WURLI-WURLINJANG
HEALTH SERVICE

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Wurli-Wurlinjang is an accredited Aboriginal Community Controlled Health Organisation
ABN 96997270879

Committee Secretary

Senate Standing Committees on Community Affairs

PO Box 6100

Parliament House

Canberra ACT 2600

1 July 2011

Dear Sir or Madam,

Reference: The effectiveness of special arrangements for the supply of Pharmaceutical Benefits Scheme (PBS) medicines to remote area Aboriginal Health Services

I have pleasure in lodging a submission to the Committee regarding the reference above.

Wurli-Wurlinjang Health Service (WWHS) is an AGPAL-accredited Aboriginal Community Controlled Health Organisation (ACCHO) located in Katherine in the Northern Territory. We provide comprehensive primary health care to Indigenous people of the Katherine area. Established almost 40 years ago, and with over 95 staff, we are one of the nation's most mature ACCHOs.

We understand that our responsibility goes beyond primary health care, and accept with open arms our role in providing Katherine Aboriginal people with employment, career support, personal and professional development, and post-school opportunities.

Katherine marks the convergence of three main Aboriginal language groups: Jawoyn, Wardaman and Mialli. There are, however, 27 language groups in the region and these are represented in the Katherine population.

The Aboriginal people of Katherine live in communities located in and around Katherine. The largest of these are Mialli Brumby (also known as Kalano), located along the northern side of the Katherine River, and Rockhole, 15 kilometers from the town centre. The other living areas are Binjari, Walpiri, and Gorge Camp (Jodetluk). Naturally, many Aboriginal people also live within the Katherine township.

We see pharmacy as an integral component of primary health care and you will see from this submission the effort we have been through to try and upgrade the way this function is being managed.

We look forward to the Committee Hearings and would like to invite you to Katherine to inspect our premises and view the work of our clinicians.

Yours sincerely,

John Fletcher

Chief Executive Officer

Wurli-Wurlinjang Health Service (WWHS)

Katherine, NT

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July 1 2011

Submission to Senate Inquiry into

The effectiveness of the special arrangements established in 1999 under section 100 of the National Health Act 1953, for the supply of Pharmaceutical Benefits Scheme (PBS) medicines to remote area Aboriginal Health Services.

This submission

The Terms of Reference this submission will address are:

a) whether these arrangements adequately address barriers experienced by Aboriginal and Torres Strait Islander people living in remote areas of Australia in accessing essential medicines through the PBS

b) the clinical outcomes achieved from the measure, in particular to improvements in patient understanding of, and adherence to, prescribed treatment as a result of the improved access to PBS medicines

c) the degree to which the 'quality use of medicines' has been achieved including the amount of contact with a Pharmacist available to these patients compared to urban Australians

d) the degree to which state/territory legislation has been complied with in respect to the recording, labeling and monitoring of PBS medicines

e) the distribution of funding made available to the program across the Approved Pharmacy network compared to the Aboriginal Health Services obtaining the PBS medicines and dispensing them on to its patients;

f) the extent to which Aboriginal Health Workers in remote communities have sufficient educational opportunities to take on the prescribing and dispensing responsibilities given to them by the PBS bulk supply arrangements.

This submission will centre on the quest undertaken by Wurli-Wurlinjang Health Service (WWHS) to obtain funding to employ a Pharmacist inhouse. This commenced in March 2010 when a submission was made to Minister for Indigenous Health, Hon Warren Snowdon, and is ongoing.

WWHS believes that its experience in seeking this funding is a prime example of the adversary approach towards a Community Controlled Health Service which seeks to employ a Pharmacist outside of the traditional model of their being employed at the retail shop in the high street.

Community Control allows a health services to control all aspects of primary health care—so why not the pharmacy too?

This submission will argue the case for a Pharmacist to be included as a participant in primary health care and for the PBS to fund this undertaking in the same way it funds the employment of a Pharmacist in every pharmacy in Australia where PBS medicines are dispensed.

Support from the Senate Inquiry for the proposed Wurli-Wurlinjang Pharmacy Upgrade Project would be beneficial as we believe there is insufficient data in the literature regarding the contribution Pharmacists can make to primary health care in both mainstream and Aboriginal health. (See Recommendation 1 below.)

