



WAPHA
WA Primary Health Alliance

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PERTH NORTH, PERTH SOUTH,
COUNTRY WA
An Australian Government Initiative

Review of Community Pharmacy Ownership in Western Australia

WA Primary Health Alliance Submission

December 2017



Introduction

WAPHA is the organisation that oversees the commissioning activities of WA's three Primary Health Networks – Perth North, Perth South and Country WA. Primary Health Networks (PHNs) were established by the Australian Government in 2015 with the key objective of increasing the efficiency and effectiveness of medical services, particularly for those in our community who are at risk of poor health outcomes, and improving coordination of care to ensure people receive the right care in the right place at the right time.

The alignment of WA's three PHNs under one organisation (WAPHA) affords a once in a generation opportunity to place primary care at the heart of the WA health system and create the mechanism for integrating services across organisations and across boundaries. WAPHA's vision is improved health equity in WA and our mission is to build a robust and responsive primary health care system through innovative and meaningful partnerships at the local and state-wide level.

WAPHA is pleased to provide the following submission to the Review of Community Pharmacy Ownership in WA. This submission focuses on Question 3: What role can pharmacies play in an integrated health care model in WA, and how does the current pharmacy regulatory model support this?

The role pharmacies can, and do play in an integrated health care model

As the Australian health system is changing, so too is the role of Community Pharmacy. WAPHA believes strongly in an integrated health care system with capacity to deliver person-centred, best practice care for the people who live in our community. An integrated system requires a collective focus on delivering care in the most appropriate setting through formalised, cohesive relationships between all elements of the health system. Integration refers to the process, methods and tools to facilitate improved care through better coordination of services.¹

Integrated care requires system-wide change. It involves many elements of the healthcare system including; general practice, pharmacy, specialist medical practitioners, pathology, hospitals and extended care providers; all centred on providing the best care for people.

Pharmacies are recognised for the important role they play in improving quality use of medicines to:

- Assist people using multiple drugs at one time;
- Detect drug interactions;
- Minimise adverse events; and
- Improve medication adherence.

Pharmacies now commonly offer a broad range of medicine related services including:

- First aid and the treatment of minor ailments;
- Influenza immunisation;
- Compounding and extemporaneous manufacturing; and
- Medicine reviews.

With more than 600 pharmacies throughout WA, WAPHA recognises the emerging role of pharmacists within primary care and acknowledges the importance of the Review into Community Pharmacy Ownership.

¹ Brown, L, 2016, Six elements of integrated primary healthcare, in *Australian Family Physician*, Vol 45, No.3, pp.149-152.

Pharmacists are valued within the health system for their effective supply of medicines and evidence based products to the consumer and focus on delivering a high standard of consumer care and experience. Professor Stephen King's summary into the Review of *Pharmacy Remuneration and Regulation* explores the changing role of Pharmacists, stating that "The pharmacy profession is in the midst of a transition from a product supply focus to a service focus. This trend is occurring both internationally and domestically. Recognition of the clinical knowledge held by pharmacists has resulted in an increase in the number of medicine-related services available in community pharmacy"²

The Health Consumers' Council of WA acknowledges the value and role of community pharmacy in providing a person centred and responsive service within the community with programs such as visiting child health nurses, preventative health checks, and medication reviews.

WA Health's *Sustainable Health Review* is exploring opportunities to optimise the capacity of the current health workforce and its adaptability to achieve a more integrated system. The community consultation forum held in South Metropolitan Perth identified the need for, "better use of health workforce in ways that utilise the expertise and capacity available, and, a recognition of professional skill sets, the changing role of professionals, and the perceived threat to professional bodies."³ The public consultation held within Metro East (Wednesday 18th October) suggested, "to better utilise the pharmacy network across the State to drive and provide preventative health programs".⁴

A team-based approach is required to effectively integrate systems of care across primary, secondary, tertiary and acute care. Nicholson et al's work around governance models into primary and secondary care identifies that integration is improved through team based approaches, improved partnerships, improved care planning and coordination, and development of co-ordinated patient pathways for entire episodes of care across the continuum.⁵ An integrated health system requires a collective focus on placing the person at the centre of care and delivering services in the most appropriate setting through connected multi-disciplinary teams.

