New South Wales

Special Commission of Inquiry into Healthcare Funding

Submission Number: 67

Name: The Pharmacy Guild of Australia – NSW Branch

Date Received: 31/10/2023

The Pharmacy Guild of Australia
NSW Branch

31st of October 2023

RE: Special Commission of Inquiry Terms of Reference Submission

Dear Commissioner,

I write to make a submission on the Terms of Reference for the Special Commission of Inquiry into Healthcare Funding on behalf of the New South Wales Branch of the Pharmacy Guild.

The Guild is a national employers' organisation with over 90 years of experience in representing and promoting the value of the role of community pharmacy in the Australian health care system. Community pharmacies are a vital part of our national health system with the potential to make an even bigger contribution to the health of all Australians.

As the New South Wales Branch of the Guild, we welcome the opportunity to engage in a consultation process of such significance to our state's healthcare system. We look forward to offering constructive suggestions to help secure better healthcare and better value for patients across the state.

Relevance of Community Pharmacy to the Commission

Community pharmacies play an important role in providing primary healthcare to New South Wales, with over 2,000 pharmacies across the state. Community pharmacies must play a role, too, in helping address the challenges to healthcare funding in our state.

As the peak body representing community pharmacy in our state, we hope that the Commission will be able to examine the current burden that treatment for everyday health conditions places on our public health system, and the role that full scope of practice for community pharmacies could play in providing a solution.

Currently, many patients are forced to present to a hospital emergency department for everyday health conditions such as uncomplicated UTIs because they do not have timely access to a GP. With an average cost of more than $600 per emergency department presentation[1], avoidable presentations such as these cost our healthcare system millions of dollars every year.

In many cases, when a patient is discharged from hospital, their local community pharmacy the next contact they have with a primary healthcare provider.

[1] IHACPA, *What is the cost of Australia's emergency care patients?,* 2021.

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As primary care providers, community pharmacies have an important role to play in providing better access to preventative healthcare and reducing the burden on hospital emergency departments. By supporting pharmacies to operate at their full scope of practice and treat everyday health

conditions, we could create over 2,000 community health hubs across the state, open after-hours, seven days a week.

We hope to see the Commission examine the current burden that everyday healthcare places on our state's hospitals and assess how community pharmacies could play a role in providing a solution.

Scope of Practice Reform

Scope of practice reforms already underway across New South Wales provide an important background to the Commission's work in this area. In response to the challenges discussed above, the NSW Government has begun introducing changes to allow community pharmacists to operate at their full scope of practice.

These reforms build on a pilot taking place in North Queensland. The first stage of these reforms saw pharmacists authorised to offer a wider range of vaccinations and commenced in October 2022. The second stage, which began in May 2023, has seen pharmacists authorised to treat uncomplicated UTIs and – as of September 2023 – provide resupplies of the oral contraceptive pill. The Guild looks forwar[redacted] third stage, which would see pharmacists authorised to treat a range of 23 everyday health issues such as asthma, nausea, and minor skin conditions.

These reforms, once instituted, will have wide-reaching benefits to patients and the wider health system. Patients will be able to access care for everyday health conditions without having to wait for a doctor's appointment or present to a hospital emergency department. This will have significant benefits to the state's healthcare system and wider economy, with research finding that such reforms could provide a total savings of $1.5 billion per annum to the state's economy[2]. Furthermore, it will significantly ease the burden on the state's healthcare systems, saving 17,000 hours in emergency services and 123,000 days in hospital care services per annum[3]

This ongoing reform is an important piece of background information for the commission, and we hope to see the opportunities presented by scope of practice reform to be carefully examined.

Our Recommendations for the Terms of Reference

We believe that the proposed Terms of Reference provide suitable direction to the Commission. We are pleased to see notice paid to preventative healthcare (Item C), workforce considerations (Item F), and accessibility of healthcare (Item A).

[2] EY, *Scope of Practice Opportunity Assessment – NSW,* p.2.
[3] EY, *Scope of Practice Opportunity Assessment – NSW,* p.2.

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We are also pleased to see the inclusion of Item H. Technical and clinical improvements have high potential to improve patient outcomes across the state. We recommend detailed investigation into the potential of technological innovation to support wide-scale screening by pharmacists for cardiovascular issues and other conditions.

Finally, we believe that it is important that Item F (ix) be amended to include pharmacists, as follows: "opportunities for an expanded scope of practice for paramedics, **pharmacists**, community and allied health workers, nurses and/or midwives". As pharmacists do not fall under the umbrella category of 'allied health workers', and are in fact primary health care providers, it is important to ensure that this particular term of reference is amended to ensure that community pharmacies are captured.

Not explicitly including community pharmacies in this section would miss an opportunity to align the Commission's work with the major scope of practice reform currently taking place in NSW.

Thank you once again for the opportunity to make a submission on this matter. If you would like to discuss the issues we have raised any further, please contact our Policy and Media Advisor, Felix Faber [redacted]

Kind regards,

David Heffernan,
NSW Branch President
Pharmacy Guild of Australia

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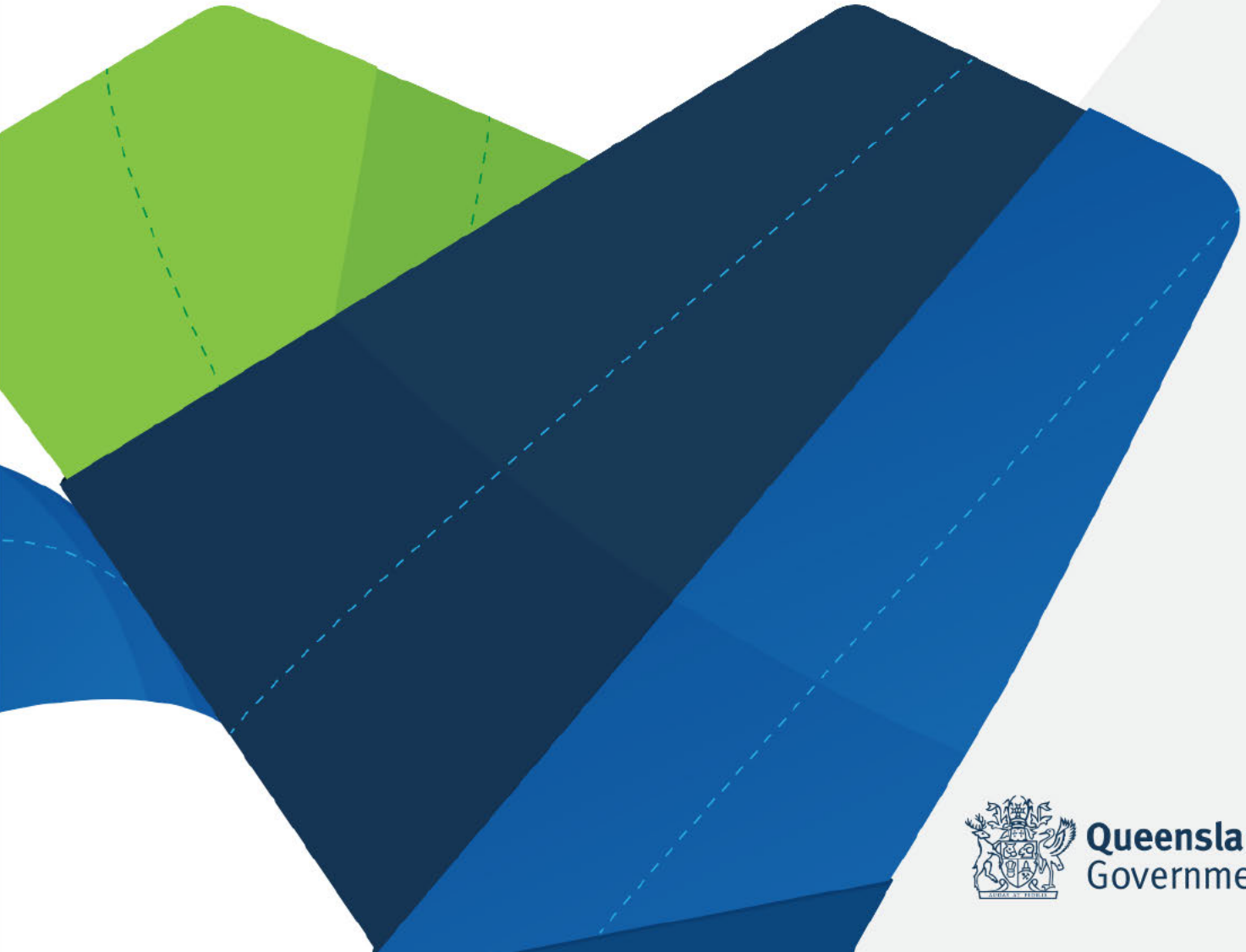
North Queensland Community Pharmacy Scope of Practice Pilot

