Pharmaceutical Society of Australia

2022-23
BUDGET SUBMISSION
NSW

Cover image: Natasha Jovanoska MPS,
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Pharmaceutical Society of Australia

About PSA

PSA is the only Australian Government-recognised peak national professional pharmacy organisation representing all of Australia's 33,000 pharmacists working in all sectors and across all locations.

PSA is committed to supporting pharmacists in helping Australians to access quality, safe, equitable, efficient and effective healthcare. PSA believes the expertise of pharmacists can be better utilised to address the healthcare needs of all Australians.

PSA works to identify, unlock and advance opportunities for pharmacists to realise their full potential, to be appropriately recognised and fairly remunerated.

PSA has a strong and engaged membership base that provides high-quality health care and are the custodians for safe and effective medicine use for the Australian community.

PSA leads and supports innovative and evidence-based healthcare service delivery by pharmacists. PSA provides high-quality practitioner development and practice support to pharmacists and is the custodian of the professional practice standards and guidelinesto ensure quality and integrity in the practice of pharmacy.

In NSW, there are 10,509 registered pharmacists working in community pharmacies, hospital, general practice, aged care, NSW and federal governments and within other private sector organisations.

The average Australian sees a community pharmacist 18 times a year, with community pharmacists crucial in the provision of accessible and in some cases, life-saving support to the community.

Peter Crothers FPS, community pharmacist, Bourke NSW

Executive Summary

Medicines are the most common intervention in health care.[1] Alarmingly, problems with the use of medicines is also common. In Australia, 250,000 hospital admissions a year are a result of medicine-related problems. The annual cost of these admissions is $1.4 billion; 50% of this harm is preventable.[2] This burden of harm is felt in NSW, as it is throughout Australia.

Throughout the Covid-19 pandemic, pharmacies have remained open, on the front-line, providing medicines and access to essential access health care to the community. They have successfully expanded vaccination services and are an integral part of the Covid-19 vaccination rollout. In addition they have managed supply limits on certain medicines, medicine shortages, supply changes and an additional demand for health services and patient education due to a shift to telehealth in primary care. In addition to this they are managing the unprecedented demand and supply for Rapid Antigen Tests. Pharmacists have demonstrated their pharmaceutical knowledge, skills and clear public health role.

The PSA seeks to work in partnership with the NSW Government and other key health care partners, to achieve mutually beneficial goals of improving access to medicines and health care for the NSW population and individual patients, enabling provision of better health outcomes.

In light of this, this submission identifies three key areas for consideration as part of the 2022/2023 Financial Year NSW Government Budget and recommends the following areas of action:

1 **Improve access to vaccination to protect the community by expanding and funding pharmacist administered vaccines**

PSA calls for regulatory change to enable pharmacists to administer additional vaccines to such as pneumococcal, meningococcal, HPV and zoster vaccines to increase vaccination coverage and support public health outcomes. PSA also calls for funding of pharmacist vaccine administration to eligible persons through state and federal programs.

2 **Improve access to non-urgent care by facilitating and funding the re-direction of non-urgent emergency presentations to community pharmacists**

PSA calls on the NSW Government to allocate $9 million to improve access to health care through community pharmacy and general practice, and reduce the financial impact and burden of non-urgent presentations on hospital emergency departments.

3 **Improve patient self-management by funding pharmacists to support health care initiatives and patient education for chronic conditions**

PSA calls on the NSW Government to allocate $4.5 million funding for public health initiatives by pharmacists that raises awareness, facilitates detection and provides access to treatment for chronic diseases by community pharmacists.

Ms Chelsea Felkai
NSW President

Recommendation One

Improve access to vaccination to protect the community by expanding and funding pharmacist administered vaccinations in NSW

PSA urges the NSW Government:

- to include Pneumococcal, Meningococcal, HPV and zoster vaccines in the pharmacist vaccination standards
- to provide funding for pharmacist immunisers to administer the influenza vaccine to NIP eligible patients

The challenge

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

In the past 24 months, the NSW Government has facilitated greater access to vaccination by enabling pharmacists to vaccinate children aged 10 years and over for influenza, administer Covid-19 vaccines in persons 5 years and over, and allowing pharmacist administered vaccination outside a community pharmacy. In 2022, persons aged 65 years and over will also be able to access influenza vaccine through the NIP in community pharmacy, although an administration fee will still be charged to the patient as it is not funded by the federal government.

