



Special Commission of Inquiry into Healthcare Funding

Submission Number: 191
Name: The Pharmacy Guild of Australia – NSW Branch
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December 2023

SUBMISSION

Special Commission of Inquiry into Healthcare Funding

SUMMARY OF RECOMMENDATIONS

Recommendation 1: To ensure high quality, timely, equitable and accessible patient-centred care and health services to the people of NSW, pharmacist scope of practice reforms should be urgently implemented in full, mirroring the Queensland reforms.

Recommendation 2: Identify opportunities for all health professionals to work at their full scope of practice.

Recommendation 3: To improve patient access to preventative and community health initiatives, pharmacist screening and testing programs for chronic conditions such as COPD and heart disease should be fully funded and expanded state-wide.

Recommendation 4: Technical and clinical innovations in testing, imaging, and diagnosis should be fully deployed to allow sophisticated and reliable testing for chronic health conditions in the community.

Recommendation 5: To accelerate the opportunity of full scope of practice for pharmacists, the State Government should fund training for pharmacists across the state to work at their full scope of practice.

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EXECUTIVE SUMMARY

The NSW Branch of the Pharmacy Guild of Australia is the peak body for the community pharmacy sector in New South Wales, representing our state's more than 2000 community pharmacies. Pharmacists are at the forefront of treating patients in their local communities by virtue of the fact that community pharmacies are Australia's most accessed and most accessible health destinations, with the average Australian visiting a pharmacy 18 times a year.¹

For most Australians, particularly those in rural, regional, and remote locations where they do not have easy access to a doctor, their local pharmacy is an important primary healthcare provider, offering trusted medical advice and community triage. There is an opportunity for community pharmacies to play a greater role in the health of their local communities through pharmacists working at their full scope of practice, treating more everyday healthcare conditions and reducing the number of preventable hospital conditions. The Australian Institute of Health and Welfare has identified 26.4 potentially preventable hospitalisations per 1,000 people annually.

This submission addresses the following of the Commission's Terms of Reference:

- A.** The funding of health services provided in NSW and how the funding can most effectively support the safe delivery of high quality, timely, equitable and accessible patient-centred care and health services to the people of NSW, now and into the future;
- C.** The way NSW Health funds health services delivered in public hospitals and community settings, and the extent to which this allocation of resources supports or obstructs access to preventative and community health initiatives and overall optimal health outcomes for all people across NSW;
- F.** The current capacity and capability of the NSW Health workforce to meet the current needs of patients and staff, and its sustainability to meet future demands and deliver efficient, equitable and effective health services, including:
 - ix.** opportunities for an expanded scope of practice for paramedics, community and allied health workers, nurses and/or midwives; and
- H.** New models of care and technical and clinical innovations to improve health outcomes for the people of NSW, including but not limited to technical and clinical

¹ Find a Pharmacy, *Pharmacy facts 2021*. <https://www.findapharmacy.com.au/pharmacy-facts>.

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innovation, changes to scope of practice, workforce innovation, and funding innovation.

This submission outlines the opportunities for community pharmacy to play a role in creating a stronger, more sustainable health system for our state. Specific opportunities include the currently occurring reforms that see pharmacists working towards their full scope of practice in providing everyday healthcare; a greater role for pharmacists in testing and screening for chronic health conditions such as cardiovascular illness; and support to upskill the pharmacy workforce to provide these services at scale across the state.

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PHARMACISTS ARE TRUSTED HEALTH PROFESSIONALS AND HIGHLY TRAINED CLINICIANS

Pharmacists are experts in medicines with a professional responsibility to ensure the quality use of medicines (QUM) – that is, that medicines are used safely, effectively, and judiciously. They have a unique and complex knowledge and skill base including a broad and deep knowledge of pathophysiology and pharmacotherapeutics.

