



# PSA 2025-2026 NSW BUDGET SUBMISSION





#### 17 December 2024

The Hon Daniel Mookhey MP Treasurer GPO Box 5469 Sydney NSW 2001

Dear Treasurer,

The Pharmaceutical Society of Australia (PSA) welcomes the opportunity to provide a submission for the 2025-26 NSW Budget consultation process.

As medicine safety experts and one of our most accessible frontline health workforces, pharmacists can play a greater role in improving access to medicines and health care to enable better health outcomes for all New South Wales residents.

Regional NSW continues to face significant GP workforce shortages, with many areas struggling to recruit and retain GPs, resulting in excessive wait times with patients reporting waiting lists of 4-6 weeks in some areas.

With workloads already at breaking point, this crisis requires urgent action to ensure that the people of NSW have access to timely, high quality and comprehensive care regardless of where they live.

PSA has identified three key budget proposals for the NSW Government's consideration that would directly improve patient care:

- Fund pharmacists to undertake training to deliver expanded healthcare services to their communities.
- Empower pharmacists to play a greater role in reducing opioid-related harm, by funding education and an up-to-date database of locations stocking naloxone.
- Reduce unnecessary emergency department presentations by funding community pharmacy consultations for patients with non-urgent conditions.

These measures will help strengthen health care in NSW, allowing pharmacists to do more to support the health system while it is under immense pressure. PSA is committed to working with the Government to improve the health and wellbeing of all NSW residents.

Sincerely,

Luke Kelly FPS NSW President

#### About PSA

PSA is the peak national professional pharmacy organisation representing all of Australia's 39,000 pharmacists working in all sectors and across all locations.

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

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

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

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

In NSW, there are approximately 11,000 registered pharmacists working in community pharmacies, hospitals, general practices, aged care facilities, disability care organisations, Aboriginal Community Controlled Health Organisations, primary health networks, government departments and agencies, and within other private sector organisations.

The average Australian visits a pharmacy 18 times each year.<sup>a</sup> Each of these interactions with a pharmacist is an opportunity to impart a health message, deliver primary healthcare, and improve the health of the NSW community. To achieve this, pharmacists need support, including remuneration, allowing them to fulfil their full scope as primary healthcare providers and medicine experts.<sup>b</sup>

<sup>&</sup>lt;sup>a</sup> National Australia Bank. NAB Australian Pharmacy Survey 2021. At: https://business.nab.com.au/nab-australian-pharmacy-survey-2021-48091/ <sup>b</sup> Pharmaceutical Society of Australia. Contemporary Community Pharmacy Practice: White Paper. Community of Specialty Interest. Jun 2022. At: https://my.psa.org.au/s/article/CSI-CCPP-white-paper

# **RECOMMENDATION 1**

Fund pharmacists to undertake training to deliver expanded healthcare services to their communities.

#### The challenge

The NSW healthcare system is under significant pressure, with access to primary care becoming increasingly difficult. Currently, 23% of people report delaying GP visits due to unavailability of appointments or long wait times. By 2032, patient demand for GPs is expected to increase by a third,<sup>c</sup> and NSW is predicted to face a shortfall of 1,000 GPs by 2028.<sup>d</sup>

In September 2024, the Minister of Health announced an expansion of NSW pharmacists' scope of practice to include treatment for ear infections, minor wounds, nausea, reflux, acne and muscle pain. However, the required training for pharmacists to deliver these broader services could be a barrier due to its cost and duration, averaging 12 to 18 months to complete.

#### The proposed approach

Funding pharmacists to complete the necessary training will accelerate the implementation of a wider range of healthcare services in community pharmacies. It will equip and expand the pharmacist workforce to address both existing and emerging health challenges. Funding could be provided through a cost-share arrangement with pharmacists.

## Why it will work

Consumers have a high degree of trust in pharmacists, with nine in ten supporting a greater prescribing role for them. There is also strong consumer confidence in pharmacists' ability to provide a broader range of treatments for acute conditions, and to manage chronic conditions effectively.

Pharmacists have demonstrated their ability to adapt to the increasingly complex health needs of Australians, the aging population and overstretched health system. By expanding their role as acute health hubs within communities, trained pharmacists will provide greater access to health services across NSW, alleviating pressure on emergency departments and GPs.

#### **Budget implications**

PSA estimates that \$20 million will be required to upskill around 2,500 NSW pharmacists to deliver an expanded range of services.

#### **Benefits to NSW**

- Greater access to healthcare services, in a timely manner.
- Equitable access to care in community pharmacies across NSW.
- Reduced pressure on emergency departments and GPs.

<sup>&</sup>lt;sup>c</sup> Pharmaceutical Society of Australia. Pharmacists in 2030. PSA Canberra: PSA; 2024. At: www.psa.org.au/3d-flip-book/pharmacists-in-2030/

<sup>&</sup>lt;sup>d</sup> Australian Government Department of Health and Aged Care. Supply and Demand Study, General Practitioners in Australia. August 2024. At: https://hwd.health.gov.au/resources/primary/gp-supply-and-demand-study-compendium-august-2024.pdf

e Pharmaceutical Society of Australia. Pharmacists in 2030. op. cit.

