



The Pharmacy
Guild of Australia

SUBMISSION

Select Committee on COVID-19

Australian Government's response to the COVID-19 pandemic

May 2020

National Secretariat

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Ref: SP3000-1888447351-16

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INTRODUCTION

The Pharmacy Guild of Australia (“the Guild”) welcomes the opportunity to provide a submission to the *Senate Select Committee on COVID-19*.

The Guild would like to acknowledge all Australians and the impact that the COVID-19 pandemic has had on the whole nation, and in particular those who have tragically lost their lives or had their livelihoods affected.

The Guild commends all levels of Governments, and government agencies for their overall response to the COVID-19 pandemic. The positive position we find ourselves in today, is in no doubt due to the governments’ approach of listening to the medical experts and taking a proactive and rapid response to implementing measures to protect all Australians. The focus on ‘Lives, and Livelihoods’ is a balanced approach to put Australia in the best position to deal with the health, social and economic legacy that this pandemic will leave on individuals, businesses and the country as a whole.

The Pharmacy Guild of Australia is the national peak organisation representing community pharmacies in Australia. It strives to promote and support community pharmacies as the appropriate providers of primary frontline healthcare through optimum therapeutic use of medicines, medicines management and other related services. Community pharmacies provide timely, convenient and affordable access to the quality and safe provision of medicines – most notably through the Pharmaceutical Benefits Scheme (PBS) – and other healthcare services by pharmacists who are highly skilled and qualified health professionals.

Community pharmacy is an essential and trusted part of Australia’s primary healthcare system. Each year there are 458 million patient visits¹ (approximately 8.8 million per week) to community pharmacies making pharmacists the most visited healthcare professional in Australia. The community pharmacy network, which represents over 5,700 community pharmacies and a workforce of approximately 80,000 pharmacists and pharmacy assistants, is one of Australia’s most accessible health networks, dispersed right across urban, regional and remote areas.

The Guild is committed to working with other healthcare professionals, stakeholders, community organisations, and all levels of Government in Australia to improve safe and quality healthcare services and health infrastructure that aim to support all Australians, including in times of crisis or disaster.

The COVID-19 pandemic has caused significant strain on the health system as Australia prepared for a potential peak of cases that would exhaust current capacity in our hospitals. The measures to ‘flatten the curve’ have been embraced by Australians, including social distancing, gathering restrictions, and requirements for self-isolation or quarantine. Community pharmacists and pharmacy assistants, as frontline health professionals, continue to play a vital role in ensuring patients receive their medicines and advice throughout the coronavirus crisis, despite risks to their own personal health, safety and security.

¹ PBS Date of Supply, Guild Digest, <http://www.abs.gov.au/ausstats/abs@.nsf/mf/3101.0>

RECOMMENDATIONS

1. That community pharmacists be formally recognised to be involved in national emergency and disaster (including pandemics) planning and preparedness, and response and recovery measures.
2. That community pharmacists and pharmacy support staff be recognised as frontline and essential primary healthcare providers providing a critical role and value to the health system.
3. That business continuity support be provided to community pharmacy to maintain public access to medicines and health services during a pandemic, national emergency or disaster and throughout the recovery phase.
 - 3.1 That a business continuity contingency fund be established to support pharmacies that are required to respond to a positive COVID-19 case, especially in rural and remote areas.
 - 3.2 That the good faith leasing principles be extended to the recovery period to ensure tenants have certainty over leasing arrangements and costs.
 - 3.3 That the financial support measures are strengthened and maintained now and during the recovery period and any existing schemes are monitored to ensure they are fit for purpose and assist the economy to recovery.
 - 3.4 That the 'Roadmap to Recovery' be based upon safe workplace practices and adhere to WHS principles.
4. That the Australian Government coordinates with the medicine supply chain for the early implementation of management strategies to maintain equitable and reliable medicine access by Australians during the current, or any future, crisis.
 - 4.1 That temporary services should be structured to ensure the policy objectives are met whilst ensuring a viable offering for the pharmacy.
5. That there is ongoing and early collaboration between the Commonwealth and State and Territory governments and stakeholders to coordinate policy and regulatory changes and to consider and address implementation issues.