Pharmacists also have comprehensive training in disease prevention, management, and treatment. There is robust evidence of the impact that pharmacists have on medication safety and adherence and the resulting savings to the health system, particularly in the case of pharmacists managing long term conditions through the quality use of medicines.²

Pharmacists undergo a minimum five-year training as part of their university education including a one-year intern program before being registered to practise as pharmacists. They then undertake mandatory continuing professional development (CPD) throughout their careers to maintain currency and competency in contemporary pharmacy practice and their individual scope of practice as it evolves.

The pharmacy profession and community pharmacy operate within an extensive professional and ethical quality and safety risk management framework which includes:

- The Pharmacy Board of Australia registration standards, codes, guidelines, and policies³.
- The Australian Health Practitioner Regulation Agency (AHPRA) which supports the Pharmacy Board in its role of protecting the public and setting standards and policies that all registered health practitioners, including pharmacists, must meet.
- AHPRA Shared Code of Conduct⁴
- Code of Ethics for Pharmacists⁵
- National Competency Standards Framework for Pharmacists in Australia (2016)⁶

² Ernst & Young Report Scope of Practice Opportunity Assessment February 2020

³ Pharmacy Board of Australia, Codes, Guidelines and Policies: <https://www.pharmacyboard.gov.au/Codes-Guidelines.aspx>

⁴ Australian Health Practitioner Regulation Agency, Shared Code of Conduct <https://www.ahpra.gov.au/Resources/Code-of-conduct/Shared-Code-of-conduct.aspx> June 2022

⁵ Pharmaceutical Society of Australia, Code of Ethics: <https://my.psa.org.au/s/article/Code-of-Ethics-for-Pharmacists> February 2017.

⁶ Pharmaceutical Society of Australia, National Competency Standards: <https://www.psa.org.au/practice-support-industry/national-competency-standards/2016>

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- Professional Practice Standards⁷
- National Health (Pharmaceutical Benefits) Conditions of approval for approved pharmacists⁸
- Quality Care Pharmacy program⁹ accrediting community pharmacies against Australian Standard AS 85000-2017 – quality management system for pharmacies in Australia.

A 2021 Roy Morgan survey continued to ranked pharmacists in the top three professions for ethics and honesty, despite most professions suffering from a loss of trust during the SARS CoV-2 (COVID-19) pandemic¹⁰.

⁷ Pharmaceutical Society of Australia, Professional Practice Standards: <https://www.psa.org.au/practice-support-industry/professional-practice-standards/2017>

⁸ Australian Government, National Health (Pharmaceutical Benefits) (Conditions of approval for approved pharmacists) Determination 2017 (PB 70 of 2017): <https://www.legislation.gov.au/Series/F2017L01297>, 25 September 2017.

⁹ Quality Care Pharmacy Program: www.qcpp.com 2017

¹⁰ Roy Morgan, Image of Professions Survey 2021: <https://www.roymorgan.com/findings/roy-morgan-image-of-professions-survey-2021-in-a-year-dominated-by-covid-19health-professionals-including-nurses-doctors-and-pharmacists-are-the-most-highly-regarded-but-almost-all-professions-d> 27 April 2021

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FULL SCOPE OF PRACTICE REFORM NEEDED

NSW heading towards full scope

New South Wales is currently seeing state-wide, nation-leading reforms to pharmacists' scope of practice, with a trial underway for community pharmacy to treat uncomplicated urinary tract infections and to provide repeat prescriptions of the oral contraceptive pill. Further, it has been announced that community pharmacies will be able to treat certain skin conditions from March 2024. While these reforms are a welcome step in the right direction, there is considerable opportunity to expand further the number of everyday health conditions which pharmacists can treat.

The Guild continues to advocate for a statewide full scope pilot, mirroring that currently in place statewide in Queensland, to be implemented urgently so that community pharmacies can offer the full range of everyday healthcare to patients who are currently struggling to see their local general practitioner and, as a result, often make an avoidable trip to stretched hospital emergency departments.

