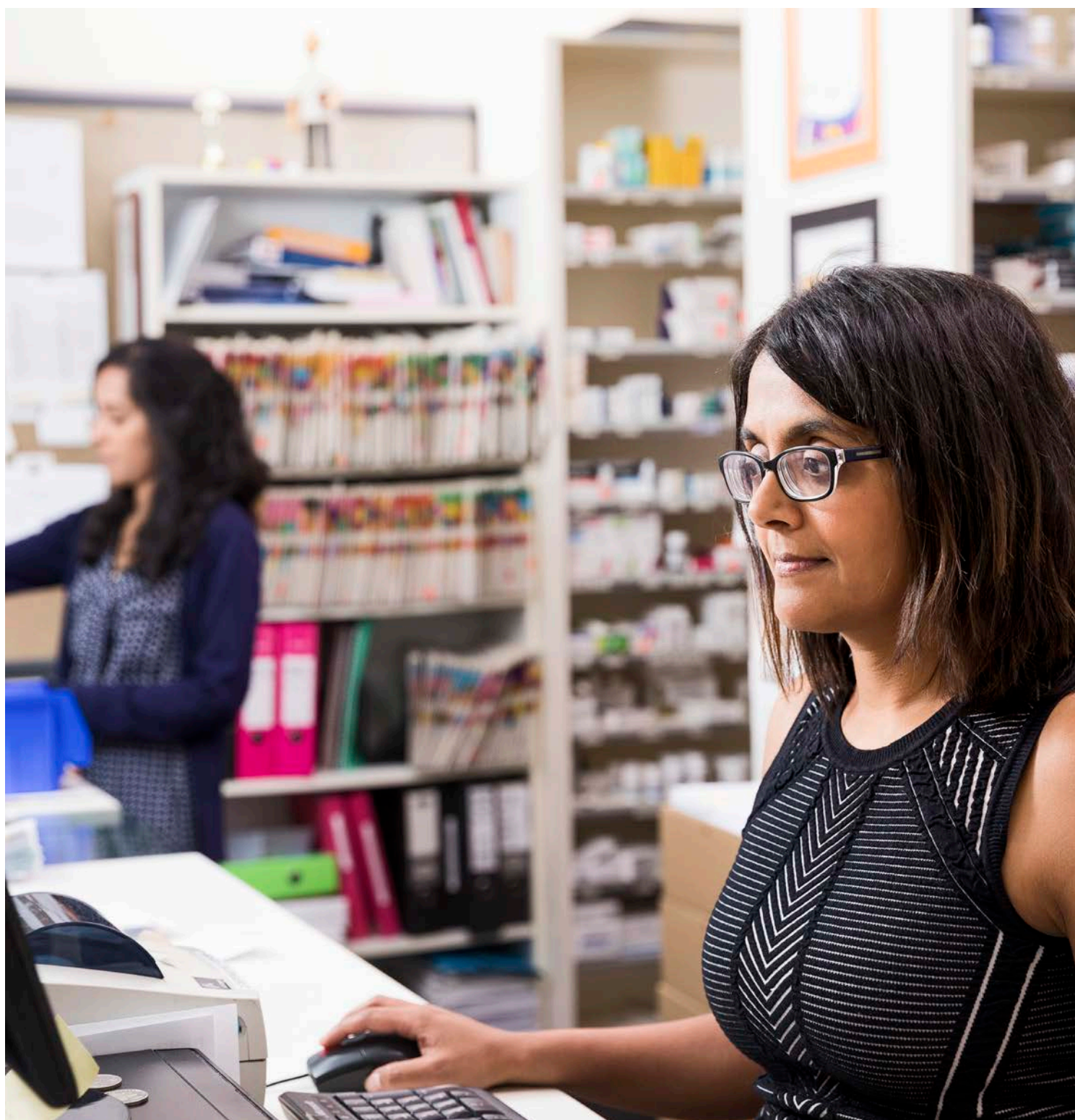


2020–21 **PRE-BUDGET SUBMISSION** WESTERN AUSTRALIA





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*Cover image: Pooja Maru MPS, mental health
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About PSA

PSA is the only Australian Government-recognised peak national professional pharmacy organisation representing all of Australia's 32,000 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 Western Australia 3,132

Registered pharmacists working in community pharmacies, hospital, general practice, aged care, academia, research, government and within other private sector organisations.