RESPONSE TO COVID-19 BY COMMUNITY PHARMACY HAS BEEN EXCEPTIONAL

The community pharmacy network has been on the frontline of the nation's response to the COVID-19 pandemic, ensuring continued access to medicines and primary health care services, as well as a source of education, advice and reassurance for all Australians.

Community pharmacies have been faced with many pressures during this time. They have sustained increased workloads and the need to rapidly adapt systems and workflows to address issues stemming from panic buying of medicines, medicine shortages, telehealth image-based prescriptions, social distancing and physical restriction measures, heightened infection control procedures, sourcing personal protective equipment for staff and the public, and the high demand for influenza vaccinations. They have been on the end of verbal and physical abuse in trying to uphold restrictions and measures put in place by the Government regulations. They have been coming to work each day amongst fears for their own, and their families, health and safety.

The Guild continues to work closely with governments, various business and healthcare stakeholders, and the pharmacy sector to support measures required to respond to the pandemic. We have seen flexible, innovative and collaborative responses to address policy and practical issues.

This submission will address some of the issues and barriers that community pharmacy experienced, with a number of recommendations for consideration to improve future activities during COVID-19, or indeed, if and when another emergency or disaster situation should arise. The recommendations also call for permanent changes to policy and governance in the best interests of patients.

COMMUNITY PHARMACY INVOLVEMENT IN EMERGENCY PLANNING AND PREPAREDNESS

Recommendation 1

That community pharmacists be formally recognised to be involved in national emergency and disaster (including pandemics) planning and preparedness, and response and recovery measures.

Community pharmacies are primary health care providers, as well as small businesses, owned and managed by registered pharmacists, providing a clinical governance framework to ensure quality and safe pharmacy services.

Community pharmacies have been responding to the COVID-19 pandemic on two fronts:

- as health professionals and primary healthcare providers ensuring continued access to essential medicines and health services; and
- as small businesses adjusting to workplace restrictions and flexibility, health and safety of staff, commercial tenancy arrangements and business sustainability.

The variety of issues that have arisen and been addressed by community pharmacists during the pandemic demonstrate that pharmacists must be involved in government action plans for national emergency and disaster planning and preparedness.

During COVID-19, community pharmacy has been involved in the following:

- Part of the medicine supply chain – medicine shortages including influenza vaccines, therapeutic substitution, medicine supply limitations on prescription and non-prescription medicines, medicine scheduling changes, and TGA advertising regulation changes for hand sanitisers
- Part of the telehealth measures – workflow and regulatory changes for image-based prescriptions, home delivery of medicines to vulnerable and isolated patients, ‘fast-tracking’ of electronic prescriptions
- Reducing transmission of the virus – physical distancing, gathering restrictions, increased infection control and hygiene measures, PPE, and educating public about the virus and infection control measures
- Health measures – encouraging continued management of chronic diseases and ongoing access to essential medicines, administration of influenza vaccines, assessing and referring patients for testing for COVID-19
- Workplace relations and small business issues – providing safe workplaces for pharmacy staff, flexible working environment, commercial leasing, JobKeeper, etc.

Pharmacists have expert knowledge in medicines and medicines management that, under the right framework, can significantly improve health outcomes and quality of life for individuals during an emergency or disaster.

To help prepare for future emergencies, community pharmacies can provide real-time information on the ground and in their communities to key decision makers to effectively plan responses. For example, community pharmacies can provide regular updates on medicine supply, logistical requirements including transport and storage of medicines, and availability and personal protective equipment shortages, which will help better prepare for a crisis before it occurs. Pharmacists can also provide this information during an emergency situation, so the medicine and equipment responses can be targeted at the communities that need them most.

It is wholly appropriate that community pharmacists are included in national natural disaster or emergency relief and recovery taskforces in the future. The Guild should also be one of the key professional organisations working with disaster planning agencies to support community pharmacies and their communities in a disaster.

COMMUNITY PHARMACY IS FRONTLINE PRIMARY HEALTHCARE

Recommendation 2

That community pharmacists and pharmacy support staff be recognised as frontline and essential primary healthcare providers providing a critical role and value to the health system.

