Australia (PSA) makes this submission to the Public Accounts and Estimates Committee's Inquiry into the Victorian Government's response to the COVID-19 pandemic, within the following terms of reference:

a. the responses taken by the Victorian Government, including as part of the National Cabinet, to manage the COVID-19 pandemic and

b. any other matter related to the COVID-19 pandemic

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.

At 31 March 2020, there were 8,115 registered pharmacists across Victoria[2]. Victorian pharmacists work in community pharmacies, hospitals, general practice, aged care, government and within other private sector organisations and as consultant pharmacists.

Recommendations

The Pharmaceutical Society of Australia (PSA) provides the following 13 recommendations to the Public Accounts and Estimates Committee's inquiry into the Victorian Government's health response to COVID-19:

Recommendation 1: *Digital image prescriptions be extended only until electronic prescriptions become broadly accessible, be subject to greater governance and quality controls and be expanded to include Drugs of Dependence (Schedule 11) and Controlled Drugs where the prescribing of the medicines is viewable in SafeScript.*

Recommendation 2*: Amend the DPCS Regulations to remove the requirement to verify the bona fides of Controlled Drug prescriptions with the prescriber where a pharmacist has confirmed this via SafeScript.*

Recommendation 3*: DHHS to actively collaborate with the Australian Digital Health Agency to promote and achieve broad operation of electronic prescriptions within the next 6-8 weeks.*

Recommendation 4*: PSA recommends improvements are made to make it easier to access relevant regulatory information on the DHHS website, including:*

- *Maintaining an easy-to-find, concise list of medicines for human therapeutic use in Schedule 11: Drugs of Dependence*
- *Maintaining a list of frequently asked questions on operation of the DPCS Regulations and temporary public health emergency orders.*

Recommendation 5: *Permanently incorporate Expanded Emergency Supply within the DPCS Regulations.*

Recommendation 6*: The Victorian Government should better communicate medicine-related messages through public health campaigns, supporting pharmacists who reinforce those messages to patients.*

Recommendation 7: *Appoint a Chief Pharmacist to DHHS to support the Chief Health Officer and DHHS.*

Recommendation 8: *Maintain and expand 24-hour, seven-day clinical pharmacist services in major public hospitals.*

Recommendation 9: *Incorporate pharmacist immunisers into programs for administration of COVID-19 vaccines to Victorians.*

Recommendation 10: *Use existing providers of pharmacist care and medicine supply when providing care and support to people subject to detention notices or who are self-isolating on public health grounds.*

Recommendation 11: *DHHS work with the federal Department of Health to improve efficiency and efficacy of PPE distribution to primary care, and improve clarity of messaging.*

Recommendation 12: *Deep-cleaning of pharmacy premises required due to COVID-19 exposure should be coordinated and funded by DHHS.*

Recommendation 13: *Additional penalties must be introduced to protect Victorian pharmacists and other healthcare workers from physical violence and verbal abuse*

PSA would welcome the opportunity to discuss these recommendations further at Public Accounts and Estimates Committee's inquiry

1. COVID-19 regulatory measures: supporting ongoing medicine supply

Digital image prescriptions

On 7 April 2020, Public Health Emergency Order No. 4 (PHEO#4) was issued, permitting pharmacists to supply medicines from a digital copy (SMS, email or fax) of a prescription. This was supported by the *National Health (COVID-19 Supply of Pharmaceutical Benefits) Special Arrangement 2020*[3], allowing medicines supplied under this order to be supplied and subsidised under the Pharmaceutical Benefits Scheme.

Digital image prescriptions have, in most cases, served their intended purpose - enabling consumers to access medicines in a timely manner when prescribed from a telehealth consultation with a prescriber.

However, Victorian pharmacists have reported significant challenges in the operation of PHEO#4 (see Appendix I). Significant confusion from prescribers, patients and pharmacists, created medicine safety, health and fraud risks, including:

- Delays in consumers accessing essential medicines
- Medicines being inadvertently supplied multiple times from a single prescription
- Risk of people impersonating doctors and seeking multiple supplies of a prescription from a single digital image at different pharmacies
- Patients and prescribers placing pressure on pharmacists to supply medicines outside of regulatory requirements
- Friction with prescribers at significant increased phone calls and correspondence to maintain patient safety and meet legal requirements

The challenges, risks and impacts are outlined further in **Appendix I**.

The challenges are largely due to inconsistent understanding by health professionals of regulatory requirements, including contemporary knowledge of Victorian poisons regulations, what medicines are categorised as *Drugs of Dependence* and the interplay between PBS requirements and Victorian poisons requirements (see **Appendix II**).

To support pharmacists, PSA developed an open access web site dedicated to COVID-19 which summarised regulatory requirements in each state and territory during COVID-19 (see **Appendix III).** This material, which was not restricted to members, became a reference widely used by pharmacists, doctors, medical practice staff and regulatory bodies around the country.

