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Safety net reduction no PBS cure-all

LEGISLATION to adjust the Pharmaceutical Benefits Scheme (PBS) safety net will not be a panacea to the "crisis in medicines' affordability", pharmacist turned Federal MP, Emma McBride, warns.

Voicing the Australian Labor Party's support for the Coalition's *National Health Amendment (Safety Net Thresholds) Bill 2019*, McBride said more would need to be done to address the challenges facing patients.

The reforms would see the number of concessional benefits required to qualify for the safety net fall from 60 to 48, while the general patient safety net would be reduced from \$1,550.70 down to \$1,486.80, from 01 Jan, should it be passed.

"While we support this bill, we know that this bill won't fix the crisis in medicines' affordability that we see on this Government's watch," McBride said.

"The Government's own figures show that many Australians don't fill prescriptions because they just can't afford them.

"According to the Australian Bureau of Statistics, 961,000 people a year delay or avoid taking prescribed medicines due to cost.



"Alarming, the rate of people skipping prescriptions is twice as high in the most disadvantaged areas as in the least disadvantaged areas, meaning that the cost of medicines is contributing to healthcare inequality in Australia and to worse health outcomes for those in more disadvantaged communities.

"For many years, I was a specialist mental health pharmacist and chief pharmacist at Wyong hospital in my electorate on the NSW Central Coast... I've been there in an outpatient clinic when a patient living with a major mental health condition has said to me, 'Which medication can I do without?'

"These are real people with major health concerns who need proper

support, and they are having to make this decision which no-one should have to make: 'Which one can I skip? Which one can I delay?'

"People are sometimes taking medications every second day, or they might get one prescription filled this month and an alternative prescription filled next month.

"And we know what happens when people skip their medications. They get worse, not better.

"The Minister can spruik listing PBS drugs, but if people can't afford them then some will delay or avoid filling a prescription—particularly the most vulnerable in our communities, such as those living with major mental health conditions."

Today's issue of PD

Pharmacy Daily today has four pages of news and full pages from:

- Razor Group
- Healthed

Indigenous vax rates fail

DESPITE the flu vaccine becoming free for Aboriginal and Torres Strait Islander Australians in 2010, there was no increase in the vaccine coverage between 2004 and 2013, according to Australian research.

The study, reported by *Scimex*, found that while coverage increased 6% for those aged 18 to 49, it dropped by 10% for those over 65, and in remote areas, even more.

Pneumococcal vaccine coverage also remained very low and declined across all age groups, researchers wrote, saying that current approaches to promote, deliver and monitor vaccination of Indigenous adults are inadequate.

CLICK HERE for the research.



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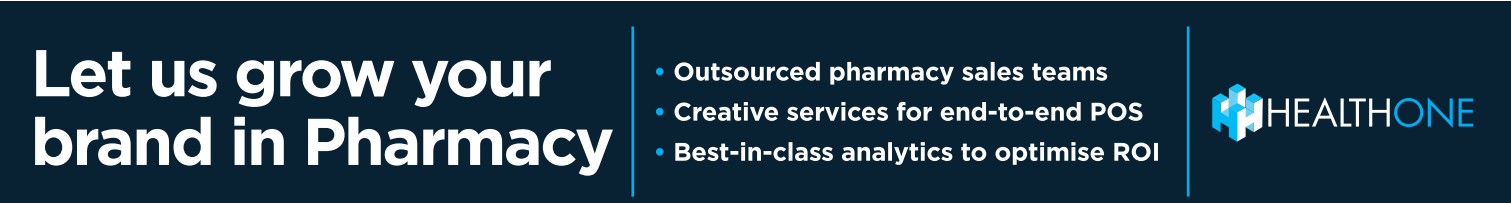


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AMA misreading Board on prescribing

CLAIMS that the Pharmacy Board of Australia is backing the Australian Medical Association's (AMA's) stance that pharmacists should not be given the freedom to prescribe are wide of the mark, pharmacists believe.

As reported (**PD** yesterday) the Board released its position paper on pharmacist prescribing saying there were "no regulatory barriers in place for pharmacists to be able to prescribe", in a structured prescribing arrangement or under supervision.

The Board noted that autonomous prescribing by pharmacists would require it to make an application to the Ministerial Council for approval of endorsement for scheduled medicines and to develop a registration standard for endorsement registration.

"An application could only occur after completion of preparatory work to develop a case proposing the need for an endorsement as outlined in the Australian Health Practitioner Regulation Agency," the Board said.

