



PSA 2024-2025 FEDERAL BUDGET SUBMISSION

25 January 2024

Hon Jim Chalmers MP
Treasurer
PO Box 6022
House of Representatives
Parliament House, Canberra ACT 2601
Email: prebudgetsubs@treasury.gov.au

Dear Treasurer,

The Pharmaceutical Society of Australia (PSA) thanks you for the opportunity to provide a submission through the 2024-25 Australian Government Budget consultation process.

As the Albanese Government furthers its commitment to improving primary health care and strengthening Medicare, PSA recognises the urgent need for all health professionals to be practising to their top of scope.

As medicine safety experts and one of our most accessible frontline health workforces, pharmacists can and should play a greater role in improving access to medicines and health care for the Australian population and individual patients to improve the health of all Australians.

In this submission, PSA makes five key recommendations to directly improve the health and safety of Australians, supported by critical investment in the 2024-25 federal budget.

PSA considers all asks in this submission to be urgently needed, readily implementable and vital to address the current access crisis to healthcare.

Recommendations

1. Boost Australia's immunisation rates by expanding the National Immunisation Program Vaccinations in Pharmacy program

PSA recommends the Australian Government align administration fees paid to pharmacists for administering National Immunisation Program vaccines at no charge to eligible patients, to those provided to administer COVID vaccinations; and expand the eligibility to include all National Immunisation Program vaccines administered to all ages at all locations.

2. **Support increased consumer access to primary health care through funded community pharmacist-led consultation services**

PSA recommends the Australian Government reduce out of pocket costs to consumers by introducing pharmacist consultation services within community pharmacies to support: treatment of common ailments, identification of undiagnosed chronic health conditions, administration of prescribed medicines and medicine safety after hospital discharge.

PSA notes the Community Pharmacy Agreement (CPA) may be an appropriate mechanism for funding of the community pharmacist consultation outlined here however at the time of submission, negotiations for the 8CPA are ongoing.

3. **Improve the health outcomes of Aboriginal and Torres Strait Islander people with chronic disease by funding integrated pharmacists within Aboriginal and Torres Strait Islander primary health services**

PSA recommends the Australian Government provide permanent funding for Aboriginal and Torres Strait Islander primary health services to employ pharmacists as part of their healthcare teams, as recommended by the Medical Services Advisory Committee (MSAC).

4. **Ensure the safe and appropriate use of medicines by patients with complex health conditions by funding pharmacist participation in multidisciplinary case conferences**

PSA recommends the Australian Government enable pharmacists to claim reimbursement for participating in multidisciplinary case conferences in line with other health professionals.

5. **Support early identification of mental health issues and provision of appropriate initial support to people experiencing mental ill health.**

PSA recommends the Australian Government fund the delivery of mental health first aid training for all members of the pharmacy team including pharmacists and support staff across all practice settings.

PSA appreciates your consideration of utilising the full scope of pharmacist roles to improve quality of care outcomes for Australians.

Sincerely,



A/Prof Fei Sim FPS

National President

Pharmaceutical Society of Australia

About PSA

PSA is the only peak national professional pharmacy organisation representing all of Australia's 36,000 pharmacists working in all sectors and across all locations.

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

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

RECOMMENDATION 1

Boost Australia's immunisation rates by expanding the National Immunisation Program Vaccinations in Pharmacy program

PSA recommends the Australian Government align administration fees paid to pharmacists for administering National Immunisation Program vaccines at no charge to eligible patients, to those provided to administer COVID vaccinations; and expand the eligibility to include all National Immunisation Program vaccines administered to all ages at all locations.

The challenge

Under the National Immunisation Program Vaccinations in Pharmacy (NIPVIP) Program, community pharmacies are paid a fee of \$18.85 per NIP vaccine administered. This amount undervalues the costs incurred by pharmacists to provide a vaccination service. If pharmacies are not adequately remunerated for providing this service, the program will fail to recruit and retain the workforce needed to fully support this initiative.

The Grattan Institute's report: "A fair shot: How to close the vaccination gap" emphasises the importance of supporting pharmacists and general practitioners (GPs) in reaching underserved communities including culturally diverse groups and residents of aged care homes.¹ Funding under NIPVIP is currently only available for vaccines administered at a community pharmacy to individuals over the age of five years. This policy discriminates against a significant proportion of the community who choose to have a vaccine administered by a pharmacist but, for various reasons, including age, illness and infirmity, are unable to attend a pharmacy.

