

Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability

Health care for people with cognitive disability – Issues paper

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Purpose of this submission

The Pharmaceutical Society of Australia (PSA) is pleased to make this submission to the **Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability** (the 'Royal Commission') in response to the Issues paper on **Health care for people with cognitive disability**. For the purpose of the Issues paper, PSA understands "people with cognitive disability" include people with intellectual disability, autism, acquired brain injury or dementia.

PSA's submission has been informed largely by its member pharmacists who have experience in supporting the health care needs of people with cognitive disability, particularly with regards to their medicines, medication management and health literacy.

PSA's submission outlines the role of pharmacists as medicines and medication management experts and the types of health care activities and services they may provide to people with cognitive disability and those who care for this vulnerable population group, including:

- timely access to, and safe and appropriate supply of prescribed and over-the-counter medicines
- quality use of medicines services to help maintain and improve the health of people with cognitive disability and support their independence and self-management
- pharmacist interventions to optimise the benefits of medication therapy and prevent or minimise medication-related harm
- provide guidance and education to those who support people with cognitive disability on the safe use and handling of medicines and therapeutic devices to deliver optimal health outcomes
- provide information, education and training to disability support workers, other health practitioners and disability sector organisations
- promote better connections between the pharmacy profession and the National Disability Insurance Scheme
- improve care for people with cognitive disability through collaborative practice arrangements that formally include pharmacists
- apply a clinical governance framework for services delivered by pharmacists to people with cognitive disability.

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 health care 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.

Summary and recommendations

Pharmacists in the community are the most accessible health practitioners providing essential patient-centred health care services in a professional, ethical and compassionate manner. With their unique medicines expertise, pharmacists provide health care, education and advice across all settings to promote good health and to reduce the incidence of illness.

Pharmacists provide direct care to patients and also have a broader role in improving public health and optimal use of medicines in the community. PSA and pharmacists support an approach that prioritises person-centred care through evidence-based programs and services.

Many people with cognitive disability rely on medicines. PSA strongly recommends urgent consideration of mechanisms and arrangements to include pharmacists within the healthcare team to support everyone with disability, if support with their medicines is needed. Despite many established and funded medication management programs, it is disappointing that there does not appear to be a clear pathway for people with disability to access these in a considered or structured manner. It is unacceptable that there is no clear information on or appreciation of what potentially beneficial services this vulnerable population group may be missing out on.

Having an understanding of the “neglect”¹ that the aged care sector has been experiencing, it would be a travesty if standards of care around medication management in the disability care sector was also found to be wanting. It is vital that this vulnerable population group and their families and carers have routine access to measures that help to ensure medication safety, support optimal and quality use of medicines and improve quality of life.

PSA also sees scope and urgent need for Commonwealth, state and territory governments to be more strategic and proactive in enabling partnerships between disability service providers/organisations and the pharmacy profession, and to understand and improve standards of care and access to services for people with cognitive disability, and more broadly where relevant.

The following PSA recommendations are provided to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability for consideration, specifically in relation to health care for people with cognitive disability, but also more broadly for people with other disability where relevant.

Recommendation 1: *To ensure medicine safety and promote quality use of medicines, gaps in data on disability care must be addressed as a priority through appropriate data collection and reporting on medicine use and uptake of pharmacist-delivered medication management services by people with disability.*

Recommendation 2: *In partnership with the Pharmaceutical Society of Australia, Commonwealth, state and territory governments should raise awareness and promote widely to the disability care sector, the role of pharmacists in ensuring safe and quality use of medicines, working as part of a multidisciplinary healthcare team, helping to resolve medicine-related problems and improving quality of life for people with cognitive disability.*

¹ Royal Commission into Aged Care Quality and Safety. Interim report: Neglect. 31 Oct 2019. At: <https://agedcare.royalcommission.gov.au/publications/reports>

Recommendation 3: Commonwealth, state and territory governments should explore mechanisms for disability care recipients, based on their medication management needs, to regularly access pharmacist-delivered services to ensure appropriate and optimal medicine use and avoid harm from medication misadventure.

Recommendation 4: Commonwealth, state and territory governments should explore options for pharmacists to deliver education and training to disability support workers on safe and appropriate medicine handling generally and quality use of medicines by people with disability.

Recommendation 5: Commonwealth, state and territory governments should consider options to work in partnership with the Pharmaceutical Society of Australia to co-design appropriate education and training for disability support workers to be delivered by pharmacists.

Recommendation 6: Pharmacist immunisers should be able to administer vaccines in any location and not be constrained to a community or hospital pharmacy setting provided they adhere to the vaccination standards.

Recommendation 7: Medication management frameworks and models of care developed by Commonwealth, state or territory governments should clearly integrate the role of pharmacists and facilitate mechanisms for disability service providers to work with pharmacists to implement best practice medication management for people with disability.

Recommendation 8: Commonwealth, state and territory governments should ensure disability service providers and organisations, where relevant, have a mechanism for pharmacist input to develop and regularly review medication management policies and procedures.

Recommendation 9: Commonwealth, state and territory governments should provide funding for pharmacists to deliver quality use of medicines (QUM) services to support disability service providers and organisations, where relevant, to implement a QUM plan.

Recommendation 10: Commonwealth, state and territory governments should work with the Pharmaceutical Society of Australia to promote broader awareness about the National Disability Insurance Scheme to pharmacists and support community pharmacies to consider becoming a registered provider.

Recommendation 11: Consistent with the stated scope and remit of the National Disability Insurance Scheme, people with disability should have access to pharmacist-delivered medication management services through the Scheme to maximise the benefits of their medication therapy, improve quality of life and minimise medication-related harm.

Recommendation 12: The Pharmaceutical Society of Australia's clinical governance framework for pharmacy services and quality indicators should be applied to services impacting on the care of people with cognitive (or other) disability.

Recommendation 13: Commonwealth, state and territory governments should invest in the implementation of best practice collaborative care arrangements through the inclusion of pharmacists in healthcare teams for people with cognitive disability to ensure medication safety and maximise therapeutic benefit of their medicines.