Pharmacists play an integral role in vaccination with over 1 million doses of the Covid-19 vaccine administered by pharmacist vaccinators in NSW since regulatory approval in NSW in mid-August 2021 to the end of December 2021[5].

Approved service providers involved in the Covi-19 Vaccination in Community Pharmacy (CVCP) Program can claim payments for the administration of Covid-19 vaccines as follows:

Table 1: Payments under the CVCP for pharmacist administration of the Covid-19 vaccine [6]

Description	MM1* Fee	MM2 – 7* Fee
First Dose Administration	$16	$19
Second Dose Administration (where the first administration was undertaken by the same Service Provider)	$26	$29
Second Dose Administration (where the first administration was undertaken by a different Service Provider)	$16	$19
Additional Dose (includes third doses for severely immunocompromised patients and booster doses)	$26	$29

Currently, the Medicare Benefits Schedule (MBS), provides general practitioners and nurses with a claimable item number for the administration of vaccines and patient consultation, with pharmacists ineligible to claim through the MBS for this service[7].

During the Covid-19 booster rollout, two thirds of pharmacies in Victoria initially turned away from participating in the booster program due to the remuneration from the Commonwealth being insufficient to cover the costs of delivering the service[8]. This was increased in December 2021 by the Commonwealth from $16 to $26 per administration[6].

With increasing pressure on primary care services, including community pharmacy, pharmacists' remuneration for administering vaccines on the NIP such as influenza, would allow more resourcing and greater potential to administer the influenza vaccine to the eligible population, without the need to charge the patient a vaccine administration fee.

Pneumococcal Disease

Pneumococcal disease is a leading cause of serious illness among Australian children under two years of age and persons over 70 years of age, and a frequent cause of death in the elderly[9]. The incidence rate of Invasive pneumococcal disease (IPD) is highest in extremes of age, with about 18 per 100,000 population in children under 2 years of age and 25 per 100,000 population in adults over 85 years of age[10].

There are currently two major types of pneumococcal vaccines available in Australia, the 23-valent polysaccharide pneumococcal vaccine (23vPPV) in older Australians and the 13-valent polysaccharide conjugate vaccine (13vPCV) in children[10].

From 2005, when universal pneumococcal vaccination for all Australian children and adults was introduced, to 2016, the total IPD incidence rate declined by 40%[11]. Among infants the decline in IPD incidence rate was 80%. In adults aged ≥65 years the decline was 32% because of the herd effect of the childhood PCV programs and the direct impact of 23vPPV program[11]. The pneumococcal vaccination programs have also led to a reduction in hospitalisations due to pneumonia and otitis media in Australia[11].

Australian data indicates that only 51% of people aged 65 and over eligible to receive funded influenza and pneumococcal vaccines had received both[12]. Pharmacists are ideally placed to identify at risk-patients and provide pneumococcal vaccination.

Providing access to pharmacist administered pneumococcal vaccinations has the potential to increase pneumococcal vaccine coverage and further reduce hospitalisations and the burden of disease.

Meningococcal Disease

Invasive meningococcal disease (IMD) is a rare but serious infection that occurs when the bacteria, *Neisseria meningitides,* invades the body from the throat or nose, and can progress rapidly causing serious disability or death[13]. Serogroup B was the predominant serogroup causing invasive meningococcal disease in Australia until 2015[13]. Serogroup W disease 2017, serogroups B and has increased substantially since 2014, and W caused similar numbers of invasive disease cases, before declining in 2018[13]. Vaccines against serogroups A, C, W, Y and B are available for anyone who wishes to reduce the risk of meningococcal disease.

Vaccination is strongly recommended for people in high-risk age or population groups. These are children under 2 years, 15–19 year olds, Aboriginal and Torres Strait Islander children, and people with medical, occupational, behavioural or travel-related risk factors for invasive meningococcal disease. Meningococcal ACWY vaccine is funded under the National Immunisation Program for babies aged 12 months[13]. Since April 2019, it has been funded for year 10 students through a school program or can be accessed free from a GP in NSW[13].