Harnessing the power of SafeScript to support patients

The exclusion of *Controlled Drugs* and *Drugs of Dependence* (Schedule 11) from PHEO#4 warrants further consideration. Victoria's SafeScript real-time prescription monitoring system can be used to verify the *bona fides* of the majority of prescriptions issued for monitored medicines[1] (including all *Controlled Drugs* and prescription-only *Drugs of Dependence*). It also includes all supply of these monitored medicines from community pharmacies.

Permitting the use of SafeScript to validate prescriptions for monitored medicines sent via email or fax would allow more timely supply of monitored medicines to patients (where supply is safe and appropriate), dramatically reduce administrative workloads for pharmacists/prescribers and simplify the operation of PHEO#4.

Electronic prescriptions are much safer and more convenient than digital image prescriptions

In contrast to digital image prescriptions, genuinely paperless electronic prescriptions, which were to be fast-tracked to support patients during the pandemic, are not subject to the governance and legal risks associated with digital image prescriptions. They are also significantly more efficient for doctors and pharmacists.

Victoria has led the country in the development and implementation of electronic prescriptions which PSA believes are now ready for blanket roll-out. PSA urges DHHS to actively collaborate with the Australian Digital Health Agency to promote and achieve broad operation of electronic prescriptions within the next 6-8 weeks.

Recommendation 1

PSA recommends digital image prescriptions:

- *Be extended only until electronic prescriptions become broadly accessible*
- *Be subject to greater governance and quality controls*
- *Be expanded to includes S4 Drugs of Dependence (Schedule 11) and Controlled Drugs where the prescribing of the medicine is visible in SafeScript*

Recommendation 2

Amend the DPCS Regulations to remove the requirement to verify the bona fides of Controlled Drug prescriptions with the prescriber where a pharmacist has confirmed this via SafeScript.

Recommendation 3

DHHS to actively collaborate with the Australian Digital Health Agency to promote and achieve broad operation of electronic prescriptions within the next 6-8 weeks.

[1] Monitored medicines include all *Controlled Drugs* (e.g. opioids, amphetamines, methadone etc.) and *Prescription Only Medicines* subject to abuse, including benzodiazepines (e.g. Valium), codeine containing analgesics, some sleeping tablets and quetiapine.

Recommendation 4

PSA recommends improvements are made to make it easier to access relevant regulatory information on the DHHS website, including:

- *Maintaining an easy-to-find, concise list of medicines for human therapeutic use in Schedule 11: Drugs of Dependence*
- *Maintaining a list of frequently asked questions on operation of the DPCS Regulations and temporary public health emergency orders.*

Enhanced emergency supply

On 26 March 2020, Public Health Emergency Order No. 2 (PHEO#2) was issued, permitting pharmacists to supply up to one-month supply/standard-pack of a prescription medicine (including Schedule 4 *Drugs of Dependence* but not *Controlled Drugs*) when a patient could not access a general practitioner. This was supported by *PBS Expanded Continued Dispensing,* allowing medicines supplied under this order to be supplied and subsidised under the Pharmaceutical Benefits Scheme. PHEO#2 extended temporary authority to supply medicines which had been introduced to support people during Victoria's unprecedented summer bushfire crisis.

This measure has functioned appropriately and supported the health of Victorians.

Pharmacists have told us that it has helped consumers to access essential medicines without a break in medicines therapy during an emergency (See **Appendix 4**). These include when unable to see their regular doctor due to availability, self-isolation or difficulty using telehealth services. The measure has been particularly valuable for patients on weekends and after-hours.

SafeScript has been a powerful tool to provide pharmacist confidence to safely supply monitored medicines under PHEO#4. The transparency of supply being recorded helped maintain ongoing medicine supply – often for smaller-than-standard quantities- where prescribers have been unavailable in an emergency.

PHEO#2 (expanded emergency supply) has also provided a legal mechanism to supply medicines ineligible to be supplied under PHEO#4 (digital image prescriptions) where an emailed or faxed prescription had been sent to the pharmacy and the prescriber was uncontactable.

PSA strongly supports expanded emergency supply provisions and consider it should be implemented permanently to support the health of Victorians.

Recommendation 5

Permanently incorporate Expanded Emergency Supply within the DPCS Regulations.

Stock shortages

As the pandemic took hold, as a result of increased demand from the public, common medicines quickly became out of stock in community and hospital pharmacies across Australia including children's paracetamol liquid, children's ibuprofen liquid, salbutamol inhalers (e.g. *Ventolin*) and hydroxychloroquine tablets. Shortages also extended to many essential medicines, including influenza vaccines and medicines for chronic conditions such as respiratory health, high blood pressure and diabetes management.