Pharmacists are accessible, trusted health care professionals. They are responsible for the supply of medicines and offer advice and solutions for adherence to medicine regimens, the treatment of minor ailments and health promotion.

660 community pharmacies in WA accessed by up to 140,000 Western Australians per day.

Lauren Burton MPS, hospital pharmacist, Perth

Executive Summary

Medicines are the most common intervention in health care¹. Concerningly, problems with the use of medicines is also alarming common. In Western Australia, 26,310 hospital admission a year are a result of medicine-related problems. The annual cost of these admissions is \$145 million with 50% of this harm being preventable.² This burden of harm is felt in Western Australia just like it is throughout Australia.

Reducing preventable harm is a focus of Western Australia's Sustainable Health Review³, as is re-

investment in moving from a system which treats sickness to a system which promotes wellness.

This pre-budget submission identifies three key initiatives which, over time, will help the government move towards this goal. It describes practical and effective opportunities for pharmacists to contribute to improving the health of the Western Australian community.

To this end, the Pharmaceutical Society of Australia recommends provision is made in the budget in the following areas:

1

Provide WA residents with better access to immunisation services through removal of artificial barriers to pharmacist-administered vaccination

PSA calls on the government to further remove the barriers to immunisation for Western Australians by:

Making regulatory changes to enable appropriately trained pharmacists to administer vaccines which can be administered by other immunisers

Provide for equal consumer accessibility to other NIP-funded vaccines regardless of which authorised immuniser provides the vaccination service.

2

Help pharmacists support people presenting with mental health issues

PSA calls on the Western Australian Government to allocate \$500,000 to upskill pharmacists in mental health first aid to support early intervention, appropriate treatment, referral and self-management of West Australians living with mental health conditions

3

Facilitate and fund emergency presentations manageable by community pharmacists

PSA calls on the WA Government to allocate \$12.2 million over the forward estimates to fund the management of non-urgent or low urgency medical conditions through community pharmacy including service implementation and a public awareness campaign.



Dr Fei Sim

PSA Western Australian President

Recommendation One

Provide WA residents with better access to immunisation services through removal of artificial barriers to pharmacist-administered vaccination

The challenge

Immunisation is one of the most effective disease prevention methods. Vaccines are safe, effective and easy for competently trained health professionals to administer. They provide protection against both health and economic impacts of epidemics of vaccine preventable infectious diseases^{4,5}.

However, gaps in herd immunity pose the Western Australian community at risk of outbreaks of infectious diseases, such as those experienced with measles in late 2019.^{6,7} These outbreaks have a significant health, social and financial cost. The nature and severity of these outbreaks are exacerbated through vulnerable populations³ and the mobile nature of the Western Australian FIFO mining and tourist population.