The proposed approach

Remuneration must reflect the true costs for delivering a vaccination service. PSA strongly recommends the fee for administering vaccines under NIPVIP:

- is increased to \$27.35 for pharmacies in areas classified MM 1 (metropolitan)
- includes a rural loading for pharmacies in locations classified as MM 2 to MM 7
- includes after-hours loading between 6.00 pm and 8.00 am on weekdays, before 8.00 am and after 12.00 pm on Saturdays, and all day on Sundays and on public holidays
- is indexed annually (noting for example, the Medicare Benefits Schedule (MBS) rebate for a Level A and B consultations were indexed in November 2023)

¹ Breadon, P. and Burfurd, I. (2023). A fair shot: How to close the vaccination gap. Grattan Institute. At: <https://grattan.edu.au/wp-content/uploads/2023/11/A-fair-shot-How-to-close-the-vaccination-gap-Grattan-Institute-Report.pdf>

PSA also recommends modification of the NIPVIP program rules to allow community pharmacists to claim an administration fee for NIP vaccines administered to patients of all ages and in all locations. This would allow pharmacists to administer NIP vaccines in outreach clinics, to aged care residents, people in disability settings, and patients at home who are unable to visit a vaccination provider. This modification should also align incentive payments for providing offsite services, aligned to the site visit payments under the COVID-19 Vaccination in Community Pharmacy (CVCP) Program.

Why it will work

Adequate remuneration for vaccination services is essential and will increase participation rates by pharmacists. During the COVID-19 vaccine rollout pharmacists demonstrated their ability to significantly lift vaccinating capacity with additional resourcing – such as adding more appointments, and longer vaccination hours – to ensure the success of the program.

Increased funding ensures the NIPVIP program remains viable for community pharmacies and ensures Australians have greater access to NIP vaccines which is a fundamental objective of the government's immunisation program. This will particularly improve access for those in rural and remote areas, or those in areas experiencing GP shortages and long waiting times for GP appointments.

Budget implications and funding model

PSA estimates this proposal requires an additional budget allocation of \$12 million per year to support increase base fee, rural loading, after hours and off-site incentives.

Benefits for Australians

- enhanced access to vaccination and greater coverage for vaccine preventable diseases
 - ensure the most vulnerable Australians are not disadvantaged if they are unable to attend a community pharmacy for a vaccination
 - reduce out of pocket costs to more consumers for a broader range of vaccinations.
-

RECOMMENDATION 2

Support increased consumer access to primary health care through funded pharmacist-led consultation services

Reduce out of pocket costs of healthcare for consumers by introducing pharmacist consultation services within community pharmacies to support: treatment of common ailments, identification of undiagnosed chronic health conditions, administration of prescribed medicines and medicine safety after hospital discharge.

The challenge

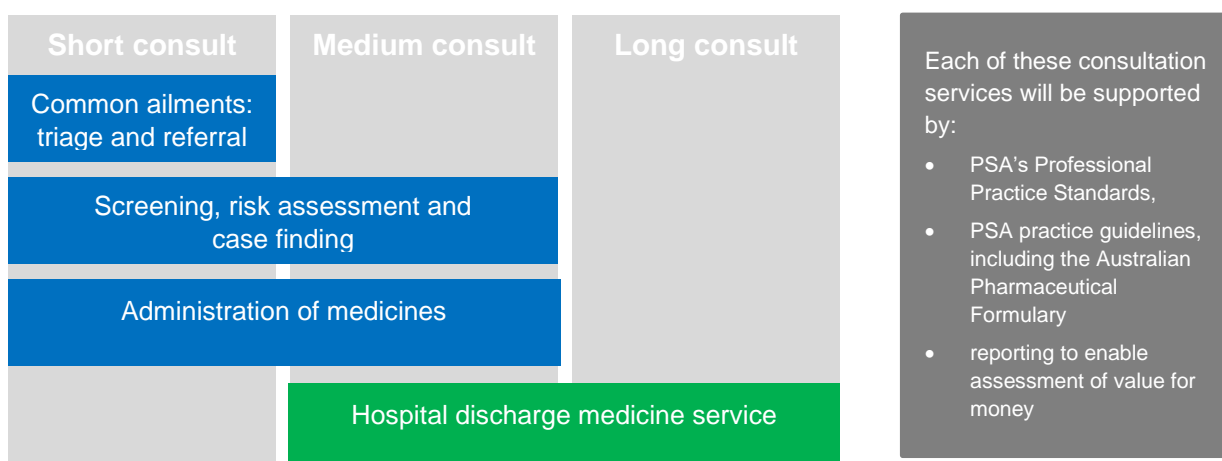
Australia's health system is under growing pressure to support the health needs of an ageing population. This includes increased complexity of care, higher expectations of quality of life in healthy ageing and increased use of medicines – the most frequent health care intervention. These pressures have dramatically escalated in recent years, to the point where access to primary care services in Australia in a timely manner is becoming increasingly difficult.