Background

Pharmacy education in Australia

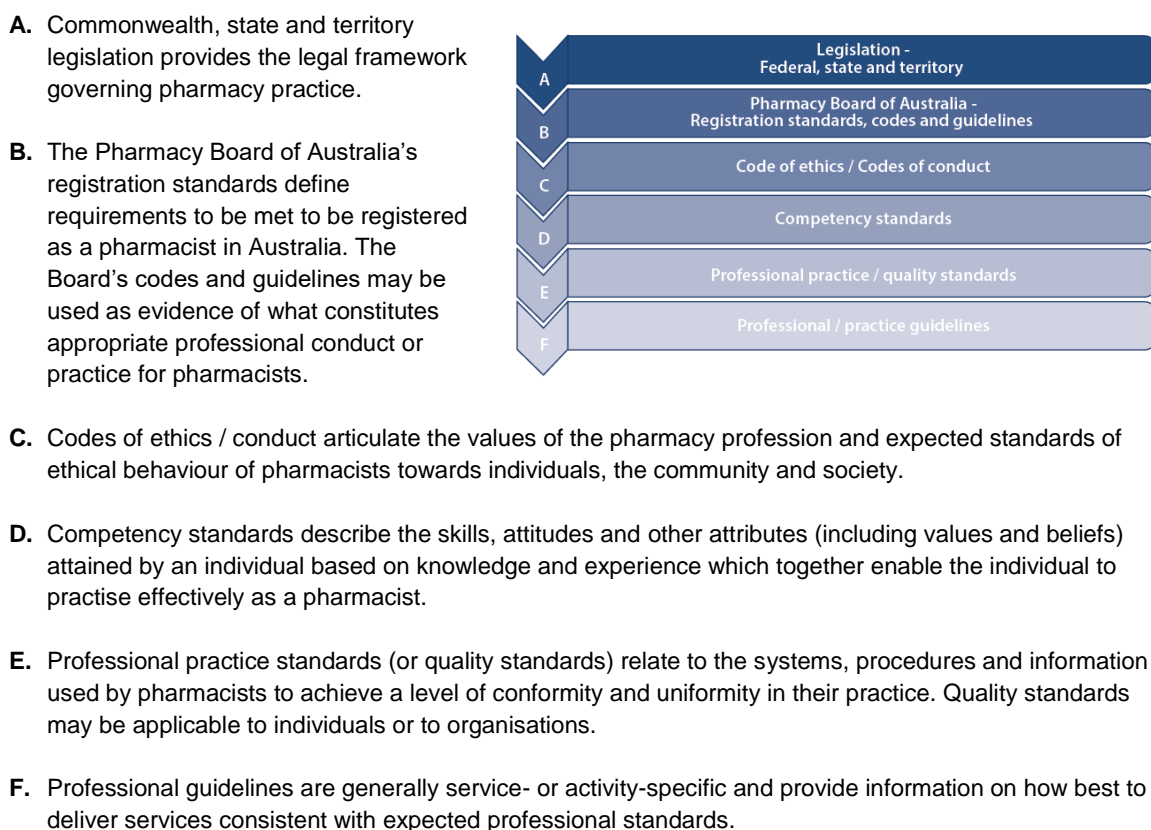
Typically, a person must successfully complete a four-year Bachelor of Pharmacy course (or an equivalent graduate-entry Master of Pharmacy course) followed by a one-year intern training program to be eligible to register and practise as a pharmacist in Australia.

Pharmacists have broad-base scientific training in enabling basic disciplines such as anatomy, biology and microbiology, biochemistry, chemistry, physiology and pathophysiology, epidemiology, mathematics, information and communication technology, and social pharmacy. Pharmacists possess unique, in-depth knowledge in applied disciplines including medicinal chemistry, pharmaceuticals, pharmacodynamics, pharmacokinetics, pharmacology, pharmacy practice and therapeutics.

Framework of professional and ethical standards for pharmacists

The practice of pharmacists is governed and supported by a comprehensive, hierarchical framework of legislation, and professional and ethical standards, as summarised in **Figure 1**.

Figure 1: Hierarchy of standards for pharmacists



As the pharmacy profession's standards-setting body, PSA is the custodian of the *National competency standards framework for pharmacists in Australia*² (document type D in Figure 1), and also develops, maintains and promulgates its own suite of documents, including: *Code of ethics for pharmacists*³ (C), *Professional practice standards*⁴ (E), *Clinical governance principles for pharmacy services*⁵ (E/F) and various guidelines (F) to support professional practice activities and pharmacist-delivered health services.

The pharmacist workforce is underpinned by this robust framework and is fundamentally committed to person-centred care, evidence-based best practice, collaborative team care arrangements and quality improvement.

Patient-centred care

The care, wellbeing and safety of the patient are at the centre of all aspects of pharmacy practice. As outlined in the profession's code of ethics published by PSA, pharmacists are committed to respecting and supporting the rights, choice and dignity of people and recognising diversity. Equity and timeliness of access to quality and safe care and delivering according to individual need and in a non-discriminatory manner are also fundamentally important.

Pharmacists' practice is aligned with the Australian Charter of Healthcare Rights⁶ which articulates the rights that apply to people receiving health care in accordance with the principles of access, safety, respect, partnership, information, privacy and feedback. Pharmacists support the rights of people to receive safe, culturally responsive, high quality professional services. Pharmacists work to build mutual respect and rapport, engaging with people in an empathetic manner and considering issues such as mental health and physical or cognitive disabilities that may impact on their care needs.

Pharmacists use their expertise in medicines to optimise health outcomes and minimise medication misadventure. Consistent with Australia's National Medicines Policy,⁷ pharmacists have a primary responsibility to contribute to the quality use of medicines,⁸ to support the safe, appropriate, judicious and effective use of medicines. Pharmacists also have a key role in improving public health, investing in preventive health activities and services, and assisting patients, carers and other health practitioners with health and medicine related information and queries.

² National competency standards framework for pharmacists in Australia. Canberra: PSA; 2016. At: <https://www.psa.org.au/wp-content/uploads/2018/06/National-Competency-Standards-Framework-for-Pharmacists-in-Australia-2016-PDF-2mb.pdf>

³ Pharmaceutical Society of Australia. Code of ethics for pharmacists. Canberra: PSA; 2017. At: <https://www.psa.org.au/wp-content/uploads/2018/07/PSA-Code-of-Ethics-2017.pdf>

⁴ Pharmaceutical Society of Australia. Professional practice standards. Version 5. Canberra: PSA; 2017. At: <https://www.psa.org.au/wp-content/uploads/2018/08/Professional-Practice-Standards-v5.pdf>

⁵ Pharmaceutical Society of Australia. Clinical governance principles for pharmacy services. Canberra: PSA; 2018. At: https://www.psa.org.au/wp-content/uploads/2019/05/PSAClinicalGovernancePrinciples2018_FINAL.pdf

⁶ Australian Commission on Safety and Quality in Health Care. Australian charter of healthcare rights. 2nd edn. Sydney: ACSQHC; 2019. At: <https://www.safetyandquality.gov.au/sites/default/files/2019-06/Charter%20of%20Healthcare%20Rights%20A4%20poster%20ACCESSIBLE%20pdf.pdf>

⁷ Australian Government Department of Health. National medicines policy. 2000. At: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/national-medicines-policy>

⁸ Australian Government Department of Health. Quality use of medicines. 2020. At: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/nmp-quality.htm>

Pharmacists' priorities for 2023

Pharmacists practise in a wide and diverse range of settings although the public and patients would generally be most familiar with pharmacists in community pharmacies – which provide a strong network of accessible primary health care. As the professional standards-setting and leadership organisation for the profession, PSA is committed to ensuring pharmacists achieve scope-of-practice fulfilment in order to improve healthcare delivery and safety. Pharmacists must be recognised for their key role in health care, whatever the setting, and be supported and remunerated appropriately reflecting their skills, training and expertise.

In early 2019, PSA released *Pharmacists in 2023: For patients, for our profession, for Australia's health system*.⁹ The report was informed by the outcome of consultations with consumers and a range of external stakeholders, and with members of the pharmacy profession. It outlines system changes needed for pharmacists to have greater responsibility and accountability for medicine safety, focusing on how pharmacists can be better utilised in the Australian health system (see **Box 1**).