"The Board is not making an application for approval of endorsement for scheduled medicines at this time."

In a statement released yesterday the AMA said the Board's decision not to make an application was a sign that it supported the AMA's new minimum standards for prescribing, which the organisation said would "rule out pharmacist prescribing".

However, Pharmaceutical Society

of Australia (PSA) South Australian/Northern Territory Branch Vice President, Sam Keitaanpaa, said the AMA's latest claim was "factually incorrect" in a post on Twitter when it stated that the Board had indicated that "pharmacists should not be able to prescribe autonomously".

"The document states autonomous prescribing would require additional education/credentialing," Keitaanpaa said.

"Just like in other countries or other professions eg., nurse practitioners or podiatrists, which is exactly what many in pharmacy have been calling for."

Meanwhile, the PSA has welcomed the Board's decision with National President, Dr Chris Freeman, noting that "prescribing

via a structured prescribing arrangement' and 'prescribing under supervision' can be progressed immediately".

"We are pleased that the Board has agreed with PSA's position that there are no regulatory impediments to collaborative prescribing, and that autonomous prescribing would require an endorsement on pharmacists' registration," he said.

"As stated in our *Pharmacists in 2023* report, we are committed to enabling pharmacists to practise to their full scope by advocating for expanded roles and new opportunities in prescribing, consistent with their recognised competency framework."

He called on state and territories to remove any barriers.

Robber jailed

A **SERIAL** pharmacy bandit will serve a minimum of six months behind bars after being convicted of robbing \$560-worth of prescription medicines from an Echuca pharmacy in Aug.

Liam James Stanger, 38, pleaded guilty to charges relating to the robbery at the Amcal Pharmacy on Hare St, Echuca, on 20 Aug, breaching a bail condition and driving while suspended, at Shepparton Magistrates Court on Fri.

Local police told the court that Stanger had entered the store shortly before 9am and approached the dispensary where he demanded quantities of methadone, codeine and oxycontin.

"He made threats that if staff did what he ask, then no one would get hurt," an officer said.

"There was no weapon produced."

Stanger was sentenced to 12 months imprisonment, with a non-parole period of six months.

The *Riverina Herald* reported that Stanger was sentenced to seven months in jail in Aug 2018, after being convicted of a robbery at a Soul Pattinson Chemist in Wodonga in May 2018, where he stole more than \$600-worth of medicines.

He has also been charged in relation to a bushfire at Koetong near Albury in Feb this year.

Complaints against health pros on rise

THE ACT Human Rights Commission has seen a 35% increase in the number of complaints it has received against health professionals since 2016/17, the Commission's *2018/19 Annual Report* reveals.

The Commission received 683 complaints in the 2018/19 year, with 451 related to health services, with one made against a pharmacy relating to a dispensing error.

The report noted that a woman lodged a complaint against the pharmacy after inadvertently being dispensed a prescription that belonged to another patient.

The woman told the Commission that she took the medication and suffered an adverse reaction.

After consulting with the pharmacist on duty the parties attended a conciliation conference where they were able to reach agreement on a number of outcomes which resolved the complaint.

The outcomes included an apology, changes in dispensing practice and financial compensation.

Regulatory action was taken against the pharmacist.

CLICK HERE for the full report.

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AIVC vaccine 2020 recommendations

THE Australian Influenza Vaccine Committee (AIVC) met at the offices of the Therapeutic Goods Administration (TGA), Canberra, on 09 Oct, and has now handed down its recommendations for influenza viruses to be used in the composition of the influenza vaccines for 2020.

Quadrivalent vaccines are to include an A/Brisbane/02/2018 (H1N1)pdm09-like virus, an A/South Australia/34/2019

(H3N2)-like virus, a B/Washington/02/2019-like (B/Victoria lineage) virus and a B/Phuket/3073/2013-like (B/Yamagata lineage) virus.

Trivalent vaccines are to contain an A/Brisbane/02/2018 (H1N1)pdm09-like virus, an A/South Australia/34/2019 (H3N2)-like virus and a B/Washington/02/2019-like (B/Victoria lineage) virus.

See full details around the recommendations at tga.gov.au.

TGA issues Xeljans high dose warning

THE Therapeutic Goods Administration (TGA) has issued an alert to health professionals around increased risk of blood clots in the lungs, and of death, associated with the use of Pfizer's Xeljans (tofacitinib) at high dose.

Xeljans is normally used to treat adults with rheumatoid arthritis

(RA), psoriatic arthritis (PA) or ulcerative colitis (UC).