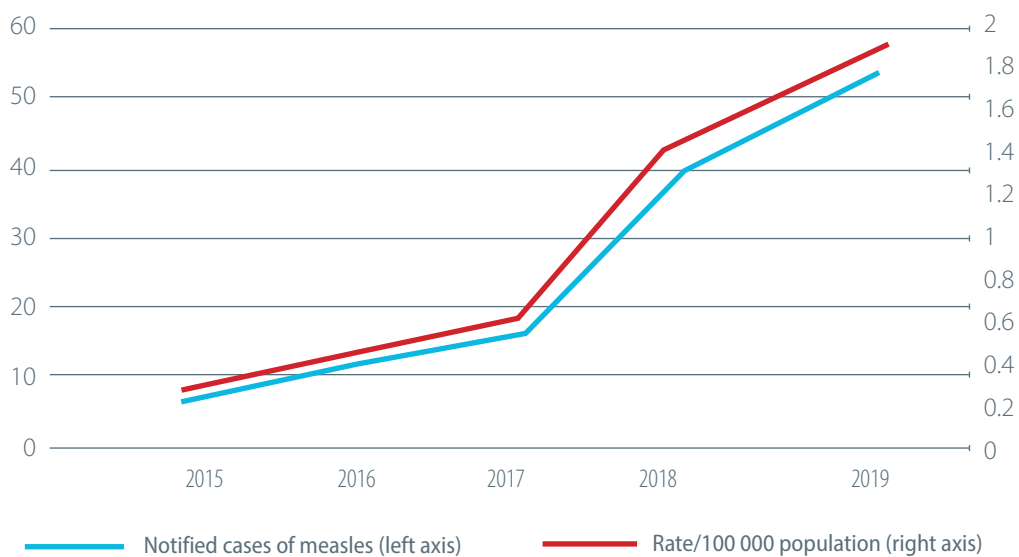


Figure 1: Annual measles notifications in Western Australia⁷

The proposed approach

PSA calls on the government to further remove the barriers to immunisation for Western Australians by:

- Making regulatory changes to enable appropriately trained pharmacists to administer vaccines which can be administered by other immunisers without additional certification, including:
 - Hepatitis B
 - Hepatitis A
 - Varicella
 - Pneumococcal (in adults)
- This could be initially achieved through review of pharmacist-immuniser specific Structured Administration and Supply Arrangements (SASAs), and in the longer term aligning pharmacist into SASAs applicable to other authorised immunisers.
- Provide for equal consumer accessibility to other NIP-funded vaccines regardless of which authorised immuniser provides the vaccination service.

Why it will work

West Australian pharmacists have been administering vaccines safely and effectively since 2014 and across all Australian states and territories since 2016. This includes the introduction of pertussis, MMR and meningococcal vaccination since August 2019.

By improving vaccination rates, pharmacists can help ease pressure on GP surgeries and hospital emergency departments which can become overcrowded in the event of serious outbreaks of infectious diseases. The pharmacist workforce has been acknowledged as contributing to a meaningful reduction in the severity of seasonal influenza⁸ in particular.

Western Australia's community pharmacies (through a well-established network and extended operating hours) are uniquely placed within our communities to facilitate vaccinations. Pharmacists are trusted health professionals and pharmacies are a recognised hub for preventative health activities, such as vaccination.

Range of vaccines

Pharmacists in other countries have also been shown to safely administer these vaccinations⁹, as summarised below.

	Western Australia	Australia (other)	Argentina	Canada*	Portugal	South Africa	Switzerland	UK	USA*
Influenza	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pertussis, diphtheria, tetanus	✓&	✓&	✓	✓	✓	✓	✗	✓	✓
MMR	✓	✓%	✓	?	✗	✓	✓	✓	✓
Meningococcal	✓	✗ (WA only)	?	?	✓	✓	✗	✓	✓
Hepatitis A	✗	✗	✓	✓	✓	✓	✓	✓	✓
Hepatitis B	✗	✗	✓	✓	✓	✓	✓	✓	✓
Varicella	✗	✗	?	✓	✓	✓	✗	✓	✓

* denotes jurisdictional variation

% All except ACT

& only for purpose of pertussis immunity (most states)

NIP and state health funding

Research indicates the introduction of funded programs increases vaccination coverage¹⁰.

WA Health currently provides NIP funded influenza vaccine to community pharmacies, including the high-strength vaccine for those aged 65 and over. The program has improved access for thousands of West Australians, particularly those who live without GP services or in rural remote areas in single pharmacy towns. These benefits would logically extend to other pharmacist-administered NIP-funded vaccinations.

The costs of NIP and State funded vaccines are already accounted for in state and federal budgets based on eligibility criteria and population data. This means a marginal cost is involved for the redistribution of NIP and state funded vaccines to pharmacist immunisers in community pharmacies.

CASE EXAMPLE: VICTORIA

Pharmacist Immunisers can administer government-funded vaccines under the NIP, Victorian Government's Partner Whooping Cough Vaccine Program and Measles-Mumps-Rubella Adult Vaccine Program to eligible individuals 16 years of age and over.