Box 1: Priority actions for change to benefit patients, pharmacists and the health system

1	Medicine safety – Empower and expect all pharmacists to be more responsible and accountable for medicine safety.
2	Community pharmacy – Enhance the role of community pharmacists to have a greater level of responsibility and accountability for medicines management.
3	Care teams – Embed pharmacists within healthcare teams to improve decision making for the safe and appropriate use of medicines.
4	Prescribing – Facilitate pharmacist prescribing within a collaborative care model.
5	Transitions of care – Improve pharmacist stewardship of medicine management to improve outcomes at transitions of care.
6	Health hubs – Utilise and build upon the accessibility of community pharmacies in primary care to improve consumer access to health services.
7	Workforce – Equip the pharmacist workforce, through practitioner development, to address Australia's existing and emerging health challenges.
8	Funding – Establish additional funding models and facilitate access to existing funding models to recognise the value and quality of pharmacist care.
9	Rural and remote – Allow greater flexibility in funding and delivery of pharmacist care to innovate and adapt to the unique patient needs in all areas, with specific focus on regional, rural and remote areas.
10	Research and evaluation – Develop and maintain a research culture across the pharmacist profession to ensure a robust evidence base for existing and future pharmacist programs.
11	Digital transformation – Embrace digital transformation to improve the quality use of medicines; support the delivery of safe, effective and efficient health care; and facilitate collaborative models of care.

⁹ Pharmaceutical Society of Australia. *Pharmacists in 2023: For patients, for our profession, for Australia's health system*. Canberra: PSA; 2019. At: <https://www.psa.org.au/wp-content/uploads/2019/02/Pharmacists-In-2023-digital.pdf>

Medicine safety in Australia

The use of medicines is the most common intervention made in health care and is steadily increasing. Safe and appropriate use of medicines can help improve people's health and quality of life, treat infectious diseases, reduce likelihood of heart attacks or strokes, provide temporary relief from debilitating pain or ease the impacts of chronic diseases.

In early 2019, PSA released its *Medicine safety: Take care* report¹⁰ which showed staggering annual figures in Australia of 250,000 hospitalisations and an additional 400,000 presentations to emergency departments, as a result of medication errors, inappropriate use, misadventure and interactions (see summary in **Box 2**). At least half of these were preventable. The annual cost of these medicine-related problems reached close to \$1.4 billion.

The *Medicine safety: Take care* report was the first publication in PSA's annual medicine safety series reports. In February 2020, the *Medicine safety: Aged care*¹¹ report was published. These reports reveal the extent and nature of problems with medicine safety in Australia, and highlight opportunities to make meaningful improvements to the safe use of medicines – protecting patients from harm and improving quality of life. Our current schedule includes the future publication of a report focusing on medicine safety in disability care.

A significant proportion of medicine-related harm occurs in vulnerable population groups. A core remit of pharmacists is to support safe and effective medicine therapies while protecting individuals from medication misadventure. Given their unique medicines expertise, pharmacists are key to improving medication safety and delivering high quality care for people with cognitive disability who may require medication management support. Pharmacists must be involved in the care of people whenever medicines are included as a component of their health management plan.

Box 2

Medication-related hospital admissions

- 250,000 admissions annually at a cost of \$1.4 billion
- 50% of this harm is preventable

After hospital discharge

- Over 90% of patients have at least one medication-related problem
- 3 in 5 discharge summaries prepared without pharmacist involvement have at least one medication error

Residential aged care

- 98% of residents have at least one medication-related problem
- Over half are exposed to at least one potentially inappropriate medicine

Community

- 1 in 5 people are suffering an adverse medication reaction at the time of a Home Medicines Review
 - 1.2 million Australians have experienced an adverse medication event in the last 6 months
-

¹⁰ Pharmaceutical Society of Australia. *Medicine safety: Take care*. Canberra: PSA; 2019. At: <https://www.psa.org.au/advocacy/working-for-our-profession/medicine-safety/take-care/>

¹¹ Pharmaceutical Society of Australia. *Medicine safety: Aged care*. Canberra: PSA; 2020. At: <https://www.psa.org.au/advocacy/working-for-our-profession/medicine-safety/aged-care/>

Medicine safety in disability care

Gaps in data

In the context of the Royal Commission's issues paper, "people with cognitive disability" represents a broad group of individuals and includes people with intellectual disability, autism, acquired brain injury or dementia. It is reported that about 4.3 million Australians have some level of disability and for 1 in 5 of these people, the main form of disability is mental or behavioural, such as intellectual disability, dementia, anxiety and depression.¹² In 2018, there were over 200,000 Australians with autism.¹³

There has been policy reform¹⁰ with the intention to improve disability service delivery in areas such as:

- accessibility of mainstream services for people with disability
- the quality and safety of services in specialist and mainstream service settings
- readiness of the market and workforce to deliver support services
- acknowledgment that specialist disability support services, such as those delivered through the National Disability Insurance Scheme (NDIS), are only one part of a broader and interacting system of supports
- recognition that improving the wellbeing of people with disability and their carers requires collaboration across multiple sectors and stakeholders, with responses that meet the needs of all people with disability, including, but not limited to, those accessing the NDIS
- the need to strengthen performance frameworks and reporting to more meaningfully measure progress in key wellbeing measures and the limitations of current data in supporting such measures.

However, PSA has encountered what appears to be significant gaps in data on disability care.

People with disability have a range of healthcare needs which may be met by accessing relevant healthcare practitioners or informal care through family members and friends. It is reported that 1 in 3 people with disability need help with health care.¹⁴ There is some insight into how these needs are fulfilled. The Survey of Disability Ageing and Carers (SDAC) reports¹³ on the use of mainstream health services which includes general practitioners, medical specialists and dentists. The survey, however, does not examine patient experience information on whether needs were met by other health professionals, including pharmacists.¹⁵ This is one example, but to PSA's knowledge, the contribution of pharmacists' care within the disability sector is not explicitly documented in any form.

¹² Australian Institute of Health and Welfare. Picture of the experiences of Australians living with disability [media release]. 3 Sep 2019. At: <https://www.aihw.gov.au/news-media/media-releases/2019/september/picture-of-the-experiences-of-australians-living-w>

¹³ Australian Bureau of Statistics. Disability, ageing and carers, Australia: Summary of findings, 2018 (cat. no. 4430.0). 2019. At: <https://www.abs.gov.au/ausstats/abs@.nsf/mf/4430.0>

¹⁴ Australian Institute of Health and Welfare. People with disability in Australia. 2019. At: <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/summary>

¹⁵ Australian Institute of Health and Welfare. Access to health services by Australians with disability. 2017. At: <https://www.aihw.gov.au/reports/disability/access-health-services-disability/contents/content>

The NDIS also publishes data and insights.¹⁶ However, we did not find any information on medicine use by people with disability. Thus, despite significant reforms, PSA does not believe there is adequate data to show the current state of play with regards to the care that people with cognitive (and other) disability receive through government-subsidised medicines (i.e. the Pharmaceutical Benefits Scheme) and pharmacist-delivered services which optimise the benefits of those medicines and prevent medicine-related harm.

