

Submission to the Tasmanian House of Assembly Select Committee on
Transfer of Care Delays (Ambulance Ramping)

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Contents

Purpose of this submission	2
About PSA.....	2
About pharmacists in Tasmania	2
Introduction	3
Comments on the Terms of Reference	3
(e) measures taken by other Australian and international jurisdictions to mitigate transfer of care delays and its effects.....	3
(f) further actions that can be taken by the State Government in the short, medium, and long term to address the causes and effects of transfers of care delays	Error! Bookmark not defined.
(g) any other related matters incidental thereto	Error! Bookmark not defined.
Next steps	8

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Purpose of this submission

The Pharmaceutical Society of Australia (PSA) is pleased to make this submission in response to the Tasmanian House of Assembly Select Committee on Transfer of Care Delays (Ambulance Ramping).

About PSA

PSA is the only Australian Government-recognised peak national professional pharmacy organisation representing all of Australia's 36,000 pharmacists working in all sectors and across all locations.

PSA is committed to supporting pharmacists in helping Australians to access quality, safe, equitable, efficient and effective health care. PSA believes the expertise of pharmacists can be better utilised to address the health care needs of all Australians.

PSA works to identify, unlock and advance opportunities for pharmacists to realise their full potential, to be appropriately recognised and fairly remunerated.

PSA has a strong and engaged membership base that provides high-quality health care and are the custodians for safe and effective medicine use for the Australian community.

PSA leads and supports innovative and evidence-based healthcare service delivery by pharmacists. PSA provides high-quality practitioner development and practice support to pharmacists and is the custodian of the professional practice standards and guidelines to ensure quality and integrity in the practice of pharmacy.

About pharmacists in Tasmania

In Tasmania, there are 900 registered pharmacists practising in diverse settings and locations including, for example: community pharmacies, public and private hospitals, aged care facilities, general medical practices, disability care homes, Aboriginal Community Controlled Health Organisations, poisons information centres, Primary Health Networks, public health organisations, academia, pharmaceutical industry, the military, and Tasmanian Government departments and agencies and within other private sector organisations.

Introduction

PSA appreciates the work undertaken to date on long-term reform by the Tasmanian Government with the objective of delivering integrated and sustainable health services for Tasmanians.

The use of medicines is the most common intervention made in health care and is steadily increasing. Many Tasmanians rely on medicines for acute, chronic or complex health conditions. Depending on individual circumstances, medicines are essential to support recovery from illness or injury, or may be required to maintain good health and minimise the need for serious or high cost medical interventions. Pharmacists oversee and facilitate safe and appropriate use of medicines to improve people's health and quality of life, treat infectious diseases, reduce likelihood of heart attacks or strokes, provide temporary relief from debilitating pain or ease the impacts of chronic diseases. Regular use of medication must be monitored and, if necessary, adjusted as a person's health or disease status changes over time. Medicines can also deliver flow-on benefits such as productivity through participation in the workforce and in the community.

The focus of PSA's comments in this submission is to outline how best to utilise pharmacists' unique expertise to improve medication safety and quality use of medicines, promote timely access to medicines and preventive health care, and deliver healthcare services which reduce the burden on the Tasmanian hospital system.

Comments on the Terms of Reference

Pharmacists possess unique expertise on medicines and medication management, and are fundamentally committed to person-centred care, evidence-based best practice, collaborative team care arrangements and quality improvement. Pharmacists use their expertise in medicines to optimise health outcomes and minimise medication misadventure. Consistent with Australia's [*National Medicines Policy*](#), pharmacists have a primary responsibility to contribute to the quality use of medicines (QUM), to support the safe, appropriate, judicious and effective use of medicines. Pharmacists also have a key role in improving public health, investing in preventive health activities and services, and assisting patients, carers and other health practitioners with health and medicine related information and queries.

The care, wellbeing and safety of the person are at the centre of all aspects of pharmacy practice which is governed by a comprehensive framework of legal, professional and ethical standards. As the profession's standards-setting body, PSA is the custodian of pharmacists' competency standards, code of ethics, quality practice standards, professional guidelines and clinical governance principles framework. PSA is also regarded as the leading provider of high quality, accredited professional development education and training.

Pharmacists are committed to respecting and supporting the rights, choice and dignity of people and recognising diversity. Equity and timeliness of access to quality and safe care and delivering according to individual need and in a non-discriminatory manner are fundamentally important.

(e) measures taken by other Australian and international jurisdictions to mitigate transfer of care delays and its effects

Community pharmacists and the pharmacy network. Pharmacists practise in a wide and diverse range of settings although the public and patients would generally be most familiar with pharmacists in community pharmacies. Australia has a well-distributed network of over 5,700 community pharmacies. Standards Australia's *Quality Care Community Pharmacy Standard* (AS 85000:2017) forms the basis of the accreditation program for the practice of community pharmacy in Australia.