The proposed approach

This community pharmacy consultation service program would fund the following cognitive and technical pharmacist services to eligible consumers:

- **common ailments:** triage, treatment and referral (short consultations) for conditions such as urinary tract infections, constipation, gastroenteritis, vulvovaginitis, migraine etc.
- **screening, risk assessment and case finding** (short to medium consultations)
- **administration of medicines** particularly injectable medicines other than vaccines (short to medium consultations)
- **discharge medicine service** following hospital discharge (medium to long consultation).

Remuneration for each service would be based on time and complexity.



Service descriptions

Service	Description
Common ailments, triage and referral	<p>Short consultation of pharmacist with consumer in a consultation room for symptoms consistent with a common ailment requiring a short patient history, limited examination and management recommendations (e.g. medicinal treatment, referral to another health professional etc.), with appropriate documentation.</p> <p>Common ailments may include, but not be limited to: urinary tract infections, constipation, gastroenteritis, vulvovaginitis, migraine.</p>
Screening, risk assessment and case detection	<p>Short to medium consultation with a consumer in a consultation room for identification of patients who may have, or who are at high risk of developing a defined health condition or experiencing a defined health event, with appropriate documentation.</p> <p>Pharmacists use validated tools (e.g. point-of-care tests, risk assessment tool, screening questionnaire) to assess patient needs, interpret and evaluate results, communicate findings, and share the results with the patient's health team.</p> <p>Defined health conditions and events could include, but not be limited to: cardiac conditions, respiratory conditions, diabetes and mental health conditions.</p>
Administration of medicines	<p>The administration of a medicine by a pharmacist to an individual for treatment of a health condition. The pharmacist assesses suitability for administering the medicine, administers the medicine, monitors the individual, provides ongoing care guidance and responds to any medical emergencies, with appropriate documentation.</p> <p>This may include, but not be limited to: injectable medicines, inhaled medicines, topical preparations, and other novel dose forms.</p> <p><i>Does not include opioid dependence treatment, administration of National Immunisation Program vaccines or staged supply of PBS medicines.</i></p>
Discharge medicine service	<p>Review of medicine profile, optimisation of therapy and provision of health information for high-risk patients referred for the service by hospital staff. Pharmacists establish a Best Possible Medicine List, identify and resolve medicine problems, and provide tailored support to patients to avoid medicine-related harm, including hospital readmission.</p>

Why it will work

Similar programs exist in the United Kingdom and Canada. In Australia, trials/pilots of treatment of uncomplicated Urinary Tract Infections have been successful and have become normal practice in multiple jurisdictions.

Benefits for Australians

The community pharmacy consultation services delivers:

- reduction in presentations to emergency departments
- reduction in unnecessary GP visits and improved referral pathways
- improved efficiency and reduced patient harm at transitions of care (including reduced rehospitalisation)
- improved integration of community pharmacist practice with primary care and hospital care
- reduced out of pocket costs for consumers.

RECOMMENDATION 3

Improve the health outcomes of Aboriginal and Torres Strait Islander people with chronic disease by funding integrated pharmacists within Aboriginal and Torres Strait Islander Primary Health Services

PSA recommends the Australian Government provide permanent funding for Aboriginal and Torres Strait Islander Primary Health Services to employ pharmacists as part of their primary healthcare teams, as supported by the Medical Services Advisory Committee (MSAC).

The challenge

Aboriginal and Torres Strait Islander people continue to face challenges in equitable access to medicines and quality use of medicines. Reasons include financial and geographic constraints, sub-optimal interactions with clinicians and system barriers related to transfer of patient information between community pharmacists and Aboriginal and Torres Strait Islander Primary Health Services. While there are programs aimed at addressing barriers to medicines access and quality use of medicines for Aboriginal and Torres Strait Islander people, much more needs to be done to lessen health inequities.

The December 2022 report of the Strengthening Medicare Taskforce focused on immediate actions to strengthen Medicare, and recommended that:

We need our funding systems to more effectively support team-based care models in primary care by providing sufficient funding for general practice, Aboriginal Community Controlled Health Services and others to employ the core teams, combined with more flexible funding approaches that facilitate locally appropriate solutions.²

A further recommendation of the report was to:

Grow and invest in Aboriginal Community Controlled Health Organisations (ACCHOs) to commission primary care services for their communities, building on their expertise and networks in local community need.²

The proposed approach

PSA recognises the importance of Aboriginal and Torres Strait Islander-led healthcare planning to prioritise local needs and to optimise the health and wellbeing of community members. PSA recommends the Australian Government provide permanent funding to integrate pharmacists within the primary care team of all eligible Aboriginal and Torres Strait Primary Health Services to support the provision of medicines information and pharmaceutical care in a culturally safe and responsive environment.