Improving data to improve medication safety

It is generally known that psychotropic medicines can be used inappropriately in people with intellectual disability. This can include medicines such as antipsychotics, anti-anxiety medicines, antidepressants, medicines with mood stabilising properties and medicines used to treat seizures. Some of these medicines can also be used by people with other cognitive disability including autism, acquired brain injury and dementia.

The extent of the problem of suboptimal use or inappropriate use of medicines in the disability sector is not well characterised; as referred earlier, PSA is not aware of contemporary data on medicine use in disability care. There is also complexity associated with the overlap in patient cohort between this Royal Commission and the Royal Commission into Aged Care Quality and Safety, most significantly people with dementia.

Being acutely aware of the extent of inappropriate psychotropic medicine use in residential aged care as recently revealed¹ by the aged care Royal Commission, PSA has grave concerns that similar trends could be occurring in the disability sector. This may be particularly relevant and impacting on people with cognitive disability who rely on medicines to maintain functionality and quality of life.

PSA suggests it is fundamentally important that there is appropriate data collection and clear understanding of medicine use by people with disability. Without such data, it is not possible to help optimise pharmacological interventions for people with disability, nor improve their quality of life. Even more concerning is that people with disability may be experiencing medication-related harm and not enough is being done to prevent this or to intervene in a timely manner.

Medicine-related data collection with appropriate privacy and data security arrangements is critical to enable co-design and development of robust policies for the disability care sector and to implement best practice medication management for people with disability, particularly those with cognitive disability who may have moderate to high reliance on medicines.

Recommendation 1: To ensure medicine safety and promote quality use of medicines, gaps in data on disability care must be addressed as a priority through appropriate data collection and reporting on medicine use and uptake of pharmacist-delivered medication management services by people with disability.

¹⁶ National Disability Insurance Scheme. Data and insights. At: <https://data.ndis.gov.au/>

Pharmacists delivering care to people with cognitive disability

There is an imperative to improve connections between pharmacists and people with cognitive disability. The range of pharmacist-delivered services, as outlined in this section, is designed to maximise benefit across a continuum of patient care needs. Many of these services are funded under the Seventh Community Pharmacy Agreement (7CPA) for eligible patients. We need to ensure people with cognitive disability and carers are aware of these services and are being supported by disability support organisations to access them.

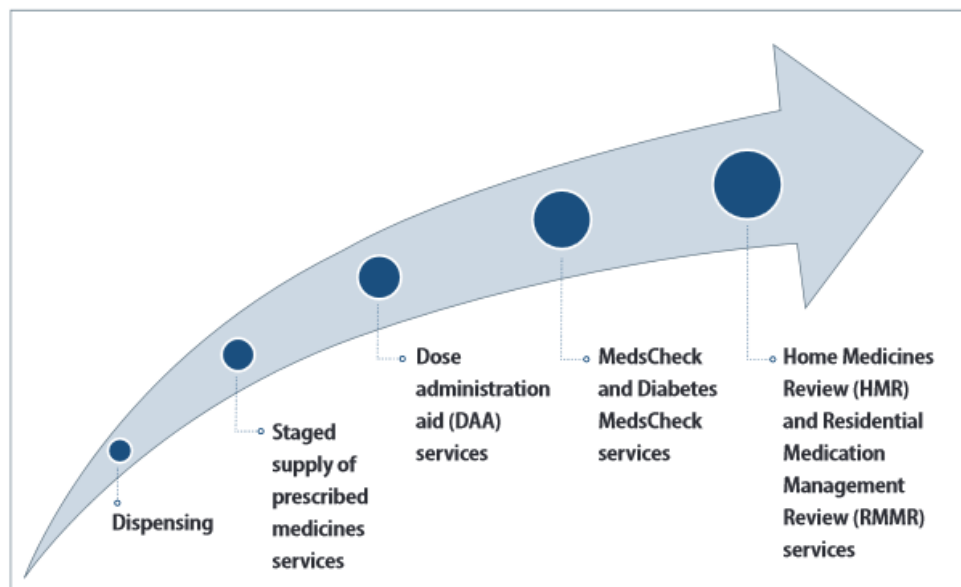
In the majority of cases, pharmacists are likely to provide pharmaceutical care and medication management support to people with cognitive disability in primary care, either directly (in person) or through their carers and support workers. Some pharmacists may provide support through quality use of medicines services to those in cared-accommodation (including, for example, hospitals, nursing homes, aged care hostels, cared components of retirement villages, psychiatric institutions) and other 'homes' such as group homes for people with disability. Pharmacists may also work with or within disability sector organisations to help implement best practice medication management policies and services.

For many people with cognitive disability, medicines are an important component of their health care management. This may include medicines used to treat or manage dementia, pain, infections, chronic conditions such as diabetes, or mental illness. As alluded to above, people with cognitive disability may already access regular primary health care through general practitioners, community pharmacists and other allied health practitioners. However, while coordination of care for people with different types or levels of cognitive disability may indeed be complex, PSA believes there is scope for improvement to ensure those people with medication management needs can access pharmacists' expertise in a regularly coordinated and safe manner.

The pharmacy profession has been engaging in efforts to continue to improve pharmacies as a healthcare service destination which provides a safe and respectful environment for all patients and carers. This is particularly important for vulnerable population groups, including people with cognitive disability. For example, PSA has worked with Dementia Training Australia to develop Dementia Friendly Pharmacy training and resources for pharmacists and pharmacy staff, and assessment of the physical pharmacy environment. Acknowledging that the majority of people with cognitive disability live in the community, access to culturally appropriate services through a pharmacy which focusses on providing a safe and positive patient experience is vital. An initiative similar to the Dementia Friendly Pharmacy for broader application to the disability sector should be a priority.

In the following section, several core pharmacist-delivered services or activities are outlined. These patient-centred services are designed to improve medication safety, enhance optimal use of medicines and improve quality of life. Pharmacists can determine, in consultation with the patient and carer, the service best suited to the person's clinical circumstances and support needs.

Figure 2: Medication management services across the continuum of patient care



Safe and appropriate supply of medicines

Health care and medication management requirements can be more complex for vulnerable Australians including people with cognitive disability and the risk of adverse medication-related events may also be higher. In addition, the need for high-risk medicines is greater with certain conditions such as dementia, mental illness, behavioural conditions and depression.

Timely access to prescribed or over-the-counter medicines is facilitated by a well-distributed network of hospital and community pharmacies across Australia. Affordable access to most essential medicines for people with cognitive disability is provided through the Pharmaceutical Benefits Scheme. Universal access to affordable medicines is a foundation principle of Australia's National Medicines Policy.

It is also important to note that many people, particularly those with chronic diseases or requiring regular medication (or their carers), will likely have an established 'relationship' with community pharmacists. Being on medicines to manage chronic health conditions means regular visits to a pharmacy to have prescriptions dispensed and other health conditions attended to. The accessibility of community pharmacy staff also provides vulnerable people with a regular contact point socially and for non-health matters.

