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COVID should kill double dispensing

EFFORTS to stem medicines hoarding triggered by the COVID-19 pandemic should leave arguments for 60-day dispensing “dead in the water” Pharmacy Guild of Australia National Vice President, Trent Twomey (**pictured**), believes.

Twomey told delegates watching the live-streamed Australian Pharmacy Professional (APP) Conference on Fri, that Australia would be facing a severe medicines shortage had the Guild not successfully urged the Federal Government not to follow the Pharmaceutical Benefits Advisory Committee (PBAC) recommendation to increase maximum dispensing quantities.

“Sixty-day dispensing, I believe, is dead in the water,” he said.

“You can’t have two different arms of the one department, the Therapeutic Goods Administration (TGA) coming out yesterday [Thu] and saying we can only dispense one month per patient, and then you’ve got another area of the Department of Health coming out and saying we need to give two.

“Those two things can’t be true at the same time.”

Twomey and Guild Tasmanian Branch President, John Dowling,



called on the Federal Government to sign “a fair community pharmacy agreement (CPA)”.

“There is a fair agreement that has modest investment to address two core issues that Australians want to see from their Pharmaceutical Benefits Scheme (PBS) as part of the 7CPA, [one of] which is an increase in convenience, and an increase in affordability,” Twomey said.

“It is sitting with the Department, and the Department could get in their car, drive up to Parliament and they could present it with a positive recommendation for the Minister to sign now.

“I understand the Minister is under a lot of pressure, so is the

Prime Minister, so are the Premiers and Chief Ministers, and the State and Territory Health Ministers, so are a lot of pharmacists - we’re all in this together.

“We’ve not asking for anything for ourselves, unlike other professions who are being opportunistic and asking for things for them, we are doing anything but, we’re talking about our patients.”

Today’s issue of PD

Pharmacy Daily today has three pages of news, a front cover wrap from **Pharmacy Sleep Services** plus a full page from:

- Razor



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Limited hours

PHARMACIES across the UK are being advised to close at periods throughout the day to manage surges in demand for their services as a result of COVID-19, *The Pharmaceutical Journal* reports.

Community Pharmacy Scotland expects the Scottish Government to agree an interim opening hours policy to enable pharmacy staff to “regroup” and clean stores.

Cut non-essential medication reviews

PHARMACISTS should be treated as essential primary healthcare providers and given access to aged care facilities should Commonwealth and/or State Governments enforce a lockout of visitors, Pharmacy Guild of Australia National Vice President, Trent Twomey, believes.

Speaking at the Australian Pharmacy Professional (APP) Conference online, on Friday, Twomey, called on pharmacists to act judiciously when it came to conducting medication reviews for aged care patients, in response to a question about whether Home Medicines Reviews (HMRs) or Residential Medication Management Reviews (RMMRs) should be performed during the ongoing COVID-19 crisis.

“Firstly pharmacists just like your GP and your nurse are essential healthcare deliverers, so if there are restrictions on residential aged care facilities

by Commonwealth and/or State Governments, pharmacists need to be acknowledged as essential members of the primary healthcare team,” he said.

“If they need to visit for a clinical reason, they should be allowed to visit.

“[However] we do need to have a bit of common sense, and we do need to differentiate that a routine medication review, because that person just happens to be eligible because they haven’t had one in for 12 months, or two years in the case of RMMRs, probably doesn’t need to occur, and the pharmacist probably doesn’t need to go in and do a routine review in the next six months.

“If there’s an adverse medical event, if there’s a transition of care between a residential aged care facility, between home, between a hospital, then yes I think it’s appropriate that a pharmacist, as an essential healthcare professional



goes in and does that visit.”

However, aged group, IRT, CEO and pharmacist, Patrick Reid, suggested HMRs and RMMRs could be conducted online.

“[They] don’t have to be face-to-face do they?” he asked on Twitter.

“Extend [the] MBS telehealth incentive to pharmacists, or is there some naunce I am missing?

“Pharmacy is the most ICT enabled health group - Get on with it.”



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Massive investment in rural pharmacy needed: Guild

FEDERAL Government needs to revamp the Rural Pharmacy Maintenance Allowance (RPMA), to ensure the continued viability of regional, rural and remote pharmacies, a leading pharmacist believes.

