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PSA seeks ACT pharmacist funding

PHARMACISTS in the Australian Capital Territory (ACT) are calling for funding and approval for programs that could reduce the burden on hospitals, improve quality use of medicines and bolster vaccination rates.

In a 2020/21 pre-budget submission, the Pharmaceutical Society of Australia (PSA) has called on the ACT Government to provide \$2 million to fund a two-year long pilot of an after-hours community pharmacy triage and referral service.

The PSA noted after-hours health services in the ACT, including walk-in centres and hospitals, were often operating at capacity, with large numbers of patients presenting with less-serious conditions that could be treated in a primary care setting such as a GP clinic or pharmacy.

“We believe community awareness of the few pharmacies trading for longer hours is low, and thus their service is under-utilised,” the PSA said.

“The ACT’s 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.”

The society estimated the pharmacist-led service could save \$1.5 million a year by cutting the number of patients who attend an emergency department, but do not require admission.

PSA National President, Dr Chris Freeman, also called on the ACT Government to remove barriers limiting the territory’s community from accessing vaccinations on the National Immunisation Program (NIP).

“Pharmacists have been vaccinating Canberrans against influenza and pertussis since 2015 and pharmacist-administered vaccination has been shown to be safe, convenient and accessible,” he said.

“However, funding and availability of pharmacist-administered



vaccination in the ACT has not kept pace with other jurisdictions.

“While the training pharmacists complete to administer vaccines is similar to that of other health professionals, such as nurse practitioners, pharmacists are unable to provide eligible Canberrans with a similar level of access to vaccines funded on the NIP.”

The PSA has sought \$300,000 in funding from the ACT Government for a part-time pharmacist within the Winnunga Nimmityjah Aboriginal Health Service, to improve access and adherence to medications.

Today’s issue of *PD*

Pharmacy Daily today has two pages of news and a full page from *eze Allergy*.

RPNA airs fears

RURAL pharmacists warn plans to introduce legislation to allow for 60-day dispensing will cost patients more than it saves.

Rural Pharmacist Network Australia (RNPA) Chair, Fred Hellqvist, said the proposal would result in fewer patient interactions reducing the opportunity for pharmacists to monitor them effectively.

“The Government needs, to understand the consequences for rural communities, at a time when medical services are already under significant strain,” he said.

“The perceived benefits are for a minority of people at the expense of the majority.”

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Pharmacy Daily



Dispensary Corner

WHILE pharmacists in the ACT are pushing for Government funding to provide after-hours care and National Immunisation Program (NIP) vaccines to patients, their peers in the north east of England have landed a deal to fund a pilot program for intravenous drug users.

Under a new program community pharmacists will provide drug users who present for a blood test to assess their hepatitis C status will receive up to £25 to use in Greggs, a nation-wide bakery chain.

The sandwich scheme will be open to patients who have registered as drug users with the Newcastle upon Tyne Hospitals NHS Foundation Trust.

As part of the pilot patients will be required to allow pharmacists to take a blood sample, which will be sent to the Gateshead and South Tyneside Local Pharmaceutical Committee laboratory for testing, with the results returned to the patient's pharmacist.

All this sounds relatively simple, a few drops of blood in exchange for a meal, however, there's a catch - each patient has to agree to undergo treatment before the pharmacist can give them the £25 sandwich voucher.

So, why do researchers believe they'll win drug users over with baked dough, rather than cold hard cash?

A poll of users revealed Greggs as their favourite dining destination.

RACGP takes a swipe

EMPOWERING pharmacists to provide "minor ailment" services will create "false economies" leaving patients out-of-pocket, the Royal Australian College of General Practitioners (RACGP) claims.

Responding to the results of a study by University of Technology Sydney researcher, Sarah Dineen-Griffin, which found more than one-in-five GP services and 12% of emergency department presentations could be managed in a community pharmacy setting, delivering saving of up to \$1.3 billion, RACGP Expert Committee - Quality Care Chair, Mark Morgan, expressed concerns.

Dineen-Griffin's research found pharmacists involved in the study recommended safer and more appropriate products when patients were self-selecting, while patients who were referred to another health practitioner were more likely to adhere to the pharmacist's advice and seek treatment, than when pharmacists did not offer advice.

However, Morgan warned that "interpreting this study requires care," in an interview with the RACGP's *GPnews* website.

"Overseas experiences demonstrate that minor ailments

schemes struggle even in countries where there is greatly reduced access to general practice; such as the UK, where there are far more patients per GP," he said.

"The repeated history of schemes attempting to substitute general practice is that they look cheaper on first glance but end up being false economies."

Morgan also expressed concerns over pharmacists' motivation in treating patients, suggesting community pharmacists could be conflicted by their position within a retail environment.

"In the study the most common presentation was respiratory and 84% of patients were supplied at least one non-prescription medicine, mostly cough mixture or cold remedies," he said.

"Pharmacy shelves are stocked with substances that are very low value.

"Supplements, homeopathy, children's cough mixtures are generally unnecessary - but they are sold to unsuspecting customers."

Morgan reiterated the RACGP's opposition to enabling pharmacists to provide what he described as "ad hoc medical services such as health screening and prescribing".

EBOS on top

SYMBION owner EBOS reported the business is the no. 1 pharmacy wholesaler in Australia and New Zealand in an ASX announcement.

Guild Update

Medicine supply in bushfire emergency

WITH almost 500 homes confirmed destroyed in NSW since the early start of the bushfire season, it is very likely that many people will be left without their important PBS medicines or prescriptions.

In such times lives are turned upside down and one area which often falls through the cracks is the need to continue taking prescription medicines essential to maintain people's health and wellbeing.

In the rush to protect lives and property, medicines can be forgotten and prescriptions lost or destroyed.

In addition, pharmacies themselves may be damaged or destroyed, further adding to the stress and uncertainty patients face in trying to access their PBS medicines in these extreme conditions.

The Department of Health has in place protocols and polices to help ensure patients can receive their medicines, and pharmacies are able to continue dispensing, in the toughest of situations.

The protocols can be viewed here: www.guild.org.au.

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