There are approximately 80,000 Australians working on the frontline of the COVID-19 pandemic in community pharmacies, ensuring continued access to medicines and essential primary care health services and medicine management programs.

Primary health care usually involves the first, or primary, level of services that a patient encounters in the health system. While most patients receive primary health care through their GP, other primary health care providers include nurses, allied health professionals, midwives, dentists, Aboriginal health workers, and pharmacists². Yet community pharmacies are often the first port of call for both well, and unwell, people to come to for their various health needs.

However, there are many examples of measures or programs put in place throughout the pandemic that have left community pharmacies and their staff exposed, abused, overwhelmed with workload and workflow changes, and feeling undervalued as a part of the health system, with little recognition that they are health care workers.

The focus of the Department of Health's measures to support primary healthcare needs to equitably consider the range of health professionals and their role in the pandemic and not be focused solely on general practice. Community pharmacies in some States welcomed the funding provided by governments to implement infection control and physical distancing modifications through state-based funding as a small business, rather than as a health provider.

Community pharmacies on the frontline

Community pharmacies have remained open during the COVID-19 pandemic to ensure continued access to medicines and medicine management programs and services. Continuing face-to-face interactions with the public have put pharmacists and pharmacy assistants at increased risk and caused heightened anxiety for their own and their families' health, especially those who are in the vulnerable category.

Pharmacy owners and managers have had to manage how the pharmacy operates from the perspective of reducing risk of transmission of the virus (between staff and to/from patients), as well as managing business aspects such as their workplace health and safety obligations. For example, many pharmacies split staff into 'teams' to reduce the risk of cross-infection and consequences if there was a positive case amongst staff, with the added wage cost borne by the pharmacy.

As another example, the Guild sought advice from the Department of Health regarding exemptions from the requirements for patient signatures when collecting a PBS prescription in order to mitigate risk of transmission from sharing pens. The Department's response of still requiring signatures 'unless not practically able to' reluctantly acknowledged that pharmacists needed to manage transmission as well as the safety of staff and patients and did not respect that community pharmacies were a frontline health service provider that still had a significant volume of face-to-face interactions and had to manage anxious patients and anxious staff.

The government has a responsibility to ensure that administrative requirements for service providers are amended to reflect the needs of pharmacists as health professionals and employers to manage the health and safety of their staff and patients.

² <https://www1.health.gov.au/internet/publications/publishing.nsf/Content/NPHC-Strategic-Framework-phc-australia>

Personal Protective Equipment (PPE)

The global shortage of PPE, particularly masks, certainly provided a challenge to Australia's pandemic response.

The Guild recognises the prioritisation of the limited supply of masks to those health services most likely to come in contact with a suspected or confirmed case of COVID-19, and were pleased to be included in the providers who received limited supplies of masks from the National Medical Stockpile distributed through PHNs in each tranche.

However, many community pharmacies reported extreme difficulty in obtaining access to these masks, with some PHNs hesitant to provide PPE to pharmacies. Community pharmacists have continued face-to-face interactions with patients throughout the pandemic with physical distancing whenever possible. Pharmacies have reported patients being instructed by their GP during a telehealth consultation to attend the pharmacy for point of care testing such as blood pressure measurements putting the transmission risk on to the pharmacist. Yet, there have been extensive problems with community pharmacies accessing PPE from PHNs.

Additionally, the capacity of PHNs to provide logistical support to primary care in this manner and magnitude may not be as efficient as the distribution through existing mechanisms such as medical or pharmaceutical supply organisations.

Testing criteria

In the early stages of the pandemic when testing for COVID-19 was restricted to certain eligibility criteria, there were reports of pharmacists and pharmacy assistants in some States and Territories being refused testing as they were not considered health care workers.

The Guild asked for clarification of the CDNA's definition of health care workers and received a response stating that, *"it usually encompasses Healthcare workers and other staff with close patient contact who work in hospitals or residential/aged care facilities. Working in a pharmacy (essentially retail) would not necessarily put you in that 'close contact' category"*.

Pharmacists are registered health professionals and pharmacies, during COVID-19, are considered 'essential gatherings' as stated in government resources. There are many activities that pharmacies provide that may exceed the 15 minutes 'close contact' definition, including providing vaccinations, medicine reviews or addressing medicine related queries/problems.

