

2020–21 **PRE-BUDGET SUBMISSION** TASMANIA





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About PSA

PSA is the only Australian Government-recognised peak national professional pharmacy organisation representing all of Australia's 31,000 pharmacists working in all sectors and across all locations.

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

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

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

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

Pharmacists in Tasmania

784

Registered pharmacists working in community pharmacy, hospital, general practice, aged care, state and federal government and within other private sector organisations.

Tasmania has **162** registered community pharmacies which are widely dispersed amongst the community including private hospitals. These are operated under the leadership of a team of pharmacists, interns, pharmacy managers and other staff.

The local branch of the Pharmaceutical Society of Australia supports and represents over **600** members located within Tasmania and who work across a range of sectors including community, hospital, academia/university, government, research, general practice and private enterprise.



Executive Summary

Medicines are the most common intervention in health care¹. Concerningly, problems with the use of medicines are also alarmingly common. In Australia, 250,000 hospital admissions a year are a result of medicine-related problems. The annual cost of these admissions is \$1.4 billion. 50% of this harm is preventable.² This burden of harm is felt in Tasmania just like it is throughout Australia.

This pre-budget submission identifies four key areas for consideration as part of the 2020/2021 Financial Year Tasmanian Government Budget. Our recommendations capitalise on the unique skills

of an existing workforce, Tasmanian pharmacists, who in partnership with the Tasmanian Government can improve the public healthcare system and provide better health outcomes for patients. Specifically, the recommendations in this submission provide innovative solutions to address our current health system challenges, including reducing the burden on our 'at capacity' emergency departments.

The Pharmaceutical Society of Australia (PSA) recommends provision is made in the budget in the following four areas of action:

1

Expand access to after-hours healthcare via better utilisation of existing primary care infrastructure to reduce the burden on Tasmania's emergency departments

Increasing public awareness of the current after-hours community pharmacy service would reduce the number of patients who attend an emergency department with minor ailments. Combined with embedding processes of pharmacist triage and referral, this would help to reduce the number of presentations to hospitals. Such a program would demonstrate support for healthcare services already established in our suburban and town centres. The cost of this pilot over a 2-year period is estimated at \$2 million.

2

Enable safe transfer of care for complex care patients – support moving from a pilot of the hospital liaison pharmacist to full implementation and expansion to include community pharmacy

The Tasmanian Health Service is currently piloting pharmacist-led medication review clinics with a Hospital Liaison Pharmacist, including telephone-based follow-up of patients whose medications were changed prior to discharge from hospital.

To further assist patients back in the community links need to be established from the Hospital Liaison Pharmacist back to the patient's pharmacist to enable safe transfer of care for complex care patients and minimise the potential of readmission. PSA supports the ongoing implementation of this program but would like to see it extended to include the patient's community pharmacist, therefore closing the loop of care.

3

Increase safety and quality of care in mental health outpatient facilities through investing in the emerging expanded roles of pharmacists

Medicines are a major treatment modality for many people with a mental illness. Pharmacists are well positioned to improve mental health services with the potential to reduce the associated burden of mental disorders. Tasmania's mental health outpatient facilities provide care to some of the most vulnerable Tasmanians. These people are at greater risk of medicine misadventure due to their complex medication regimes and the nature of these medicines and associated side effects and contraindications.

In addition, many of these patients have low health literacy which may reduce adherence to their regime meaning they are more likely to be admitted to our hospitals. A dedicated medicine safety pharmacist working in the mental health services can reduce the risk and burden of medication error in these settings through quality use of medicines measures as they do in acute hospitals.

4

Remove barriers limiting the Tasmanian community from accessing vaccination services by aligning regulation of funding and regulation of all authorised immunisers, including pharmacists

Tasmania has not kept pace with the rate of regulatory evolution seen around the rest of the country as the benefits and safety of pharmacist-administered vaccination has become apparent. It is time to align the funding and regulation of pharmacist-administered vaccination with that of all other authorised immunisers.

The existing training of pharmacist-immunisers in Tasmania and National Immunisation Program (NIP) trial in nearly half of Tasmania's community pharmacies means there is capacity for rapid implementation of this recommendation. The cost of implementing this recommendation is minimal, however the cost reduction to the Tasmanian budget through a reduction in the number of non-acute presentations to the emergency departments could be substantial.