Evaluation of the Victorian pharmacist administered vaccination program indicated that between June 2016 to September 2017, (n=47,525)¹¹ the program had an impact on reducing and avoiding disease burden associated with influenza and pertussis. Ninety-six per cent of consumers reported they were 'very satisfied' or 'extremely satisfied' with the pharmacist-administered vaccinations received. The evaluation found consumers benefited from an increase in access to these vaccination services, a reduction in wait time and for some patients, a smaller fee



Timeline

From 1 July 2020



Budget

PSA estimates funding required for the recommendation include:

Range of vaccines: Nil direct cost; may be implemented via update to the SASA12,13, without any additional funding requirements to train the workforce, or build infrastructure

NIP and state program funding: Based on the level of redistribution a small investment (estimated to be \$500,000) will be incurred in planning and deployment to community pharmacies in Western Australia.

PSA calls on the government to further remove the barriers to immunisation for Western Australians by:

- Making regulatory changes to enable appropriately trained pharmacists to administer vaccines which can be administered by other immunisers
- Provide for equal consumer accessibility to other NIP-funded vaccines regardless of which authorised immuniser provides the vaccination service.

Relationship to government priorities:

Sustainable Health Review³

Enduring Strategy for sustainability	Recommendation	
Strategy 3: Great beginnings and a dignified end of life	Recommendation 8	Health actively partner in a whole-of-government approach to supporting children and families in getting the best start in life to become physically and mentally healthy adults.
Strategy 1: Commit and collaborate to address major public health issues	Recommendation 1	Increase and sustain focus and investment in public health, with prevention rising to at least five per cent of total health expenditure by July 2029

BENEFITS TO WESTERN AUSTRALIANS

- Improved immunisation coverage for adults.
- Improved immunisation rates among vulnerable populations including adults over 65, Aboriginal and Torres Strait Islander peoples and people with chronic and complex health conditions.
- Improved access to immunisation services for people living in rural and remote areas.
- Increased immunisation workforce capacity.
- Comprehensive engagement with the community on immunisation and preventive health.



Pooja Maru MPS, mental health community pharmacist, Perth CBD WA

Recommendation Two

Help pharmacists support people presenting with mental health issues

The challenge

It is estimated that close to half (45.5%) of the Australian population between 16 and 85 years of age will experience a common mental illness in their lifetime with the prevalence of mental health issues, such as depression, increasing with other chronic conditions.¹⁴

These mental health challenges vary with age (see graph) and are even more common in rural and remote Australia, where pharmacists are the most accessible healthcare professional, working in close collaboration with doctors and nurses.

Pharmacists are well placed to support these patients in the community and identify them early so they can be referred to appropriate mental health providers, including general practitioners. Evidence suggests that prevention and early interventions can reduce the need for more complex and costly interventions, particularly in relation to suicide prevention.¹⁵

The proposed approach

PSA seeks an allocation of funding from the WA Government to train pharmacists across Western Australia in mental health first aid to identify and assist people experiencing mental health issues. This would include both initial training (2 day course) and ongoing refresher training (half day course) every three years.

It is proposed the program would commence in locations accessible to rural and remote pharmacists where the need for this support is greatest.



Timeline

From 1 July 2020.



Budget

PSA estimates this program would cost around \$400,000 in the first year, and then \$200,000 annually thereafter.