The Productivity Commission's, *Shifting the Dial* report recommendations on integrated health care state, "integrated patient-centred care involves the entire health care system, such that all services — community, primary, secondary, tertiary (and quaternary) — are integrated to achieve good health outcomes and to efficiently deliver a high quality of service to people over their lives".⁶ Furthermore, this integrated system must revolve around the person, with provision of choice, decision making, and capacity for self-management where appropriate.

The Pharmaceutical Society of Australia's Federal Budget submission (2016-17) identified key areas in which existing health resources can be better coordinated and targeted within a collaborative primary health care model to improve health outcomes for Australians. It focuses on the safe and effective use of medicines to achieve the best possible results by; monitoring outcomes; minimising misuse, over-use and under-use; and improving people's ability to solve problems related to medication, such as adverse effects or managing multiple medicines.⁷

² King S, Watson J, Scott B. Review of Pharmacy Remuneration and Regulation – Interim Report – June 2017. Commonwealth Government of Australia 2017. Available at:

<http://www.health.gov.au/internet/main/publishing.nsf/content/7E5846EB2D7BA299CA257F5C007C0E21/%24File/interim-report-final.pdf>

³ Sustainable Health Review Public Consultation, Metro South Public Forum, Sept 2017

⁴ Sustainable Health Review Public Consultation, Metro East Public Forum, Wednesday 18th October 2017, Available at.

<http://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/Sustainable%20Health%20Review/SHR-Metro-East-Public-Forum-Summary.pdf>

⁵ Nicholson C, Jackson C, Marley J. 2013, A Governance Model for Integrated Primary/Secondary Care for the Health reforming first world – Results of a systematic review, in, *BMC Health Services Research*, 13:528

⁶ Productivity Commission, 2017, *Integrates Care, Shifting the Dial: 5-year Productivity, Supporting Paper*, no. 5.

⁷ Pharmaceutical Society of Australia, 2016, *The role of pharmacists in Australian health reform – Improving health outcomes through cost effective primary care: Federal Budget Submission*. Available at:

<http://www.psa.org.au/downloads/ent/uploads/filebase/corporate/advocacy/PSA-2016-17-Budget-Submission.pdf>

The role Pharmacists currently play in medication management, review and supply is critically important to a person's care. WAPHA supports these pharmacist-led activities within a multidisciplinary team in an integrated health system.

Learnings from within Australia and around the world provide insight into the developing role community pharmacy can have in an integrated health system.

Under the NSW Community Pharmacies Plan, NSW Health funded the Pharmacy Guild of Australia and the National Stroke Foundation (NSF) to co-deliver the *NSW Pharmacy Health Check Program through 2012-2015*. Pharmacists and trained pharmacy assistants provided blood pressure measurement and a validated diabetes risk questionnaire (AUSDRISK) to consumers entering the pharmacy. Further information was provided to the person including; an information brochure, a blood pressure wallet card, a coordination manual, a GP referral letter, and an awareness raising campaign. The trial concluded that community pharmacists play an important role in the delivery of care near where people live. The study also determined future health initiatives should be guided by:

- Consultation with community pharmacy to ensure that initiatives are compatible with the strengths and skill base of pharmacists and feasible within pharmacy work processes, staffing and resources;
- Support for community pharmacists to provide consumers with a clear and consistent message; and
- Ensuring the evaluation process and data collection protocols are developed in parallel with the project plan and communication strategy.⁸

It was found that the stand alone checks - (as this program delivered) were unsupported, however they could form a useful and effective component of a comprehensive care plan providing follow-up and better information for the consumer. WAPHA supports the role of community pharmacy in an integrated person centred primary care model that is led by the person's GP.