Community pharmacy staff do not have the ability to work remotely, and are potentially being exposed to infection, especially as we progress into the cold and flu season. Community pharmacy is a primary health care provider whose practice is in a highly accessible business environment.

The implications of a confirmed case of COVID-19 requiring closure of a pharmacy would mean disruption to access to medicines and pharmacy services for the community, especially in rural and remote areas. In a worst-case scenario this could be up to 14 days if a pharmacist is required to self-isolate and there are no locums available, or able to travel to the area.

All community pharmacy staff should be considered as frontline, essential health workers and should have access to priority testing equivalent to any other primary health care worker.

Continued dispensing

The continued dispensing arrangements in place for the bushfire crisis were extended due to COVID-19 to ensure patients could access PBS medicines in the event that they were self-isolating or unable to attend a consultation with their prescriber.

The eligibility for continued dispensing for once only per 12 months however has highlighted an issue with this criterion in that it would pose issues for a patient affected by the fires earlier in the year, and now COVID-19.

Continued dispensing remains a practical and safe approach to ensuring continuity of care for patients in emergency situations such as natural disasters or pandemics. The Guild continues to advocate for this to be implemented on an ongoing basis, and not just in declared emergency situations. Personal emergencies, such as domestic violence, show the breadth of situations patients may face where access to a supply of medicines without requiring a prescription would be appropriate.

COMMUNITY PHARMACY REQUIRES BUSINESS CONTINUITY SUPPORT

Recommendation 3

That business continuity support be provided to community pharmacy to maintain public access to medicines and health services during a pandemic, national emergency or disaster and throughout the recovery phase.

Business continuity contingency fund

Recommendation 3.1

That a business continuity contingency fund be established to support pharmacies that are required to respond to a positive COVID-19 case, especially in rural and remote areas.

A major concern of community pharmacy owners throughout the pandemic has been the implications of needing to close the pharmacy due to a positive COVID-19 case of a staff member or contact patient who is a suspected or confirmed case, including the impact on patient care and access to medicines or services such as Opioid Replacement Therapy, Dose Administration Aids or service arrangements for aged care facilities or vulnerable communities.

Community pharmacies have remained open during the pandemic and had no barriers to entry when supplies of PPE and hand sanitiser were thin. Unlike GPs, telehealth was not an option for core services of dispensing and medicine supply. The need for contingency funding is greater than other sectors of the economy.

Two States have provided small grants or reimbursement to support pharmacies to make modifications to minimise transmission and infection risk, or to respond to a positive case. Whilst this is very much welcomed by community pharmacies in these States, the funds provided were varied, and costs were often well in excess of funding received.

The ability of the pharmacy to follow health authority advice in terms of cleaning, testing and self-isolation of staff is variable across the community pharmacy network due to factors such as location, staff numbers and skill set, access to locums or replacement staff, size and independence of the pharmacy.

The Guild has requested that a business continuity contingency fund of maximum \$150 million, equating to \$25,000 per pharmacy, be established to support pharmacies only in the event of a positive case to rapidly implement continuity measures in order to minimise impact to the community, especially in rural and remote areas where access to another pharmacy may be limited. The risk is still possible with concerns of a second wave of the virus.

Commercial Leasing

Recommendation 3.2

That the good faith leasing principles be extended to the recovery period to ensure tenants have certainty over leasing arrangements and costs.

The Government's Mandatory Code of Conduct on commercial leasing recognised the significant burden faced by both landlords and tenants in maintaining a presence to continue operating in the circumstances, providing employment opportunities and, services to the community.

The Code's set of good faith leasing principles apply to negotiating amendments in good faith and these principles need to be extended to the recovery period to ensure tenants have certainty over leasing arrangements and costs.

Any agreed amendments to leasing arrangements, taking into account the impact of the pandemic on the tenant, with specific regard to its revenue, expenses and profitability becomes impossible if only 'turnover' or JobKeeper are used as the eligibility benchmark to receive financial assistance for a wage offset or rental waiver. It is impossible for pharmacy owners to negotiate a rental deferment unless there is a 30% drop in turnover. Instead, downturn in profit should be used as the indicator of ability to pay recognising the size and financial structure of these businesses.