Pharmacy Guild of Australia National Vice President, Trent Twomey, warned delegates watching the Australian Pharmacy Professional (APP) Conference online, that the current RPMA fell short of what was needed to protect pharmacies outside metropolitan areas, during a session at the Australian Pharmacy Professional (APP) Conference on Fri.

“It’s insufficient to meet the costs of maintaining a rural or remote pharmacy,” he said.

Twomey also called on the Government to abandon the “redundant” PhARIA model for assessing the remoteness of a pharmacy, and shift to the Modified Monash model, which is used for other pieces of health infrastructure.

“It’s nonsensical that we can say we want to integrate community pharmacy better into the health infrastructure when we measure ourselves differently,” he said.

“This will require an investment on behalf of the Commonwealth to ensure things link indexation



happen to the RPMA and to ensure that regional pharmacies - not just rural and remote pharmacies - which are a large part of our network, are looked after just like regional medical practices.”

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Dispensary Corner

CONCERNS about COVID-19 have ended sports seasons, seen the AFL play games in an empty MCG, and seen one British pharmacist pull the pin on what would have been a very special day.

After 13 months of planning, Peterborough pharmacist, Melissa Twyde-Sharpe, cancelled her dream wedding, on Sat (21 Mar).

"It was heartbreaking," she told *CambridgeshireLive*.

"My dress was ready at my friend's house and the flowers and cake were all arranged.

"We would never have forgiven ourselves if people got sick at the wedding.

"We have protected all the people we love."

With the pandemic causing severe pressure on the pharmacy sector around the world Twyde-Sharpe described the last-minute cancellation of the wedding as "a double-whammy", with the couple losing close to £1,000.

However, she has found a silver-lining noting "the cake tastes beautiful", adding she had frozen it "so we'll be fine if we run out of food".



PSA writes to prescribers

RISING demand for hydroxychloroquine, following US President, Donald Trump's announcement on Fri that it may support in the care of patients with COVID-19, has prompted the Pharmaceutical Society of Australia (PSA) National President, Dr Chris Freeman, to write to prescribers not to prescribe it for off-label use.

"PSA is receiving reports from Australian pharmacists that they are receiving prescriptions from: doctors prescribing for other doctors and their families; as well as dentists prescribing to the community and their families; non-medical prescribers prescribing bulk amounts of the drug," Freeman said.

"If this medication does indeed have the efficacy that we would desire against COVID-19 then it needs to be prescribed and used judiciously.

"The stock of this medication needs to be managed effectively and utilised for those who may genuinely need it.

"Our strong advice to pharmacists at this point in time, until further advice is available, is to refuse the



dispensing of hydroxychloroquine if there is not a genuine need, and that need is for those indications for what it is approved for – inflammatory conditions or the suppression and treatment of malaria.

"The current stock of hydroxychloroquine needs to be managed sensibly."

MEANWHILE, pharmaceutical giant, Novartis, has committed to supplying 130 million free doses of hydroxychloroquine, should evidence emerge supporting the use of the anti-malarial drug in the treatment of patients with COVID-19.

Win with Munch Mitt

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Question 1:

Which company makes the Munch Mitt?



Weekly Comment

Welcome to Pharmacy Daily's weekly comment feature.

This week's contributor is **Heidi Dariz, General Manager, Raven's Recruitment.**



Key staffing management

AS PHARMACIES brace for the impact of Covid-19 over the coming months, owners and managers need to be making a plan now as to how they ensure their duty of care to their staff during these challenging times.

Make sure all staff have 100% clarity of workplace health and safety procedures and policies.

One of the first issues to consider, is what happens to your entire staff if one member becomes unwell? Should you now be running several teams of staff, who are not in direct contact with one another, to ensure that if they are required to self-isolate, your entire staff are not affected.

Increased workloads will be inevitable, so you need to ensure staff are not at risk of burning out. In addition, staff are facing increasing abuse from stressed and upset customers, so ensuring you have appropriate referral systems and resources for mental health services will be vital.

Pharmacies will need a pool of casual staff who are available to step in at short notice. On a positive note, we have seen an amazing response from our locums, some even coming out of retirement, offering their services to pharmacies in need.

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