² Department of Health and Aged Care (2022) Strengthening Medicare Taskforce Report, available at: https://www.health.gov.au/sites/default/files/2023-02/strengthening-medicare-taskforce-report_0.pdf

PSA is committed to improving pharmacists' capability to deliver health care in a way that Aboriginal and Torres Strait Islander people regard as culturally safe and responsive. Consistent with the option preferred by all stakeholders in the MSAC consultation process in 2022,³ PSA recommends appropriate funding is provided to the National Aboriginal Community Controlled Health Organisation (NACCHO) to implement this program. This would include funding for PSA to provide administrative support and delivery of education, training and mentoring for pharmacists and the establishment and operation of a community of practice.

The integrated pharmacists would not have a dispensing role within the Aboriginal and Torres Strait Primary Health Service and therefore PSA believes funding for this program is outside the remit of the Community Pharmacy Agreement. The core objective of this initiative aligns with priority healthcare access and health outcome goals outlined in the National Agreement on Closing the Gap.⁴

Why it will work

Health Outcomes

Having an integrated medicines expert who can work closely with all members of the primary care team of an Aboriginal and Torres Strait Islander Primary Health Service to provide collaborative, culturally appropriate, person-centred health care has been shown to improve chronic disease management. The Integrating Pharmacists within Aboriginal Community Controlled Health Services to improve Chronic Disease Management (IPAC) project was a large multistate project that saw pharmacists embedded within the primary care team of Aboriginal Community Controlled Health Services across Queensland, the Northern Territory and Victoria.

Integrated pharmacists functioned within the existing primary healthcare delivery system and their role included delivering culturally safe preventive care to Aboriginal and Torres Strait Islander peoples, facilitating communication with external healthcare providers, undertaking medication reviews, and providing education and guidance to people with chronic health conditions.

The IPAC project demonstrated that investment in integrated pharmacists delivers savings to the health system.

³ MSAC Public Summary Document. At: [www.msac.gov.au/internet/msac/publishing.nsf/Content/8FBBD6DC1F003721CA25876D0002CEF5/\\$File/1678%20Final%20PSD%20\(redacted\)%20-%20Mar%202023.pdf](http://www.msac.gov.au/internet/msac/publishing.nsf/Content/8FBBD6DC1F003721CA25876D0002CEF5/$File/1678%20Final%20PSD%20(redacted)%20-%20Mar%202023.pdf)

⁴ National Agreement on Closing the Gap. 2020; Jul. At: www.closingthegap.gov.au/sites/default/files/2022-09/ctg-national-agreement_apr-21-comm-infra-targets-updated-24-august-2022_0.pdf

In March 2023, MSAC supported an application (based on the evidence gathered under IPAC) for public funding to integrate pharmacists within AHSs³. MSAC considered that the estimated cost for providing this integrated, collaborative, culturally appropriate person-centred care to improve health outcomes for Aboriginal and Torres Strait Islander peoples was good value for money.

Budget implications and funding model

The estimated budget impact for the IPAC program (modelled by the Department of Health and Aged Care in 2023) is \$61 million over six years, including training and support programs.

Benefits for Australians

Improved health outcomes and overall quality of life for Aboriginal and Torres Strait Islander peoples through:

- More empowered patients who better understand their condition and their medicines and are more adherent with medicine regimens
 - Reduced avoidable emergency presentations and hospital admissions from medicine-related adverse events
 - Better access to medicines through strengthened relationships between ACCHOs and community pharmacies.
-

RECOMMENDATION 4

Ensure the safe and appropriate use of medicines by patients with complex health conditions by funding pharmacist participation in multidisciplinary case conferences

PSA recommends the Australian Government immediately enable pharmacists to claim reimbursement for participating in multidisciplinary case conferences.

The challenge

In 2021, new MBS items became available for eligible allied health practitioners participating in multidisciplinary case conferences. Despite being eligible to participate in case conferences, pharmacists are the only allied health practitioners not eligible for remuneration for their participation.