Summary of Recommendations

1. That the Senate Inquiry supports the Wurli-Wurlinjang Health Service Pharmacy Upgrade Project as a useful contribution to the body of knowledge surrounding the contribution a Pharmacist can make to primary health care in the Aboriginal health service setting.
2. That the Senate Inquiry supports the obtaining of medicine utilisation data (preferably from Medicare Australia) for the accurate analysis of medicine utilisation and the contribution it is making to health outcomes.
3. The PBS must meet the cost of dispensing at the health service level and enable a pool of funds to be available to allow AHSs to employ/contract to a Pharmacist to put in place QUM measures.
4. That the PBS should fund the cost of IT equipment into remote AHSs to allow a scanning process to check and double check correct supplies and adequate labeling as it has done for mainstream for the past 30 years.
5. That funds be made available to allow an AHS to employ or contract with a Pharmacist to provide quality use of medicine program for its patients.
6. That funds be made available to allow a training program to be developed for pharmacy technicians to meet an acceptable standard to allow them to dispense and advise patients on their medication and the importance of adherence.

To address the Terms of Reference

(a) whether these arrangements adequately address barriers experienced by Aboriginal and Torres Strait Islander people living in remote areas of Australia in accessing essential medicines through the PBS;

WWHS believes the s100 arrangements have resolved the issue of access but not the question of information.

In every retail pharmacy in Australia where a PBS prescription is filled, a Pharmacist is on hand to answer questions, respond to clients' queries and expand on the effects and side effects of the medicine prescribed.

Too often clinicians are being told that a patient did not take their medicine. This inevitably is because they failed to understand the value of the medicine in managing a chronic disease state.

The barrier remaining to be removed is the barrier of information which will allow the client to understand fully the role their medicine will play in managing their chronic disease (s).

The WWHS proposal lodged with the Minister for Indigenous Health (see DOCUMENT 1) in March 2010 included funding for two Adherence Support Workers (new positions) which would have provided funding for two persons to work in the field to encourage patients to adhere to treatment options.

(b) the clinical outcomes achieved from the measure, in particular to improvements in patient understanding of, and adherence to, prescribed treatment as a result of the improved access to PBS medicines;

WWHS is not aware of any data to suggest patient compliance has improved as a result of the s100 arrangements.

The WWHS proposal submitted to the Minister for Indigenous Health would have provided a model for evaluating a Pharmacist's involvement in a primary health care setting over 12 months. This would have provided good evidence of the contribution a Pharmacist could make to the implementation of systems, training, education and monitoring drug utilisation across the patient population. It was intended that the evaluation would have been conducted under the guidance of the Centre for Remote Health in Katherine.

Whilst these tasks can be—and are being—done by other clinicians in the primary care team, they are the province of a Pharmacist. These people (Pharmacists) are highly trained and require more opportunities in the primary care setting to ply their trade and show others the contribution they can make.

The WWHS Board has resolved to obtain data from medicine utilisation over the past five years. To date it has been unable to source this data in a manageable format. A request to the supplying pharmacy has resulted in annual figures being made available but to date this is only for those medicines packed into Dose Administration Aids.

WWHS will be pursuing this quest as it believes good data is essential for quality analysis of health outcomes.

Recommendation

1. That the Senate Inquiry supports the Wurli-Wurlinjang Health Service Pharmacy Upgrade Project as a useful contribution to the body of knowledge surrounding the contribution a Pharmacist can make to primary health care in the Aboriginal health service setting.

2. That the Senate Inquiry supports the obtaining of medicine utilisation data (preferably from Medicare Australia) for the accurate analysis of medicine utilisation and the contribution it is making to health outcomes.

(c) the degree to which the 'quality use of medicines' has been achieved including the amount of contact with a Pharmacist available to these patients compared to urban Australians;

A Pharmacist needs to be positioned as an integral part of the primary care team, and not just seen as the person from the "shop down the road" who calls in from time to time to check the stock and ordering process.

No dispensing fee is paid to the AHS for the task of supplying PBS medicines on to patients. If this fee was forthcoming it is likely that in the case of the WWHS some of the money could be used to employ a Pharmacist.

In the submission put to the Minister for Indigenous Health it can be noted that an estimate of $20,000 would accrue to the health service an amount of $65,000 to help meet the cost of employing a Pharmacist.

There is no process within the Section 100 supply arrangements for the funding of a Pharmacist to oversight the dispensing process. In fact the PBS saves $3.68 ($6.42 - $2.74) every time a PBS medicine is supplied to a remote living Aboriginal person.

This has not allowed the direct involvement of a Pharmacist in improving the Quality Use of Medicine.

The WWHS project to employ a Pharmacist for 12 months and have this evaluated would have contributed to the body of knowledge in this subject area.

Recommendation

3. The PBS must meet the cost of dispensing at the health service level and enable a pool of funds to be available to allow AHSs to employ/contract to a Pharmacist to put in place QUM measures.