A deficiency of government communication saw pharmacists spending significant time explaining stock shortages, creating signage in pharmacies, managing patient confusion, anxiety and aggression. The Victorian Government, along with Commonwealth agencies have a fundamental role in communicating messages which relate to public health issues. While pharmacists have a public health communication and advocacy role, significant decisions or changes should not be left solely for pharmacists to manage.

Recommendation 6

The Victorian Government should better communicate medicine-related messages through public health campaigns, supporting pharmacists who reinforce those messages to patients.

Other medicine supply challenges

In the early stages of the pandemic (15 March) Chief Health Officer Professor Brett Sutton advised Victorians to maintain a two-week supply of food and 60-day supply of prescription medicines. This was in contravention of Victoria's *Drugs, Poison and Controlled Substances Regulations 2017* which do not allow multiple supplies of prescription medicines (usually prescribed in one month quantities) without prescriber consent[4]. Pharmacists reported this contributed to consumer panic demand for prescription medicines, which were experiencing extreme supply chain pressures similar to those experienced with toilet paper and staple pantry items.

While PSA note this recommendation was promptly altered to 30-day supply of medicines[5], this error – and the associated consumer panic - would have been unlikely had DHHS consulted with peak bodies such as PSA in the preparation of public health advice. It also demonstrates there is a need for Victoria to appoint a chief pharmacist.

PSA has previously called for the appointment of a chief pharmacist[6]. We believe the COVID-19 pandemic has demonstrated the importance of having a practitioner within DHHS to support development and rapid implementation of relevant measures during public health emergencies and provide ongoing strategic leadership to improve medicine safety in Victoria.

Recommendation 7

Appoint a Chief Pharmacist to DHHS to support the Chief Health Officer and DHHS.

2. Protecting Victorians during COVID-19

Vulnerable Victorians depend on their pharmacists

All pharmacists regardless of practice setting are essential to support Victoria's health. As the most accessible health professional, pharmacists are trusted medicine advisors and public health ambassadors to all Victorians.

Pharmacists continue to deliver health care and meet the needs of patients, carers and the public. While other primary care providers pivoted to telehealth-only services, virtually all community pharmacies have remained open throughout the pandemic to provide pharmacist care, in-person, to all Victorians. This meant Victorians, including vulnerable people with chronic health conditions could continue to access immunisations, essential medicines, medical supplies and health advice in a timely manner.

Hospital pharmacists have maintained clinical services, supporting the safe and effective dispensing and use of medicines during some of the most sustained pressure experienced by our state health system. Some hospital pharmacies implemented 24-hour rosters for staff for the first time[1]. This brings clinical pharmacy services into line with every other allied health, nursing and medical role in the hospital and should become the new normal. As custodians of medicine safety, it is essential pharmacists are always available to support the safe use of medicines in hospitals.

Recommendation 8

Maintain and expand 24-hour, seven-day clinical pharmacist services in major public hospitals.

A logical provider of government funded and privately funded face masks

PSA welcomes and supports the distribution of reusable and disposable face masks to vulnerable Victorians via community pharmacies, as announced by the Premier on Friday 24 July. Community pharmacies are a logical point-of-contact for people seeking face coverings, bearing the majority of public queries since March, and having long-term care relationships with vulnerable Victorians.

PSA also welcomes public statements from the Chief Health Officer clarifying the risks associated with face masks containing one-way valves. These messages should be integrated into government communication campaigns, particularly on social media where valved masks are being heavily marketed to the public. A one-page flyer of 'do's and don'ts' for pharmacists to use with patients could also amplify this messaging.

Pharmacist ready to administer COVID-19 vaccine once available

It is accepted that a vaccine is the only long-term solution to the COVID-19 pandemic. Once developed, a significant and sustained increase in capacity will be needed in our health system to quickly implement a government vaccine program.

Pharmacists have the competence, capacity and accessibility to do this. This capability was, in part, demonstrated through an estimated doubling of the number of Victorians accessing influenza vaccination through community pharmacists as compared to previous years.

The accessibility of pharmacists through the network of community pharmacies, on-the-ground in aged care and in hospitals provides capacity for rapid vaccination within a large population-wide vaccination campaign. Pharmacists, regardless of practice setting, must be appropriately remunerated for this role.

Queensland has already regulated pharmacist administration of a COVID-19 vaccine when available. PSA urges the Victorian Government to commit to incorporating pharmacists in Victoria's vaccination program against COVID-19 when available.

Recommendation 9

Incorporate pharmacist immunisers into programs for administration of COVID-19 vaccines to Victorians.

Providing medicines and care during public housing tower lockdown

The full lockdown of nine public housing towers in Flemington and North Melbourne in June to stop the spread of COVID-19 through high-density residential blocks posed significant challenges for the health of residents.

PSA recognises the public health need for this action. PSA also recognises the unprecedented logistical challenges of supporting such an operation in an effective, protective and caring way. However, PSA does not accept the 'institutionalised' approach to providing care was the most effective way to support the health and wellbeing of vulnerable residents living in these complexes:

- The single-touch phone number was not effective in supporting resident needs in a timely manner.