Pilot Services – current as at October 2022*

*The parameters of Pilot services may continue to be refined during the development of guidelines and protocols



Queensland Government

Background

Internationally, the pharmacy profession has undergone significant changes over recent decades with community pharmacists becoming involved in the provision of collaborative patient care and the incorporation of prescribing activities into pharmacists' scope of practice in a range of comparable countries including the United Kingdom, Canada and New Zealand.

The Australian Government Productivity Commission identified that using pharmacists, and other health professionals, to their full scope of practice is an efficient and effective way to improve access to healthcare delivery and lessen the impacts of workforce shortages and distribution problems, particularly in regional and rural communities.

The Queensland Government has a commitment to work with the Pharmaceutical Society of Australia (Queensland), the Pharmacy Guild of Australia (Queensland) and other stakeholders to design and implement a pilot of pharmacists working to full scope of practice, including the incorporation of prescribing activities, in North Queensland. The aim of the North Queensland Community Pharmacy Scope of Practice Pilot (the Pilot) is to increase access to high-quality, integrated, and cost-effective primary health care services for North Queensland communities.

Scope of practice is dynamic and any changes that occur for Queensland pharmacists' scope of practice prior to the commencement of the Pilot (e.g., changes to approvals for vaccines and/or general administration of medicines), will be removed from the Pilot services.

Pilot Services

The services in the Pilot have been grouped into the following three categories:

- Medication management: a wider range of vaccinations (and authorised age groups), medication administration, therapeutic adaptation and substitution and continued dispensing.
- Autonomous prescribing for specified acute common conditions and health and wellbeing:
    - Gastro-oesophageal reflux and gastro-oesophageal reflux disease
    - Acute nausea and vomiting
    - Allergic and nonallergic rhinitis
    - Impetigo
    - Herpes zoster (shingles)
    - Mild to moderate atopic dermatitis
    - Acute exacerbations of mild plaque psoriasis
    - Mild to moderate acne
    - Acute minor wound management
    - Acute diffuse otitis externa
    - Acute otitis media
    - Acute mild musculoskeletal pain and inflammation
    - Smoking cessation
    - Hormonal contraception
    - Oral health screening and fluoride application
    - Travel health
    - Management of overweight and obesity.

- Protocol/structured prescribing as part of a chronic disease management program:
    - Cardiovascular disease risk reduction program for type 2 diabetes, hypertension and dyslipidaemia
    - Improved Asthma (and Exercise Induced Bronchoconstriction) Symptom Program
    - Chronic Obstructive Pulmonary Disease (COPD) Monitoring Program.

Clinical protocols and Pilot Handbook

Clinical practice guidelines and /or clinical protocols for each condition and/or program will be developed. The clinical practice guidelines /protocols will detail the parameters of the pharmacist intervention or service, including requirements for:

- Assessment and investigations
- Therapeutic and non-therapeutic management
- Monitoring and review
- Referral to other health practitioners.

Information in this document about the details of each service is indicative only and may differ from the endorsed guidelines or protocols for each service. Therapeutic management for conditions included in the Pilot will be in line with the *Therapeutic Guidelines*, the *Australian Medicines Handbook*, the clinical protocols for the Pilot and other relevant clinical resources.

Patient encounters during the Pilot will be communicated to the patient's usual medical practitioner.

To ensure a consistent, safe and high-quality service is provided across pharmacies, and that pharmacists and pharmacies adhere to legislative requirements, a Pilot Handbook will be developed that will detail eligibility for participation, enrolment, training and approval processes, along with the rules and requirements that govern the implementation of the Pilot and the individual interventions / services provided within the Pilot, by participating pharmacists and pharmacies.

Pilot Fee Structure and Patient Costs

The Pilot will be a user-pays model, with services subject to a pharmacist consultation fee. The price will be dependent on the length of the consultation. Consultation fees will be set for each service and applied consistently to each type of service and between pharmacists. Table 1 below provides indicative costs for each consultation.

Table 1. Indicative consultation fee schedule.

	Short consultation	Medium consultation	Long consultation
Duration	< 15 minutes	15 to <30 minutes	> 30 minutes
Indicative Price	$20 - $25	$30	$55

Pharmacist consultations are not subsidised by Medicare.

In addition to the consultation fee, further costs that will be incurred by patients who participate in the Pilot may include the cost of any required investigations such as pathology and/or point of care testing.

All medicines provided within the Pilot will also be charged at the private prescription cost and will not count towards any Pharmaceutical Benefits Scheme (PBS) safety net.

Conditions of participation

Pharmacists

Before providing any services as part of this Pilot, the pharmacist must be authorised by Queensland Health. Minimum requirements will include:

- Holding general registration with the Pharmacy Board of Australia with no limitations to practice
- Successful completion of all required education and training programs, including certification in vaccination and medicine administration by injectables
- Holding and providing evidence of appropriate professional indemnity insurance to explicitly cover the activities in the Pilot
- Consenting to participate in the Pilot in accordance with the rules and requirements of the Pilot Handbook and the service evaluation for the Pilot
- Pharmacist agreement and ability to offer all components of the Pilot.

During the Pilot, the pharmacist must only provide Pilot services:

- At an approved Pilot site
- In accordance with the clinical practice guidelines/clinical protocols for the Pilot
- In accordance with the rules and requirements, including adherence to the fee structure, outlined in the Pilot Handbook.

Pharmacies

In order to participate in the Pilot, pharmacies must be authorised by Queensland Health. Minimum requirements will include:

- Being accredited by the Quality Care Pharmacy Program (QCPP) including having the infrastructure and facilities to enable private consultation, and examination and vaccination, specifically, a screened or private consulting area that:
    - Ensures patients' privacy and confidentiality
    - Has sufficient space to allow the presence of the patient, a carer if necessary, the pharmacist, consumables, equipment and documentation
    - Has seating for the patient and their carer (if required)
    - Has sufficient space and appropriate surfaces for the patient to lie down in the event of an adverse reaction, and for staff to safely perform resuscitation procedures.
- Having access to the software to enable data recording, clinical record keeping and follow-up.
- Holding and providing evidence of appropriate professional indemnity insurance to cover the pharmacy's involvement in the Pilot.
- Consenting to participate in the Pilot in accordance with the rules and requirements of the Pilot Handbook and the service evaluation component of the Pilot.
- Ensuring only authorised pharmacists provide services as part of the Pilot and only at authorised sites.