Recommendation One

Expand community access to after-hours healthcare via better utilisation of existing primary care infrastructure to reduce the burden on Tasmania's emergency departments

Tasmania's emergency department presentations are often at maximum capacity³, particularly after hours. The total number of presentations to emergency departments increased by 15 per cent (21,000) from 2009-10 to 2017-18³. The burden on emergency departments is compounded by a shortage of general practitioners (GPs) and limited number of bulk billing Tasmanian GPs. GP Practice distribution in the major Tasmanian cities may also mean more vulnerable communities including those of lower socio-economic backgrounds have even less access to GP primary care⁴. This lack of access leads to unnecessary trips to emergency departments due to insufficient alternative care for non-acute patients³. This includes a large number of presentations for low acuity (Category 4 and 5) including less-serious ailments, such as minor pain management and cold and flu symptoms. Some of these conditions could be appropriately self-managed with support and advice from pharmacists, in a community pharmacy setting.

While, there are many pharmacies which offer patient access seven days a week, beyond 5pm with at least one open until midnight, consumers perceive access to after-hours primary care as being difficult to obtain. PSA believes community awareness of the few pharmacies trading for longer hours is low, and as a result their service is under-utilised.

The Tasmanian network of community pharmacies that trade outside of traditional retail hours are ideally positioned to support the management of many less-serious conditions and take the pressure off emergency departments by helping to reduce presentations.

The network of after-hours pharmacy services offer an alternative access point for minor ailments and conditions and support the after-hours health needs of the Tasmanian community.

PSA proposes the Government leverages the existing infrastructure through a pilot program, where pharmacists spread geographically across the State, are incentivised to offer expanded after-hours service, including implementation of a formal triage service. This process is intended to integrate with the Tasmanian emergency departments, via standard documentation.

The pilot would involve pharmacists triaging patients presenting to the pharmacy after hours and allocating treatment through appropriate pathways. This would include either self-management in the community, referral to a general practitioner or emergency department. The pharmacist would refer the patient with appropriate documentation for use by the clinician or hospital.

This model has been tested in community pharmacies as part of recently released research from the University of Technology, Sydney⁵. The model consisted of:

- Standardised triage consultation, in a collaborative partnership with GPs
- Integrated IT platforms, including HealthPathways referral pathways and HealthLink secure messaging, or other systems to facilitate high-quality referral
- Initial and ongoing workforce development around provision of a structured triage service
- Change management facilitation with pharmacists.

The research found:

- Consumers were **one and a half** times more likely to receive an appropriate referral by their pharmacist, and were **five** times more likely to adhere to that referral advice and seek medical practitioner care within an appropriate timeframe (20% of all consumers referred) compared to regular pharmacist care in the control arm.
- Pharmacists provided self-care advice in almost all consultations (98%), compared to 62% of consumers who received usual care.

The benefits to the health system of this minor-ailment service were concluded to be:

- Highly cost-effective compared with usual pharmacist care.
- Extrapolated nationally, **2.9% to 11.5%** of emergency department services and **7.0% to 21.2%** of GP services can be safely transferred to a structured service in community pharmacy.
- These services (9 million to 27.5 million emergency department and GP services nationally) currently represent a cost to the Australian health system between **\$511 million** and **\$1.67 billion** per annum.
- The transfer of these services to pharmacy would save the Australian Government between \$380 million and \$1.3 billion per annum, based on remuneration of \$14.50 per pharmacist consultation as determined by the average duration of the service.
- Publicly available data suggests the average emergency department presentation in Tasmania costs between \$485 (non-admitted) and \$1,370 (admitted) (2016/17 FY). This costs the TAS Government **\$114.8 million** a year.⁶ Extrapolating, a fully implemented triage and referral service by pharmacists could reduce non-admission emergency department presentations by 5%, savings to the Tasmanian budget would exceed **\$4.1 million** annually.

A key success of the UTS research was training in the structured service and local referral pathways and protocols. While pharmacists are well versed in responding to health conditions which present in the pharmacy, the Tasmanian project would need to train pharmacists in triage presentation codes and documenting in a way consistent with Tasmanian Health protocols.

A Tasmanian triage and referral service would replicate the interventions of the UTS trial, which would include:

- standard operating processes and forms
- implementation of the pilot program
- appropriate reporting and documentation of the process
- patient communication materials
- additional training for pharmacists who may be involved in providing the triage service
- an evaluation process for the pilot program.



Timeline

2 years



Budget

\$2,000,000

PSA seeks the commitment of the Tasmania Government to provide funding of \$2 million to support a 2-year pilot of formal triage and referral services in 9 geographically-dispersed after-hours pharmacies in Tasmania.