- Irrespective of structures set up by government, residents contacted their regular pharmacist to seek ongoing care and support. These residents were distressed and anxious and turned to their pharmacist for support. However, pharmacists practising at nearby community pharmacies reported significant difficulties in providing medicines and care to people in locked-down towers[7]. Media reports showed residents suffering as requests for essential and time-critical medicines such as insulin and methadone, took hours or days to resolve. [8–10]

- PSA understands pharmacotherapy (methadone and buprenorphine programs) as well as medicine supply was centrally coordinated through the Royal Melbourne Hospital. However, residents have longstanding care relationships with nearby community pharmacies – particularly those who live with complex chronic health conditions.

  These pharmacies were open and available to provide care throughout the tower lockdowns. Indeed, two of Victoria's 24-hour Supercare pharmacies (Parkville and Ascot Vale) were available within 2-4 minutes' drive of each tower and available to provide 24/7 care and medicine supplies on demand.

- PSA is aware of social media posts from community groups requesting donations of medicines such as children's paracetamol and salbutamol MDIs (*i.e. Ventolin/Asmol*). While well intentioned, as medicines restricted to supply by pharmacists for persons under their care, this presents both legal risks to persons donating/distributing the medicines and medicine safety risks to residents being provided restricted medicines without health professional oversight.

Recommendation 10

Use existing providers of pharmacist care and medicine supply when providing care and support to people subject to detention notices or who are self-isolating on public health grounds.

3. Protecting the health workforce

Personal Protective Equipment

Hospital pharmacists

Clinical pharmacy services are not an optional extra – they are a fundamental part of effective patient care in in hospitals. Interaction with patients is an essential part of this work. As patient-facing staff, access to appropriate PPE such as face masks is essential. PSA is aware public hospitals faced shortages of PPE during the early stages of the pandemic in March/April and this may have placed some hospital pharmacist at risk of COVID-19 exposure.

Since then, availability of PPE has improved. It is crucial staff continue to access adequate PPE to allow them to perform their role during this second wave. It is also essential planning for future public health emergencies ensures adequate PPE is negotiated and procured to ensure pharmacists and other essential health workers in Victoria's hospitals are properly protected.

Aged care

The rapid spread of COVID-19 through aged care settings during July 2020 reveals clear failings in infection controls in aged care and must be remedied. Accredited pharmacists and community pharmacists provide essential medicine review services to aged care facilities, often across multiple sites.

PSA members have reported being denied entry to aged care facilities to undertake essential medicine safety services.

Guidance and reforms regarding infection control must be crafted to ensure critical supply and medicine review services which protect residents from medicine-related harm are not suspended or deferred during prolonged infectious diseases outbreaks.

Community pharmacy

The nature of community pharmacy practice means pharmacists are casual contacts of people who test positive for COVID-19. This occurs, for example when dispensing prescriptions, administering vaccines, taking blood pressure measurements, administering methadone or other opioid pharmacotherapy, demonstrating the use of therapeutic devices, and performing medicine reviews.

Poor public understanding of, and adherence to, 1.5m physical distancing in pharmacies placed pharmacists, staff and other members of the community at risk of COVID-19 exposure. Despite this, in March and April the use of face masks in primary care was not recommended by DHHS, other than for aerosol generating procedures. This may have been in response to extremely limited global supply of face masks, albeit at a time where it was feared community transmission of COVID-19 in

Victoria was high. However, PSA considers the recommendation for universal use of masks in patient-facing roles in primary care should have occurred much sooner.

Pharmacists wishing to access masks via PHNs were only permitted 50 masks per supply request. This limit was unacceptable given the need for pharmacists to access adequate protective supplies while carrying out their frontline care and public health support duties.

The distribution of PPE from the Australian Government's National Medical Stockpile through Primary Health Networks (PHNs) lacked coordination and reach to community pharmacies, and were not always made available in a timely manner.

Pharmacists have experienced difficulty securing commercial supply of surgical masks for occupational use throughout the pandemic. While commercial supply of face masks improved in June, surge demand and subsequent mandating of face masks made securing ongoing supply for pharmacists and pharmacy staff difficult and not guaranteed. Where commercial mask supply is not possible, PSA recommend supply chains such as pharmacy wholesalers be used distribute National Medical Stockpile PPE to primary care.

The distribution of masks from the National Medical Stockpile has been confusing for pharmacists. PSA recommends DHHS work with the federal Department of Health to improve clarity of messaging and the efficiency and efficacy of distribution to primary care.

Recommendation 11

DHHS work with the federal Department of Health to improve efficiency and efficacy of PPE distribution to primary care, and improve clarity of messaging.