Annually in Australia, it is estimated¹ that there are up to 922,012 unnecessary visits to emergency departments for self-treatable conditions, at a cost of up to \$493.8M.

Beyond the budgetary implications, which are significant, these unnecessary emergency presentations also highlight how the structures of Australia's primary care environments and service have resulted, in some spaces, in the underutilisation of Australia's healthcare workforce and resources; most notably, community pharmacy.

Researchers have estimated that 7-21.2% percent of all GP consultations and 2.9-11.5% percent of all emergency department services in Australia could be safely transferred to a community pharmacy.²

The Australian Institute of Health and Welfare report, 'Use of emergency departments for lower urgency care: 2015-16 to 2017-18', found that presentations to hospital emergency departments for lower urgency care may be avoidable through provision of other appropriate health services in the community.³

A comprehensive 2019 evaluation⁴ of a minor ailments scheme conducted by the University of Technology Sydney estimated that between \$380M - \$1.26B could be saved annually if a common ailments scheme in community pharmacy was funded and implemented nationally.

The trialled minor ailments scheme in the UTS study focussed on respiratory, gastrointestinal and pain conditions and utilised localised clinical HealthPathways (developed by the Primary Health Network) and communication with the regular GP via HealthLink secure messaging. These resources and infrastructure exist in Tasmania and could easily be adapted to facilitate a statewide funded minor ailments scheme in this state.

More recently, pharmacists in other jurisdictions are increasingly being enabled to practise to expanded scope in community pharmacy environments (figure 1). Of relevance to relieving pressure on emergency departments are the ability to treat uncomplicated urinary tract infections, treating shingles, and the early management of cellulitis. The recently released Pharmacist Scope of Practice Review Final Report⁵ recommends expanding the scope of practice of pharmacists in the area of disease management, including expanded acute and common illness management, screening for preventative health, and collaborative models for management of chronic disease. Progressing the implementation of these recommendations will enable pharmacists to do more to keep Tasmanians from unnecessarily presenting to alternative care providers and reduce hospital presentations.

¹ University of Technology: An Australian Minor Ailment Scheme - <https://www.uts.edu.au/sites/default/files/2019-11/Executive%20Summary%20%28w%20%29.pdf>

² University of Technology: An Australian Minor Ailment Scheme - <https://www.uts.edu.au/sites/default/files/2019-11/Executive%20Summary%20%28w%20%29.pdf>

³ Australian Institute of Health and Welfare: Use of emergency departments for lower urgency care: 2015-16 to 2017-18 - <https://www.aihw.gov.au/reports/primary-health-care/use-of-ed-for-lower-urgency-care-2018-19/contents/about>

⁴ University of Technology: An Australian Minor Ailment Scheme - <https://www.uts.edu.au/sites/default/files/2019-11/Executive%20Summary%20%28w%20%29.pdf>

⁵ KPMG: Pharmacist Scope of Practice Review Final Report - <https://www.health.tas.gov.au/publications/pharmacist-scope-practice-review-final-report>