Multidisciplinary case conferences are reserved for patients with complex medical conditions, whose treatment often involves multiple medicines. Pharmacists are medicine and medication management experts and play a key role in medicine safety. Their participation in case conferences is crucial to minimise the risk of harm from medicines and ensure quality use of medicines – key priorities as per Australia's 10th National Health Priority Area.

The proposed approach

PSA recommends pharmacists be included in the list of eligible allied health practitioners in legislative instruments under the *Health Insurance Act 1973* who are remunerated for their participation in multidisciplinary case conferences with medical practitioners.

Why it will work

Having a pharmacist's expertise in the collaborative healthcare model improves care coordination and support the outcomes that matter to patients and their families.

Pharmacist participation in case conferences ensures optimisation of a patient's medication therapy, identification and resolution of medicine safety issues, and that the patient's medication management needs are being met.

Budget implications and funding model

Based on current MBS payments for allied health practitioner participation in multidisciplinary case conferences:

- \$45.70 per case conference of 15-20 minutes
- \$78.40 per case conference of 20-40 minutes
- \$130.45 per case conference of >40 minutes

Benefits for Australians

- More coordinated health care, leading to fewer medicine safety problems and fewer avoidable hospitalisations and healthcare costs.
 - Better quality of life for people with chronic health conditions.
-

RECOMMENDATION 5

Support early identification of mental health issues and provision of appropriate initial support to people experiencing mental ill health.

PSA recommends the Australian Government fund the delivery of mental health first aid training for all members of the pharmacy team including pharmacists and support staff across all practice settings.

The challenge

Mental health conditions, which include psychiatric disorders and other problems with mental and social wellbeing, are common and lead to poor health outcomes. In the previous 12 months 21% of Australians aged 16-85 are estimated to have experienced a mental health disorder and almost one in two Australians experience a mental health condition across their lifetime.⁵

Mental health conditions are a leading cause of disease burden in Australia and leading cause of death for young people. The Australian Burden of Disease Study 2023 estimated that mental and substance use disorders are responsible for 14.5% of the total burden of disease for Australia.⁶

Pharmacists are among the most accessible healthcare professionals and frequently encounter patients experiencing a mental health problem or crisis. There is a significant opportunity for pharmacists to provide early intervention and referral for these patients as highlighted in PSA's 2023 medicine safety report, *Medicine safety: mental health care*.⁷

The proposed approach

Mental health first aid refers to specialised training programs that aim to equip pharmacists with the skills and knowledge to recognise early signs of mental health conditions and offer appropriate support to people in the community with mental health conditions.⁸

PSA recommends the Australian Government fund mental health first aid training for all members of the pharmacy team including pharmacists and support staff across all practice settings.

Why it will work

Recognising mental health conditions early can improve outcomes and help people get the right treatment by the right mental health professional.

⁵ Australian Institute of Health and Welfare. Mental health. 2023. At: <https://www.aihw.gov.au/mental-health>

⁶ Australian Burden of Disease Study 2023. At: <https://www.aihw.gov.au/getmedia/61a653c5-d991-44fb-a334-4df7c453225f/Australian-Burden-of-Disease-Study-2023.pdf?v=20231220114703&inline=true>

⁷ Pharmaceutical Society of Australia. *Medicine safety: mental health care*. Canberra: PSA; 2023.

⁸ Kitchener, B. A., Jorm, A. F., & Kelley, C. M. (2017). *Mental health first aid manual* (4th ed.). Mental Health First Aid Australia

A recent Australian study found that training programs for pharmacists to support people with severe and persistent mental health conditions reduced stigma and increased pharmacists' confidence, comfort and knowledge about providing medicine counselling to people with mental health conditions.⁹

Budget implications and funding model

Cost estimate \$5 million over 3 years to train over 1200 pharmacists and pharmacy staff across Australia.

Benefits for Australians

- Connecting patients to appropriate mental health care through recognition of early signs of mental health concerns and providing appropriate guidance and referral.
 - Improves patient well-being.
 - Supports achievement of the goals of the Australia's National Wellbeing Framework¹⁰, delivering on the government's commitment to enhancing mental health care and reducing the overall burden on the healthcare system' through timely interventions and referrals.
-

⁹ Carpini, J. A., Sharma, A., Kubicki Evans, M., Jumani, S., Boyne, E., Clifford, R., & Ashoorian, D. (2023). Pharmacists and Mental Health First Aid training: A comparative analysis of confidence, mental health assistance behaviours and perceived barriers. *Early Intervention in Psychiatry*, 17(7), 670–680.

¹⁰ Measuring What Matters Australia's First Wellbeing Framework <https://treasury.gov.au/policy-topics/measuring-what-matters>