My Health Record (MyHR) provides Australians with a secure online health information summary. Currently over 5 million people have a MyHR and 2 million clinical documents have been uploaded. The 2017 Federal Government Budget announced the expansion of My Health Record providing opportunity for every Australian to have a MyHR by December 2018. There will be opportunities for individuals to opt out if they do not wish to have a MyHR towards the middle of 2018. Upon further information being released around the framework for opt out by the Australian Digital Health Agency, WAPHA will work across the health care sector, including pharmacy, to promote MyHR and communicate provisions for West Australians to opt out. WAPHA supports the Pharmacy Guild's commitment to utilising community pharmacy to maximise the use of the MyHR system.

The Pharmacy Guild of Australia (PGA) supports the use of MyHR as an enabler of community pharmacy clinical services and support for patient care including; facilitating medication reconciliations, increasing ability to record health check measurements (ie blood pressure), and medication management services for sharing with a person's GP and other health practitioners.⁹

The Comprehensive Primary Care (CPC) Partnership Practices: Non-Dispensing Pharmacist Project, is co-designed by WAPHA, interested CPC GPs and the Pharmaceutical Society of Australia WA. This project places pharmacists in general practice as part of an integrated care team. The non-dispensing pharmacist works closely with the practice team to provide a coordinated, collaborative and integrated approach, with the overall goal to:

⁸ NSW Pharmacy Health Check Program Factsheet, 25th July 2017. Available at:

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

⁹ The Pharmacy Guild of Australia, 2017, Submission - Development of a Framework for Secondary Use of My Health Record data.

Available at:

https://static1.squarespace.com/static/57708cf0ff7c50a6aeb09008/t/5a12561071c10ba553447eb5/1511151122131/Submission_MyHR_SecondaryUseData_PGAV1_0.pdf

- Improve patient health outcomes through the Quality Use of Medicines (QUM);
- Deliver clinical pharmacy and education services; and
- Work closely with, and provide a key point of liaison for, community pharmacies to ensure continuity of care.

The role these non-dispensing pharmacists play in patient-directed services within this program includes:

- Providing in-practice General Practitioner (GP) referred, patient requested or pharmacist-identified medicine consultations;
- Collaborating with community and hospital pharmacists to ensure medication reconciliation and facilitate GP management strategies;
- Providing education to the GP's patients on all medication related issues including disease prevention;
- Identifying, documenting and following-up with patients regarding adverse drug events;
- Point-of-care testing (eg. blood glucose, INR, blood pressure) to support medication management, if required by the practice; and
- Pharmacist participates as part of the care team and contributes to Team Care Arrangements, Care Plans and Case Conferencing, as required.

This project has been implemented in five CPC practices in the Perth South Primary Health Network (PHN) and will be rolled out in Perth North PHN early in 2018. Each practice has a Pharmacist working in the practice for 15 hours per week. Programs like CPC provide opportunity to leverage the access community pharmacy provides in public health awareness and prevention campaigns alongside current pharmacy-led activities. WAPHA will continue to work with practices and Pharmacists to evaluate the effectiveness of this approach to integrated primary care.

Health Care Homes (HCH) aim to improve care for patients with chronic and complex conditions involving patients nominating a preferred general practice and GP to coordinate their care including use of data sharing between providers and supporting technologies, such as My Health Record.

The Better Outcomes for People with Chronic and Complex Health Conditions report recommended the development of HCHs, including the use of a flexible team based care approach. The recently agreed Sixth Community Pharmacy Agreement (2015–2020) presents an opportunity to further explore the role for pharmacists to integrate with HCH.¹⁰

The Sixth Community Pharmacy Agreement (6CPA) provides \$825 million over three years to community pharmacy to support and improve access to medicines, under the Improving Access to Medicines – support for community pharmacies measure. Included is \$600 million to continue and deliver new programs to provide opportunity for pharmacies to transform and significantly broaden their role as medicines experts and primary health care providers.

As part of the review into the 5th Community Pharmacy Agreement to inform the 6CPA, the Pharmacy Guild of Australia explored the role of community pharmacy in supporting mental health consumers and carers. The review acknowledged that people experiencing mental health issues visited their local pharmacy on a regular basis. This provides an ideal setting for further supporting people with mental health issues including referrals to appropriate services.¹¹ WAPHA will consult with GPs, Psychiatrists, mental health professionals, community pharmacy and consumers to further inform regional responses to the role of community pharmacists in mental health.