During the Covid-19 pandemic, a multi-country survey indicated that almost half of parents had their child's scheduled meningococcal disease appointment either cancelled or delayed[14].

Allowing pharmacists to administer the meningococcal vaccine will assist with the significant back-log of meningococcal vaccinations missed by eligible children as a result of the pandemic.

Human Papillomavirus (HPV)

Human Papilomavirus Virus (HPV) is a sexually transmitted infection. Up to 90% of the general population will be infected with at least 1 genital type of HPV at some time in their lives[15]. People with persistent HPV infection are at risk of developing HPV-associated cancers; the most common is cervical cancer[15].

Adolescents aged 9-18 years are recommended to receive the 9vHPV vaccine with the optimal age for HPV vaccination around 12-13 years and the recommended schedule for adolescents aged 9-14 years being 2 doses with a 6-12 month interval between doses[15].

Data shows that impacts were seen on HPV vaccination course completion in 2020, with the proportion of adolescents aged 11-14 years who received their second dose of HPV vaccine in the same calendar year lower than in 2020 which was expected to continue into 2021 due to the disruption in school based vaccination programs[16].

Allowing pharmacists to administer the HPV vaccine will be important in catching up on HPV vaccination, ensuring progress towards HPV elimination is achieved.

Herpes Zoster

Herpes Zoster (commonly known as shingles), is a potentially debilitating disease, with one in three adults developing shingles in their lifetime[17]. Shingles manifests as a burning, itching, and painful rash most often on the torso or face, with the potential for development of long-lasting nerve pain, known as post herpetic neuralgia (PHN) [18]. Shingles is the result of the re-activation of the Varicella-Zoster Virus (VZV) as a result of prior chickenpox infection, which usually occurs in childhood[19]. Over 95% of Adults have been infected with chicken pox, and are therefore now at risk of developing Shingles[20,21].

The lifetime risk of reactivation of VZV is about 50%. It affects half of people who live to 80 years of age[15].

There are two zoster vaccines now available for use in adults aged ≥50 years in Australia to prevent herpes zoster, with the non-live vaccine preferred from age 50 years and above due to its higher efficacy[22]. This vaccine is not available through the NIP and could be administered by pharmacist to eligible patients if included in the NSW Vaccination Standards.

A major challenge with the shift to virtual care is that vaccination requires a face-to-face interaction, meaning that there are now fewer opportunities to vaccinate individuals. While uptake rates of paediatric vaccines have remained consistent during this shift, a recent study examining trends in Victoria, showed that Zoster vaccination of older people, particularly Indigenous Australians, was also lower than usual, perhaps because they delayed routine vaccination as the result of concerns about the COVID-19 infection risk[16]. Recorded zoster vaccination coverage was low in 70 year old Australian adults in both 2019 and 2020, at just over 30%[23].

Increasing the scope for pharmacists as immunisers can have an important impact on vaccine uptake[24]. A meta-analysis of 37 studies has shown that pharmacist involvement in vaccination results in increasing vaccination rates or coverage for vaccines including influenza, pneumococcal, tetanus-diphtheria-pertussis, and herpes zoster[25]. The analysis found increased rates were observed whether the pharmacists were involved as educators, facilitators, or administers of the vaccines[25].

Allowing pharmacists to administer the zoster vaccine will improve vaccination rates in older adults which is currently only ~30% of the eligible population in Australia[23].

The proposed approach

PSA recommends expanding the scope of pharmacists' vaccination to include other preventable diseases including meningococcal, pneumococcal, HPV and herpes zoster.

This will allow pharmacists to contribute to closing the gap in missed vaccinations through the NIP for both HPV and meningococcal as well as allow greater access for other vaccine preventable diseases with low coverage such as pneumococcal and herpes zoster in adult populations.

Achieving these recommendations is a matter of regulatory change with additional training for the targeted vaccine preventable diseases available as additional modules in the current approved pharmacist immuniser training program.

Why it will work

Australian pharmacists have been administering vaccines safely and effectively since 2014 and across all States and Territories since 2016.

Pharmacists in other countries have also been shown to safely administer these vaccinations[26].

Community pharmacists (through a well-established network of community pharmacies and extended operating hours) provide an accessible and convenient location for the delivery of vaccination services.