PSA welcomes clear advice on occupational use of masks

PSA supports and welcomes the unambiguous advice[11] on 18 July 2020 that all health workers in Victoria – including pharmacists and support staff – must wear surgical masks (i.e. not reusable masks) in occupational settings. Advice on PPE in other jurisdictions has not been as clear on its application to primary care.

Supporting continuity of pharmacist services

When a community pharmacist or pharmacy staff member is diagnosed with COVID-19, all colleagues are likely to be close-contacts and therefore required to self-isolate. While some pharmacies attempted to create at least two totally separate roster teams, as small businesses, few community pharmacies are able to structure their workforces to adequately insulate against this risk. Similarly, as small businesses, the availability of alternative workforce capacity from other sites usually does not exist to replace furloughed teams. This places the availability of ongoing essential pharmacies services to the local community at risk – particularly in rural areas.

Community pharmacies generally undertake in-house cleaning and do not have contracts with external cleaning services. Where required on public health grounds, deep-cleaning of community pharmacy premises following a COVID-19 exposure should be coordinated and funded by DHHS.

PSA strongly welcomes the inclusion of hospital pharmacists, community pharmacists and pharmacy staff in the Hotels for Heroes program where self-isolation is required to protect vulnerable members of their households from COVID-19 exposure (diagnosed case or close-contact).

Recommendation 12

Deep-cleaning of pharmacy premises required due to COVID-19 exposure should be coordinated and funded by DHHS.

Abuse of pharmacists and other health workers

Health is of vital importance to all Australians. The uncertainty of the COVID-19 pandemic and limitations to the availability of medicines made people anxious. Disappointingly some members of the public displayed anger, violent and abusive behaviour towards pharmacists and pharmacy staff[12]. This is totally unacceptable.

PSA notes other jurisdictions brought in specific offences and penalties for abuse and violence directed towards health workers and other essential workers. No such regulation was introduced in Victoria.

All health workers and public officials must be protected from intentional abusive behaviour, or threats of such behaviour, regardless of whether it is during a declared public health emergency or not. PSA has called for (See **Appendix V**) and strongly supports the introduction of similar, permanent, regulation in Victoria.

Recommendation 13*:*

Additional penalties must be introduced to protect Victorian pharmacists and other healthcare workers from physical violence and verbal abuse.

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Appendices

Appendix 1: Challenges associated with implementation of PHEO#4: Digital image prescriptions

Challenge	Possible contributing factors	Impact	Incidence
Digital image prescriptions being sent to pharmacies prior to issuing of PHEO#4	Services Australia distributed a flyer in March 2020 describing PBS Special Arrangements which prescribers taken as allowing digital image prescribing in Victoria.	• Pharmacists unable to legally supply the medicine, although prescribers and some pharmacists were unaware of this. • Delay to consumers accessing medicines • Medicines supplied without a legal order	High frequency prior to PHEO#4 being issued
Prescriptions not annotated by prescribers as being supplied under PHEO#4	Prescribers unaware of requirements of PHEO#4	• Risk of double dispensing if original prescriptions supplied to consumer for delivery to the pharmacy • Unclear to pharmacist whether prescription intended to be supplied under PHEO#4, and whether original prescriptions would be sent to pharmacy	Most digital image prescriptions
Prescriber posts prescriptions to pharmacies after faxing/emailing them to the pharmacy	Prescriber unfamiliar with requirements of PHEO#4 to keep original copy of prescription for 2 years Prescriber does not wish to keep original copy of prescription for 2 years Early communication from Services Australia original prescriptions would need be sent to pharmacies	• Original prescriptions not identified at receipt as being telehealth prescriptions and placed on patient file for future dispensing – creating a risk of double-dispensing medicines already supplied • Original prescription may not be available if required for validation • Risk of friction between health professionals	Anecdotal member feedback suggests 20%-30% of prescriptions sent as digital images
Prescriber sending digital images of prescriptions for *Controlled Drugs* or *Drugs of Dependence* (S4)	Prescribers and pharmacists unaware there is no lawful basis to supply *Controlled Drugs* or Drugs of Dependence (S4) in Victoria from faxed or emailed prescriptions	• Access to medicines delayed until original prescription arrives at pharmacy, or • Pharmacist must successfully contact doctor to take verbal emergency order for faxed/emailed prescriptions, or • Pharmacist supplies medicine outside of Victorian regulation, exposing them to legal risk • Risk of friction between health professionals	Anecdotal member feedback suggests 40-50% of *Controlled Drugs* and *Drug of Dependence* (S4) prescriptions are sent to pharmacies via fax/email
Prescribers emailing digital image prescription to consumers	Prescribers unaware of requirements of PHEO#4	• Access to medicines delayed until consumer or pharmacist arrange for digital image prescription to be sent to pharmacy, or • Pharmacist supplies medicine outside of Victorian regulation, exposing them to legal risk • Risk of friction between health professionals	Low

Prescribers providing original prescription to consumers after supplying digital image prescription to a pharmacy	Prescriber or medical practice unaware of requirements of PHEO#4	• Risk patient has the same prescription supplied a second time from a different pharmacy	Moderate
Unclear if repeats issued for digital image prescriptions will be valid after expiry of PHEO#4	PHEO#4 is not specific on this issue	• Risk patient will not have a valid prescription (usually valid for 12 months) following the cessation of PHEO#4 and therefore going without medicines	N/A

Case example: Prescription sent to incorrect pharmacy (suburban Melbourne, May 2020)

A young female had a telehealth consultation with a telehealth doctor on a Saturday morning, where quetiapine 25mg was prescribed as part of ongoing management of bipolar disorder. The prescriber advised she had faxed the prescription to the pharmacy.