Medication adherence advice

A core tenet of pharmacy practice is to promote quality use of medicines. Pharmacists can support and tailor advice for people with cognitive disability on how to take or use their medicines (and therapeutic devices) safely and correctly so that they experience optimal outcomes and minimise risks of medication misadventure. People with cognitive disability may experience particular challenges with medication adherence due to factors such as¹⁷:

¹⁷ Medicines in older people. In: Sansom LN ed. Australian pharmaceutical formulary and handbook. 24th edn. Canberra: Pharmaceutical Society of Australia; 2018.

- impaired physical dexterity – difficulty opening medicine packaging, halving tablets, or operating therapeutic devices
- impaired sight, hearing and cognition – difficulty reading medicine labels and understanding or remembering dosing instructions
- beliefs about the effectiveness of medicines, or concerns about adverse effects and cost leading to intentional non-adherence.

Therefore additional attention or consideration by the pharmacist is regularly required to support medicine taking as intended. This can help maintain and improve the health of people with cognitive disability, support their independence and self-management, and improve health literacy.

Minimising harm and optimising benefits of medicines

Pharmacists can support people with cognitive disability and carers who may be particularly vulnerable or feel challenged by daily medication management needs. Medicines can deliver benefits when used correctly and optimally, but harm can occur if medicines are not managed correctly or if the patient's condition has changed, including improvements in health.

It is important that medicine use is continually monitored to ensure treatment expectations are being achieved. In addition, the health of an individual is a dynamic situation and therefore ongoing review of medication therapy (and adjustment, if necessary) can be helpful from a medication safety and quality care perspective.

Staged supply service

Staged supply is a clinically-indicated, structured pharmacist service involving the supply of a medicine to a patient in periodic instalments as requested by the prescriber or carer. The instalments are less than the originally prescribed quantity at agreed levels (e.g. daily or weekly). The balance of the prescribed quantity is held by the pharmacy to fulfil subsequent instalments.¹⁸

This service can assist people who may prefer or benefit from more frequent contact with and regular support from the pharmacist. It may apply when high-risk medicines are being used. It can also be helpful in situations where it is preferable to prevent inadvertent access to the medicines by others in the household (e.g. group homes).

Dose administration aid service

A dose administration aid (DAA) is a tamper-evident, well-sealed device or packaging system that allows organisation of doses of medicine according to the time of administration.⁴ Pharmacists provide holistic DAA services which encompass medication assessment and reconciliation, packing of DAAs and professional support to ensure the optimal use of DAAs. The service aims to support safe and effective administration of a person's medication, improve adherence and reduce medication misadventure. It may particularly benefit those taking five or more medicines daily or with a complex regimen of medicines.¹⁹

¹⁸ Pharmaceutical Society of Australia. Guidelines for pharmacists providing staged supply services. 2017. At: https://my.psa.org.au/servlet/fileField?entityId=ka10o000001DaSAAU&field=PDF_File_Member_Content_Body_s

¹⁹ Pharmaceutical Society of Australia. Guidelines for pharmacists providing dose administration aid services. 2017. At: https://my.psa.org.au/servlet/fileField?entityId=ka10o000001DacAAE&field=PDF_File_Member_Content_Body_s

MedsCheck

A MedsCheck service is a structured and collaborative clinical service conducted in the person's preferred or regular community pharmacy. The primary aim of the service is to optimise the safe and quality use of medicines by the patient. The service involves a review of the patient's medicines, a face-to-face consultation between the pharmacist and patient, and the development of a medication profile and an action plan.²⁰

Medication management reviews

A comprehensive medication management review is a structured, critical examination of a person's medicines conducted by an appropriately trained and credentialed pharmacist (often referred to as an accredited pharmacist) in collaboration with the prescriber. These systematic review services are aimed at identifying and resolving medication-related problems to optimise the impact of medicines on a person's health outcomes.²¹

The type of services includes the following:

- hospital inpatient medication review
- MedsCheck (see previous section) and Diabetes MedsCheck (in-pharmacy medicine reviews for eligible patients living at home in a community setting)
- Home Medicines Review (HMR; for eligible patients living in a community setting)
- Residential Medication Management Review (RMMR; for eligible permanent residents of an Australian Government funded aged care facility).

Currently, 7CPA provides funding for these services except the hospital inpatient medication review. For people with cognitive disability living in the community, the most appropriate services from an eligibility perspective are likely to be MedsCheck and HMRs. People in residential aged care facilities, for example those with dementia, may be eligible for an RMMR.

Recently changes have been made to improve the funded medication management programs by expanding the range of medical practitioners who can provide a referral. Thus, in addition to general practitioners, referral can now be made by specialists in pain medicine, specialist physicians (includes, for example, specialist geriatrician and specialist neurologist), specialist psychiatrists or specialists in palliative medicine.

This is significant acknowledgement of the value of medication management reviews in contributing to medication safety, quality use of medicines and better health outcomes. It is also supported by other studies, for example, pharmacist interventions (e.g. medication review and medication adherence services) were found to be generally effective with regards to improving quality use of medicines and

²⁰ Pharmaceutical Society of Australia. Guidelines for pharmacists providing MedsCheck and Diabetes MedsCheck services. 2017. At: https://my.psa.org.au/servlet/fileField?entityId=ka10o000001DahAAE&field=PDF_File_Member_Content_Body_s

²¹ Pharmaceutical Society of Australia. Guidelines for comprehensive medication management reviews. 2020. At: https://my.psa.org.au/servlet/fileField?entityId=ka10o000001DaNAAU&field=PDF_File_Member_Content_Body_s

health outcomes for people with dementia and/or cognitive impairment and their carers, and saved costs to the healthcare system.²²

PSA urges the disability care sector to maximise the opportunity to use these services to improve care for people with cognitive disability. Pharmacists who already provide medication management review services to people with disability have indicated that some specific issues may warrant additional consideration to ensure these services can be delivered optimally (e.g. for people living in cared accommodation). PSA would be pleased to work with the disability care sector to discuss further.

Deprescribing

Deprescribing aims to ensure a person's medication regimen is aligned with their preferences and goals of care. It is a systematic process of identifying and discontinuing medicines where existing or potential harms outweigh existing or potential benefits within the context of the person's care goals, current level of functioning, life expectancy, values and preferences.¹⁷ The process is undertaken in a person-centred, collaborative manner so that pharmacists can best support the understanding and expectations of patients, carers and prescribers and maximise the beneficial outcomes.

Opportunities to consider deprescribing for people with cognitive disability include²³:

- polypharmacy – people are generally at greater risk of adverse outcomes when using multiple medicines
- lack of efficacy of treatment – if the desired therapeutic effect is not evident, continuation of therapy should be re-considered
- change in treatment goals (which may relate to change in physical or mental health circumstances, degree of dementia, increased frailty, or comorbidities)
- adverse reactions to medicines – some health events such as falls or cognitive decline may be accepted as being part of the aging process rather than treating it as an adverse consequence of medicine use.

²² Nguyen TA, Gilmartin-Thomas J, Tan ECK, et al. The impact of pharmacist interventions on quality use of medicines, quality of life, and health outcomes in people with dementia and/or cognitive impairment: a systematic review. *J Alzheimers Dis* 2019;71(1):83–96.