BENEFITS TO TASMANIANS

- Access to appropriate healthcare for conditions which can be managed safely and effectively by pharmacists
- Reduced costs for the Tasmanian Government through decreased presentations to Tasmanian hospitals emergency departments after-hours
- Increased awareness of the availability of a wide range of after-hours healthcare for members of the community
- More timely resolution for patients with minor ailments
- Quicker triaging to relevant healthcare treatments when indicated

Recommendation Two

Enable safe transfer of care for complex care patients – support moving from a pilot of the hospital liaison pharmacist to full implementation and expansion to include community pharmacy

The Tasmanian Health Service is currently piloting pharmacist-led medication review clinics with a Hospital Liaison Pharmacist, including telephone-based follow-up of patients whose medications were changed prior to discharge from hospital.

With patients being discharged quicker and sicker, there are often issues or complications arising which need medicines advice after the fact. Currently “discharge” is a one-way communication.

Recent Australian research confirms discharge from hospital as a point of increased risk, with 61% of discharge summaries containing at least one medication error.

Further, patients are often discharged on very different medications from the ones they took prior to admission. Many patients are discharged without understanding their illness or treatment plans, or inadvertently discontinue important medicines needed to stay well.

International evidence shows that these types of pilots can have a dramatic reduction in the medication errors that lead to readmission, including:

- Nearly halving readmission rates 14 days after discharge (from 9% to 5%)⁷
- Dramatic reduction preventable drug harm 30 days after discharge (from 11% to 1%)⁸.
- Reduction in death post-discharge⁹.

To further assist patients back in the community links need to be established from the Hospital Liaison Pharmacist back to the patient’s pharmacist to enable safe transfer of care for complex care patients and minimise the potential of readmission.

The transfer of care may also include the identification of patients who would benefit from a Home Medicines Review.



Timeline

Ongoing



Budget

Nil

PSA supports the ongoing implementation of this program but would like to see it extended to include the patient’s community pharmacist, therefore closing the loop of care.

BENEFITS TO TASMANIANS

- Reduce readmission rates
- Reduce preventable drug harm 30 days after discharge
- Reduce mortality post discharge
- Close the loop of care from hospital discharge back to community pharmacy

Recommendation Three

Increase safety and quality of care in mental health outpatient facilities through investing in emerging the expanded roles of pharmacists

Medicines are a major treatment modality for many people with a mental illness. Pharmacists are well positioned to enhance mental health services with the potential to reduce the associated burden of mental disorders. Tasmania has the highest proportion of people dispensed with mental health-related prescriptions (21.8% of the population)¹⁰. Pharmacists should be embedded in every area with medicines, particularly with high risk medicines such as mental health medicines, to ensure these medicines are used safely. Tasmania's mental health outpatient facilities provide care to some of the most vulnerable Tasmanians. These people are at greater risk of medicine misadventure due to their complex medication regimes and the nature of these medicines and associated side effects and contraindications. In addition many of these patients have low health literacy which may reduce adherence to their regime meaning they are more likely to be admitted to our hospitals. When transitioning between acute and primary care settings these regimes and adherence become more complicated.

In 2017/18, 18.1 patients per 1000 Tasmanians (around 9,300)¹¹ received care from community mental health services. Schizophrenia, psychoses and other mental health conditions are currently often treated without the full consultation of a pharmacist. The medication may be dispensed by a pharmacist, however these medications are given to a third party from the mental health facility for distribution, administration or dosing who is not a pharmacist and not a medicines expert. The pharmacist may never meet the patient and has minimal opportunity to provide guidance on the safety of the medication and suitability of the condition.

As experts in safe medicines management, pharmacists can provide complementary skills and knowledge to the broader multidisciplinary mental health care team and may help to;

- detect or resolve medication-related problems,
- identify or manage side effects or adverse reactions;
- help to ensure the safe and efficacious use of medicine;
- provide comprehensive medication information to patients, carers and other healthcare professionals;
- promote medication adherence.

Pharmacists have a broad range of skills in medicine management, provision of drug information to patients and carers, counseling patients about medicines, and facilitating medication adherence strategies in the delivery of mental health care.

A dedicated medicine safety pharmacist working in the mental health services can reduce the risk and burden of medication error in these settings through quality use of medicines measures as they do in acute hospitals. These pharmacists can improve the standard of care by evaluating and auditing the usage of high-risk medicines that are only meant to be used when required and on a short-term basis, for example, benzodiazepines. Medicine safety pharmacists are able to provide collaborative drug therapy management by evaluating use of medicines across the entire facility, educating doctors and nurses on their appropriate use, as well as establishing appropriate procedures to inform their judicious use. Without a pharmacist in these mental health services many of the patients are disadvantaged with their medical treatment in comparison to other Tasmanians.