Patients

In order to receive a service as part of the Pilot, patients (or parents/guardians) must:

- Provide financial and clinical informed consent for the service.
- In the pharmacist's professional judgement, be able to provide informed financial and clinical consent to participate in the service, and be a clinically suitable recipient of the service.
- Be physically present in the pharmacy in order for a comprehensive consultation and/ or examination to be conducted by the authorised pharmacist, as services cannot be provided outside of authorised Pilot sites.
- Consent for the pharmacist to advise their usual medical practitioner of their participation in the service and treatment plan.
- Consent to participate in the service evaluation for the Pilot, including being contacted by the authorised pharmacist/pharmacy, Queensland Health and/or the Pilot evaluator for the purposes of the monitoring and evaluation for the Pilot.

Education and training

Pharmacists who participate in the Pilot will be required to undertake an education program delivered by higher education institution(s) that will include:

- A prescribing education and training program for non-medical practitioners that is equivalent to a post graduate certificate and includes 120 hours of learning in practice.
- A clinical education and training program covering clinical assessment, diagnosis and management of the conditions included in the Pilot.
- Completion of accredited training for certification in vaccination and medicine administration by injectables.

Legislative approval

The activities included in the Pilot that are not already authorised under the Medicines and Poisons Regulation 2021 will be authorised through a temporary legislative approval.

Category 1: Vaccination, medicine administration, therapeutic adaptation/substitution, and continued dispensing

Vaccination

Under Part 1 of the *Extended Practice Authority – Pharmacists Version 1*, pharmacists are already authorised to administer a range of vaccinations. The Pilot will enable administration of a wider range of vaccines to a broader age group by pharmacists. All vaccinations will be provided in accordance with the Australian Immunisation Handbook (vaccine, dosage, administration, contraindications and precautions) and the individual vaccine information provided by the Therapeutic Goods Administration (TGA) and current Australian Technical Advisory Group on Immunisation (ATAGI) advice. Pharmacists must follow the approved age indications for each individual vaccine within the restrictions/ conditions listed below.

Indicative cost

- Vaccination consultation, as per current vaccination services
- Cost of the vaccine/s at cost of private script and /or a National Immunisation Program funded vaccine for eligible patients

Scheduled substance	**Restrictions/ Conditions**
Influenza vaccine	Persons aged 2 years and above. Administered in accordance with the current ATAGI advice. Influenza vaccines can change year to year with regard to which vaccines are registered with the TGA and the indicated ages for each vaccine.
Diphtheria, tetanus, pertussis, poliovirus and *Haemophilus influenzae* type b vaccines (including monovalent and combination vaccines)	Persons aged 2 years and above.
Varicella vaccine (including combination vaccines)	Person aged 2 years and above.
Zoster vaccine	Person aged 50 years and above.
Measles-mumps-rubella (+/- varicella) vaccine	Person aged 2 years and above.
Cholera vaccine	Person aged 2 years and above.
Hepatitis A and B vaccines (including combination vaccines)	Person aged 2 years and above.
Meningococcal ACWY and B vaccines	Person aged 2 years and above.
Pneumococcal vaccine	Person aged 2 years and above.
COVID-19 vaccine	In accordance with the current ATAGI advice: Any COVID-19 vaccine approved by the TGA.
Human papillomavirus (HPV) vaccine	Person aged 12 years and above.
Japanese encephalitis	Person aged 2 years and above.
Rabies and other lyssaviruses	Person aged 2 years and above. For the purposes of pre-exposure prophylaxis only.
Typhoid fever (including combination vaccines)	Person aged 2 years and above.
Other vaccinations required for response to a declared public health emergency	In accordance with the current ATAGI and TGA advice, and indicated ages for each vaccine.

Medicine administration

Under the Medicines and Poisons Regulation 2021, pharmacists are already authorised to administer a medicine mentioned in the Extended Practice Authority – Pharmacists Version 1 and an approved opioid where the medicine is administered on a prescription. The Pilot will enable administration of a medicine, including unscheduled medicines, schedule 4 and/or schedule 8 medicines (administered on a prescription) in oral, topical, inhaled, subcutaneous and intramuscular forms.

Indicative cost

- Short consultation (if required)
- Cost of medicines

Exclusions

Administration of intraocular, intravenous and intraarticular injections, and intrathecal and intraosseous forms.

Therapeutic adaptation and substitution

Therapeutic adaptation

The Pilot will enable therapeutic adaptation by pharmacists, following assessment, to alter an existing prescribed medication to change/adapt a drug formulation, based on a determination of clinical need and patient safety. Pharmacists will be able to change the formulation of a prescribed schedule 4 medicine without prior approval from the prescriber, provided the formulation change allows for equivalent dosing and is therapeutically equivalent (i.e., a medicine with the same active ingredient(s), same pharmacological effects/actions and same clinical indication). Examples include changing a formulation prescribed from a capsule to a liquid for patients with swallowing difficulties, changing an inhaler from an autohaler to a metered dose inhaler (puffer) plus spacer to support compliance and change a sustained release preparation to an immediate release preparation if the patient is crushing the medication to enable adherence.

Therapeutic substitution

The Pilot will enable therapeutic substitution by pharmacists to substitute one medicine for another belonging to the same pharmacologic class and/or the same therapeutic class with expected dose equivalence. Examples include having the ability to substitute a drug that contains chemically different active ingredients that are considered to be therapeutically equivalent, such as substituting: valsartan 80mg daily with irbesartan 150mg daily for management of mild to moderate hypertension; rosuvastatin 20mg daily for atorvastatin 40mg daily for daily management of dyslipidaemia. Therapeutic substitution usually occurs to ensure continuity of care in times of medication shortage or other disruptions to the supply of a patient's regular medicines.

All changes made under the therapeutic adaptation or substitution provisions of the Pilot will be communicated back to the prescriber using a standardised template.

Indicative cost

- No consultation fee
- Where therapeutic adaptation or substitution is made, this will render the prescription non-PBS/RPBS and will be charged as a private script.

Exclusions

- Changes to schedule 8 medicines.

Medication continuance (continued dispensing)

Under the Medicines and Poisons Regulation 2021 and the Commonwealth Continued Dispensing Determination, pharmacists are already authorised to supply lipid modifying agents and oral contraceptives without a prescription in accordance with the rules of the determination. The Commonwealth Continued Dispensing arrangement was expanded to support people affected by COVID-19 until 30 June 2022. The Pilot will enable pharmacists to supply a single/standard quantity of schedule 4 medicines, without a current prescription, where the medicine has been previously supplied within the last 6 months and the condition is stable, there is an immediate and ongoing need for the supply and the medicine is safe and appropriate. This is only available once per medication, per 12-month period.

Indicative cost

- No consultation fee
- Cost of medicine at cost of private script, except where the medicine is supplied in line with existing Commonwealth PBS continued dispensing arrangements.

Exclusions

- Continuation of schedule 8 medicines.

Category 2: Autonomous prescribing for acute common conditions and health and wellbeing

Service	Description	Additional Information and referral pathway
Gastrointestinal conditions		

Gastro-oesophageal reflux and gastro-oesophageal reflux disease (GORD)	Diagnosis and management of gastro-oesophageal reflux and gastro-oesophageal reflux disease (GORD) in adults 50 years of age and under. The service will include assessment, diagnosis, non-pharmacological management and provision of information and education regarding lifestyle changes. Where indicated, management may include commencement or modification of pharmacological therapy in accordance with the Therapeutic Guidelines and the Australian Medicines Handbook.	<u>Assessment and diagnosis:</u>
		Diagnosis is based on patient history. A presumptive diagnosis of gastro-oesophageal reflux or GORD can be made based on the presence of the typical symptoms of heartburn and regurgitation, and consideration of extra-oesophageal symptoms (e.g., dental, pharyngeal and laryngeal symptoms).
		