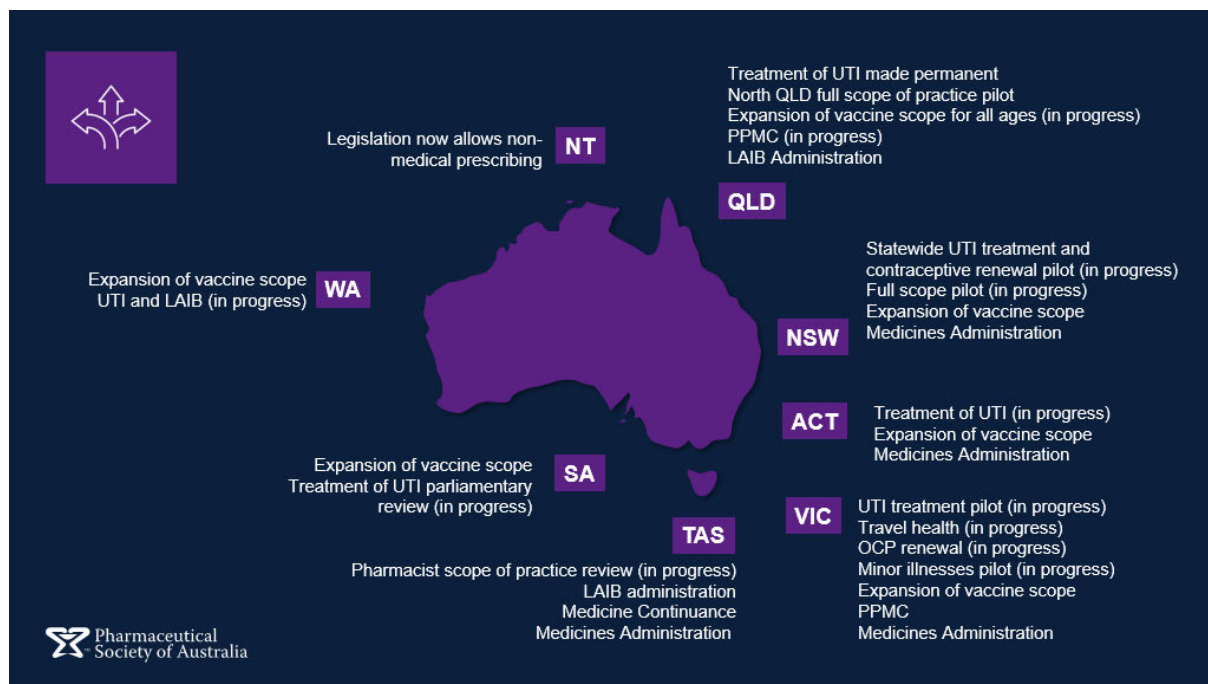


Figure 1: Expanded scope for pharmacists across jurisdictions

Hospital pharmacists. In Partnered Pharmacist Medication Charting (PPMC) a pharmacist conducts a medication history with a patient, develops a medication plan in partnership with the medical team, patient and treating doctor, and then the patient charts the patient's regular medications and the doctor charts any new medications. This model has been shown to reduce the proportion of inpatients with at least one medication error on their chart by 62.4% compared with the traditional medication charting method, while also reducing the length of inpatient stay by 10.6%.⁶

A Deakin University health economic evaluation of more than 8500 patients has explored the impacts of PPMC models upon patients in emergency departments and general wards. The economic evaluation also showed a decrease in the proportion of patients with at least one medication error from 19.2% to 0.5% and a reduction in patient length of stay from 6.5 days to 5.8 days. The estimated savings per PPMC admission was \$726, which in the replication was a total hospital cost saving of \$1.9 million with the five health services involved in the PPMC service continuing their operations.⁷

A rollout of PPMC in Emergency Departments in THS hospitals has successfully shown improved patient medication safety. An expansion of this model throughout the rest of the hospital wards and sites statewide, and staffing the service in emergency at all times, will result in improved medication safety, improve patient flow, and reduce the chance of readmissions due to medication misadventure.

⁶ Society of Hospital Pharmacists Pre-Budget Submission 2022-23: https://shpa.org.au/publicassets/ee522bee-ad84-ec11-80e0-005056be03d0/shpa_pre-budget_submission_2022-23.pdf

⁷ Deakin University: Health Economic Evaluation of the Partnered Pharmacist Medication Charting (PPMC) Program: <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.safercare.vic.gov.au%2Fsites%2Fdefault%2Ffiles%2F2020-12%2FPPMC%2520Health%2520Economic%2520Evaluation%2520Final%2520Report.docx&wdOrigin=BROWSELINK>

The recently released Pharmacist Scope of Practice Review Final Report⁸ supports the expansion of PPMC and recommends an expanded role for pharmacists in the PPMC model to 'prescribe' both new and pre-admission medications for patients. It recommends expanding the model to additional specialities beyond emergency medicine, including intensive care and oncology, and reducing administrative and legislative burdens, such as medical practitioners' signatures following verbal agreement of a treatment plan. Implementing this recommendation would have significant benefits to patient medication safety, and potentially improve patient flow through the hospital as the process of medication charting and discharge charting is streamlined.

Also of note is a study in the UK where they examined the emerging roles for pharmacists as part of the emergency care workforce and determined to what extent pharmacists could undertake clinical management of patients.⁹ In a categorisation of over 18,000 ED presentations, it was demonstrated that community pharmacists could manage up to 8% of presentations in ED. With additional training, such as a 12-month diploma in clinical examination skills, clinical health assessment and diagnostics, a further 28% of cases could be managed in the ED. These pharmacists, collectively termed Emergency Department Pharmacist Practitioners (EDPPs), take clinical responsibility for certain patients with minor ailments and minor traumas in hospital emergency departments. Upskilling and enabling pharmacists in emergency departments to contribute to more clinical care of minor presentations could take the pressure off other clinicians to deal with presentations of greater clinical complexity.

Rural and remote Tasmanians. Community pharmacists are accessible and generally located close to where people live. Often in rural and remote regions, pharmacists are one of the only frontline healthcare providers. In such areas, in addition to supplying essential medicines and advising on medication management issues, pharmacists provide early intervention, triage and support for a variety of health conditions or events.