(d) the degree to which state/territory legislation has been complied with in respect to the recording, labeling and monitoring of PBS medicines;

An important element of the pharmacy upgrade project at Wurli-Wurlinjang Health Service would be the installation of an electronic method of gathering data on the dispensing of PBS medicines to clients.

The PBS has in every respect funded the installation of IT equipment into retail pharmacies to provide up to data and modern IT improvements for the recording of data with respect to PBS supplies.

In remote Aboriginal health practice no such assistance has been forthcoming.

Those responsible for ensuring the law relating to pharmaceutical supplies is being adhered to have chosen to turn a "blind eye" to the supply on to patients in remote health services.

Recommendation

4. That the PBS should fund the cost of IT equipment into remote AHSs to allow a scanning process to check and double check correct supplies and adequate labeling as it has done for mainstream for the past 30 years.

(e) the distribution of funding made available to the program across the Approved Pharmacy network compared to the Aboriginal Health Services obtaining the PBS medicines and dispensing them on to its patients;

The foregoing should be testament to the fact that WWHS does not believe there is sufficient funding being made available to the remote AHSs to allow then to conduct adequate Quality Use of Medicine measures. The need to employ a Pharmacist must be built into the funding model as this occurs at every other Approved Pharmacy in Australia when PBS medicines are dispensed. There is no reason why this should not occur at remote AHSs where PBS medicines are dispensed.

WWHS acknowledges that there will be smaller health services which would not support the employment of a full time Pharmacist but this should not preclude them from being able to enter into a contractual arrangement with a Pharmacist to provide a consulting service to train dispensary technicians to the task at hand. There are hundreds of well trained, efficient and effective pharmacy technicians employed in pharmacies all over Australia providing dispensed medicines to patients with a few words of warning, encouragement or hope to encourage them to take their medicine. WWHS wants to see the day when a similar army of technicians are working in remote AHSs.

Recommendation

5. That funds be made available to allow an AHS to employ or contract with a Pharmacist to provide quality use of medicine program for its patients.

6. That funds be made available to allow a training program to be developed for pharmacy technicians to meet an acceptable standard to allow them to dispense and advise patients on their medication and the importance of adherence.

(f) the extent to which Aboriginal Health Workers in remote communities have sufficient educational opportunities to take on the prescribing and dispensing responsibilities given to them by the PBS bulk supply arrangements;

A word of caution—do not expect the Section 100 PBS arrangements to be a fix all for everything pharmaceutical. Aboriginal Health Workers in the NT have had the authority to prescribe from a limited list of medicines since the Poisons Act of 1983 became law. Since that time the owners of health services, the educational institutions they have contracted and the AHW Registration Board have had a responsibility to ensure adequate safety standards are met in the best interests of the patients. Just because a scheme has come along that enables the Commonwealth to meet its obligations in meeting the cost of medicines does not mean those other parties can slacken off in their responsibilities towards standards of excellence.

Throughout this submission, WWHS has advocated the employment of Pharmacists in Aboriginal Health Services. This is essential. One of the responsibilities of that Pharmacist would be to ensure there is adequate training in place for all clinicians involved in the medicine supply chain, including Aboriginal Health Workers.

This does not mean that the training of Aboriginal Health Workers in pharmaceutical knowledge is the sole province a Pharmacist or for that matter the Section 100 Supply scheme. The need for AHWs to be trained in pharmaceutical care should be an ongoing experience and not necessarily linked to the s100 supply scheme or the employment of a Pharmacist by an AHS.

REFERENCE DOCUMENT 1

(The WWHS proposal lodged with the Minister for Indigenous Health in March 2010.)

Submission

Pilot an integrated pharmaceutical service within Wurli-Wurlinjang Health Service, Katherine, Northern Territory.

To **achieve** better health outcomes, focusing on Indigenous with chronic disease and their access to, and wise use of, medicines and;

Build the capacity of Wurli-Wurlinjang Health Service's Indigenous workforce.

Objective

Trial an integrated pharmaceutical and medical service model in Wurli-Wurlinjang Health Service to achieve the overall aim of the Quality Use of Medicines (QUM) and the National Medicines Policy, to meet medication and related service needs, so that both optimal health outcomes and economic objectives are achieved, in a culturally appropriate manner.

The integrated pharmaceutical and medical service model at Wurli-Wurlinjang Health Service is also intended to build capacity within Wurli-Wurlinjang's Indigenous health workforce through up-skilling Aboriginal Health Workers in pharmaceutical knowledge and also project and evaluation abilities.