Full scope addresses inaccessibility of healthcare

Community pharmacists working at their full scope would go some way to addressing long-standing issues with the accessibility of primary healthcare in New South Wales, particularly regional areas. Research conducted on behalf of the Guild has found that 17% of patients in regional New South Wales are waiting three or more weeks on average to secure an appointment with a GP¹¹. Furthermore, the research found that 27% of patients in regional New South Wales – and 20% of patients statewide – have been forced to present to a hospital emergency department because they could not get an appointment with a GP¹². This inaccessibility of everyday healthcare severely impacts patients' quality of life - rather than receiving timely access to the care they need, they are forced to either suffer painful conditions without treatment until a doctor becomes available, or present to emergency department.

Australia's health system is recognised as one of the best in the world, ranking at number three for its health system, with particularly high performance in areas of Administrative Efficiency, Health Care Outcomes and Equity, but a low performance in Access to Care¹³.

¹¹ Insightfully, *Full Scope of Practice, Community Pharmacists – Opinion Research, NSW*, March 2023.

¹² Insightfully, *Full Scope of Practice, Community Pharmacists – Opinion Research, NSW*, March 2023.

¹³ Mirror, mirror 2021: Reflecting Poorly. Health Care in the U.S. compared to other high-income countries. (2021) Mirror, Mirror 2021: Reflecting Poorly | Commonwealth Fund

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Australia's low performance in access to care reflects the need to improve the timeliness and convenience of primary care access in local communities.

Lack of access to primary healthcare has the greatest impact on already disadvantaged Australians. The Australian Institute of Health and Welfare tracks the rate of 'potentially preventable hospitalisations' (PPH) and has consistently found that Aboriginal Australians are over-represented in PPH arising from acute conditions such as urinary tract infections, skin conditions and ear, nose and throat infections¹⁴.

Community pharmacy location rules mean there is equitable distribution of community pharmacies across Australia, providing the community with easy access to a healthcare professional. Community pharmacies are the most frequently accessed and most accessible health destination, making pharmacists the most visited and accessible healthcare professional in Australia¹⁵. Community pharmacists see patients on a regular basis without the need for an appointment. As such, community pharmacies are ideally placed to provide person-directed care to support people with their health concerns.

In 2020-2021, approximately 1 in every 18 hospitalisations in Australia was classified as potentially preventable. Measuring potentially preventable hospitalisations (PPH) can provide valuable information on the effectiveness of health care in the community. Lack of timely, accessible, and adequate primary care all contribute to higher rates of PPH¹⁶.

Data from 2021-22 shows increasing Emergency Department (ED) wait times and a smaller portion being seen on time¹⁷. The quantifiable benefits of reducing PPH and improving ED efficiency, to both the economy and to the health of the community, through increased access to quality health services and improved health outcomes can be achieved by utilising community pharmacists working to full scope of practice.

The accessibility and skills that pharmacists bring to the health sector are valuable and should be optimised to improve the overall function of the health system¹⁸. Community pharmacists being the most accessible health professionals in the community are well placed to triage patients and either treat or refer them to other health

¹⁴ <https://www.indigenoushpf.gov.au/measures/3-07-potentially-preventable-hospital-admissions>

¹⁵ GuildLink data

¹⁶ Australian Institute of Health and Welfare, Disparities in potentially preventable hospitalisations across Australia, 2012-13 to 2017-18 <https://www.aihw.gov.au/reports/primaryhealth-care/disparities-in-potentially-preventable-hospitalisations-australia/contents/summary>

¹⁷ Australian Institute of Health and Wellness, Emergency Department Care: <https://www.aihw.gov.au/reports-data/myhospitals/sectors/emergency-department-care> 2022

¹⁸ QUT submission No 167 to the Queensland Government Inquiry into the establishment of a Pharmacy Council and pharmacy ownership in Queensland 11 July 2018

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Beyond the impact on patients, a lack of accessible everyday healthcare creates costs for our public health system. With every emergency department presentation costing our health system an average of more than \$600¹⁹, these preventable hospitalisations place a significant burden on healthcare funding.