Timeline

1 year



Budget

\$700,000

PSA seeks funding for pharmacists to work within the five adult mental health services in Tasmania.

BENEFITS TO TASMANIANS

- Ensuring quality use of medicines in our mental health outpatient clinics
- Enhanced patient care upon admission and discharge, potentially reducing re-admissions and emergency department presentations
- Provide patients with comprehensive medicines information
- Reduce the use of potentially inappropriate medicines, improve medication adherence and antipsychotic polypharmacy
- As part of the mental health care team pharmacists may detect, resolve or prevent medicine related problems



Recommendation Four

Remove barriers limiting the Tasmanian community from accessing vaccination services by aligning regulation of funding and regulation of all authorised immunisers, including pharmacists

The benefits of increasing herd immunity from vaccination are clear to consumers, and to the Tasmanian health budget. The average emergency department presentation in Tasmania costs the hospital \$732, and if admitted \$1,370.⁶ Admissions due to influenza likely cost significantly more due to the severity and duration of stay. Any reduction in this number would relieve pressure on the

hospital system during winter, thereby reducing health-system costs.

Pharmacists have been vaccinating Tasmanians against influenza since 2016. Since this time, pharmacist-administered vaccination has been shown to be safe, convenient and accessible to consumers.^{12,13}

AUSTRALIA'S STATE OF PLAY

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
VACCINE								
Influenza	√ ≥16 yrs	√ ≥16 yrs	√ ≥16 yrs	√ ≥16 yrs	√ ≥16 yrs	√ ≥10 yrs	√ ≥10 yrs ¹⁰	√ ≥10 yrs
dTpa (diphtheria, tetanus & pertussis)	√ ¹ ≥16 yrs	√ ≥16 yrs	√ ≥16 yrs	√ ≥16 yrs	√ ≥16 yrs	√ ² ≥16 yrs	√ ¹ ≥16 yrs	√ ≥16 yrs
dTpa -IPV (diphtheria, tetanus & pertussis with inactivated polio)	—	—	—	√ ² ≥16 yrs	√ ≥16 yrs	—	—	—
MMR (measles, mumps & rubella)	—	√ ≥16 yrs	√ ≥16 yrs	√ ≥16 yrs	√ ≥16 yrs	√ ≥16 yrs	√ ≥16 yrs	√ ≥16 yrs
Meningococcal (ACWY)	—	—	—	—	—	— ³	—	√ ≥16 yrs
Other (e.g. hepatitis, human papilloma virus, typhoid)	—	—	—	—	—	—	—	—
Persons excluded from pharmacist administered vaccination	Pregnancy	—	—	—	—	—	Travel Inpatients Pregnancy (MMR)	—
VACCINE FUNDING								
NIP	Influenza pilot only ⁴	—	—	—	—	—	√	Influenza pilot only ⁵
Other funding	—	—	—	—	—	State program ⁶	State program ⁶	—

- dTpa: not permitted for purpose of diphtheria, tetanus or polio immunity.
- dTpa-IPV: Only if dTpa unavailable. Not for purpose of polio immunity.
- State meningococcal pharmacy vaccination program ended February 2019.
- ACT NIP access only for persons > 65 years.
- WA NIP pharmacist influenza vaccination trial 2018/2019.

- State-issued vaccination program for pertussis (Victoria) and MMR (Victoria and Tasmania).
- Not for the purpose of tetanus wound prophylaxis
- Including depot pharmacies
- In accordance with the Queensland Pharmacist Vaccination Standard.
- Vic 2020.

Over 200 Tasmanian pharmacists have added vaccination to their current scope of practice, helping reduce the burden of preventable infectious diseases within the community.

While this year has seen an expansion in scope of vaccines administered by pharmacists to include pertussis and measles, mumps and rubella (MMR), Tasmania still lags behind other states in terms of access to NIP vaccines as shown in the table above.

National Immunisation Program (NIP) vaccine access

While the training that pharmacists complete to administer vaccines is similar to that of other health professionals such as nurse practitioners, pharmacists are currently unable to provide eligible Tasmanians with a similar level of access to vaccines funded on the NIP. This is potentially resulting in low rates of uptake of NIP vaccinations in some cohorts and in particular patients younger than 65 years with medical risk factors. Some patients eligible for influenza vaccinations under the NIP find it difficult to get an appointment with their GP or simply prefer the convenience of being able to access these vaccinations in a pharmacy setting.

Victorian pharmacists have been able to provide NIP vaccine access since June 2016 and both ACT¹⁴ and WA are currently piloting pharmacists providing NIP vaccines.