¹⁰ Commonwealth of Australia, Department of Health, 2015, Primary Health Care Advisory Group Final Report, Better Outcomes for People with Chronic and Complex Conditions.

¹¹ Hattingh, H.L. and Knox, K. and Fejzic, J. and McConnell, D. and Fowler, J. and Mey, A. and Kelly, F. et al. 2015. Privacy and confidentiality: perspectives of mental health consumers and carers in pharmacy settings. International Journal of Pharmacy Practice. 23: pp. 52-60

McMillan, et al also acknowledge “the push towards greater consumer self-management and engagement within the primary care setting has opened up opportunities for expanding health professional roles or service delivery. This is especially evident within the pharmacy profession, where there is an increasing body of research on the delivery of professional pharmacy services.¹²” This paper also found that, “community pharmacy mental health medication support service that is goal-oriented, flexible and individualised, improved consumer outcomes across various measures.¹³”

The 6CPA also provides \$50 million to community pharmacy to pilot a range of new services which will enhance their primary health care role with opportunity for ongoing funding following an independent assessment of their cost-effectiveness. These trials are intended to:

The role of Pharmacy in Regional and Rural WA.

The role of community pharmacy in a primary care setting throughout regional and remote parts of WA is critical to the health of the community. The Grattan Institute’s Report *Access All Areas: new solutions for GP shortages in rural Australia*, underscored the need for GPs to be better supported by Pharmacists and other health professionals.¹⁴

The *Pillars of Communities* report (2017) laments the lack of services available within small rural towns throughout Australia. This apparent lack of access for primary health, inclusive of pharmacy and general practice, accounts for more than 60,000 preventable hospitalisations every year.¹⁵

In Regional WA, the Pharmacist is often the first point of contact for the early signs and symptoms of ill-health. They are a trusted source of advice for minor ailments and are relied on for dispensing regular and life-saving medication.

WAPHA has heard from GPs that many have ongoing and valued relationships with their neighbouring community pharmacists, particularly in rural and regional communities. WAPHA is committed to supporting this relationship and adding value through the ongoing development of multidisciplinary teams in Comprehensive Primary Care, Integrated Team Care and other initiatives.

Comments on the current regulatory model

Underpinning the Pharmacy Act 2010 is the protection of public safety and universal access to the Pharmaceutical Benefits Scheme (PBS). WAPHA cautions against legislative changes that could negatively affect public safety and access.

Pharmacies hold a large quantity of potentially dangerous medicines. Current law that limits pharmacy ownership supports the regulatory responsibility for the safe supply of these potentially dangerous medicines to trained professionals. Pharmacists are one of the most regulated professions with continual professional development a requirement of ongoing practice including custodianship of medicines. WAPHA supports an appropriate regulatory framework that ensures consumer safety and quality of care.

WAPHA has heard from GPs and Pharmacists that moves to corporatise community pharmacy may impact quality of care, medicine safety and management and professional regulation could place consumers at risk. WAPHA supports the principle of improved safety for consumers and quality in primary care.

¹² Sara S. McMillan, Fiona Kelly, H. Laetitia Hattingh, Jane L. Fowler, Gabor Mihala & Amanda J. Wheeler, The Impact of a person-centred community pharmacy mental health medication support service on consumer outcomes, in *Journal of Mental Health*, Early Online 1-10. Available at: <http://www.tandfonline.com/doi/pdf/10.1080/09638237.2017.1340618?needAccess=true>

¹³ Ibid., 2.

¹⁴ Duckett, S., Swerissen, H., and Moran, G. 2017. Building better foundations for primary care. Grattan Institute.

¹⁵ Bourne, K., Nash, A., Houghton, K. (2017) Pillars of communities: Service delivery professionals in small Australian towns 1981 – 2011. The Regional Australia Institute

WAPHA's vision is improved health equity in WA and our mission is to build a robust and responsive primary health care system through innovative and meaningful partnerships at the local and state-wide level. An integrated system requires a collective focus on delivering care in the most appropriate setting through better integrated relationships between all elements of the health system. The role of pharmacy will continue to help build this robust and integrated system.