By improving vaccination rates, pharmacies can help ease pressure on general practice and hospital emergency departments which can become overcrowded in the event of serious outbreaks. The pharmacist workforce has contributed to a meaningful reduction in the severity of seasonal influenza as well as demonstrated its ability to increase vaccination rates for the Covid-19 vaccine and booster program[27].

Cost

Fee for NIP influenza vaccines administered by pharmacists

Enabling pharmacists to administer other vaccines such as HPV and Meningococcal, will allow a rapid catch-up of scheduled vaccines missed as a result of the impacts of the Covid-19 pandemic

Benefits to NSW

- Allows rapid catch-up of scheduled vaccines missed as a result of the impacts of the Covid-19 pandemic
- Increases access to vaccination especially in rural and remote areas
- Reduces and avoids disease burden associated with vaccine preventable diseases (e.g. pneumococcal, meningococcal, zoster and others)
- Potential to negate vaccine administration cost (for NIP eligible patients)

Recommendation Two

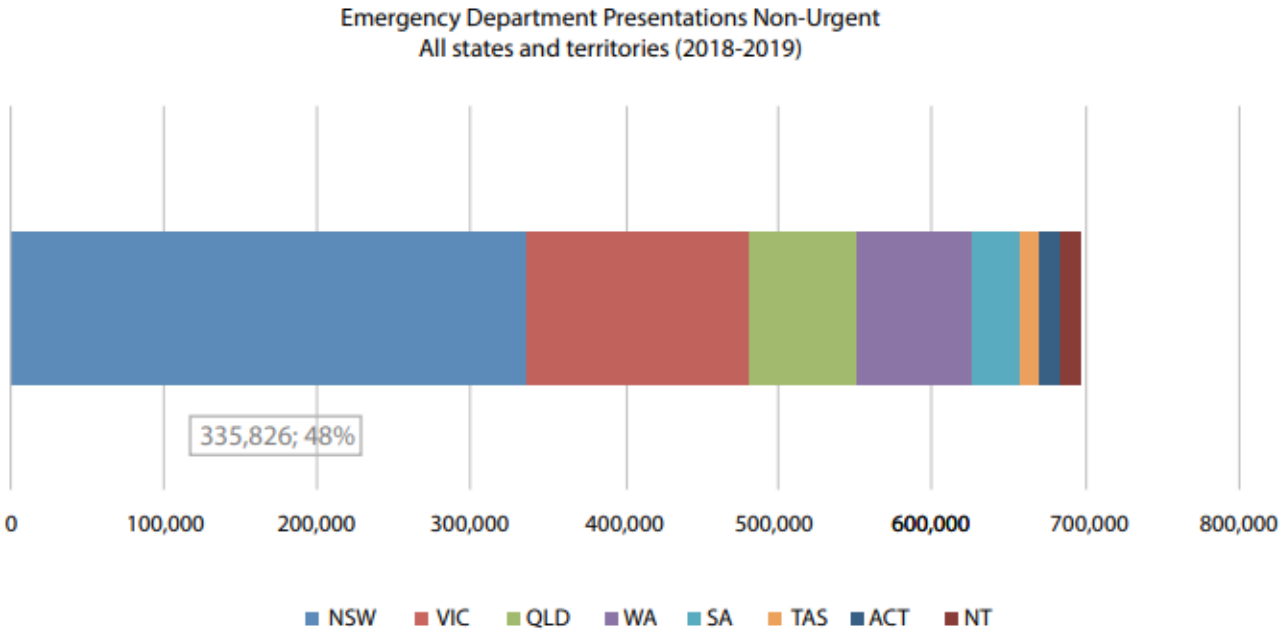
Facilitate and fund community pharmacists to triage and manage non-urgent emergency presentations

PSA recommends the NSW Government:

- fund pharmacists for the triage and managementof non-urgent conditions through community pharmacy.
- promote community pharmacists as a triage point and service providers for non-urgent conditions
- fund PSA to support implementation through development of service protocols, support tools, practitioner education, training and delivery.

