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1. Stough C, et al., Psychopharmacology (Berl) 2001;156(4):481-484. Funded by a Research Grant from Keenmind Pty. Ltd. 2. Stough C, et al., Phytother Res 2008;22(12):1629-634. 3. Benson S, et al., Phytother Res 2014;28(4):551-559. Funded by Soho Flordis International (SFI). 4. Downey LA, et al., Phytother Res 2013;27(9):1407-1413. Funded by Soho Flordis International (SFI).



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Funded COVAX a first for pharmacy

COMMUNITY pharmacies will receive up to \$48 per patient for administering COVID-19 vaccines (COVAX) as part of the national immunisation strategy, depending on where the store is located.

Under a funding model agreed upon by the Federal Government and the Pharmacy Guild of Australia, pharmacies based in metropolitan areas will be eligible for payments of \$16 for the initial dose, and \$26 if they also administer the second dose, while pharmacies in zones classified as a Modified Monash Model two (MMM2) or higher, will receive \$19 for the first dose and \$29 for the second.

Meanwhile GPs in MMM1 locations will receive \$55 for administering two doses of the vaccines to patients, with those in MMM2-7 zones earning \$64.90, with all practices will be eligible to claim an additional \$10 Practice Incentive Payment.

In a post on the Rural Pharmacy Network Australia (RPNA) Facebook page, Queensland Guild Branch President, Trent Twomey, noted that the funding was "lower than GP's, and lower than what we wanted, but [it's the] first paid pharmacist vax service in Australia".

"Three weeks ago, pharmacy wasn't even mentioned in the road map," he said.

Details of the expression of interest (EOI) requirements are set to be released today by the Pharmacy Programs Administrator, with new Tasmanian Guild Branch President, Helen O'Bryne, noting that "community pharmacies will be required to demonstrate strict compliance to very high standards... as well as ensuring that they can continue to provide their regular important medication dispensing services in their communities".

However, concerns have been raised about the viability of pharmacy-based vaccine services in single pharmacist stores, with one member of the RPNA group reporting that during the height of the COVID-19 crisis she had to shut her shop to all other services

Priceline pledges to join COVAX effort

PRICELINE Pharmacy stores will participate in the Federal Government's COVID-19 vaccine (COVAX) rollout campaign, General Manager, Andrew Vidler, confirmed.

In a statement released this morning Vidler, said the franchise was committed to taking part in the program, noting the group's "significant store footprint" making it an ideal participant in the vaccine rollout.

"Priceline Pharmacy has a proud history of providing vaccinations to millions of Australian over the years," he said.

"In 2020, Priceline vaccinated more than 350,000 people against the flu alone.

"In 2021, we will comprehensively participate in the COVID-19 vaccination program and are confident of managing this task professionally



and efficiently.

"At Priceline Pharmacy, we are committed to helping the Government protect the health of all Australians."

Vidler thanked the Pharmacy Guild of Australia for its efforts in coordinating the undertaking to ensure pharmacists are authorised to admininster COVAX.



to administer influenza vaccines, as the local "surgery wasn't open at the time" and the "whole process was run at a loss".

Another pharmacist in a single pharmacist store said they had completed a vaccination course two years ago, but had not administered a vaccine since, noting "[it's] not a viable proposition in a single pharmacist pharmacy".

Today's issue of PD

Pharmacy Daily today has three pages of news, plus a front cover page from **Flordis**.

Finding focus

LIFE can be angst-inducing at the best of times, add-in the stresses of on-again off-again COVID-19-related restrictions. Integrative medicine

specialist, Flordis's KeenMind, could help patients find focus, reduce nervous tension and mild anxiety, as they adjust to the new normal of life in 2021. See the **front page** for more.



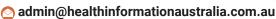
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CHECK OUT OUR 2020 YEAR IN REVIEW

Pharmacy Daili

Mon 1st February 2021

Naloxone expiry date reminder

THE Pharmacy Programs Administrator (PPA) has issued a reminder to pharmacists participating in the Take Home Naloxone Pilot, to check expiry dates on medicines.