Eligibility for JobKeeper can currently be met at any time for the period to 27 September 2020, whereas COVID-19 related lease negotiations are occurring now. It must be noted that even if a small business is not eligible for JobKeeper currently, it does not mean that they are not suffering a negative trading impact from COVID-19, and therefore it should not exclude them from access to the Code, as it currently does.

It is also inequitable; a business that is now experiencing a reduction in turnover of 15-25 per cent will not receive coverage (nor the benefits of JobKeeper to assist supporting staff payments). It is an unintended consequence that SMEs with reductions in turnover of less than 30 percent are therefore ineligible for JobKeeper support. These businesses would be in a significantly more dire situation (in terms of meeting its fixed costs) than a business whose turnover did in fact drop 30 per cent was receiving full JobKeeper support.

Turnover is an inappropriate indicator as it often does not reliably correlate with the financial ability of the business to afford expenses (such as rent). In recent years, community pharmacies have been operating on declining profit margins due to competitive pressure, high fixed costs (such as rent) and subdued economic conditions. A small reduction in turnover, with an inflexible fixed cost base, may be sufficient to put the small business owner into an operating loss scenario.

Importantly for community pharmacy, profitability also allows for consideration of the impact of the supply of high-cost medicines (however with a low return on investment) which can substantially and artificially increase pharmacy turnover.

It is critically important that a small business tenant needs to be able to get advice and help to increase their understanding of market and rental trends and movements. Some leases and associated rental abatement or incentive agreements contain confidentiality clauses that prohibit a tenant from disclosing the information. The use of confidentiality clauses is becoming increasingly common with tenants that do not have this restriction on them being directed to sign one and surrender detailed financials before negotiation can begin. This leads to opaque and distorted markets that disadvantage small business due to the lack of transparency. Multi premises landlords, e.g. shopping centres, syndicates and property agents, have access to substantially more market information than a small business tenant. Again, without access to the national code, small businesses are exposed to this behaviour.

Therefore, it is concerning that the intent and principles of the National Code will not be honoured due to the focus on (1) JobKeeper eligibility and/or (2) a requirement for a decrease in turnover (and not profitability) and as a result many small business will not only suffer financial stress or hardship as a result of COVID-19 but will not be able to access rental support.

It was the responsibility of the respective State and Territory Governments to be fully on board for the implementation of the Code by developing complementary legislation to protect businesses (up to \$50 million turnover) in their jurisdictions. There have been issues/concerns with the implementation process and development of legislation/regulations to support the Leasing Code, specifically that it has varied significantly across states and territories, and outside the intent of National Cabinet.

Business Finances

Recommendation 3.3

That the financial support measures are strengthened and maintained now and during the recovery period and any existing schemes are monitored to ensure they are fit for purpose and assist the economy to recovery.

Business sustainability and avoidance of bankruptcy will be our single largest challenge during the COVID recovery period. Leasing and rents and jobs are likely the key factors. There will be failures compounding post September unless a tiered or triaged step down is conducted.

A wide range of finance support has been developed for business to assist in continuing operating and providing employment opportunities in the situation. Some of the support includes the new Banking Code, the Government's JobKeeper scheme, \$100,000 per business cash flow support, the \$30,000 asset write off and accelerated depreciation schedule.

These measures must be strengthened and maintained - and regularly reviewed - now and during the recovery period.

Some businesses will not survive any sudden curtailment of COVID-19 support measures and existing schemes need to be constantly monitored during the recovery period to ensure they are fit for purpose and assist the economy to recovery.

Workplace flexibility

Recommendation 3.4

That the 'Roadmap to Recovery' be based upon safe workplace practices and adhere to all WHS principles.

Workplace flexibility has become a feature of Australia's response to COVID-19 and principles implemented during this pandemic can be applied and built on during the recovery phase and into the future.

However, the 'Roadmap to Recovery' must be based upon safe workplace practices and must adhere to all WHS principles, including where people are required to work from home or remotely.