PSA suggests there must be greater flexibility to deliver tailored patient care, including in settings that best suit the needs of the patient in rural and remote locations. Importantly, PSA strongly advocates for greater provision of services by pharmacists and for community pharmacies to be utilised as healthcare hubs in regions where other services are lacking, including facilitating telehealth appointments with other services and general practitioners.

After hours care. After hours primary health care is an integral part of an accessible and comprehensive health system. Unfortunately, many patients remain unable to access afterhours care by a general practitioner. This drives the decision by some Tasmanians to visit EDs.

PSA suggests there must be continued efforts to increase patient access to after hours primary health care and triaging services. PSA re-iterates strong support for after hours pharmacy models – it is vital that we work to reduce the number of people presenting at emergency departments for minor ailments and medications. We suggest the services funded through the recent Tasmanian Government After Hours General Practice Support Grant should be reinstated and made permanent.

PSA trialled a Pharmacist Afterhours Advice Line with funding from a Tasmanian Government After Hours General Practice Support grant. The phone line was available from 6pm to midnight 7 days a week. During the trial period, (8 months) 523 calls were received from patients in their homes and

⁸ KPMG: Pharmacist Scope of Practice Review Final Report - <https://www.health.tas.gov.au/publications/pharmacist-scope-practice-review-final-report>

⁹ NHS: Pharmacists in Emergency Departments – A Commissioned Study by Health Education England: <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Policy%20statements/PIED%20National%20Report.pdf?ver=2016-10-13-150131-640>

disability services workers needing afterhours support to assist their clients. Half the calls were referred from other health advice lines, with the majority being referred by HealthDirect. A small number of calls resulted in patients being referred to ED for further treatment of acute conditions, but the majority of callers were able to be managed the advice the pharmacist provided. Bolstering the afterhours services available to Tasmanians would improve patients ability to have confidence in self managing their condition and reduce the need for low acuity presentations to ED.

Aged care. Medication safety is a major concern for older people, both in the community and in residential care. Around twenty per cent of unplanned hospital admissions for aged care residents are a result of inappropriate medicine use.¹⁰ For residents taking more than one potentially inappropriate medicine concurrently the risk of unplanned admission is even higher. Types of hospital admission that may result from older people using potentially inappropriate medicine include falls, heart failure, confusion, constipation, and gastrointestinal bleed.¹¹ PSA believes embedding pharmacists within aged care facility teams will enable a greater level of medication safety for older people and reduce their risk of unplanned hospital presentations.

PSA has previously outlined that implementing pharmacist collaborative prescribing would have positive impacts for Tasmanians in aged care, including:

- Reduction in the use of psychotropic medicines/chemical restraints, improving the quality of life;
- Reduction in unplanned hospitalisations from medicine-related adverse events,
- More rational use of medicines – examples include:
 - opioid medicines, resulting in improved pain management.
 - antimicrobials, resulting in use in accordance with local resistance patterns and treatment recommendations

The recently released Pharmacist Scope of Practice Review Final Report¹² recommends expanding the PPMC model discussed above to additional contexts, including residential care facilities. It also recommends exploring the potential for collaborative multidisciplinary prescribing within the aged care setting, taking the PPMC model further. Under this recommendation pharmacists could work in partnership with the resident's medical practitioner and prescribe medication and titrate doses in accordance with an agreed clinical management plan. Utilising pharmacists in this role would increase the timely access to medication review and change, where required, for residents of aged care facilities, especially those whose GP doesn't regularly attend the facility. Improving the appropriate use of medicines for residents will reduce the risk of unplanned hospital presentations due to medicines and should be a priority.

¹⁰ . Price S, Holman C, Sanfilippo F, Emery J. Are high-care nursing home residents at greater risk of unplanned hospital admission than other elderly patients when exposed to Beers potentially inappropriate medications? *Geriatrics and Gerontology International*. 2014;14:934-941.

¹¹ Ní Chróinín D, Neto HM, Xiao D, et al. Potentially inappropriate medications (PIMs) in older hospital in-patients: Prevalence, contribution to hospital admission and documentation of rationale for continuation. *Australasian journal on ageing*. 2016;35(4):262-265.

¹² KPMG: Pharmacist Scope of Practice Review Final Report - <https://www.health.tas.gov.au/publications/pharmacist-scope-practice-review-final-report>

Next steps

Improving patient flow through the tertiary hospitals will require system-wide changes, much broader than simply better utilisation of pharmacists. However, there are areas where pharmacists can assist to improve patient care and achieve better outcomes within the hospital system and within the community. Implementing the recommendations from the recent Pharmacist Scope of Practice Review will go a long way to optimising the role pharmacists can play in relieving pressure on the system.

PSA looks forward to opportunities to work in partnership with the Government to improve transfers of care for Tasmanians.