The 10 mg twice daily dose is approved in Australia only for adult patients with moderately to severely active UC, not for RA or PA.

The PI and CMI have been updated to reflect the research results - tga.gov.au.

Minor ailments scheme

COMMUNITY pharmacists may soon be able to triage, manage and appropriately refer patients to general practitioners (GPs) for minor ailments through agreed referral pathways, if new research out of the University of Technology Sydney (UTS) gains traction.

Researchers demonstrated significant clinical and economic impact of a collaborative Australian Minor Ailments Scheme, if nationally implemented.

The UTS research team, Sarah Dineen-Griffin, Dr Victoria Garcia Cardenas, Prof Kylie Williams and Emeritus Prof Charlie Benrimoj, in collaboration with Western Sydney Primary Health Network (WSPHN) evaluated a consultation service for community pharmacists helping them take a "structured and integrated approach to consultation".

The service would standardise practice, focus on increasing the quality and safe use of medicines and encourage patients to seek care at the appropriate level with greater accessibility.

"The evaluation of the service demonstrated extremely positive results at both the patient and economic level, and the potential impact if the consultation service is implemented on a larger national scale," researchers reported.

Further, the service would



promote collaboration between professions.

The service would involve standard triage consultation pre-agreed with GPs, integrated health platforms, upskilling for community pharmacists and change facilitation support.

The work included 55 community pharmacists from 30 community pharmacies, 150 GPs from 27 general practices and 894 patients.

Pharmacists provided self-care advice in almost all consultations (98%), compared to 62% of patients receiving usual pharmacist care and 94% of patients achieved symptom resolution or improvement within two weeks, while this figure was 88% in the usual care arm.

National implementation was extrapolated to potentially save the Australian taxpayer 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.

Access the study at uts.edu.au.



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Pharmacy Daily



Dispensary Corner

A **ONCE** high-flying Northern Irish pharmacist has been found to be “no longer fit to practise” after being convicted of misappropriating large quantities of prescription medicines.

Michelle McPeake, 33, became a drug dealer’s drug dealer, over an 11-month period, diverting more than 32,000 tablets of pregabalin, dihydrocodeine, diazepam and tramadol, worth approximately \$47,000, to a man who was able to on-sell the medications to the public.

McPeake’s payment for stealing the drugs was a supply of cocaine, which she used throughout the period while practising as a pharmacist.

She was arrested outside the pharmacy in which she worked, in Mar 2016, and pleaded guilty to 13 charges including, theft, possessing and supplying controlled drugs and have a medicinal product with intent to supply.

McPeake received a two-year sentence at the Belfast Crown Court, with half to be served behind bars, with the remainder under licence.

The Pharmaceutical Society of Northern Ireland disciplinary committee decided to strike out McPeake’s registration rather than suspend her from practising as a pharmacist, saying, “to impose any lesser sanction would undermine trust and confidence in the profession of pharmacy and the Society in its regulatory function”.

Pharma Rx logical step

PHARMACIST prescribing is the next logical step in improving medication safety, the Society of Hospital Pharmacists of Australia (SHPA) believes.

Responding to the Pharmacy Board of Australia’s position statement on pharmacist prescribing, which found there were no existing regulatory barriers to prevent pharmacists from prescribing “via a structured prescribing arrangement or under supervision within a collaborative healthcare environment”, SHPA CEO, Kristen Michaels, welcomed the announcement.

“[The Board’s] statement is strong endorsement for the continuation of clinical pharmacy practices in Australian hospitals that already involve medication chart review and endorsement, and which are proven to improve patient care by optimising the efficacy of multidisciplinary teams,” she said.

“Such contemporary clinical interventions, including Victoria’s Partnered Pharmacist Medication Charting (PPMC) pilot, have demonstrated improvements



in safe and quality care and can logically be extended to prescribing via a structured prescribing arrangement or under supervision, given hospital pharmacists undertake the most accurate medication reconciliations.

“Drawing on the extensive expertise of our members, the earliest adopters of collaborative prescribing practices, SHPA is also positioned to partner with regulatory bodies regarding required changes in state and territory legislation to enable more pharmacists to prescribe, and realise greater benefits to patient care and professional practice.”

The PPMC saw pharmacists reduce medication errors and deliver significant savings.

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Name 2 health care professionals that recommend NS 8 Heel Balm.

Congratulations to yesterday’s winner, Ivonne Kusumah.



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Pancreatitis: Dr Andrew J Metz, Gastroenterologist, Royal Melbourne Hospital

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