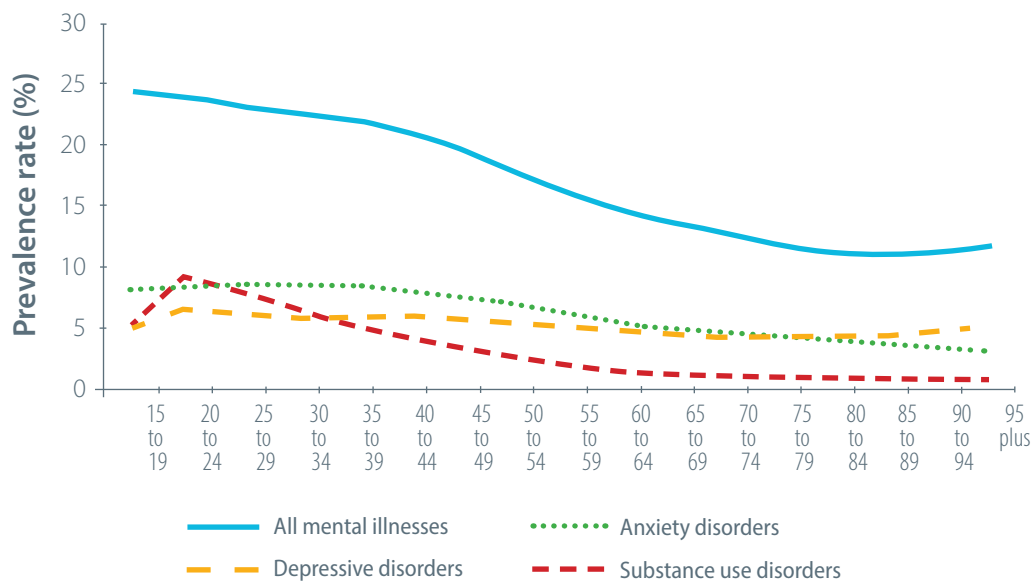


Figure 3: Prevalence of mental health issues in Australia, by age¹⁶

Why it will work

Mental health first aid is associated with improved knowledge of mental illnesses and confidence in providing appropriate first aid to people with mental illness.¹⁷ The benefits of the training are shown to be sustained over time, and some studies have also shown improved mental health of the people who attend the training.

The proposal would contribute to government policy to support training of frontline health providers in early identification and responses to suicide risk and partnering with experts.¹⁵

The NSW Government recently announced \$1 million for pharmacy-specific mental health first aid training for the pharmacy workforce¹⁸ in rural areas, covering mental health problems including depression, anxiety, psychosis, substance use problems and mental health crises (such as suicidal thoughts and aggressive behaviours).

Relationship to government priorities

*Sustainable Health Review*³

Enduring Strategy for Sustainability	Recommendation	
Strategy 2: Improve mental health outcomes	Recommendation 6(a)	Prioritise and invest in capacity to balance early intervention, community, step-up/step-down, acute and recovery mental health, alcohol and other drug services.
Strategy 2: Improve mental health outcomes	Recommendation 7	Implement models of care for people to access responsive and connected mental health, alcohol and other drugs services in the most appropriate setting

*Suicide Prevention 2020 Strategy*¹⁵

Action Area 5: Increased suicide prevention training	This action will be achieved through: 5.3 Coordinating Gatekeeper and other programs for professionals and para-professionals including General Practitioners, health workers and frontline service providers.	Early priorities 5.3.1 Evidence-based training programs are key to skilling the community in how to deal with suicide risk and behaviour effectively. A well-trained and competent emergency services workforce can greatly contribute to suicide prevention efforts. Gatekeeper training will be expanded across the State with frontline workers in education, health, police, welfare and corrective services receiving training every three years.
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PSA calls on the Western Australian Government to allocate \$500,000 to upskill pharmacists in mental health first aid to support early intervention, appropriate treatment, referral and self-management of West Australians living with mental health conditions

BENEFITS TO WESTERN AUSTRALIANS

- Increase in skilled mental health practitioner work force.
- Identify, resolve, prevent and monitor medication use and safety problems.
- Improved access to healthcare across Western Australia.
- Address unmet population health needs.
- Earlier diagnosis and referral of health condition to enable more effective treatment and management of health issue.
- Skilled pharmacist workforce able to meet health system needs in locations where those needs exist.
- Increased flexibility in health spending, allocated according to consumer need.
- Greater health literacy support to ensure understanding of health conditions and treatments.



Deidrie Criddle FPS, complex care pharmacist, north metropolitan Perth WA

Recommendation 3

Facilitate and fund emergency presentations manageable by community pharmacists

The challenge

In 2018-2019, there were 8.4 million presentations to Australian public hospital emergency departments—an average of about 23,000 presentations per day and up 4.2% from 2017-18¹⁹. Of these, 954,981 emergency department presentations were in Western Australia (up 11.5% from 2017-18), with 74,032 (8%) of these being considered as non-urgent¹⁹.