		<u>Referral pathway</u>
		Referral to a medical practitioner is required for patients:
		• Where a clear diagnosis of gastro-oesophageal reflux or GORD cannot be made, including patients presenting with chest pain as the primary symptom
		• Aged less than 18 years or over 50 years
		• Who present with symptoms or indications for gastrointestinal endoscopy, as per the Therapeutic Guidelines:
		  ○ Alarm symptoms – anaemia, dysphagia or odynophagia, haematemesis and/or melaena, vomiting or weight loss
		  ○ New or changing symptoms
		  ○ Frequent or severe symptoms that do not respond to the initial course of treatment.
		
		<u>Indicative cost</u>
		• Initial short consultation ($20)
		• Follow up consultation(s) (short consultation) if required
		• Cost of medicines at cost of a private script.

Acute nausea and vomiting	Management of acute nausea and vomiting in adults aged 18 years and older. This service includes assessment and non-pharmacological management, including provision of information and education regarding symptoms and complications of nausea and vomiting, such as dehydration and information on oral rehydration. Where indicated, management may include the supply of 24 hours of oral antiemetic medicines in accordance with the Therapeutic Guidelines and Australian Medicines Handbook.	<u>Assessment:</u> Diagnosis is based on patient history and physical examination. The diagnostic approach focuses on identifying the cause (or excluding significant underlying diseases) with a view to expectant management or directing specific treatment. <u>Referral pathway</u> Acute nausea and vomiting may be a symptom of a more serious medical or surgical condition that requires immediate medical referral, including where: • The patient is less than 18 years • The patient is pregnant (non-drug therapies may be offered concurrently to referral to the patient's medical practitioner or pregnancy care provider) • An acute emergency cannot be excluded • Abdominal signs including tenderness/ pain or distension are present • Intramuscular or intravenous administration of an anti-emetic medication is indicated • The nausea and vomiting is chronic (defined by 4 weeks or more of symptoms) • The patient has recurring episodes of nausea and vomiting • Symptoms do not resolve within 24-48 hours • The patient's condition and/or symptoms worsen. <u>Indicative cost</u> • Short consultation ($20) • Cost of medicines at cost of a private script.

Respiratory conditions		
Allergic and nonallergic rhinitis	Diagnosis and management of allergic and nonallergic rhinitis in children aged 6 years and older and adults. This service will include assessment, diagnosis and non-pharmacological management, including provision of information and education regarding allergen exposure. Where indicated, management may include commencement or modification of pharmacological therapy in accordance with the Therapeutic Guidelines and the Australian Medicines Handbook.	<u>Assessment and diagnosis:</u> Diagnosis is based on patient history, physical examination, and whether symptoms occur in either the absence or presence of allergens. <u>Referral pathway</u> Referral to a medical practitioner is required where: • A clear diagnosis of allergic and/or nonallergic rhinitis cannot be made • The patient has chronic rhinosinusitis • The patient is aged less than 6 years • The condition is having a marked negative emotional and social effect • The patient has other underlying or co-existing medical conditions that complicate treatment for rhinitis. e.g., severe asthma, sinusitis, otitis media, nasal polyps • The condition does not respond to optimal treatment or worsens. <u>Indicative cost</u> • Short consultation ($20) • Cost of medicines at cost of a private script.

Skin conditions		
Impetigo	Diagnosis and management of impetigo in children aged 12 months and older and adults, in non-endemic settings. The service will include assessment, diagnosis and non-pharmacological management, including provision of information and education. Where indicated, management may include commencement of empirical antibiotic therapy, as per the Therapeutic Guidelines and the Australian Medicines Handbook.	<u>Assessment and diagnosis</u> Diagnosis is made on the basis of the appearance of the infection. In patients with mild non-bullous impetigo (common impetigo), it is not necessary for an initial skin swab to be taken before empirical antibiotic therapy is started. <u>Referral pathway</u> Referral to a medical practitioner is required for patients where: • A clear diagnosis of impetigo cannot be made. • The patient is immunocompromised or at high risk of complications • The patient is aged below 12 months • Symptoms have not resolved after the first course of empirical antibiotic treatment or if symptoms significantly or rapidly worsen • Impetigo infection reoccurs frequently • The patient resides in a remote community where impetigo is endemic • The impetigo is widespread and severe or ecthyma (ulceration) • The patient presents with systemic symptoms (weakness, fever, diarrhoea) • There are signs or symptoms of suggesting a more serious illness or complication • The condition is not responding to optimal treatment or the condition worsens. A skin swab for culture and susceptibility testing is required in these cases and the patient must be referred to a medical practitioner for assessment (and before antibiotic therapy is commenced). <u>Indicative cost</u> • Short consultation ($20) • Cost of medicines at cost of a private script.

Herpes zoster (shingles)	Diagnosis and management of herpes zoster in adults aged 18 years and over. The service will include assessment, diagnosis and non-pharmacological management including provision of information and education. Where indicated, management may include commencement of oral antiviral therapy as per the Therapeutic Guidelines and the Australian Medicine Handbook.	<u>Assessment and diagnosis</u> Diagnosis is based on patient history and clinical examination. Laboratory testing is reserved for atypical cases. <u>Referral</u> Referral to a medical practitioner is required where: • A clear diagnosis of herpes zoster cannot be made • The patient is aged less than 18 years • The patient is immunocompromised (treatment may be commenced prior to referral) • The patient presents with a multidermatomal rash or disseminated zoster is suspected • The patient presents with complications of herpes zoster, primary herpetic neuralgia (PHN) or specific zoster syndromes e.g., zoster ophthalmicus, herpes zoster oticus or neurological dysfunction (immediate referral to a medical practitioner is required, treatment may occur concurrently) • The patient presents with suspected herpes zoster on the face, genitals, or with atypical cutaneous presentations • Pain management is required for neuropathic pain or acute moderate to severe pain associated with shingles or PHN • The patient is allergic to valaciclovir, aciclovir and/or famciclovir • The patient is pregnant and has a history of VZV (treatment may be provided concurrently to referral if the patient meets the criteria for antiviral treatment) • The patient is pregnant and does not have a past history of VZV (or uncertain history) (the patient must be referred to a medical practitioner as soon as possible for management) • The condition does not respond to optimal treatment or worsens. <u>Indicative cost</u> • Short consultation ($20) • Cost of medicines at cost of a private script

Atopic dermatitis	Diagnosis and management of mild to moderate atopic dermatitis in children aged 6 months and older and adults aged up to 65 years. The service will include assessment, diagnosis and non-pharmacological management, including provision of information and education, including identification and avoidance of aggravating factors, therapies to improve skin condition and barrier function and treatment of inflammation. Where indicated, management may include commencement or modification of topical corticosteroids and other topical therapies in accordance with the Therapeutic Guidelines and the Australian Medicines Handbook.	<u>Assessment and diagnosis</u>
		Diagnosis is based on patient history and clinical examination.
		
		<u>Referral pathway</u>
		Referral to a medical practitioner is required if:
		• A clear diagnosis of atopic dermatitis cannot be made, or other differential diagnoses are suspected, e.g., viral infection, eczema herpeticum or contact dermatitis
		• The patient is less than 6 months or over 65 years of age
		• The patient is pregnant
		• The atopic dermatitis is severe
		• The patient presents with systemic signs and symptoms
		• A paediatric patient presents with a history of immediate or delayed-type hypersensitivity to food allergens, poor feeding or sleep or failure to thrive
		• The patient is immunocompromised due to underlying medical condition(s) and/or medications
		• The condition is having a marked negative emotional and social effect
		• The patient requires large quantities of topical corticosteroids that would ordinarily require authority from the Pharmaceutical Benefits Scheme
		• The condition does not respond to optimal treatment, worsens or reoccurs (treatment failure) within 2-4 weeks, specifically when there is:
		  ○ Inadequate clinical improvement within appropriate timeframes
		  ○ Failure to achieve stable long-term disease control
		  ○ Presence of ongoing impairment (e.g., pruritus, pain, loss of sleep and poor quality of life) while on treatment.
		