That afternoon, the patient was told the prescription hadn't arrived at the pharmacy and to return the following day.

On Sunday, the partner rang the pharmacy to ask if the prescription had arrived and they were advised that information could not be disclosed without patient consent.

On Monday, the pharmacy told the patient the prescription still had not arrived.

On Tuesday, the patient saw her regular doctor to have a new prescription for quetiapine 25mg written. When she presented this original prescription at the pharmacy, SafeScript flagged that Saturday's prescription had been supplied at a nearby pharmacy two days prior despite the patient not having any knowledge of this.

Upon investigation, it emerged the prescriber had sent the prescription to the wrong pharmacy where it sat on the shelf awaiting collection, unbeknown to the patient. Upon contacting the prescriber, the practice manager was unable to identify what fax number had been used to send the prescriptions, but offered to send a fax to the preferred pharmacy, creating a risk of double dispensing.

In this case:

- consumer access to her essential medicine was delayed by 4 days
- the consumer experienced increase in anxiety due to concerns she was being stigmatised for taking a medicine monitored in SafeScript
- the medical centre staff were frustrated with repeated phone calls from the pharmacy
- multiple pharmacists spend several hours acting as a patient advocate to resolve the error

This error would not have been identified had the prescription not been a monitored medicine in SafeScript.

Appendix II: Regulatory requirements: examples of common areas of confusion

The challenges experiences in the operations of PHEO#4 (digital image prescriptions) are largely due to inconsistent understanding by health professionals of regulatory requirements, including contemporary knowledge of Victorian poisons regulations. This includes:

- Poor working knowledge by health professionals of which medicines are categorised as ***Drugs of Dependence*****.** These medicines, outlined in Schedule 11 of the *Drugs, Poisons and Drugs Act 1978* are not routinely used in any aspect of contemporary pharmacy practice or prescribing of medicines. The list is difficult to locate to and navigate through as a PDF of the Act on websites containing public Victorian legislation the only place the information can be found. It is unsurprising that there is significant confusion of which medicines can be prescribed using PHEO#4 and which prescriptions have to be physically dispensed in a pharmacy.

- Low awareness by health professionals that a facsimile of a prescription is not a legal way to send a valid prescription/instruction to a pharmacist in an emergency. Faxes are still used extensively within the health system thorough Australia, and faxed prescriptions are form a part of emergency supply provisions in all other states and territories. Health professionals generally feel more comfortable with a written order such as a fax, compared to an order provided orally by a doctor via phone (which is a valid way to issue an emergency prescription). The introduction of PHEO#4 which allowed the sending of some, but not all, prescriptions to be supplied via fax added further confusion to this issue.

- Confusion by health professionals between somewhat overlapping requirements of PBS prescriptions (which relate to payment for prescriptions) and Victorian poisons regulations which relate to the legality to supply. It isn't uncommon that an information resource issued by Services Australia relating to the operation of the PBS will be cited by health professionals as evidence of not having to comply with state regulation. With Services Australia providing flyers regarding the operation of the PBS Special Arrangement (digital image prescriptions), PSA understands those flyers were cited in resistance to requests from pharmacists to forward prescriptions to pharmacists which were not eligible to be supplied under PHEO#4.

Appendix III: Digital image prescriptions – snapshot of PSA microsite (Vic)

Digital image prescriptions

Digital image prescriptions are the paperless transfer of prescriptions from a prescriber to a pharmacist to support telehealth consultations during COVID-19.

This temporary measure during COVID-19 is supported through existing territory regulation, temporary state regulatory amendments, public health emergency orders and a PBS Special Arrangement.

*Digital image prescriptions are **NOT** examples of electronic prescriptions or electronic prescribing.*

Electronic prescribing information is available at PSA's dedicated electronic prescriptions web page. Find out more at www.psa.org.au/ep

Prescriptions ineligible for supply as digital image prescriptions may be able to be supplied under other existing state and territory regulations – see phone/fax order by prescriber.