Seventy percent (70%) of non-urgent presentations to emergency departments occur between the hours of 9am and 7pm, during the typical business hours of a community pharmacy¹⁹, although after-hours presentations are increasing.

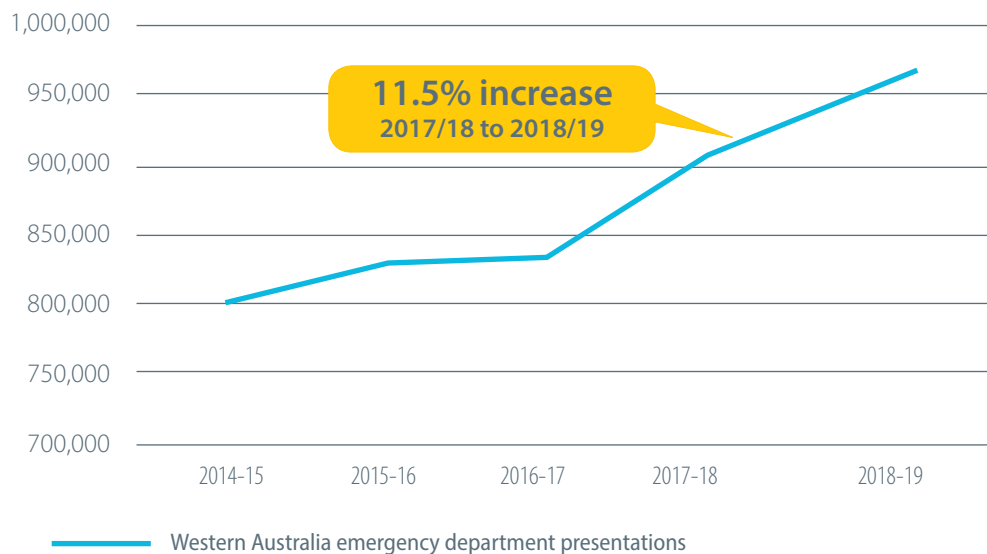


Figure 4: Emergency department presentations - Western Australia (2018/19)²¹

The Australian Institute of Health and Welfare report *Use of emergency departments for lower urgency care: 2015-16 to 2017-18* highlighted that presentations to hospital emergency departments that are for lower urgency care may be avoidable through provision of other appropriate health services in the community.²⁰

Measures of non-urgent care were based on the 2018 National Health Agreement (NHA) indicator and were defined as presentations that²⁰:

- did not involve arrival by ambulance
- were assessed upon arrival as needing semi or non-urgent care
- were discharged without needing further hospital care

The report found that between 2017–2018, 37% (2.9 million) ED presentations were for non-urgent care. There was a higher rate of presentations from regional Primary Health Network (PHN) areas than urban PHN areas (152 versus 92 per 1000 people respectively), although within urban areas there were varied levels of presentations²⁰.

The proposed approach

As identified in Action 6 of PSA's *Pharmacists in 2023*, building upon the established accessibility of community pharmacies in the primary health care space will improve the community's access to health services. This will be achieved by lessening the burden on other healthcare providers such as hospitals. Improved access to healthcare across the country will reduce government costs associated with the delivery of care²¹.

Building upon the accessibility of Western Australia's 660 community pharmacies in primary health care, it could be promoted that instead of going to ED, patients can visit their community pharmacist. In addition, remuneration of pharmacist services in the assessment, triage and management of these patients will reduce state government expenditure and improve accessibility by providing timely treatment for patients with non-urgent medical conditions through the community pharmacy in both metropolitan and rural areas.

It is estimated that 2.9% to 11.5% of all ED services in Australia could be safely transferred to a community pharmacy as part of a national scheme²².

When extrapolating this to the ED services transferrable to community pharmacy it is estimated that of the 954,981 ED services provided in Western Australia annually, up to 105,000 are potentially transferrable²².

The proposed funding model should be a fee-per-consultation model or a banded capitation model with medicines supplied during the consult from a defined formulary reimbursed or paid for by the individuals as out-of-pocket expenses or the health system for a specific patient group.