In a statement released this morning the PPA noted that following the extension of the trial for an additional four months to 30 Jun, it was important that pharmacists dispose of any expired stock.

"In line with existing processes patients should be encouraged to take any expired or unwanted medicines to their pharmacy for safe disposal," PPA said.

"If discussing the provision of Naloxone, and the person indicates they already have Naloxone, please remind them to check the expiry date, and get a new one if it's out of date."

QUEENSLAND'S pharmacvbased COVID-19 testing trial is set to progress with five pharmacies across the state set to take part, despite opposition from within the profession.

The proposed pilot has been described as "half-baked" and "crazy" by union group, Professional Pharmacists Australia, while the Pharmaceutical Society of Australia (PSA) has previously voiced concerns over "the very public promotion of the trial", which it said was "reckless and sent a very dangerous message that could lead to people potentially with COVID-19 wandering into a pharmacy to get tested" (PD 18 Aug 2020).

The Courier-Mail reported that Queensland Health confirmed the plan to continue with the trial on Fri, with patients who present at the five participating stores with COVIDlike symptoms to be offered a test on the spot.



The pharmacies - based in the Townsville, Cairns, West Moreton, and Metro North health regions will not be advertised.

Australian Medical Association (AMA) Queensland President, Professor Chris Perry, warned the pilot could put pharmacy employees, patients and the general public at risk of contracting the virus.

"We don't want people who believe they may have COVID-19 wandering through shopping

centres or into a pharmacy to be tested," he said.

"This creates unrealistic contact tracing measures and negative business impacts for pharmacies and co-located shops if a positive case is recorded."

A Queensland Health spokesperson told The Courier-Mail that it was "committed to securing the safety of pharmacies, pharmacy staff and the community while ensuring the need for increased surveillance of COVID-19 is met".

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Mon 1st February 2021

Dispensary Corner

"HAPPY Meals" have traditionally been the domain of McDonald's, but a restaurant at a Thai hospital has given the

concept a new twist. Patients and visitors at the Chao Phya Abhaibhubejhr Hospital in Prachin Buri, has added "giggling bread" and "joyfully dancing salad" to its new menu, with the cannabislaced dishes cheering diners up.

Project leader, Pakakrong Kwankao, said that adding the herb to patients' meals "will help the patient to recover faster".

"The cannabis leaf can improve appetite and make people sleep well, and also be in a good mood,"Kwankao said.



Rural Health Alliance climate warning FEDERAL, State and Territory Governments are being urged to take action to address the health implications of climate change. In its position paper on rural health policy in a changing climate,

the National Rural Health Alliance (NRHA) warned, "the cost of inaction on climate change will be much higher than the cost of action".

"Governments must prioritise and support research to assist rural, regional and remote communities to better adapt to and mitigate the direct and indirect effects of climate change on health, including the impact of extreme weather events, risks to agriculture and food security, and the potential threat of vectorborne diseases." the NRHA said.

"Governments will need to address the implications of climate change in their health care planning in terms of prevention, early intervention, primary care, secondary care, tertiary care, crisis and trauma management, mental health service provision, and health care workforce education and training.

"This planning will also need to incorporate the additional costs to health care from both direct and



indirect effects of climate change.

"Governments and other support agencies should determine how best to ensure those members of society already disadvantaged by inequitable access to health care - including those Australians living in rural and remote areas are not further disadvantaged by the impact of climate change on health."

The NRHA reported that rural, regional and remote communities were at the forefront of climate change impacts, which have a negative impact on their health and wellbeing.

"Climate change is a risk multiplier, in that it exacerbates pre-existing health and social issues," the NRHA said.

"For rural communities experiencing significant social and health inequities, including food insecurity, climate change accentuates these inequities, adding an additional burden to an already socioeconomically and environmentally challenged population.

"Communities in rural and remote Australia are highly vulnerable to the health-related effects of climate change."

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