The evaluation of the Tasmanian Pharmacist-administered Influenza Vaccination Program (TasPIVP) 2016 demonstrated that 1 in 6 patients eligible for the NIP chose to have their vaccination in community pharmacy citing convenience and accessibility as important aspects of using this service¹⁴. Australian and international experiences have shown that when pharmacists are permitted to provide immunisation services the overall immunisation rates rise¹².

Evidence has also shown that when pharmacists are available to provide immunisations there is an increase in the overall vaccination rate in medically underserved areas.

This is particularly pertinent in the Tasmanian environment with limited accessibility to health professionals in rural and remote areas.

Fifty six pharmacies in Tasmania are located in rural and remote areas where access to other health professionals may be limited. These communities would benefit significantly from access to NIP vaccinations through their local pharmacy.

PSA calls for the State Government to allow pharmacists to access NIP stock for influenza. This will improve access, equity for consumers and encourage public uptake through reducing financial barriers to vaccination.

Potential for further expansion of vaccination delivery

Potential for further expansion of vaccination delivery through pharmacist immunisers which could assist the state government with achieving immunisation targets. PSA has two proposals.

The first is the expansion of the state-funded Hepatitis A program to include men who have sex with other men (MSM), people who have injected drugs in the previous 12 months, people in the correctional justice system and people experiencing homelessness in response to low uptake of the program.

Pharmacists are ideally placed to have contact with a number of these patient groups especially MSM and people who have injected drugs. For example, some pharmacies dispense a lot of pre-exposure HIV prophylaxis to MSM and as such see these patients every month, provide the perfect opportunity to encourage, and provide, vaccination and follow-up.

Pharmacies also form an important part of the needle and syringe supply network, and the opioid replacement network so have very regular contact with people who inject drugs. The local Alcohol and Drug service estimates that a significant number of methadone takeaway doses provided to patients are injected, so the ability to offer these clients a Hep A vaccine would assist greatly in increasing the uptake of this state-funded program.

The second is the HPV vaccination program, especially for young men, which also has a reduced uptake. Community Pharmacies are a very convenient and accessible locations for people to seek vaccinations, greatly increasing the chance someone will present for a vaccination rather than having to make an appointment with their GP.

For influenza, and the above vaccinations, providing pharmacists with access to government funded vaccines would pose no additional cost to the government, but has the potential to greatly increase the uptake of these programs, increasing herd immunity and decreasing adverse effects and hospital presentations from the associated conditions. The main opposition voiced by medical groups to pharmacists having the ability to administer a wider range of vaccinations is their concerns over inadequate training to manage any episodes of anaphylaxis - pharmacist immunisers are required to undertake anaphylaxis management training and annual CPR training, which is not a requirement for GPs who administer vaccinations.



Timeline

As soon as possible



Budget

Nil direct investment required

PSA calls on the Tasmanian Government to extend vaccination access through:

- **Extending access to NIP vaccines to trained pharmacist immunisers, consistent with the criteria in the Australian Immunisation Handbook.**
- **Allow all authorised immunisers to provide the same range of vaccines, including consistency on any additional credentialing requirements.**
- **Allow pharmacist immunisers to access the state-funded Hepatitis A program to include men who have sex with other men (MSM), people who have injected drugs in the previous 12 months, people in the correctional justice system and people experiencing homelessness in response to low uptake of the program.**
- **Allow pharmacists to vaccinate against HPV.**

BENEFITS TO TASMANIANS

- Reduced consumer cost to access vaccination against preventable infectious diseases.
- More equitable consumer access to vaccination services.
- Increased vaccination rates in the Tasmanian community, increasing herd immunity against influenza, pertussis and other vaccine-preventable diseases.
- Reduced cost to hospitals and health system managing cases of vaccine-preventable diseases, such as influenza, particularly during winter

Call to action

The Pharmaceutical Society of Australia believes that the Tasmanian Government is well-positioned to more fully utilise the existing unique skill set of our 784 registered pharmacists.

By considering and adopting the following four recommendations; together pharmacists and the Tasmanian Government have the potential to improve health outcomes for Tasmanians and reduce the burden placed upon our health system.

- **Expand access to after-hours healthcare via better utilisation of existing primary care infrastructure to reduce the burden on Tasmania's emergency departments**
- **Enable safe transfer of care for complex care patients – support moving from a pilot of the hospital liaison pharmacist to full implementation and expansion to include community pharmacy**
- **Increase safety and quality of care in mental health outpatient facilities through investing in the emerging expanded roles of pharmacists**
- **Remove barriers limiting the Tasmanian community from accessing vaccination services by aligning regulation of funding and regulation of all authorised immunisers, including pharmacists**



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