ACT | NSW | NT | QLD | SA | TAS | **VIC** | WA

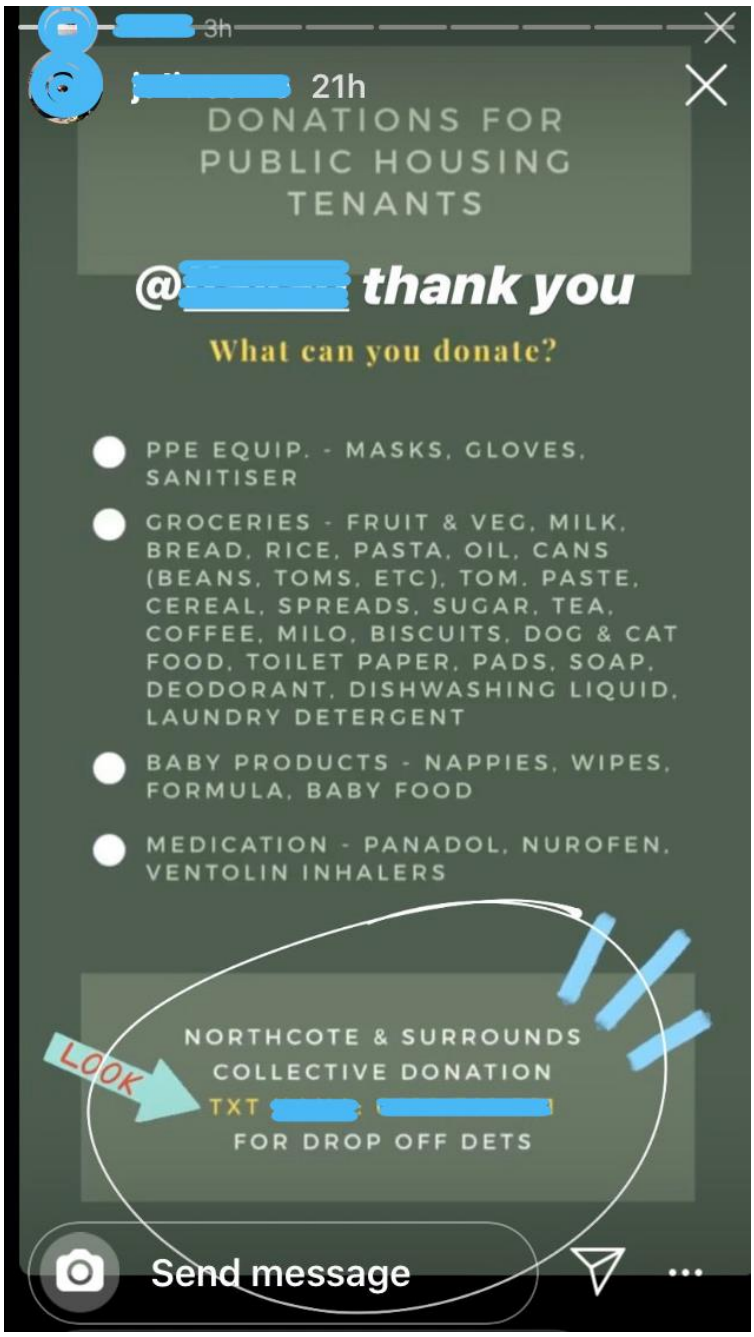
	Requirement for supply under PBS – Commonwealth legislation	Legality to supply – VIC regulation
Effective to	30 September 2020	6 October 2020
Effective from	20 March 2020	7 April 2020
Prescriber	• Creates a paper prescription during telehealth consultation, signed as normal or using valid digital signature • Provides patient's pharmacy with a digital image of the prescription via **fax**, **email** or **text message** • Must retain the (original) paper prescription (or a copy) for 2 years from date of prescription unless original prescription.	• Prescriber authorised under the Public Health Emergency Order include[#]: • registered medical practitioner • nurse practitioner • dentist • authorised midwife • authorised optometrist • authorised podiatrist *([#]See Eligible medicines section below)* • Must record that digital image of prescription was transmitted under the public health emergency order (**PHEO #4**) • Prescription must be signed by prescriber. Where operation of a telehealth service means this is not possible, prescribers may use a digital copy of their signature to sign the prescription.
Pharmacist	• Can dispense and claim for the PBS item from the image • Must print out hardcopy of digital image prescription • Must retain the hardcopy for 2 years from date of supply • Repeats should be held in the pharmacy	Must record that supply was made under the public health emergency order (**PHEO #4**)
Eligible medicines	**Excludes** medicines in **S8 and S4 + Appendix D** in the Poisons Standard* **Unless state and territory legislation allows supply via a digital image*	**Excludes** drugs of dependence (i.e. all S8 medicines, benzodiazepines anabolic steroids, pseudoephedrine and phentermine **but not** tramadol, pregabalin, gabapentin, z-drugs, retinoids, reproductive medicines or S4 codeine preparations) *[#]Pharmacists must confirm that a prescriber is authorised to prescribe the medicine as a pharmaceutical benefit*
Legislative instrument/s	• National Health (COVID-19 Supply of Pharmaceutical Benefits) Special Arrangement 2020 • National Health (COVID-19 Supply of Pharmaceutical Benefits) Amendment (Expansion of Telehealth and Telephone Attendances) Special Arrangement 2020 • Veterans' Affairs Pharmaceutical Benefits Schemes Amendment (Special Arrangement – COVID-19 Supply of Pharmaceutical Benefits) Determination 2020	• Drugs, Poisons and Controlled Substances Act 1981 • Public Health Emergency Order under Section 22D – Pharmacist Supple on a Digital Image (PHEO #4)
Relevant resources	• A guide for pharmacists • A guide for prescribers • A guide for patients • Prescriptions via telehealth – state and territory rules	• Victoria Government Gazette • Digital image prescriptions: Pharmacist fact sheet • Digital image prescriptions: Prescriber fact sheet