The challenge

In 2018-2019, there were 8.4 million presentations to Australian public hospital emergency departments (ED) - an average of about 23,000 presentations per day, a figure up 4.2% from 2017–18[28]. Of these, 2,976,532 emergency department presentations were in NSW, with 335,836 (11%) of these being considered as non-urgent. Seventy percent of non-urgent presentations to emergency departments occur between the hours of 9am and 7pm, during the typical business hours of a community pharmacy[28].



The Australian Institute of Health and Welfare report *Use of emergency departments for lower urgency care: 2015-16 to 2017-18* highlighted that presentations to hospital emergency departments for lower urgency care may be avoidable through provision of other appropriate health services in the community[29].

Measures of non-urgent care were based on the 2018 National Health Agreement (NHA) indicator and were defined as presentations which[29]:

- did not involve arrival by ambulance
- were assessed upon arrival as needing semi or non-urgent care and
- were discharged without needing further hospital care

The report found that between 2017–2018, 37% (2.9 million) emergency department presentations were for lower urgency care (triage category 4 or 5)[29]. There was a higher rate of presentations fromregional Primary Health Network (PHN) areas than urban PHN areas (152 versus 92 per 1000people respectively), although within urban areas there were varied levels of presentations[29].

This will support the NSW Premier's priorities to reduce preventable visits to hospital by 5% through to 2023 by caring for people in the community.

Evidence for Change

Action 6 in PSA's *Pharmacists in 2023* report states that building upon the established accessibility of community pharmacies in primary health care will improve the community's access to health services – lessening the burden on other healthcare providers such as hospitals. Improved access to healthcare across the country will reduce government costs associated with the delivery of care[30].

Patients seeking care from hospital emergency departments for conditions such as headaches, coughs and colds, earaches and other non-urgent conditions are an inefficient use of resources[29]. These non-urgent conditions could be managed by a community pharmacist or general practitioner.

Remuneration of pharmacist services in the assessment, triage and management of these patients will reduce state government expenditure and improve accessibility by providing timely treatment for patients with non-urgent medical conditions through primary care providers in both metropolitan and rural areas.

It is estimated that 2.9 to 11.5% of all emergency department services in Australia could be safely transferred to community pharmacy or general practice per year[31]. Of the 2.88 million emergency department servicesprovided in NSW annually, up to 331,233 presentations are potentially transferrable[31].

The average cost of an emergency department attendance in NSW is $552.19, while an average cost per pharmacist or general practice consultation is significantly lower, resulting in significant cost reductions per patient, if transferred from the hospital emergency department to general practice or community pharmacy[31].

The Immediate Need

The recent delta outbreak of the COVID-19 virus has caused significant impacts to health care services. In April-June 2021, there were 806,728 emergency department presentations in NSW, the highest of any quarter in over a decade[32]. Patients are waiting longer for their treatment to start and spent more time in the ED than prior to the pandemic[32]. Over 10% are triage category 5, classified as non-urgent and an additional 11% as category 4 (semi-urgent)[32].

The median time spent in the emergency department was three hours and nine minutes[32], increasing the risk of transmission in the event a COVID-19 positive patient presents to ED.

Of those that presented to emergency departments, 55,171 patients left the ED without or before completing treatment[32].

With emergency departments overwhelmed by the impact of escalating Covid-19 cases, there is a need to shift non-urgent and semi-urgent care to more accessible primary care providers in order to provide the right level of care, at the right cost and in a timely manner.

The Proposed Approach

Utilising general practitioners and community pharmacists in the triage, management and referral of non-urgent care presentations would ensure that the right level of care is provided at the right cost and in a timely manner. It would assist in both the NSW Covid-19 response as well as developing a long term strategy for non-urgent care that makes health care accessible and relieves pressure on existing ED services, creating greater capacity for ED to respond to Covid-19 and other more urgent conditions.

Persons with non-urgent conditions will be encouraged to seek advice in the first instance from their general practitioner (either face to face or via telehealth) or pharmacist, rather than presenting to the emergency department. This would cover a range of minor conditions including but not limited to:

- minor skin conditions, wounds, bites or lacerations
- Aches and pains (including headache)
- Minor injuries
- Gastrointestinal conditions
- Specific infections (e.g., uncomplicated urinary tract infection (UTIs)

An agreed protocol would be established for each condition with referral to a general practitioner or other service provider for conditions requiring more investigation or specific treatment.