		<u>Indicative cost</u>
		• Medium consultation ($30)
		• Follow up consultation(s) (short consultations ($20))
		• Cost of medicines at cost of a private script.

Mild plaque psoriasis	Diagnosis and management of acute exacerbations of mild plaque psoriasis in adults aged 18 years and over. The service will include assessment, non-pharmacological management including provision of information and education. Where indicated, management may include commencement or modification of pharmacological therapy in accordance with the Therapeutic Guidelines and the Australian Medicines Handbook.	<u>Assessment and diagnosis</u> Identification and assessment of an acute exacerbation is based on patient history (including previous diagnosis of mild plaque psoriasis) and clinical examination. <u>Referral pathway</u> Referral to a medical practitioner is required where: • The diagnosis is unclear, including the type of psoriasis, or the patient does not have an existing diagnosis of plaque psoriasis • The patient is less than 18 years of age • The patient is pregnant • The patient presents with a type of psoriasis other than mild, small plaque psoriasis e.g., palmoplantar, nails or flexural psoriasis, including the genital area • Infection of psoriatic lesions is suspected • The psoriasis is severe and/or the patient presents with psoriasis affecting the face or widespread areas of the scalp • The condition is having a marked negative emotional and social effect • The patient is immunocompromised due to underlying medical condition(s) and/or medications • The patient is taking a medicine that can exacerbate psoriasis • The patient has psoriatic comorbidities or risk factors that require management by a medical practitioner, including arthritis, risk of venous thromboembolism, depression, increased alcohol consumption, signs of lymphoma, skin cancers and solid tumours (treatment of acute exacerbations may occur concurrently) • There is no response to optimal topical treatment, or the condition worsens or reoccurs. Patients with cardiovascular disease risk factors may be referred to the Cardiovascular Disease Risk Reduction Program. <u>Indicative cost</u> • Short consultation ($20) • Cost of medicines at cost of a private script

Mild to moderate acne	Diagnosis and management of mild to moderate acne in adults and adolescents aged 12 years and older. The service will include assessment, diagnosis and non-pharmacological management including provision of information and education. Where indicated, management may include commencement or modification of pharmacological therapy in accordance with the Therapeutic Guidelines and the Australian Medicines Handbook, excluding the combined oral contraceptive pill (when not prescribed under the hormonal contraceptive clinical practice guideline), spironolactone and oral isotretinoin.	<u>Assessment and diagnosis</u> Diagnosis is based on patient history, clinical examination and characteristics. <u>Referral pathway</u> Referral to a medical practitioner is required where: • The diagnosis is unclear • The patient is less than 12 years of age • The acne is classified as severe, including cystic or scarring acne, or if the patient has a family history of scarring • The condition is having a marked negative emotional and social effect on the patient • The patient is taking a medicine that can cause or aggravate acne • There are signs of excess androgen in women (hirsutism, obesity and menstrual irregularity) which indicates endocrine evaluation is required • The condition is not responding to optimal treatment or worsens. <u>Indicative cost</u> • Short consultation ($20) • Follow up consultations (short consultation ($20)) • Cost of medicines at cost of a private script.

Acute wound management	Management of acute minor wounds in children aged 5 years and adults up to 65 years of age. This includes assessment and implementation of a plan of care in accordance with the Therapeutic Guidelines, the Australian Medicines Handbook and the Primary Clinical Care Manual (PCCM). Where indicated, this may include the use of a local anaesthetic agent, cleansing and wound closure (including skin adhesives and sutures), the use of dressings and antibiotics*, as required. **The prescription of oral antibiotics for localized minor infections is subject to access to pathology (gram stain and culture). Presumptive antibiotic treatment may be provided for wounds at high risk of infection, as per the clinical practice guideline.* PCCM available at https://www.health.qld.gov.au/rrcsu/clinical-manuals/primary-clinical-care-manual-pccm	<u>Assessment</u> Assessment includes a patient history and clinical assessment. <u>Referral pathway</u> Referral to a medical practitioner is required where: • The patient is aged under 5 years or over 65 years • The patient is immunocompromised or otherwise at high risk of infection and compromised wound healing due to underlying medical condition(s) and/or medicines • The patient presents with signs or symptoms of systemic infection or is generally unwell • The patient presents with localised infection of a non-traumatic wound (surgical or chronic) • The wound is chronic • The wound is (or suspected to be) full-thickness • The wound is significantly contaminated, complex, or cannot be adequately cleansed • Adequate anaesthesia cannot be achieved • The patient presents with a crush injury or partial amputation of a digit, suspected fractures and open fractures • The wound is associated with a head injury, and wounds on the face, scalp, ears • Vascular, nerve, joint or tendon involvement is evident or suspected • Pain associated with the wound cannot be managed with over-the-counter analgesia. <u>Indicative cost</u> • Medium consultation ($30) • Cost of dressings if required • Cost of pathology if required • Cost of medicines (including local anaesthetic if required) at cost of a private script.

Ear conditions		
Acute diffuse otitis externa	Diagnosis and management of acute diffuse otitis externa (AOE) in children aged two years and above and adults. This includes assessment (ear examination), diagnosis and non-pharmacological management including provision of information and education. Where indicated, management may include commencement of pharmacotherapy in accordance with the Therapeutic Guidelines and the Australian Medicines Handbook.	<u>Assessment and diagnosis</u> Diagnosis is by clinical history and otoscopy to distinguish between AOE, acute otitis media and other ear conditions. <u>Referral pathway</u> Referral to a medical practitioner is required where: • A clear diagnosis of AOE cannot be made • The patient is less 2 years of age • The patient is immunocompromised or at high risk of complications e.g., diabetes (treatment may occur concurrently to referral) • The AOE is severe (intense pain and complete occlusion of the ear canal with or without fever) • The patient presents after recent trauma to the head or ear • The patient presents with systemic symptoms (fever, vomiting, lethargy, lymphadenopathy, irritability, difficulty sleeping and/or loss of appetite) or where systemic antibiotic therapy is indicated • A perforation is visible or suspected (immediate referral to a medical practitioner is required) • The condition does not improve or worsens after optimal treatment • Symptoms are recurrent (at least 3 episodes in 6 months or 4 episodes in 12 months) <u>Indicative cost</u> • Short consultation ($20) • Cost of medicines at cost of a private script

Acute otitis media	Diagnosis and management of acute otitis media (AOM) in children aged two years and older and adults. This includes assessment (ear examination) and non-pharmacological management including provision of information and education. Where indicated, management may include commencement of pharmacological therapy in accordance with the Therapeutic Guidelines, the Australian Medicines Handbook and the 2020 Otitis Media Guidelines for Aboriginal and Torres Strait Islander Children. Adequate and regular analgesia is the mainstay of acute otitis media treatment. Antibiotic therapy may be supplied only when indicated.	<u>Assessment and diagnosis</u> Diagnosis is by clinical history and pneumatic otoscopy (essential to distinguish between AOM, acute diffuse otitis externa and other ear conditions). <u>Referral pathway</u> Referral to a medical practitioner is required where: • A clear diagnosis of AOM cannot be made • The patient is aged under 2 years • The patient is immunocompromised or at high risk of complications e.g., the patient has diabetes (immediate referral to a medical practitioner is required) • The patient presents with symptoms indicative of a complication e.g., severe pain behind the ear, facial paralysis or possible suppurative complication (immediate referral for emergency ENT management is required) • The patient presents with systemic symptoms (fever, vomiting, lethargy, lymphadenopathy, irritability, difficulty sleeping and/or loss of appetite) • The patient presents after recent trauma to the head or ear • Red flags are found during examination e.g., perforation in attic region of TM or a moderate to large perforation of TM (Immediate referral to a medical practitioner is required) • The condition does not improve or worsens after optimal treatment • Symptoms are recurrent (at least 3 episodes in 6 months or 4 episodes in 12 months), including discharge through a perforation after 14 days of treatment. <u>Indicative cost</u> • Short consultation ($20) • Cost of medicines at cost of a private script.