Read full details on Digital image prescription here

Appendix IV: Case examples of PHEO#2 Expanded Emergency Supply

Topic	Example	Impact
Prescription which didn't arrive from doctor able to be supplied following review of SafeScript	A male patient presented at pharmacy mid-evening to pick up a diazepam prescription prescribed as part of managing anxiety which had flared up as a result of being stood-down from work due to Stage 3 Stay at Home restrictions. The prescription had not arrived at the pharmacy, and the prescriber was uncontactable. The pharmacist could see a record of the prescription in SafeScript, and could see that the prescription The pharmacist was able to supply a partial quantity of medicine under PHEO#2 pending follow up with the prescriber on following days	• Patient's anxiety stabilised in primary care without need to attend emergency department •
Add more Continuing medicine of a self-isolating patient unable to use telehealth	An elderly female patient rang the pharmacy asking for their medicines. The prescriptions on file had run out for their blood pressure medicine, and they we booked to see their doctor the following week once restrictions were relaxed, but were self-isolating at home consistent with public health advice in April. They didn't have the confidence to use other telehealth services. After review of her pharmacy file and My Health Record pharmacist was able to supply a month's supply of their regular blood pressure medicine under PHEO#2 which was able to be supplied at the regular PBS concession co-payment of $6.60 due to the Expanded PBS Continued Dispensing initiative.	• Patient continued essential blood pressure medicine

Appendix V: Examples of social media posts crowdsourcing restricted medicines



Example 1: Screenshot from Instagram (deidentified)

Example 2: Screenshot from Instagram (deidentified)

Appendix VI: PSA letter regarding assault/abuse of health workers

(15 April 2020)

Pharmaceutical Society of Australia

PSA Committed to better health

Office of the Premier
1 Treasury Place
Melbourne, Victoria
Australia, 3002
via email daniel.andrews@parliament.vic.gov.au

Dear Premier

I am writing to seek changes to Victorian law to protect our frontline pharmacists against assault, violence and aggression during the COVID-19 pandemic.

Our members, who are in constant face-to-face contact with patients, have reported experiencing abuse, anger and aggression from the public, particularly when enforcing medicine supply limits required to protect access to essential medicines in the community. This has in some cases even escalated to physical assaults on pharmacists and their staff.

Abuse and violence towards frontline workers is never OK. Like all frontline workers, pharmacists and pharmacy staff should feel safe at work, whether that be in a community pharmacy, hospital pharmacy or other patient-facing role.

It is time to send a strong message to the community that violence and threats are unacceptable, and to strengthen laws and penalties for COVID-related abuse of frontline workers.

I urge you to follow the WA Government example, which recently made urgent amendments to its Criminal Code, specific to the COVID-19 coronavirus pandemic to protect frontline health workers, including pharmacists.

Those amendments introduced tougher penalties for people who assault or threaten frontline workers such as doctors, pharmacists and nurses, police officers, paramedics, fire and emergency service workers and prison officers, in the context of COVID-19 – including a maximum penalty of 10 years' imprisonment.

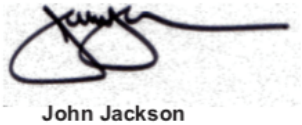
I urge you to progress similar amendments to laws in Victoria

Level 1, Pharmacy House, 17 Denison Street, Deakin ACT 2600 ABN: 49 008 532 072
PO Box 42 Deakin West ACT 2600 » Membership **P: 1800 303 270** » Branch **P: 1300 369 772** » **F: 02 6285 2869**
E: psa.nat@psa.org.au » **www.psa.org.au**

Australia's leaders have appropriately declared zero tolerance of any abusive behaviour towards pharmacists and others on the front line of this pandemic. I urge you to act to further protect the safety and welfare of pharmacists across Victoria

Please do not hesitate to contact Victorian State Manager, Stefanie Johnston on 0417 910 738 or *Stefanie.Johnston@psa.org.au* to arrange a meeting or to discuss further.

Sincerely,



John Jackson
Victorian President