This approach proposes pharmacists would be paid through a consultation fee structure of \$14.49 per consultation and the patient would pay for their non-prescription medicines.

The availability of late-night pharmacy services, such as through Victoria's 24/7 Supercare²³ or after hours pharmacies, can also help to reduce the rising number of after-hours ED presentations. However, consideration of sustainable service models are needed reduction of trading hours in some of Perth's late-night community pharmacies²⁴.



Timeline

Planning from 1 July 2020

Implementation from 1 January 2021



Budget

PSA estimates the following funding commitment over the forward estimates for the program:

- 2020-21: \$2.1 million
- 2021-22: \$3.3 million
- 2022-23: \$3.3 million
- 2023-24: \$3.5 million

Support for additional after-hours services is not included in this budget.

Why it will work

Patients seeking care from ED for conditions such as headaches, coughs and colds, earaches and other non-urgent conditions are an inefficient use of resources²⁰.

There is strong evidence the clinical advice provided by community pharmacists regarding symptoms of minor illness will result in the same health outcomes as if the patient went to see their GP or attended the emergency department²⁵.

There is consistent evidence pharmacy-based minor ailment schemes that manage non-urgent conditions or low urgency conditions, provide the right level of care, mitigate funding and system inefficiencies as patients access professional support for conditions that can be self-managed²⁶.

A total of 94 international schemes are identified in the literature, including the UK (England, Scotland, Northern Ireland and Wales) and regions of Canada (known as Minor Ailments Prescribing Services).^{26,27} These initiatives were implemented in Scotland in 1999, England since 2000, Northern Ireland since 2009, Wales in 2013 and in Canada since 2007²⁷

Internationally, pharmacies are paid a consultation fee in Europe and Canada for the delivery of minor ailment services²⁵. In England, payment ranges from GBP2 to GBP10 (~AUD \$4 to AUD \$19) per consultation and in some localities pharmacies are reimbursed for the cost of medicines supplied under a given formulary for certain minor ailments²⁸. Pharmacies may also receive a small annual retainer to assist with set-up costs²⁸.

Using national and international literature estimates, it was estimated that 2.9% to 11.5% of ED services can be safely transferred to pharmacy in Australia²⁵.

Based on the average cost of an ED attendance in Western Australia being \$654²⁹ for a non-admitted patient and an average cost per pharmacist consultation of \$26.88 (including out-of-pocket patient costs for medicines) applied to account cost offsets, this results in a potential cost reduction of up to \$627 per patient in Western Australia, transferred from the ED setting to community pharmacy.^{22,29}

The availability of more late-night pharmacy services, such as through 24/7 community pharmacy or other after-hours pharmacies, can also help to reduce the rising number of after-hours ED presentations.

PSA calls on the WA Government to allocate \$12.2 million over the forward estimates to fund the management of non-urgent or low urgency medical conditions through community pharmacy. This would include

funding for the implementation of the service in pharmacies across Perth and WA regional, rural and remote areas.

\$600,000 to implement a consumer awareness campaign to encourage people to visit a pharmacy instead of ED for non-urgent or lower urgency care.

Relationship to government priorities:

*Sustainable Health Review*³

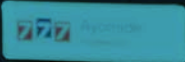
Enduring Strategy for Sustainability	Recommendation	
Strategy 4: Person-centred, equitable seamless access	Recommendation 11(a)	Improve timely access to outpatient services through: a) Moving routine, non-urgent and less complex specialist outpatient services out of hospital settings in partnership with primary care.
Strategy 2: Improve mental health outcomes	Recommendation 7	Implement models of care for people to access responsive and connected mental health, alcohol and other drugs services in the most appropriate setting

BENEFITS OF WESTERN AUSTRALIANS

- Contributing to the sustainability of health systems and optimising healthcare cost through treating patients at the appropriate level.
- Improving accessibility by providing timely treatments for patients.
- Relieving pressure on existing emergency and urgent care services.
- Identify, resolve, prevent and monitor medication use and safety problems.
- Empowering consumers to self-care for conditions which can be self-treated.
- Optimising medicine regimens using evidence-based guidelines recommending cost-effective therapies where appropriate.

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