Musculoskeletal conditions		
Musculoskeletal pain and inflammation	Management of acute, mild musculoskeletal (MSK) pain and inflammation in adults. This includes assessment, and non-pharmacological interventions including provision or information and education, and RICE (rest, ice, compression, and elevation) strategies. Where indicated, management may include commencement or modification of pharmacological therapy in accordance with the Therapeutic Guidelines and the Australian Medicines Handbook. *Note: The Therapeutic Guidelines do not recommend opioids for mild pain and codeine is not recommended in the management strategies for acute mild pain.*	<u>Assessment and diagnosis</u> Assessment includes a patient history, and pain history and assessment. <u>Referral pathway</u> Referral to a medical practitioner for is required where: • Pain cannot be attributed to MSK origin • The patient is aged less than 18 years • The patient presents with swelling, redness, tenderness and warmth around a joint or within a muscle • The patient has a history of untreated chronic joint or muscle pain or complex underlying rheumatological conditions • The patient presents with associated symptoms that may indicate underlying pathology such as fever, malaise or weight loss, red and warm joint/s. • The patient rates their pain as moderate to severe (using standardised scales) • The patient requests treatment with an opioid, is opioid-tolerant or recovering from an opioid use disorder • The pain doesn't respond to initial treatment or reoccurs. <u>Indicative cost</u> • Short consultation ($20) • Cost of medicines at cost of a private script.

Health and wellbeing		
Smoking cessation	Management of smoking cessation for adults. This includes assessment, counselling and where indicated, first-line pharmacotherapy in accordance with the Therapeutic Guidelines and the Australian Medicines Handbook, excluding nortriptyline.	<u>Assessment:</u> Assessment is based on the 5As for smoking cessation, as per the Smoking Cessation Guidelines for Australian General Practice and includes a general patient and smoking history and assessment of nicotine dependence.Assistance is then provided based on the patient's readiness to quit and level of nicotine dependence. <u>Referral pathway</u> Referral to a medical practitioner for additional pharmacotherapy (above Nicotine Replacement Therapy (NRT) as standard pharmacist care) is required where: • The patient has significant psychiatric illness • The patient has a history of seizures • The patient has had a recent cardiovascular event • Additional pharmacotherapy or NRT is contraindicated • The patient is pregnant or breastfeeding • There is no response to first line therapy • The patient experiences intolerable adverse effects (e.g., mood disturbances, suicidal thoughts, anxiety, agitation, or other mental health concerns, cardiovascular adverse effects including palpitations, tachycardia, hypertension, chest pain). Referral to other members of the multidisciplinary healthcare team (either directly or via a medical practitioner) as indicated by assessment • Efficacy of pharmacological interventions for smoking cessation are most effective when combined with cognitive and behavioural therapies, and support, readily available through services such as QUITline. <u>Indicative cost</u> • Initial medium consultation ($30) • Follow up consultation(s) • Cost of the medicines at cost of a private script.

Hormonal contraception	Management of hormonal contraception for women (and transgender or non-binary people assigned female at birth) aged 16 years and older. This includes assessment, sexual and reproductive health counselling and where indicated, commencement and/or modification, and/or continuation of therapy in accordance with the Therapeutic Guidelines and the Australian Medicines Handbook. This includes the following forms of contraception: • Combination oral contraceptive pill (COC) • Progestogen-only pill (POP) • Depot Medroxyprogesterone acetate (DMPA) injection • Hormonal vaginal ring	<u>Assessment</u> Assessment of the patient includes a thorough history-taking to ensure there are no contraindications to the preferred type of hormonal contraception, and blood pressure measurement. A comprehensive assessment including blood pressure monitoring is required at 12-month intervals. <u>Referral pathway</u> Referral to a medical practitioner (or sexual health clinic) is required where: • The patients is aged under 16 years • The patient requests a method of contraception that is not available in the Pilot (i.e. not a POP, COC, DMPA or vaginal ring) • Hormonal contraception is contraindicated or not appropriate for the patient • The patient is at risk of an STI or STI testing is indicated (hormonal contraception may still be supplied) • The patient has unexplained and un-investigated vaginal bleeding or acute, severe menstrual bleeding. <u>Indicative cost</u> • Initial medium consultation ($30) • Follow up consultation(s) if required • Administration of DMPA if applicable • Cost of medicine at cost of a private script

Management of overweight and obesity	A pharmacist-initiated weight management service for adults with overweight and obesity. The service will include assessment and initiation of weight management strategies, including lifestyle counselling, very low energy diets (VLEDs) and where indicated, pharmacotherapy, in accordance with the clinical protocol, relevant clinical references and the Australian Medicines Handbook. *Weight-loss pharmacotherapy may be considered for patients with a BMI >30 kg/m^2, or those with a BMI of 27–30 kg/m^2 with obesity-related complications (at least 1 obesity related comorbidity). Lower BMI thresholds (BMI >27 kg/m^2, or BMI >25 kg/m^2 with obesity-related complications) may be considered in people of Aboriginal and Torres Strait Islander and Asian backgrounds.*	<u>Assessment</u> Assessment of the patient includes BMI and waist circumference measurements, identification of behavioural and other risk factors, and screening for co-morbidities including cardiovascular risk reduction program initial cardiovascular screening assessment (see below), symptoms of sleep apnoea, and depression and psychological impacts. <u>Referral pathway</u> Referral to a medical practitioner may be required for management of co-morbidities identified in screening if the patient is not currently being managed. If indicated, commencement of the Cardiovascular Disease Risk Reduction Program can occur concurrently to referral in accordance with the Cardiovascular Disease Risk Reduction Program clinical protocol. Referral to a medical practitioner and/or specialised multidisciplinary weight management service is recommended for people with severe complex obesity: • People with a BMI >40, • People with a BMI >35 with any serious comorbidities, • People with a BMI >30 with a serious comorbidity and a positive weight trajectory. Referral to other members of the multidisciplinary healthcare team e.g., dieticians (either directly or via a medical practitioner) as indicated. <u>Indicative cost</u> • Initial long consultation ($55) • Follow up consultation(s) • Cost of the medicines at cost of a private script.