²³ Le Couteur D, Banks E, Gnjjidic D, et al. Deprescribing. *Aust Prescr* 2011;34:182–5. At: <https://www.nps.org.au/australian-prescriber/articles/deprescribing>

Various pharmacist-led deprescribing interventions have been shown to reduce polypharmacy and improve outcomes for patients.^{24,25,26,27} As was the key focus of the aged care Royal Commission interim report,¹ it is important that the use of high risk medicines by people with cognitive disability is closely monitored and reviewed in line with best practice guidelines to minimise risk of adverse effects.

Recommendation 2: In partnership with the Pharmaceutical Society of Australia, Commonwealth, state and territory governments should raise awareness and promote widely to the disability care sector, the role of pharmacists in ensuring safe and quality use of medicines, working as part of a multidisciplinary healthcare team, helping to resolve medicine-related problems and improving quality of life for people with cognitive disability.

Recommendation 3: Commonwealth, state and territory governments should explore mechanisms for disability care recipients, based on their medication management needs, to regularly access pharmacist-delivered services to ensure appropriate and optimal medicine use and avoid harm from medication misadventure.

Supporting the disability care workforce in medication management

A core competency of pharmacists is to support the professional development of other members of the health care team. This can generally be done via the delivery of relevant education and training through the application of pharmacists' expert knowledge of medicines and medication management, and other health issues within their scope of practice.

With regards to medication management practices, pharmacists can assist disability support workers and other health practitioners with medicines issues in general as well as tailored advice and information for individuals with cognitive disability to ensure medication safety, facilitate quality use of medicines and improve quality of life.

The types of contributions pharmacists can make through education and training of this workforce include the following:

- Develop and deliver education and training on principles of quality use of medicines generally as well as safer practices, particularly in the context of people with disability, in the prescribing, dispensing, storage and handling of medicines and therapeutic devices.
- Deliver education sessions (including new evidence, guidelines and therapies) on specific health issues or medicine topics to health practitioners and support workers.

²⁴ Whitman A, DeGregory K, Morris A, et al. Pharmacist-led medication assessment and deprescribing intervention for older adults with cancer and polypharmacy: a pilot study. *Support Care Cancer* 2018;26(12):4105–13. At: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6204077/>

²⁵ Martin P, Tamblyn R, Benedetti A, et al. Effect of a pharmacist-led educational intervention on inappropriate medication prescriptions in older adults. The D-PRESCRIBE randomized clinical trial. *JAMA* 2018;320(18):1889–98. At: <https://jamanetwork.com/journals/jama/fullarticle/2714531>

²⁶ Pruskowski J, Handler SM. The DE-PHARM project: a pharmacist-driven deprescribing initiative in a nursing facility. *Consult Pharma* 2017;32(8):468–78. At: <https://www.ncbi.nlm.nih.gov/pubmed/29029668>

²⁷ Westbury JL, Gee P, Ling T, et al. RedUSE: reducing antipsychotic and benzodiazepine prescribing in residential aged care facilities. *Med J Aust* 2018;208(9):398–403. At: https://www.mja.com.au/system/files/issues/208_09/10.5694mja17.00857.pdf

- Provide education and guidance to support workers and complement the work of nurses in the identification of side effects of medicines (e.g. monitoring for signs of toxicity).
- Support safe and appropriate medicine dosing and administration.
- Prevent medicine-related problems during transitions between care settings when individuals are particularly vulnerable.
- Reduce/resolve medicine-related problems through collaboration with multidisciplinary healthcare team members.
- Respond to medicine information queries including questions relating to medication formulas, medication availability and specific medication concerns from team members.

Recommendation 4: Commonwealth, state and territory governments should explore options for pharmacists to deliver education and training to disability support workers on safe and appropriate medicine handling generally and quality use of medicines by people with disability.

Recommendation 5: Commonwealth, state and territory governments should consider options to work in partnership with the Pharmaceutical Society of Australia to co-design appropriate education and training for disability support workers to be delivered by pharmacists.

Improving protection through immunisation

Various state and territory governments are working to expand access to vaccines for Australians through pharmacist immunisers. However, pharmacist-administered vaccines are generally not funded under the National Immunisation Program (NIP). This can limit equitable access; PSA contends that a person who is eligible under the NIP should not be disadvantaged by having to pay for the cost of the vaccine if they choose to be vaccinated by an appropriately trained pharmacist.

To protect more people, including those with cognitive disability, against preventable diseases, PSA strongly suggests that access to NIP-funded and state/territory-funded vaccines through pharmacist administration is urgently needed. Some jurisdictions already provide subsidised vaccines to eligible people through pharmacist administration, however there is lack of uniformity²⁸ in these arrangements which is impacting on equity of access. For example, in some states, there are location restrictions of where pharmacist immunisers can administer vaccines (i.e. within a community and hospital pharmacy building).

During the significant health care situation of the COVID-19 pandemic, PSA has suggested to regulators there were missed opportunities when pharmacist immunisers could have been deployed to administer vaccines more broadly. This could have helped to ease the health burden in vulnerable population groups or cover the needs of carers and health workers who were unable to make vaccination appointments due to closures of general practices and work places. Going forward, PSA will continue to advocate for pharmacists to be permitted to administer vaccines in any location that

²⁸ National Centre for Immunisation Research and Surveillance. Vaccines from community pharmacy – at a glance. 10 Jun 2020. At: http://ncirs.org.au/sites/default/files/2020-06/NCIRS%20Information%20Sheet-%20Vaccines%20from%20community%20pharmacy_updated%2010%20June%202020_final.pdf

meets the vaccination standards to further improve vaccination rates, be more nimble in times of outbreak and reduce the burden of vaccine-preventable diseases.

Recommendation 6: Pharmacist immunisers should be able to administer vaccines in any location and not be constrained to a community or hospital pharmacy setting provided they adhere to the vaccination standards.

Partnerships to support disability service providers and organisations

State and territory medication management and care frameworks

PSA is aware of several jurisdictional medication management frameworks for disability service providers. For example, the Tasmanian Government has a *Disability Services Medication Management Framework*,²⁹ the purpose of which is “to facilitate the best possible use of medications to improve health outcomes for people with disability and to promote the benefits of medications and minimise risk of inappropriate use and harm”.

Although a broad range of medication management-related issues are covered, this framework appears largely to focus on the administration of medicines by support workers particularly when a person with disability does not, or cannot, self-manage their medicines. Thus, users of the document would barely consider pharmacists except in relation to the dispensing of prescriptions or packing of dose administration aids and as a source of information about medications. Thus, despite what appears to be a comprehensive medication management framework, pharmacists have little, if any, opportunity to contribute to the care of Tasmanians with disability through the implementation of this framework.

In South Australia, PSA is aware of work being progressed to develop a model of care for delivery of health services for people with intellectual disability and complex health needs.³⁰ There is recognition that antipsychotic medicines are often used in people with intellectual disability for chemical restraint. One of the goals referred to is to reduce medication-related harm associated with polypharmacy. In this regard there is a recommendation as follows:

Pharmacists should be integral to the new model of care using existing pathways to medication review. A pharmacist within the specialised service (SA Intellectual Disability Health Service) could provide staff/client education regarding medicines issues, undertake research/audits, develop medicine-related policies and undertake other clinical governance activities. The pharmacist could also have a coordination role with respect to linking the core team with pharmacists who are credentialled to conduct medication reviews in primary care.

