Pharmaceutical Society of Australia

Our Healthcare Future

Immediate Actions and Consultation Paper - Feedback

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The Pharmaceutical Society of Australia is pleased to provide feedback on the "Our Healthcare Future" consultation paper.

Our suggested feedback is primarily focussed on how we can shift the focus from hospital based care to better care in the community by utilising pharmacists working in primary healthcare.

Summary

Medicines are the most common intervention in health care.(1) However, problems with the use of medicines are also alarmingly 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 Tasmania just like it is throughout Australia. In Tasmania, it is estimated that 5,500 people are admitted to hospital each year because of problems related to their medications, with a further 10,000 patients presenting to the emergency departments for the same reason. This costs the Tasmanian health system over $30 million per annum.

The Pharmaceutical Society of Australia recommends action be taken in the following three areas to help better utilise pharmacists and reduce the burden on our health system:

1. **Improve access to vaccinations to protect Tasmanians**
   PSA calls to invoke changes in Tasmania which enable pharmacists to administer vaccines to persons 10 years and over such as the COVID-18 vaccine and only limit selected vaccines to reduce the burden of vaccine preventable disease. PSA also calls for the funding of vaccines to eligible persons through the National Immunisation Program and state funded programs to be made available through pharmacist's immunisers to increase population immunity.

2. **Facilitate with Primary Health Tasmania the funding of a general practitioner/pharmacist collaborative prescribing trial in aged care facilities**
   PSA calls on the Tasmanian Government to commit $300,000 to fund a collaborative pharmacist prescribing pilot to reduce avoidable hospital admissions and the inappropriate use of chemical restraint and protect residents people living in residential aged care facilities from harm caused by medicines.

3. **Remove barriers to pharmacists administering prescribed medicines by injection**
   Sincerely,

Ella van Tienen
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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 locations.

PSA is committed to supporting pharmacists help 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 guidelines to ensure quality and integrity in the practice of pharmacy.

Pharmacists in Tasmania

In Tasmania, there are 870 registered pharmacists working in community pharmacies, hospitals, general medical practices, aged care, Tasmanian government departments and within other private sector organisations.

1. Improve access to vaccinations to protect Tasmanians and fund selected vaccines administered by pharmacists

The challenge

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

While vaccination rates for children are high, less than 40% of at-risk adults are considered to be fully vaccinated. This includes healthcare workers and those caring for our most vulnerable people in Tasmania, including children, the ill, elderly and infirm. For example seasonal influenza vaccination uptake is inconsistent in health care workers.(5)

In 2021 and beyond, Tasmania faces a genuine capacity challenge to deliver immunisation programs during the mass vaccination program for COVID-19 while addressing coverage gaps in adult immunisation rates. While pharmacist immunisers have been vaccinating in Tasmania for some time, they are still limited to a few vaccines they can administer and prevented from administering vaccines funded under the National Immunisation Program (NIP) which patients are eligible to receive.

The proposed approach

PSA recommends amending the Tasmanian Vaccination Program Guidelines to allow trained pharmacist immunisers to administer all vaccines, except childhood vaccinations and those with specific accreditation requirements (e.g. yellow fever).

PSA also recommends giving eligible patients the choice to have their NIP vaccine in community pharmacy. This will improve influenza vaccination rates amongst our vulnerable population.

Achieving these recommendations does not require additional funding to train workforces, or build infrastructure. The service fee for vaccine administration would continue to be funded by employers or individuals depending on individual eligibility.

Why it will work

Pharmacists have been immunising in Tasmania since 2016 when legislation change saw pharmacists start to administer influenza vaccines in community pharmacy.

The accessibility of community pharmacists (through a well-established network of community 167 pharmacies, most with extended operating hours) and consumer trust in pharmacist immunisers provides accessible and convenient locations for the delivery of vaccination services.

The pharmacist workforce in Australia has been recognised as contributing to reduced severity of previous influenza seasons(6). Meanwhile, pharmacists in other countries have been shown to safely administer a significantly larger range of vaccinations,(7) as summarised below.

	Tasmania	Australia (other)	Argentina	Canada*	Portugal	South Africa	Switzerland*	UK	USA*
Influenza	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pertussis, diphtheria, tetanus	✓[&]	✓[&]	✓	✓	✓	✓	✓	✓	✓
MMR	✓	✓[%]	✓	✓	✕	✓	✓	✓	✓
Meningococcal	✕	✓[*]	✓	✓	✓	✓	✕	✓	✓
Hepatitis A	✕	✕[%]	✓	✓	✓	✓	✓	✓	✓
Hepatitis B	✕	✕	✓	✓	✓	✓	✓	✓	✓
Varicella	✕	✕	✓	✓	✓	✓	✕	✓	✓
Pneumococcal	✕	✕[%]	✓	✓	✓	✓	✕	✓	✓
Influenza type B	✕	✕[%]	✓	✓	nd	nd	nd	nd	nd

* denotes jurisdictional variation
[%] MMR: All except ACT; Hepatitis A, Influenza type B, pneumococcal: Queensland only
[&] only for purpose of pertussis immunity (most states) | nd: no data

Implementation

Trained pharmacist immunisers already have the skills and infrastructure to provide this service, this proposal could be implemented simply by amending the Tasmanian Vaccination Program Guidelines.