MEDICINE SUPPLY CHAIN NEEDS TRANSPARENCY AND EQUITY

Recommendation 4

That the Australian Government coordinates with the medicine supply chain for the early implementation of management strategies to maintain equitable and reliable medicine access by Australians during the current, or any future, crisis.

Medicines Shortages

Medicine shortages have been a constant and ongoing problem in Australia, exacerbated by the pandemic through early panic-buying and stockpiling as well as local and global supply disruptions. Non-standardised and changing ordering and supply restrictions implemented early during the crisis caused both confusion for pharmacy staff placing orders and inequitable access. As a result, many pharmacies were unable to reliably meet their community needs with many essential medicines.

The Therapeutic Goods Administration (TGA) Medicines Shortage Working Party, consisting of all elements of the supply chain, worked together to implement:

- limits for the supply of some prescription and non-prescription medicines – pharmacists dealt with verbal and sometime physical abuse while trying to uphold limits
- scheduling changes for high demand medicines such as salbutamol and hydroxychloroquine, and
- establish the Serious Shortage Medicine Substitution (SSMS) process ('therapeutic substitution') – the model implemented is a complex process involving TGA notification on each occasion, implication under State and Territory laws, and substituted medicines are not generally covered by the PBS. It does not recognise the professional expertise of pharmacists.

A survey of community pharmacists by the Guild³ identified key issues experienced by community pharmacies including delivery of incomplete orders, cancellation of backorders without being requested and lack of awareness of ordering restrictions implemented by wholesalers.

³ Medicine Shortages – Community Pharmacy Survey

The survey highlighted the following issues associated with medicine supply disruptions:

- Vulnerable patient groups were most at risk (Indigenous Australians, aged care residents, rural and remote communities, people living with chronic health conditions)
- Patients were inconvenienced while pharmacists worked to access medicines (ranging from increased wait times, to traveling sometimes hundreds of kilometres to another pharmacy to obtain their medicine)
- Patients having to visit multiple pharmacies at a time when they were being requested to stay home
- Patients missing doses of medicines (reported by over 60% of respondents)

As a result of the survey, the Guild has made five key recommendations to the TGA Working Party to inform improvements for the supply of medicines within Australia, both for the remainder of the COVID-19 pandemic and for future pandemics or other emergencies.

The recommendations are:

1. Implement Australian Competition and Consumer Commission (ACCC) exemptions as early as possible for wholesalers and manufacturers
2. At first indication of an emergency, the medicine supply chain, Government and professional bodies should undertake the following:
 - a. Establish a working group to oversee, monitor and resolve medicine supply issues
 - b. Identify prescription and OTC medicines most vulnerable to demand and/or stockpiling
 - c. Develop a communication strategy for medicine supply arrangements during the emergency, including within the supply chain and also to prescriber and consumer groups as well as industry and general media
 - d. Identify the most vulnerable population groups requiring reliable medicine supply during the emergency (noting this may also be regional)
 - e. Determine supply capacity and predicted usage for identified medicines
 - f. Identify and implement any regulatory amendments needed to ensure reliable supply of identified medicines
 - g. Determine supply restrictions for identified medicines to maintain reliable supply during the emergency
 - h. All wholesalers agree to implement the supply restrictions as a standard arrangement, including until any ACCC exemption is provided
 - i. Determine management arrangements for exceptional requirements for identified medicines
 - j. Communicate medicine supply arrangements for the emergency with the supply chain and critically with community and hospital pharmacy as the primary access point for medicines and the primary communicator with patients and prescribers
 - k. Continue to monitor and adapt supply arrangements and communications to manage any emerging medicine supply problems
3. Manufacturers should ensure wholesalers are reliably informed of delivery schedules and any changes for all medicines and particularly the identified medicines
4. Wholesalers should use their ordering portal to manage communications about restrictions and medicine availability as much as possible to facilitate communication with relevant pharmacy staff

5. Wholesalers should manage all accounts equitably, including second line accounts, with prompt communication if ordering capacity may be compromised due to significant changes in the pharmacy's ordering habits

The Guild is committed to working with all stakeholders to ensure the implementation of management strategies to ensure equitable and reliable access to medicines.