Pharmacists working at full scope will help patients and the economy

Reforms allowing pharmacists to work at their full scope of practice aim to alleviate this burden. Mirroring similar reforms in North Queensland, New South Wales's scope of practice reforms were initially announced in November 2022 and have bipartisan political support. The first stage, commencing at the time of announcement, expanded pharmacists' roles in vaccination. The second stage, beginning in May 2023, has seen pharmacists authorised to diagnose and treat uncomplicated urinary tract infections (UTIs) and, as of September 2023, provide resupplies of the oral contraceptive pill. A full scope pilot, mirroring Queensland's has been committed to but not yet delivered. The full scope pilot would see pharmacists authorised to treat a range of 23 everyday health issues such as asthma, nausea, and minor skin conditions.

Taken together, these reforms will save the NSW state government more than \$72.9 million year-on-year in reduced healthcare costs, as patients receive the care they need without having to present to a hospital emergency department²⁰. Furthermore, it will ease the pressure on those emergency departments: these reforms will save 17,000 hours in emergency services and 123,000 days in hospital care services every year²¹.

However, to make the most of the opportunity these reforms present, they must be implemented effectively. Allowing pharmacists to treat a wide range of everyday health conditions – should be urgently implemented in a single statewide rollout. Staging the reforms could undermine patient awareness and impede the delivery of training to participating pharmacists.

Further, there are significant opportunities for the NSW health system which would be derived from all health professionals working at their full scope of practice. For example, ambulance officers and nurses have significant skills and expertise which are underutilised. Allowing all health professionals to work at their full scope would have a multiplier effect, further reducing the number of emergency department presentations and freeing up general practitioners to deal with chronic and more complex healthcare.

¹⁹ Independent Health Pricing Authority, *NHCDC Factsheet*.

<https://www.ihacpa.gov.au/sites/default/files/2022-08/Round%2021%20Infographic%20-%20Emergency.pdf>

²⁰ EY, *Scope of Practice Opportunity Assessment, 2023*

²¹ Independent Health Pricing Authority, *NHCDC Factsheet*.

<https://www.ihacpa.gov.au/sites/default/files/2022-08/Round%2021%20Infographic%20-%20Emergency.pdf>

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Recommendation 2: Identify opportunities for all health professionals to work at their full scope of practice.

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BETTER SCREENING, BETTER TREATMENT

Community pharmacies also have an important role to play in improving community screening for chronic health conditions. Screening allows for early identification and intervention to treat these dangerous health conditions. However, the healthcare accessibility issues discussed above can create barriers to screening and mean that patients do not have the timely access to treatment that they deserve. This places a serious burden on the public health system, with nearly 700,000 hospitalisations nationwide in 2020-21 being classed as potentially preventable²².

Community pharmacies have the skills and resources to take a greater role in community screening for chronic health conditions such as respiratory and cardiovascular issues. Given their wide dispersal and easy accessibility – 97% of capital city residents and 66% of all other Australians live within 2.5km of a pharmacy²³ – pharmacies can act as walk-in health hubs with wide community coverage.

Due to their accessible locations and frequent usage by patients, pharmacies can provide screening access to patients who would not otherwise see a health professional for their chronic conditions. For instance, a 2012-2015 evaluation of the NSW Pharmacy Health Check Program by NSW Health found that the program – which screened patients for high blood pressure, diabetes, and other health issues – “successfully reached consumers living in disadvantaged and rural and remote areas”²⁴. Specifically:

- 28% of health checks were conducted in pharmacies in the most disadvantaged areas.
- 40% of checks occurred in pharmacies outside of major cities.
- 17% of checks occurred in pharmacies in outer regional, remote and very remote areas.

Pharmacies already provide screening services for a wide range of conditions. For instance, pharmacies provide blood pressure monitoring, weight and cholesterol checks, and National Diabetes Service Scheme access points. However, pharmacists’ roles in community screening could be expanded to include other conditions like heart disease and COPD.

Pharmacists in the Murrumbidgee Local Health District are currently participating in the co-design of a pilot to screen for these conditions. Under the program, patients at risk of COPD and heart disease are screened and referred to their GP if they require further treatment.

²² Find a Pharmacy, *Pharmacy facts 2021*. <https://www.findapharmacy.com.au/pharmacy-facts>.