Benefits to Tasmanians

- Increased access to vaccinations by more Tasmanians
- Improve efficient use of vaccines from the NIP
- Increased uptake of vaccinations in unvaccinated adults
- Immuniser workforce capacity during COVID-19 vaccination program
- Reduced wait time for patients

2. Facilitate with Primary Health Tasmania the funding of a general practitioner/pharmacist collaborative prescribing trial in aged care facilities

The challenge

Australia's population is aging, and currently 3.8 million people, or 15% of the total population, are aged 65 or over.(8) More and more older Tasmanians are entering residential care services and the care they require is becoming increasingly complex.(9) The Royal Commission into Aged Care's interim report(10) was scathing in its criticisms of medicine management in Australia's aged care sector highlighting:

> *"widespread overprescribing, often without clear consent, of drugs which sedate residents, rendering them drowsy and unresponsive to visiting family and removing their ability to interact with people"*
>
> *"psychotropic medication is only clearly justified in about 10% of cases"*

These findings are consistent with those contained in PSA's *Medicine Safety: Take care(2)* report (2019) and *Medicine safety: aged care(11)* (2020) which revealed:

- 98% of residents in aged-care facilities have at least one medicine related problem
- 80% are prescribed potentially inappropriate medicines.
- One in five unplanned hospital admissions of residents living in aged-care facilities taking medicines are due to inappropriate medicine use.

While accredited pharmacists work hard to protect residents from these harms, both through Residential Medication Management Reviews (RMMRs) and quality use of medicine (QUM) services, there is limited ability for pharmacists to take direct action to address unsafe medicine use.

In order to achieve safe and best-possible use of medicines in residential aged care facilities, pharmacists, with their medicines expertise, must be empowered to play a greater role in aged care sector.(2,10–12)

The proposed approach

Collaborative prescribing describes a concept where pharmacists amend a person's medicine chart to improve medicine safety under supervision of the primary treating doctor. This could include addition, amendment, or discontinuation of existing medicines. While such arrangements exist in many Australian hospitals, they have not yet been formalised outside these tertiary environments.

A pilot is needed to develop, test and refine the collaborative prescribing approach for aged care facilities. The pilot project would develop the aged care collaborative prescribing framework through co-design with Primary Health Tasmania, aged care providers, doctors, pharmacists and the

Tasmanian Department of Health. This includes articulation of responsibilities, development of templates and policies.

Why it will work

Pharmacists have more clinical training in medicines than any other health professional. They perform clinical assessment and diagnosis within their role and prescribe Schedule 2 (*Pharmacy Medicines*) and Schedule 3 (*Pharmacist Only Medicines*) medicines. Prescribing Schedule 4 (*Prescription Only Medicines*) medicines is a logical next step and continuation of pharmacists' role in medicines management.

A recent study showed that collaborative prescribing saw hospital pharmacists achieve a 90% error-free rate on medicine orders compared with 26% for medical officers. Pharmacists in the emergency department and admissions unit setting have been found to be more accurate at making medication orders than their medical officer counterparts – under specific conditions.

Pharmacist's skills need to be used better in our health system to ensure the right patient gets the right drug at the right dose at the right time. PSA seeks support from the Tasmanian Government to implement a trial of collaborative prescribing in Tasmanian aged care facilities supported by Primary Health Tasmania, pharmacists and general practitioners.

Case example: RedUSe program

The RedUSe program, a multi-strategic quality improvement intervention was funded in aged care facilities in Tasmania, with three main components.(13–15) The program included auditing and benchmarking of sedative and antipsychotic medicine use, as well as education and patient review interventions to improved medicine safety.

The program showed trends towards reduced agitation, disruption and sleep disturbance of residents without reductions in neuropsychiatric symptoms, social engagement, nursing job satisfaction or quality of life. (15) There were also savings with antipsychotic and/or benzodiazepine dose reduction, mainly driven by lower costs related to hospitalisations.

Pharmacists are medicines experts, and there is significant opportunity in Tasmania to develop and foster collaborative relationships between general practitioners and pharmacists to maximise the safe use of medicines within the aged care environment. This would see a reduction in unnecessary and avoidable hospitalisations of aged care residents in Tasmania.

What does a RACF pharmacist do?

The non-dispensing role would include undertaking medicine reviews, identify and resolve medicine related problems and provide medicine safety advice to prescribers, nursing staff, carers and residents. It would also enable greater communication and collaboration between members of the multidisciplinary team involved in resident care.