Pharmacists with their unique expertise are fundamental to supporting people with disability, disability support workers and disability service providers on all matters relating to medicines and medication

²⁹ Tasmanian Government Department of Health and Human Services. Disability services medication management framework: for individuals' and disability service providers. 2017. At: https://www.communities.tas.gov.au/__data/assets/pdf_file/0032/63779/6_2_Medication_Management_Framework_-_Updated_2017_Exec_endorsed.pdf

³⁰ Department for Health and Wellbeing, Government of South Australia. SA intellectual disability health service: draft model of care. 2020.

management. PSA suggests that all state and territory governments must facilitate clear opportunities, incentives and pathways for the disability sector to work in partnership with pharmacists.

Recommendation 7: Medication management frameworks and models of care developed by Commonwealth, state or territory governments should clearly integrate the role of pharmacists and facilitate mechanisms for disability service providers to work with pharmacists to implement best practice medication management for people with disability.

Medication management policies and procedures

Aruma (formerly House with No Steps and The Tipping Foundation) recently requested PSA to review their policies and procedures in relation to medicines management within their disability care homes in New South Wales.

Reviewing medication management policies and procedures is regularly undertaken by pharmacists, most commonly for residential aged care facilities. PSA is unaware of whether there are arrangements or engagement with pharmacists to conduct similar work for disability service providers and organisations. From a medication safety perspective, it is essential to have pharmacist oversight in this type of activity where there is regular use of medicines by people with cognitive (or other) disability in any setting.

Recommendation 8: Commonwealth, state and territory governments should ensure disability service providers and organisations, where relevant, have a mechanism for pharmacist input to develop and regularly review medication management policies and procedures.

Quality use of medicines support for disability care facilities

Under 7CPA, pharmacists may deliver Quality Use of Medicines (QUM) services as part of the program which includes RMMR services for eligible permanent residents of an Australian Government funded aged care facility. The QUM service is “designed to assist facilities in meeting the healthcare needs of residents”,³¹ and a pharmacist (accredited pharmacist or registered pharmacist) may deliver QUM activities covering areas such as:

- **medication advisory activities** (e.g. advising on medicine issues such as dose forms, compatibilities or adverse effects; assisting in the development of nurse-initiated medication lists; developing policies and procedures to address medication management concerns such as sleep, bowel or pain management, and infection control)

³¹ Australian Government Department of Health and The Pharmacy Guild of Australia. Residential medication management review programs (RMMR) and quality use of medicines program (QUM) – Program rules. 2017;Jul. At: <http://6cpa.com.au/files/residential-medication-management-review-rmmr-program-rules-1-july-2017/>

- **education activities** (e.g. providing medicine information to medical practitioners and facility staff; in-service sessions for residents or nursing staff on medication management or disease state management)
- **continuous improvement activities** (e.g. assessing competency of residents to self-administer medicines; conduct medication administration audits; assist facility to meet and maintain medication management accreditation standards; assist with development and report on quality indicators and other quality measures).

While the 7CPA-funded QUM services are specifically for eligible aged care facilities, PSA strongly suggests a similar model should be considered for service providers or facilities in the disability care sector. Pharmacists have reported to PSA that the generally high turnover rate of casual staff in disability organisations makes continuity of care challenging at times, and with staff education and health literacy variable, leads to medication misadventure. Pharmacists, as custodians of medicines, can enhance the quality of staff training and raise accountability and awareness of medication risks to non-health care staff.

Pharmacists have also experienced a lack of awareness by disability sector staff of the role of pharmacists and an inability or lack of willingness to invest in medicine-related services. This means people with disability are not receiving the best care possible, particularly with regards to the use of their medicines.

Engaging a pharmacist to deliver QUM services can support the service provider or facility through education and training of staff on medicines and medication management, and assist the facility in meeting quality standards, and to implement quality improvement activities. PSA would welcome the opportunity to work in partnership with disability care organisations to assist in this regard.

Recommendation 9: Commonwealth, state and territory governments should provide funding for pharmacists to deliver quality use of medicines (QUM) services to support disability service providers and organisations, where relevant, to implement a QUM plan.

Support through the National Disability Insurance Scheme

Expanding the pool of registered providers

Some community pharmacies are registered providers under the NDIS and support participants primarily through provision of assistive technology (aids and equipment). However, PSA does not have visibility of level of uptake by pharmacies for this role. PSA understands that information resources and training are available to pharmacies seeking to register as a provider.

Community pharmacies are readily accessible and therefore well placed to support NDIS participants. It would be ideal to provide more proactive information to the pharmacy profession and support more pharmacies to consider the option of becoming a registered provider. PSA can assist with communication and information dissemination to the pharmacy profession.

Recommendation 10: Commonwealth, state and territory governments should work with the Pharmaceutical Society of Australia to promote broader awareness about the National Disability Insurance Scheme to pharmacists and support community pharmacies to consider becoming a registered provider.

Supporting medication management

The NDIS claims it can “provide all people with disability with information and connections to services in their communities”. PSA has seen little evidence that people with disability are being connected consistently to pharmacist-delivered services to support their needs around medication management.

Medicines are generally funded through a combination of subsidisation through the health system (e.g. Pharmaceutical Benefits Scheme) and patient co-payment, or full payment by the patient. A major flaw appears to be that governments have not given any thought to the support that may be needed by people with disability in taking/using those medicines and getting the most out of their prescribed treatment.

The types of support that the NDIS funds³² include “allied health and other therapy because of a person’s disability”, “personal care to assist with day to day care needed because of a person’s disability and development of skills to help a person become more independent”, “training of carers and informal supports to implement health care plans developed by health professionals” and “therapeutic and behavioural supports”. Medicine-taking is an everyday activity for people with cognitive (and other) disability who rely on their medication. The needs of these people are likely to relate to any or all of the types of support listed above.

Therefore, PSA sees direct scope and an obligation of the NDIS to support people with disability through access to pharmacist-delivered medication management services, if needed. Without this support, people with cognitive (and potentially other) disability are significantly disadvantaged. This inequity in access to care must be addressed urgently.

Recommendation 11: Consistent with the stated scope and remit of the National Disability Insurance Scheme, people with disability should have access to pharmacist-delivered medication management services through the Scheme to maximise the benefits of their medication therapy, improve quality of life and minimise medication-related harm.

Quality framework supporting pharmacist-delivered services

Clinical governance principles for pharmacy services

Clinical governance is being progressively incorporated into health service sectors such as hospitals, commissioning bodies (e.g. Primary Health Networks), general practices, community pharmacies and Aboriginal Community Controlled Health Services.

PSA’s *Clinical governance principles for pharmacy services*⁵ supports the design and delivery of pharmacist services underpinned by safety and quality. This principles framework is built on the work of the Australian Commission on Safety and Quality in Health Care. The framework is relevant to all settings where pharmacy services are delivered and is promoted as a key mechanism to ensure pharmacist-delivered services provide the best possible care to individuals.