Oral Health screening and fluoride application	Oral health screening and high strength fluoride varnish (22,600 ppmF, Duraphat®) application program for children aged 18 months to 17 years, including pharmacist use of Duraphat® for this purpose.	<u>Assessment:</u> Oral health screening involves patient history, using the *lift the lip* technique and a risk assessment for children aged between 18 months to 5 years of age, and a risk assessment via a questionnaire for patients aged between 6 and 17 years of age. <u>Referral pathway</u> Referral to a dental practitioner is required when the patient: • Is less than 18 months or over 17 years of age • Is at high or moderate risk of tooth decay and/ or poor oral health after screening (fluoride application may occur concurrently to referral) • Presents with white or brown spot lesions/ advancing decay (fluoride application may occur concurrently to referral) • Has not seen a dental practitioner in the previous 12 months (fluoride application may occur concurrently to referral). Immediate referral to a dental practitioner (or medical practitioner or emergency department) is required when a patient presents with: • Recent facial trauma (not yet seen by a dental practitioner) • Facial swelling or fever from an oral infection • Difficulty swallowing or breathing • Advanced decay • A visible abscess • A toothache (that can or cannot be managed with analgesics). <u>Indicative cost</u> • Medium consultation ($30) • Cost of medicine at the cost of a private script

Travel health service	A pharmacist-initiated travel health service for adults and children. The service will include pre-travel risk assessment, patient education and where indicated, the provision of appropriate prophylactic medications, vaccinations, medical kits and other related products, in accordance with the Therapeutic Guidelines, the Australian Medicines Handbook, the Australian Immunisation Handbook and other resources.	<u>Assessment</u> Assessment of patient needs involves a pre-travel risk assessment and includes history-taking, including vaccination history. <u>Referral pathway</u> The patient must be referred to a travel medicine service or specialist practitioner when the traveller: • Requires vaccination for yellow fever or tuberculosis • Has contraindications to vaccines or medications required for travel • Requires medical clearance or 'fit to fly' certification for travel • Has a complex medical history, other serious medical conditions or complex health care needs that require input from a medical practitioner (their treating specialist or general practitioner) • Is pregnant or planning to become pregnant while travelling • Is travelling for medical tourism • Takes regular medication(s) that are not permitted in the destination they plan to travel to (where alternative medications will need to be prescribed) and where other medications not included in the Pilot are required. • Is a child below the age of 5 years travelling to areas with high-malaria risk (that require prophylaxis or standby treatment) • Is planning moderate to high-risk ascents in high or very high-altitude areas, and/or has pre-existing conditions that require medical assessment • Is travelling for international development or aid work • Is returning (or arriving) with post-travel issues/ symptoms (immediate referral will be required if malaria is suspected). <u>Indicative cost</u> • Long consultation ($55) • Follow up consultations if required • Cost of medicines (including vaccinations) at cost of a private script

Category 3: Protocol based prescribing as part of a chronic disease management program

Program	Description	Additional information
Cardiovascular Disease Risk Reduction Program (for type 2 diabetes, dyslipidaemia and hypertension)	A pharmacist-initiated or health practitioner referral for a pharmacist-led cardiovascular disease (CVD) risk reduction management service to achieve lipid, blood pressure and glycemic control targets for adults aged over 18 years with type 2 diabetes, dyslipidemia and hypertension. Management will be provided based on a clinical protocol for the service, modelled on the Alberta Vascular Risk Reduction Community Pharmacy Project and aligned to current evidence, Australian guidelines and the Australian context. The protocol will include a standardised assessment, patient education and non-pharmacological interventions including lifestyle and medication counselling and education, weight management (refer to *Weight management for overweight and obesity*), and smoking cessation (refer to *Smoking cessation)* as appropriate. Where indicated, it will also include protocol /structured prescribing to initiate pharmacotherapy (for newly identified / untreated patients) or to optimise pharmacotherapy (for patients with an existing diagnosis / currently receiving therapy). This may include initiation or adjustment of first-line medicines to achieve lipid, blood pressure and glycaemic control targets. The service model will include an initial screening (where required) to assess for eligibility, followed by an initial assessment and plan development, and then follow up consultations at regular intervals according to the protocol for the service for between 3 to 12 months. Where the program is pharmacist initiated, the patient's usual general practitioner will be advised of the patient's participation in the	Assessment: Standardised assessment for absolute cardiovascular risk, point of care testing (PoCT) and/or laboratory testing for blood pressure, serum total cholesterol and/or HbA1c or fasting blood glucose, estimated glomerular filtration rate, and albumin-to-creatinine ratio as indicated in the clinical protocol. Referral pathway Newly identified /untreated patients will be referred to their general practitioner for further review and collaborative management (program can commence concurrently). Referral to a medical practitioner is required for patients: • With chronic kidney disease • With type 1 diabetes • Who are pregnant • With macro or microvascular complications of diabetes • With microalbuminuria • With severe hypertension • With congenital heart disease, rheumatic heart disease, arrythmias, asthma, COPD • With a history of cardiothoracic surgery • Currently taking anticoagulant therapy • Under the active care of a specialist cardiologist • Who do not achieve clinical targets or significant improvements within specified timeframes.

Program	Description	Additional information
	cardiovascular risk reduction program and will receive communication at regular intervals.	Referral to other members of the multidisciplinary healthcare team (either directly or via a medical practitioner) as indicated by assessment. Indicative cost • Initial assessment (long consultation) • Follow up consultations (short and medium consultations) • PoCT and private pathology as per protocol • Cost of medicines at cost of a private script.

Program	Description	Additional Information

Improved Asthma Symptom Program	A pharmacist-initiated or health practitioner referral for a pharmacist-led symptom control program for adolescents and adults between 16 and 65 years of age with mild to moderate asthma (including exercise induced bronchoconstriction).
	
	Management will be provided based on a clinical protocol for the service, incorporating elements of the previously piloted Pharmacy Asthma Management Service (PAMS) and aligned to current evidence and Australian guidelines.
	
	The protocol will include standardised screening assessment, patient education, non-pharmacological interventions including lifestyle and medication counselling and education, (refer to *Weight management for overweight and obesity*), and smoking cessation (refer to *Smoking cessation)* as appropriate. Where indicated, protocol /structured based prescribing to initiate pharmacotherapy (for newly identified / untreated patients) or to optimise pharmacotherapy (for patients with an existing diagnosis / currently receiving therapy).
	
	The service model will include an initial screening assessment, asthma action plan development and then follow up consultations at regular intervals according to the protocol for the service.
	
	The patient's referring health practitioner (and the patient's general practitioner, if not the referrer) will be advised of the patient's participation in the Improved Asthma Symptom Control Program and will receive communication at regular intervals.
		Assessment:
		Standardised assessment including patient history and assessment of asthma control and severity, physical examination, including chest auscultation and diagnostic testing including spirometry.
		
		Referral pathway
		Newly identified / untreated patients will be referred to their general practitioner for further review and collaborative management (program can commence concurrently).
		
		Referral to a medical practitioner is also required for patients:
		• With severe asthma or complex asthma, including:
		  ○ Pregnancy
		  ○ Dual diagnosis of asthma and COPD
		  ○ Recent and/or recurrent asthma flares (program can commence concurrently).
		  ○ History of being hospitalised for asthma treatment (incl. life-threatening exacerbation or asthma related emergency department visits)
		  ○ History of severe exacerbations
		  ○ Asthma associated with anaphylaxis
		• Already being treated by a specialist prescriber (e.g., respiratory physician) for management of asthma.
		• Suspected occupational asthma
		• Who do not achieve clinical targets or significant improvements within the specified protocol timeframes.

Program	Description	Additional Information
		Referral to other members of the multidisciplinary healthcare team (either directly or via a medical practitioner) as indicated by assessment. <u>Indicative cost</u> • Initial consultation (long consultation) • Follow up consultations (short and medium consultations) • Cost of spirometry as per protocol • Cost of medicines at cost of a private script.