COVID-19 Home Medicine Delivery measure

Recommendation 4.1

Temporary services should be structured to ensure the policy objectives are met whilst ensuring a viable offering for the pharmacy.

In order to support the patients that were required to self-isolate due to COVID-19, the Government announced \$25million for home delivery of medicines in its \$2.4billion first phase health package.

The Guild was approached in early March to propose a COVID-19 home delivery service with a 'fair and reasonable' costing to meet the objective of ensuring infected or vulnerable patients could remain at home and still have access to their medicines and to minimise risk of delivery personnel being a transmission source.

The Guild's proposal provided a service that ensured all Australians, regardless of their location, financial situation, prescribed medicines or health condition could continue to have access to their medicines and this was supported with a reasonable fee to cover the pharmacy administration time and incurred costs.

Subsequently, the service that was announced did not allow equitable access to all Australians, particularly those in rural area, those not on eligible medicines, those who could not afford to pay for all their medicines, or those who were unable to self-manage medicines (e.g. dose administration aids, risk of overdose).

As a result, pharmacies were faced with options to either, not provide the service, provide it at a loss, or transfer the full cost to the patient, as the program implemented did not allow the pharmacy to charge the difference of the costs incurred minus the fee provided by the Government.

Programs must be designed to provide equitable access to all Australians, regardless of their location, health conditions and financial situation whilst providing a financially viable offering for the pharmacy and therefore able to achieve the program objectives.

STAKEHOLDER COMMUNICATION AND COLLABORATION IS VITAL

Recommendation 5

Ongoing and early collaboration between the Commonwealth and State and Territory governments and stakeholders to coordinate policy and regulatory changes and to consider and address implementation issues.

The Guild recognises the immense pressure on the government to respond to the pandemic across multiple portfolios and has observed communication with stakeholders to be regular and collaborative in order to develop and implement various measures.

In some instances, such as the telehealth image-based prescriptions and the home medicine delivery program, earlier collaboration between the Commonwealth departments, State and Territory governments, and stakeholder groups could have provided a more coordinated and efficient outcome to meet the policy objectives.

Telehealth

The telehealth measures were a welcome measure to protect vulnerable patients and those self-isolating due to COVID-19, as well as providing the ability for vulnerable medical practitioners and allied health professionals to maintain patient consultations where clinically appropriate without the risk of being exposed to COVID-19. However, community pharmacies faced significant problems due to regulatory inconsistencies between the Commonwealth and States and Territories.

Image-based prescriptions

Prescribing during telehealth using image-based prescriptions required substantial system and regulatory changes. Community pharmacies managed a massively increased workload as the volume of these prescriptions increased, along with workflow changes as regulatory changes were enacted at varying rates across the jurisdictions.

The Commonwealth legislative instrument allowing use of image-based prescriptions for PBS medicines assisted pharmacies to process PBS claims. However, the information in the Commonwealth resources produced for prescribers, pharmacists and consumers was inconsistent and contained inaccuracies and was further complicated by the variability with State and Territory arrangements. This created confusion, frustration and at times conflict between prescribers, pharmacists and patients as there was a lack of clarity on the legal requirements for prescribing and dispensing the image-based prescriptions.

Early and broad collaboration with all relevant stakeholders is recommended to workshop all aspects of development and implementation of any prescription changes needed as part of a pandemic management strategy. This should be supported by clear, consistent and accurate communication and resources.

CONCLUSION

The COVID-19 pandemic is causing significant disruption and strain to the lives of all Australians, with potentially long-term health, social and economic consequences.

Ensuring there is a primary health system fit for purpose during a time of disaster, crisis or emergency is what Australians expect and deserve.

Recognising the critical frontline primary healthcare role pharmacists play during disasters and emergencies and utilising their training to its full extent, including in recovery, relief and future planning efforts, will ensure that all Australian communities have the best access to essential health services they need. This includes a network of community pharmacies around the country that can be called on to contribute to a national coronavirus vaccination program, if/when a vaccine is developed.

Collaboration between the Commonwealth, States and Territories and peak representative bodies in planning, development and implementation phases of any emergency plan or activities is vital for a coordinated and efficient response.