³² National Disability Insurance Scheme. Health. At: <https://www.ndis.gov.au/understanding/ndis-and-other-government-services/health>

Principles fundamental to good clinical governance in pharmacy services include:

1. **Partnering with consumers** – co-design; patient-centric; empowering consumers through health literacy; measuring and improving consumer experience
2. **Governance, leadership and culture** – commitment to safety and quality culture; clinical leadership
3. **Clinical performance and effectiveness** – scope and standards; evidence-based care; transparency; education and training; measurement and monitoring
4. **Patient safety and quality improvement systems** – risk management; adhere to codes, guidelines and quality systems; continuous quality improvement
5. **Safe environment for delivery of care** – environment; cultural safety.

Work to formalise a pharmacy-profession specific clinical governance framework is continuing and its application in a variety of healthcare settings or needs is being considered in the context of developing an implementation framework. A key future deliverable will be a range of safety and quality performance indicators (including medicine-related clinical quality indicators) appropriate for specific practice settings. An important focus of PSA is to ensure standards and quality indicators are effective tools to measure, monitor and improve the care of patients.

PSA is keen to ensure this work can support any future reforms that may occur in relation to service standards that impact on the care of people with cognitive (and other) disability. PSA will continue to work with pharmacists and stakeholders impacted by the provision of pharmacy services to improve safety, quality and consistency in service delivery.

Recommendation 12: The Pharmaceutical Society of Australia's clinical governance framework for pharmacy services and quality indicators should be applied to services impacting on the care of people with cognitive (or other) disability.

Community pharmacy network

As referred earlier in this submission, Australia has a well-distributed network of over 5,700 community pharmacies. Community pharmacies are pillars of the community and provide essential health services as evidenced during the COVID-19 pandemic and other public health emergency situations including recent bushfires and floods. Standards Australia's *Quality Care Community Pharmacy Standard* (AS 85000:2017) forms the basis of the accreditation program for the practice of community pharmacy in Australia. It was reported³³ that more than 94 per cent of pharmacies nationwide had achieved quality accreditation.

Improving care through collaborative practice arrangements

The ability of pharmacists to contribute medication management services and quality use of medicines expertise is not restricted to the community pharmacy setting. Pharmacists work in a diverse range of settings including aged care, general practices, Aboriginal Health Services, community health centres,

³³ The Pharmacy Guild of Australia. Vital facts on community pharmacy. 10 Jun 2020. At: https://www.guild.org.au/_data/assets/pdf_file/0028/91909/PGA_June_050620.pdf

mental health care teams, or as consultants in transitions of care or delivering medication management review services and other quality use of medicines services. Pharmacists are valuable members of multidisciplinary healthcare teams and can provide synergies to high quality patient care.

PSA supports the development of workforce strategies to ensure people with cognitive or other disability have access to a collaborative health care workforce with capability to provide high quality care and support. PSA is committed to delivering education, training and continuing professional development to pharmacists and to promote person-centred care, evidence-based best practice, collaborative team care arrangements and quality improvement.

PSA has been advocating for implementation and funding of practice models or care arrangements, other than the 7CPA-funded programs. With the right program design and funding, pharmacists can provide clinical input through a multidisciplinary team arrangement. These models do already exist but are still considered unique rather than routine as infrastructure, opportunity, coordination and funding are limited.

The benefits of multidisciplinary healthcare teams, including pharmacists, were widely recognised by other healthcare professionals in the context of the aged care Royal Commission.^{34,35,36} Unfortunately, it was also noted that structural or financial barriers frequently prevented these arrangements from occurring as routine practice.

The collaborative practice models^{37,38,39,40,41} being developed, trialled, refined or taken up include arrangements to formally integrate pharmacists into teams in general practices, residential aged care facilities, Aboriginal and Torres Strait Islander healthcare services, chronic disease clinics and Health Care Homes. Collaborative care is a cornerstone of best practice pharmacist care. The true value of pharmacists' medication management expertise is realised when pharmacists and other healthcare professionals assume complementary roles and work cooperatively, sharing responsibility for problem

³⁴ Pond CD. In: Transcript of proceedings. Royal Commission into Aged Care Quality and Safety. p. 1638. 14 May 2019. At: <https://agedcare.royalcommission.gov.au/hearings/Documents/transcripts-2019/transcript-14-may-2019.pdf>

³⁵ Strivens E. In: Official Committee Hansard. Senate Community Affairs References Committee. Effectiveness of the quality assessment and accreditation framework in protecting residents of aged-care facilities. p. 11. 15 Feb 2019. At: https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/AgedCareQuality/Public_Hearings

³⁶ Rooney S. In: Official Committee Hansard. Senate Community Affairs References Committee. Effectiveness of the quality assessment and accreditation framework in protecting residents of aged-care facilities. p. 4. 15 Feb 2019. At: https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/AgedCareQuality/Public_Hearings

³⁷ Australian Government Department of Health. Budget 2019-20: More choices for a longer life – reducing the misuse of medicines in residential aged care. At: [https://www.health.gov.au/internet/budget/publishing.nsf/Content/04223FBF1CEC067ECA2583CA00165D74/\\$File/063_FS_AAC_ReducingMisuseOfMedicinesInResidentialAgedCare_FINAL.pdf](https://www.health.gov.au/internet/budget/publishing.nsf/Content/04223FBF1CEC067ECA2583CA00165D74/$File/063_FS_AAC_ReducingMisuseOfMedicinesInResidentialAgedCare_FINAL.pdf)

³⁸ Australian Government Department of Health. Pharmacy Trial Program. At: <https://www.health.gov.au/internet/main/publishing.nsf/Content/pharmacy-trial-programme>

³⁹ Australian Government Department of Health. Workforce Incentive Program. At: <https://www.health.gov.au/internet/main/publishing.nsf/Content/work-pr-wip-workforce-incentive-program>

⁴⁰ Medicare Benefits Schedule Review Taskforce. Report from the Allied Health Reference Group. 2018. At: [https://www.health.gov.au/internet/main/publishing.nsf/Content/BEB6C6D36DE56438CA258397000F4898/\\$File/AHRG-Final-Report.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/BEB6C6D36DE56438CA258397000F4898/$File/AHRG-Final-Report.pdf)

⁴¹ Freeman C, Rigby D, Aloizos J, et al. The practice pharmacist: a natural fit in the general practice team. *Aust Prescr* 2016;39:211–4. At: https://www.nps.org.au/assets/6b6578013300bfb2-7f84c24e65b9-practice-pharmacist_39-211.pdf

solving, and together making decisions to formulate and implement a person's health management plan.

PSA strongly advocates for pharmacists to be integrated in every setting or care team where medicines are used, in particular prioritising the care of vulnerable population groups and those who support and care for them. To deliver holistic high quality care to people with cognitive (and other) disability, PSA believes investment is needed to recognise the expertise of pharmacists and to implement sustainable models of practice to formalise their contributions. PSA suggests that collaborative care arrangements, where the formal inclusion of pharmacists in care teams is supported and appropriately funded, need to become normative practice in the design of health care services for people with cognitive disability requiring support with their medicines and medication management.

Recommendation 13: Commonwealth, state and territory governments should invest in the implementation of best practice collaborative care arrangements through the inclusion of pharmacists in healthcare teams for people with cognitive disability to ensure medication safety and maximise therapeutic benefit of their medicines.

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