Chronic Obstructive Pulmonary Disease (COPD) Monitoring Program	A pharmacist-initiated or health practitioner referral for a pharmacist-led COPD monitoring program for adults aged 40 years and older with mild COPD. Management will be provided based on a clinical protocol for the service, aligned with the Therapeutic Guidelines, the Australian Medicines Handbook and the COPD-X Plan. The protocol will include standardised screening assessment, patient education, non-pharmacological interventions including lifestyle and medication counselling, weight reduction (refer to *Weight management for overweight and obesity*), smoking cessation (refer to *Smoking cessation)*, and pulmonary rehabilitation as appropriate. Where indicated, protocol /structured based prescribing to initiate pharmacotherapy (for newly identified / untreated patients) or to optimise pharmacotherapy (for patients with an existing diagnosis / currently receiving therapy). This may include initiation or adjustment of the medicines to achieve to achieve improved symptom control and reduce the risk of severe exacerbations and deterioration. The service model will include an initial screening assessment and management plan development, and follow up consultations at regular intervals according to the protocol for the service. The patient's referring health practitioner (and the patient's general practitioner if not the referrer) will be advised of the patient's participation in the COPD Monitoring Program and will receive communication at regular intervals.	<u>Assessment</u> Standardised screening assessment including patient history, physical examination and lung function testing including spirometry and COPD Assessment Test as appropriate. <u>Referral pathway</u> Newly diagnosed patients will be referred to their general practitioner for further review and collaborative management (program can commence concurrently). Referral to a medical practitioner is required for: • Patients less than 40 years of age with symptoms of COPD • Moderate and severe COPD (FEV_1 <60% predicted) • COPD with frequent exacerbations or persistent symptoms despite optimal drug and non-drug therapy • Patients with other comorbid conditions including COPD-Asthma overlap, established cardiovascular disease and psychiatric comorbidities e.g., anxiety, depression • Rapid decline in FEV_1 • Severe COPD exacerbations and exacerbations with specific indications for hospital admission as per the clinical protocol. <u>Indicative cost</u> • Initial consultation (long consultation) • Follow up consultations (short and medium consultations) • Cost of spirometry (as per protocol) • Cost of medicines at cost of a private script.

Evaluation

The Department will engage an independent external provider to undertake a service evaluation of the Pilot, aligned to the Australian Institute of Health and Welfare dimensions of system performance (accessibility, continuity, effectiveness, efficiency and sustainability, appropriateness and safety).

State Summary Report:
New South Wales

New South Wales

Scope of Practice in New South Wales

New South Wales pharmacists have the authority to work within the full scope of practice in accordance with their individual training, experience and expertise, as defined by the National Competency Standards Framework for Pharmacists in Australia[1] and authorised by relevant NSW legislation and regulations.

Administration of Vaccines

New South Wales has authorised pharmacists to operate under a greater portion of the full scope of pharmacy practice through the authorisation to administer privately funded influenza vaccines, diphtheria-tetanus-pertussis (dTpa) and measles-mumps-rubella (MMR) vaccines to selected patients, which was further expanded in 2021 to include COVID-19 vaccinations as a result of the pandemic. Pharmacists must obtain the necessary training and accreditations to be authorised to administer select vaccinations.[2,3]

Current barriers which limit a pharmacist's ability to work to their full scope in vaccinations are regulations relating to patient age and the range of vaccines that can be administered, as well as full access to the NIP for all eligible patients, and for all vaccines on the Schedule.

An expansion of practices into all conditions will generate a total dollar benefit of:

$1.5b per annum

An expansion of practices into all conditions will generate a total time-saving benefit of:

- **1,960,000** consultations in primary care
- **17,000** hours in emergency services
- **123,000** days in hospital care services

Annual healthcare cost-reduction benefit of:

$139.7m for the Australian Government

$78.7m for the State Government

Annual quality of life benefit of:

$876.1m

Total productivity dollar benefit arising from reduced absenteeism and presenteeism of:

$351.3m

Major cities represent **67%** of total dollar benefits

Regional areas represent **26%** of total dollar benefits

Remote and very remote areas represent **7%** of total dollar benefits

1 Pharmaceutical Society of Australia (2016). National Competency Standards. Retrieved from here accessed on 7th Feb, 2022.
2 Pharmacy Guild of Australia (2021 Feb). Scope of Practice of Community Pharmacists. Retrieved from here. Accessed on 7th Feb, 2022.
3 Pharmacy Guild of Australia. Vaccination Guidelines and Resources. Retrieved from here accessed on 7th Feb, 2022.

NSW Economic Analysis: Expected Financial Benefits

	Annual Benefit** ($m)				Ten Year Total Benefit** ($m)				Total* ($m)
	Reduced Healthcare Costs		Productivity Gains	Quality of Life***	Reduced Healthcare Costs		Productivity Gains	Quality of Life***	
	For the Australian Government	For the State Government			For the Australian Government	For the State Government			
Uncomplicated Urinary Tract Infections	9.4	12.1	8.4	1.5	90.7	117.1	73.8	15.6	297.2
Ear, Nose and Throat (ENT) Infections	22.0	7.6	1.3	0.4	197.9	76.9	11.6	4.0	290.3
Influenza	34.0	11.1	2.8	11.3	213.1	148.3	25.3	160.7	547.3
Acute Cellulitis	12.7	12.3	5.5	0.2	121.9	122.1	49.3	1.8	295.1
Respiratory: Asthma	7.2	5.2	103.0	153.0	62.3	49.2	919.8	1,367.1	2,398.4
Respiratory: COPD	12.1	13.7	7.8	89.1	118.3	136.5	69.8	795.9	1,120.6
Dyslipidaemia	9.4	4.1	0.9	277.0	68.9	31.9	6.4	2,475.7	2,582.8
Mental Health: Depression	8.8	0.1	97.7	102.8	77.1	0.7	872.9	919.1	1,869.9
Mental Health: Anxiety	4.9	0.3	112.9	238.9	44.3	2.1	1,008.6	2,135.0	3,190.0
NIP and non-NIP Vaccination	16.9	12.3	11.1	2.0	179.9	161.3	130.9	28.6	500.7
Non-vaccine Injectables	0.1	0.0	N/A	N/A	0.9	0.0	N/A	N/A	0.9
Travel Medicine "Safe Travel"	2.1	0.0	N/A	N/A	18.4	0.0	N/A	N/A	18.4

*Due to rounding errors, estimated benefits by each condition may not sum to total.
** N/A indicate cases when the benefit cannot be accrued, i.e., because a patient require non-vaccine injectables may not present any productivity gains or improvements in quality of life as a result of pharmacist-led intervention.
*** For quantification of Quality of Life benefit for chronic conditions such as dyslipidaemia, mental health and respiratory conditions, it is assumed that the affected proportion of population received a pharmacist-led intervention in the first analysis year and returned to their pre-condition health utility state and then remained in that state for the duration of the projection period. It is assumed in the base case that the condition would not have been resolved during the 10 year projection period and, consequently, benefits are accrued each year for 10 analysis year. The prevalence of each condition in the Australian population is assumed to remain constant over the projection period, with population growth resulting in an increase in the number of people affected by the condition.

NSW Economic Analysis: Expected Time Saving Benefits

	Annual Benefit*		
	Hospital Services (number of days)	Emergency services (number of hours)	Primary Care Services (number of consultations)
Uncomplicated Urinary Tract Infections	14,398	228	3,242
Ear, Nose and Throat (ENT) Infections	3,608	1,057	404,074
Influenza	30,099	684	638,794
Acute Cellulitis	15,499	5,125	80,815
Respiratory: Asthma	3,274	970	80,815
Respiratory: COPD	22,170	2,058	40,407
Dyslipidaemia	2,595	1	134,327
Mental Health: Depression	N/A	560	213,880
Mental Health: Anxiety	N/A	1563	115,351
NIP and non-NIP Vaccination	31,405	4,480	187,776
Non-vaccine Injectables	N/A	N/A	5,024
Travel Medicine "Safe Travel"	N/A	N/A	54,377

**N/A indicate cases when the benefit cannot be accrued, i.e., if the admission to a hospital because of a mental health condition is not considered as potentially preventable hospitalisation as per AIHW definition.*