## **RECOMMENDATION 2**

Empower pharmacists to play a greater role in reducing opioid-related harm, by funding education and an up-to-date database of locations stocking naloxone.

## The challenge

Opioids are the group of drugs most often implicated in unintentional drug-related deaths.

While naloxone is a free (through the national Take Home Naloxone Program), lifesaving medicine that reverses the effects of opioids, not all people at risk of experiencing or witnessing opioid toxicity are identified and supplied with naloxone. Additionally, there is not an accurate database for the consumers of NSW to find pharmacies that stock naloxone.

#### The proposed approach

PSA recommends the NSW Government fund an education program to upskill pharmacists, empowering them to educate patients on the safe and effective use of prescription opioids and the critical role of naloxone. This education should utilise the *Opioid Safety Toolkit*,<sup>9</sup> and support pharmacists to integrate this tool into their practice. This work will be informed by people with lived experience to optimise accessibility.

Additionally, funding should be allocated to develop an up-to-date, accurate and comprehensive database of all community pharmacies and other services stocking naloxone.

#### Why it will work

Pharmacists, due to their accessibility and expertise, are well placed to play a leading role in reducing opioid-related harms. Reducing barriers to naloxone access, and empowering pharmacists to increase consumer health literacy around prescription opioids will reduce harm caused by opioids in the NSW community.

This education would complement the work PSA provides in partnership with the NSW Health Centre for Alcohol and other Drugs to support pharmacists deliver the Opioid Treatment Program (OTP) and harm minimisation initiatives.

#### **Budget implications**

- Delivery of educational webinar and online training module for pharmacists: \$100,000
- Development of up-to-date naloxone database for community pharmacies: \$300,000

# **Benefits to NSW**

- · Reduce unintentional opioid-related deaths.
- Increasing accessibility and knowledge of naloxone for the residents of NSW.
- Enhanced health literacy on the safer use of prescription opioids.

f Pennington Institute. Australia's Annual Overdose Report. 2024. At: https://www.penington.org.au/australias-annual-overdose-report-2024/

g Monash University, Burnet Institute, Pharmaceutical Society of Australia and Pain Australia. Opioid safety toolkit. At: https://saferopioiduse.com.au

## **RECOMMENDATION 3**

Reduce unnecessary emergency department presentations by funding community pharmacy consultations for patients with non-urgent conditions.

## The challenge

Pharmacists are underutilised in HealthDirect triage pathways being used in NSW to reduce emergency department (ED) presentations.

From July to September 2024 there were approximately 340,000 ED presentations in NSW triaged as either category 4 (e.g. sprained ankle, earache) or category 5 (e.g. small cuts or abrasions). Treating minor illnesses in hospital EDs is an inefficient use of resources, putting unnecessary pressure on the broader healthcare system.

#### The proposed approach

PSA recommends the NSW Government fund 1,000 pharmacies to provide a minor illness consultation service. The participating pharmacies would be selected based on specific criteria that would take into consideration the pharmacy's location, opening hours, proximity to a hospital, availability of local GP appointments, and capacity to provide the services.

Pharmacists would treat those with symptoms consistent with minor illness, including headaches and migraines, body aches and pains, insect bites, rashes and minor wounds.

## Why it will work

There is strong evidence that patients seeking care from community pharmacists for minor illnesses have the same health outcomes as those seeking care in a general practice or emergency department.<sup>1</sup>

Community pharmacists remain among the most accessible health professionals in NSW and utilising them to triage, manage and refer lower urgency presentations that are already within their scope of practice would optimise access to the right level of care, at the right cost and in a timely manner. It would relieve pressure on existing ED services and create greater capacity to respond to more urgent conditions.

Consumers trust pharmacists, and support enabling them to do more to support their health and well-being, particularly in relation to tasks such as treating minor ailments. This would ensure equitable access to treatment for people unable to access a GP, and where the alternative is to attend the ED.

# **Budget implications**

PSA estimates that a 12-month pilot program of 1,000 participating community pharmacies, providing a total of 500,000 funded consultations would cost \$18 million.

h Bureau of Health Information. Healthcare Quarterly, July - September2024. At: https://www.bhi.nsw.gov.au/\_\_data/assets/pdf\_file/0005/973886/BHI\_HQ58\_Jul-Sep2024\_Report.pdf

Aly M, Garcia-Cardenas V, Williams K et al. A review of international pharmacy-based minor ailment services and proposed service design model. Res Social Adm Pharm 2018; 14(11):989–98.

<sup>&</sup>lt;sup>j</sup> Pharmaceutical Society of Australia. Pharmacists in 2030. op. cit

This represents up to \$329 million in budget efficiencies.k

# **Benefits to NSW**

- Greater choice for patients to seek the right level of care in a timely manner.
- Reduced pressure on existing emergency departments.
- Reduced state government expenditure on non-urgent care presentations.

<sup>&</sup>lt;sup>k</sup> National Hospital Cost Data Collection, Round 24. Available at: https://www.ihacpa.gov.au/sites/default/files/2022-08/NHCDC%20Round%2024%20infographic\_0\_0.pdf