²³ Find a Pharmacy, *Pharmacy facts 2021*. <https://www.findapharmacy.com.au/pharmacy-facts>.

²⁴ NSW Health, *NSW Pharmacy Health Check Program Factsheet*.

<https://www.health.nsw.gov.au/factsheets/Pages/pharmacy-health-check-program.aspx>.

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This helps cast a wider net in screening for treatment and reduces the burden on GPs of providing treatment.

Technical innovation has created even more opportunities for pharmacists to take a greater role in providing screening and treatment. Improvements in medical testing and imaging devices – many of them Australian-made – means that pharmacists with appropriate technical training could easily conduct sophisticated testing for heart conditions in-store. This would even further expand access, allowing patients to receive thorough testing and diagnosis at their local pharmacy.

Recommendation 3: To improve patient access to preventative and community health initiatives, pharmacist screening and testing programs for chronic conditions such as COPD and heart disease should be fully funded and expanded state-wide.

Recommendation 4: Technical and clinical innovations in testing, imaging, and diagnosis should be fully deployed to allow sophisticated and reliable testing for chronic health conditions in the community.

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WORKFORCE TRAINING TO ACCELERATE THE OPPORTUNITY OF SCOPE OF PRACTICE REFORM

Community pharmacists already have the skills to deliver a wide range of additional everyday healthcare. But additional training is required to ensure that their practice is contemporary and aligned with best practice clinical guidelines.

In the Queensland pilot, this training is the equivalent of a Graduate Certificate, or six months of full-time postgraduate study, and includes 120 hours of supervised practice. This consists of two components: a course on safe prescribing and medicine use, and a course on the 23 conditions covered within the reforms. Australian universities have already begun to offer this training²⁵, and future graduates from pharmacy degrees are expected to have this training incorporated into their undergraduate qualifications.

However, the existing pharmacy workforce will require this training to be able to begin to provide these services. Based on current estimates, the cost of completing this training will be approximately \$10,000 per student. This imposes a significant cost barrier to community pharmacists who wish to deliver these services.

Making the most of these reforms will demand an appropriately trained workforce on a statewide scale. Government funding of additional training for currently practising pharmacists would ensure that there is no cost barrier to pharmacists in delivering this training. It would also facilitate faster uptake of participation in the trial and for the benefits to patients and government to be more quickly realised.

Furthermore, because pharmacy schools are planning to build this training into their undergraduate degrees, the cost of delivering it will not be ongoing. In fact, assuming that every single pharmacist in the state takes up the training, the policy would pay for itself within two years, as well as delivering a host of other benefits to patients and the wider health system²⁶.

²⁵ Queensland University of Technology, *Safe Prescribing and Quality Use of Medicines*.

<https://professional-education.qut.edu.au/study/s/product/safe-prescribing-and-quality-use-of-medicines/01t8q00000F85OAAAS>.

²⁶ According to Pharmacy Council data, there are approximately 10,000 pharmacists currently practicing in New South Wales. Assuming every one of them undertakes the training at the current rate of \$10,000 each, the total cost to the state would be \$100 million; less than two years' worth of the \$78.7 million annual savings this policy will provide.

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ABOUT THE PHARMACY GUILD OF AUSTRALIA

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.

The Guild shares with the Federal Government responsibility for the implementation of the National Medicines Policy, as evidenced by successive Community Pharmacy Agreements (CPA) enshrined in the National Health Act 1953, including the current 7th CPA underpinned by the shared principles of:

- Stewardship of the health system and a shared responsibility for the stewardship of the PBS.
- Partnership in the implementation of Australia's National Medicines Policy.
- Stability and certainty of the Government's investment in the medicine supply chain, as well as timely availability of medicines through a well-distributed community pharmacy network.
- Integrity of Australia's health system, including patient safety and high value clinical care.

The Guild and the broader community pharmacy network have made significant contributions to the achievement of the National Medicines Policy objectives for patient outcomes, while at the same time enabling the ongoing (fiscal) stability of the PBS by working with successive Governments on budget savings measures.

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