Patients with respiratory symptoms would continue to be advised to undertake Covid-19 testing and self-isolation as per guidance by NSW Health. Those with non-urgent respiratory symptoms requiring attention would be advised to undertake a telehealth consultation with their GP or pharmacist.

Anyone identified as requiring urgent attention would be referred to the emergency department if necessary.

Why it will work

There is strong evidence that the clinical advice provided by community pharmacists regarding symptoms of minor illness results in the same health outcomes as if the patient went to see their GP or attended the emergency department [33].

There is consistent evidence that pharmacy-based minor ailment schemes that manage non-urgent conditions or low urgency conditions, provide the right level of care, mitigate funding and system inefficiencies as patients access professional support for conditions that can be self-managed[34].A total of 94 international schemes are identified in the literature, including the United Kingdom (England, Scotland, Northern Ireland and Wales) and regions of Canada (known as Minor Ailments Prescribing Services) [34, 35]. These initiatives were implemented in Scotland in 1999, England since 2000, Northern Ireland since 2009, Wales in 2013 and in Canada since 2007 [36].

Internationally, pharmacies are paid a consultation fee for the delivery of minor ailment services[37]. In England, payment is made under the Community Pharmacy Consultation Service and is £14 ($25 AUD) per consultation to pharmacies. In some regions, pharmacies are reimbursed for the cost of medicines supplied under a given formulary for certain minor ailments[38]. Pharmacies may also receive a small annual retainer to assist with set-up costs[38].

Working collaboratively with general practitioners and ED, pharmacists can triage or manage persons with non-urgent conditions to ensure they receive the appropriate level of care, at the right cost, at the right time.

Benefits to NSW

- Relieve pressure on existing emergency departments and urgent care services
- Reducing the number of non-urgent presentations and/or low urgency presentations to NSW emergency Departments to free the hospital workforce to manage Covid-19 patients as well as other more urgent presentations
- Improve accessibility by providing timely treatment for patients with non-urgent medical conditions through the community pharmacy in both metropolitan and rural areas
- Empower consumers to seek the appropriate level of care
- Empower patients to seek the right level of care in a timely manner through primary care
- Reduce NSW Government expenditure on non-urgent/low urgent care presentations

Cost

$7.5 million per annum* for the triage and management of non-urgent medical conditions by community pharmacists.

A remuneration model which is commensurate of the level of care provided for non-urgent care should be established for pharmacists. It is anticipated that non-urgent care items by medical practitioners would be managed through the MBS.

An additional $1.5 million to implement a consumer campaign which encourages people with non-urgent conditions to seek the advice of their medical practitioner or community pharmacist in the first instance, before attending the emergency department.

**Based on 1850 pharmacies in NSW. Includes practice payment for technology and set-up costs as well as training and remuneration based on $25-30 per intervention or referral.*

Bente Hart, community pharmacist, Braidwood NSW

Recommendation Three

Improve patient self-management by funding pharmacists to support public health initiatives and patient education for chronic conditions

PSA recommends the NSW Government:

- fund public health initiatives that raise awareness, facilitate early detection and provide access to treatment and other interventions by pharmacists
- fund a self-care program to support patient self-management and preventative care for chronic conditions
- facilitate access to treatment through regulatory change to facilitate collaborative prescribing arrangements

The challenge

Public health initiatives form an important component in prevention and education as well as raising awareness of symptoms and associated conditions to facilitate early detection and treatment for various diseases.Many health-related initiatives rely on mass campaigns and are unable to target at risk groups, who are a specific priority.

Ten major chronic conditions have been identified by AIHW as they pose significant health problems and in many instances, action can be taken to prevent their occurrence[39]. These include arthritis, asthma, back pain, cancer, cardiovascular disease, chronic obstructive pulmonary disease, diabetes, chronic kidney disease, mental health conditions and osteoporosis[39].

Prior to the current Covid-19 pandemic, Australia was experiencing an epidemic of chronic disease. One in two Australians has a chronic disease or condition such as diabetes, cancer, asthma and cardiovascular disease[39]. One third of the Australian population is affected by obesity and 14% of Australian adults smoke daily[39].

Prior to the Covid-19 pandemic, nearly 9 in 10 (89%) of deaths were associated with the 10 chronic diseases[39].