The role of a pharmacist employed in an aged care facility includes:[16,18]

- **Education and training** of other health professionals and facility staff in the quality use of medicines and medicines information;
- **Clinical governance activities** around using medicines appropriately including leading programs and systems to reduce use of high risk medicines such as antipsychotics and benzodiazepines, and provide stewardship of opioid and antimicrobial use;
- **Resident-level activities** identifying, preventing and managing medicine-related problems, reducing polypharmacy and optimising medicines use; and
- Supporting **achievement of accreditation standards** related to medicine management.

The role of aged care pharmacists is further described in PSA's *Pharmacists in 2023: Roles and Remuneration.*[16]

Implementation

From 1 July 2021

Cost/Budget

PSA estimates the development of the collaborative prescribing framework, supporting resources and implementation of the pilot would cost $300,000 per annum over 2 years.

Cost savings may be achieved through reduced unplanned hospital admissions due to medicine-related problems.

Benefits to Tasmanians
• Reduction in the use of psychotropic medicines/chemical restraints, improving the quality of life for residents (e.g. less sedation, weight gain, impaired cognition) • Reduction in unplanned hospitalisations from medicine-related adverse events • More rational use of opioid medicines, resulting in improved pain management and alertness of residents • More rational and targeted use of antimicrobials in accordance with local resistance patterns and treatment recommendations • Increased staff access to pharmacist's expertise in medicines and medication management within the residential care facility

3. Remove barriers to pharmacists administering prescribed medicines by injection

The challenge

Medicine are the most common intervention in healthcare. As new medicines are developed, there is an increasing range of therapies that only exist in injectable form – particularly newer biologic medicines, and long acting medicines such as opioid-replacement therapies.

Some of these injectable medicines must be administered by trained health professionals, while others can be self-administered by patients – although not all patients have the capacity or willingness to do so. Yet, despite being able to be self-administered, there is no specific provision to administer a prescribed medicine to a patient by a pharmacist, even as part of patient-training for a new injectable medication.

Where administered by health professionals, patients typically must first visit a prescriber to receive their prescription, then visit a pharmacist to have the prescription filled, before either returning to the prescriber or nurse for their medicine to be administered.

Not just being inefficient, the practicalities of securing appointments and transport often means patients have medicines administered late or not at all. This non-treatment harm has recently been amplified through the COVID-19 response where, for many patients, their health professional moved to predominantly or exclusively telehealth services. For many, their community pharmacist was the only health practitioner they were able to see face-to-face.

The proposed approach

Allow pharmacists to administer lawfully prescribed Schedule 4 (*Prescription Only Medicines*) and Schedule 8 (*Controlled Drugs*) medicines via injection.

This change would permit pharmacists to administer prescribed medicines via subcutaneous and intramuscular injection, including, but not limited to;

- **antipsychotics**, such as risperidone depot injections for schizophrenia treatment,
- **long acting opioids**, such as depot buprenorphine for treatment of opioid dependence,
- **immunosuppressants**, such as biologic medicine for rheumatoid arthritis,
- **anticoagulants**, such as enoxaparin subcutaneous injection to protect against blood clots, and
- **haematopoietic medicines**, such as darepoetin for people with kidney disease.

Why it will work

Pharmacists with authority to administer vaccines have developed the skills and competence to administer prescribed subcutaneous and intramuscular injections safely since 2016.

Pharmacists are already trained in the administration of injections, developed through courses for pharmacists to become vaccinators. These courses assess competence in intramuscular (into muscle) and subcutaneous (under the skin) injections, as well as certify competence to respond to an injection site injury, vasovagal reactions or rare anaphylaxis reaction.

PSA has developed *Guidelines for pharmacists administering medicines by injection* to provide guidance and support to pharmacists who administer via injection. The Guidelines promote best practice for pharmacists administering medicines by injection and are intended to support pharmacists to undertake this role within the context of the consumer's needs, beliefs, preferences and expectations.

Implementation

Immediately

Benefits to Tasmanians
• Reduced risk of treatment delays from availability of health professionals • Increased patient choice and convenience • More effective patient education in self-administration technique for medicines

Examples of injectable medicines

Medicine	Brand name(s)	Schedule	Route and typical frequency of injection	Common use for injectable medicine
buprenorphine	Sublocade	*Controlled Drug*	• Intramuscular injection administered weekly or monthly	• Treatment of opioid dependence
enoxaparin	Clexane	*Prescription Only Medicine*	• Subcutaneous injection self-administered daily	• Prevention or treatment of blood clots
adalimumab	Humira	*Prescription Only Medicine*	• Subcutaneous injection self-administered every two weeks	• Treatment of rheumatoid arthritis
risperidone	Risperdal Consta	*Prescription Only Medicine*	• Intramuscular injection administered every two weeks	• Antipsychotic used in management of schizophrenia
Vitamin B12	Neo-B12, Cyancobalamin, Hydroxocobalamin	*Pharmacy Medicine*	• Intramuscular, typically administered every	• Treatment of Vitamin B12 deficiency
leuprorelin	Lucrin	*Prescription Only Medicine*	• Subcutaneous injection, every 3 months	• Treatment of prostate cancer

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