WAPHA appreciates the Department's consideration of our submission. If you wish to discuss our recommendations in more detail, contact Mrs Christine Kane, General Manager Strategy and Health Planning, on 08 6272 4966 or chris.kane@wapha.org.au

References

1. Bourne, K., Nash, A., Houghton, K. (2017) Pillars of communities: Service delivery professionals in small Australian towns 1981 – 2011. The Regional Australia Institute
2. Brown, L, 2016, Six elements of integrated primary healthcare, in *Australian Family Physician*, Vol 45, No.3, pp.149-152.
3. Commonwealth of Australia, Department of Health, 2015, Primary Health Care Advisory Group Final Report, Better Outcomes for People with Chronic and Complex Conditions.
4. Duckett, S., Swerissen, H., and Moran, G. 2017, Building better foundations for primary care. Grattan Institute.
5. Hattingh, H.L. and Knox, K. and Fejzic, J. and McConnell, D. and Fowler, J. and Mey, A. and Kelly, F. et al. 2015, Privacy and confidentiality: perspectives of mental health consumers and carers in pharmacy settings. *International Journal of Pharmacy Practice*. 23: pp. 52-60.
6. King S, Watson J, Scott B. Review of Pharmacy Remuneration and Regulation – Interim Report – June 2017. Commonwealth Government of Australia 2017. Available at: <http://www.health.gov.au/internet/main/publishing.nsf/content/7E5846EB2D7BA299CA257F5C007C0E21/%24File/interim-report-final.pdf>
7. Mayne, H, 2010, Pharmacy Graduates meeting needs of Regional Communities, Murdoch University, Perth, WA. Available at: <http://media.murdoch.edu.au/pharmacy-graduates-meeting-needs-of-regional-communities>
8. Nicholson C, Jackson C, Marley J. 2013, A Governance Model for Integrated Primary/Secondary Care for the Health reforming first world – Results of a systematic review, in *BMC Health Services Research*, 13:528
9. NSW Pharmacy Health Check Program Factsheet, 25th July 2017. Available at: <http://www.health.nsw.gov.au/factsheets/Pages/pharmacy-health-check-program.aspx>
10. Pharmaceutical Society of Australia, 2016, The role of pharmacists in Australian health reform – Improving health outcomes through cost effective primary care: Federal Budget Submission. Available at: <http://www.psa.org.au/downloads/ent/uploads/filebase/corporate/advocacy/PSA-2016-17-Budget-Submission.pdf>
11. Productivity Commission, 2017, Integrates Care, Shifting the Dial: 5-year Productivity, Supporting Paper, no. 5.
12. Sara S. McMillan, Fiona Kelly, H. Laetitia Hattingh, Jane L. Fowler, Gabor Mihala & Amanda J. Wheeler, 2015, The Impact of a person-centred community pharmacy mental health medication support service on consumer outcomes, in *Journal of Mental Health*, Early Online 1-10. Available at: <http://www.tandfonline.com/doi/pdf/10.1080/09638237.2017.1340618?needAccess=true>
13. Supporting pharmacist delivery of primary health care services through the Pharmacy Trial Program: Discussion Paper. March 2016
14. Sustainable Health Review Public Consultation, Metro East Public Forum, Wednesday 18th October 2017, Available at: http://ww2.health.wa.gov.au/~/_media/Files/Corporate/general%20documents/Sustainable%20Health%20Review/SHR-Metro-East-Public-Forum-Summary.pdf
15. Sustainable Health Review Public Consultation, Metro South Public Forum, Sept 2017
16. The Advisory Board, 2017, Eight Critical Investments for Patient Access and Population Health: Executive Research Briefing, in *Accountable Primary Care*, September 2017.
17. The Pharmacy Guild of Australia, 2017, Submission - Development of a Framework for Secondary Use of My Health Record data. Available at: https://static1.squarespace.com/static/57708cf0ff7c50a6aeb09008/t/5a12561071c10ba553447eb5/1511151122131/Submission_MyHRSecondaryUseData_PGAv1_0.pdf