The workforce adjustment to support acute Covid-19 care and the vaccination rollout has resulted in less access to optimal chronic disease services.

Karen Carter, community pharmacist, Gunnedah and Narrabri NSW

The provision of care for chronic conditions has transformed in many ways as a result of COVID-19 control measures and evolving health-seeking behaviors in the current pandemic[40]. Traditional chronic care services have increasingly moved to new models of care by harnessing information and communication technologies to enable self-care[40].

The National Preventive Health Strategy (2021-2030)[41] aims to improve the health and wellbeing of Australians through all stages of life focuses on:

- Reducing tobacco use and nicotine addiction
- Improving access to and the consumption of a healthy diet
- Increasing physical activity •
- Increasing cancer screening and prevention
- Improving immunisation coverage
- Reducing alcohol and other drug harm
- Promoting and protecting mental health

Enabling the pharmacist workforce to take preventative health actions within the multi-disciplinary team will support the National Preventative Health Strategy through early identification and intervention of preventable chronic diseases and improve patient self-management.

The proposed approach

To address the needs of patients with underlying chronic conditions, it is proposed that NSW Health support community pharmacists to:

- Raise awareness of the top 10 chronic diseases to the targeted populations
- Facilitate screening and referral of at risk populations
- Support treatment initiation, administration and adherence
- Provide resources and information to support patients self-management and self care

Lachlan Rose, Community Pharmacist, Manly Vale NSW

This would involve targeted disease awareness campaigns in community pharmacy, screening initiatives and a patient self-care program that leverages digital technology and provides patients with education and resources to support people to effectively manage their condition.

A systematic review of self-management in primary care highlights the scope of approaches tailored to patient needs that can improve chronic disease including[42]:

- Improving a consumer's disease or treatment knowledge and independent monitoring of their symptoms
- Encouraging self-treatment through a personalized action plan in response to worsening symptoms or exacerbations
- Addressing psychological coping and stress management strategies and
- Enhancing responsibility in medication adherence and lifestyle choices.

Patient education improves health literacy and self-management, and supports medicine safety.

Self-care has been highlighted by the World Health Organization (WHO) as integral to primary health care and is defined as *"the ability of individuals, families and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a healthcare provider"*[43]. The importance and relevance of self-care and patient engagement in health policies and health care systems is critical as the evidence indicates that individual and population involvement results in significantly improved clinical, economic and humanistic outcomes [44]. International health services and providers have moved toward incorporating ways to increase patient involvement [45-47], and embedding patient-centred care principles.

Why it will work

Community pharmacists are one of the most accessible health care professionals to the general public. The effectiveness of community pharmacy-based public health interventions has been shown in smoking cessation, health promotion, disease screening and preventive activities, provision of emergency hormonal contraceptive, and vaccination services [48].

Given the skills and accessibility of community pharmacist, they are well-placed to offer public health initiatives that support the early identification and treatment of diseases, as well as ongoing patient self-management.

Previous research has shown that community pharmacists can successfully identify and screen individuals at risk of chronic diseases, resulting in early referral and intervention for further assessment and management [49-51].

Collaborative prescribing already exists in several countries, with evidence that is supports treatment access and efficiency, improved patient safety and more focused patient-centred care[52].

Studies have found provision of community-based treatment increases treatment uptake without compromising cure outcome [53]. An example of this is the Scottish trial in community pharmacies which found people were more than twice as likely to be cured of Hepatitis C if their test and direct acting antiviral drug prescription was provided by their community pharmacist (intervention group) than if they were referred to a multidisciplinary team at a local treatment centre (conventional care group) [53].

Cost

$4.5 million in funding to implement targeted chronic disease awareness, screening and referral as well as a patient self-management across community pharmacies in NSW. *

**Based on 1850 pharmacies in NSW and a $1500 practice payment plus consumer awareness campaign and development $1.5M*

Benefits to NSW

- Increased awareness of chronic diseases for at-risk populations
- Increased screening opportunities
- Facilitate early detection of disease in patients
- Improve early treatment initiation
- Support patient education, self-management and self-care
- Improve health literacy for chronic diseases
- Improve medicines safety

Collaboration with general practice as well as joint education will facilitate chronic disease self-management and early intervention.

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