The objectives will be achieved through the following activities:

- engage with Aboriginal people, in a culturally appropriate environment to support QUM through timely access to accurate information and education about medicines
- improve the QUM by Aboriginal people through culturally appropriate communication and education resources
- build Aboriginal Health Worker skills through the provision of pharmaceutical expertise to the existing collaborative and multi-disciplinary team health care approach already existing within Wurli-Wurlinjang Health Service.

Outcomes

This initiative targets the achievement of outcomes that support QUM strategies, improving the health outcomes for Indigenous people, particularly those with chronic disease and building the capacity of the Indigenous health work force at Wurli-Wurlinjang Health Service. These outcomes are:

Clinical

Improved health outcomes, measured by the changes in health outcomes, particularly chronic disease, associated with medication use.

Process

Improved medication management processes, measured by less medication adverse events.

People

Indigenous people with chronic disease—improved awareness (by Aboriginal people) of the QUM, measured by changes in attitude, knowledge and behaviour.

Indigenous work force at Wurli-Wurlinjang Health Service – Improved capacity through subject expert (Pharmacist) collaboration and multi-disciplinary team care, measured by changes in knowledge and skills.

Financial

Reduce the impact of medication errors on the health system, measured by representation for care due to medication errors.

This project will seek to define the parameters for improving a pharmacy service for rural / remote Aboriginal people attending a community controlled health service with particular reference to:

- the supply of medicines from the local community pharmacy to the health service and its outposts
- the dispensing on to patients the medicines that have been prescribed by the AMS's clinicians, including IT opportunities for recording, labeling and controlling the inventory
- the provision of information to patients and clinicians about the medicines that are being dispensed to the patients including an evaluation process on the effectiveness of the supply
- the identification of tasks in training and employing ancillary staff to assist as technicians or Adherence Support Workers in the total function of providing pharmaceutical care to the ACCHO's patients.

Request

Funding is sought to enable this project to commence in 2010 with the following milestones:

Date 2010/11	*Milestone*
1 May	Funding approved
1 May	Building renovations for pharmacy area commenced
15 May	Advertising for a Registered Pharmacist
1 June	Recruitment Process Pharmacist
1 July	Pharmacist commences duty
31 July	Benchmark Key Performance Indicators in place and measured
31 August	Priorities and Action Plan developed
30 September	Training programs researched for Pharmacy Support Staff
1 October	Recruitment and training for Pharmacy Support Staff commences
1 December	Full dispensing service in operation for all clients of main clinic
1 January	Outpost dispensing services for Gudbinji and StrongBala in place
1 January	Program of information and counselling for clinicians and clients finalised
1 April	Evaluation commences including assessment of costs and benefits
31 May	Report received with recommendations for future path re pharmacy

Organisation

Wurli-Wurlinjang Aboriginal Corporation (Trading as Wurli-Wurlinjang Health Service)
ABN 96 997 270 879

PO Box 896, Katherine NT 0851
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Contact for this submission:
John Fletcher
Chief Executive Officer

Short description of project

- This project will place a Pharmacist at Wurli-Wurlinjang Health Service, an Aboriginal Community Controlled Health Organisation (ACCHO) for a period of 12 months to establish what improvements should be made to bring the quality of service (and hence use of medicines) up to a standard equal to that available to all Australians through the Approved Pharmacy network of retail shops.
- Modifications will be made to the current pharmacy room so an adequate floor space can be used to facilitate an improved service which will involve the training and employment of local Aboriginal people.
- A thorough evaluation of the process will be conducted to obtain a measure of the value a Pharmacist can add to primary health care delivery with particular reference to chronic disease management with medicines.

Backgrounding the Need

The past ten years has seen a strong alliance between local "community" pharmacies and ACCHOs. This has been made possible by the introduction of the arrangements under Section 100 of the National Health Act to have Pharmaceutical Benefits Scheme (PBS) medicines supplied free of charge and in bulk to ACCHOs located in Category 6 or 7 of the RRMA classification index. Prior to this, supplies of PBS medicines were paid for as part of the Section 85 PBS dispensing as is done for all mainstream Australians with the appropriate co-payment met by the patient or the health service.

The contact between ACCHOs and their supplying pharmacy has been developed to a point where the availability of medicines is improved leaving the supply on to the patient and evaluating its success to be addressed.

This submission proposes that Wurli-Wurlinjang Health Service employs a Pharmacist for a period of 12 months in order to research the value that such an appointment can make to the quality use of medicine and across the four planks of the National Medicine Policy. These are:

- timely access to the medicines that Australians need, at a cost individuals and the community can afford
- medicines meeting appropriate standards of quality, safety and efficacy
- quality use of medicines; and
- maintaining a responsible and viable medicines industry.

It is fair to say that the supply functions and access to PBS medicines has been enhanced from the viewpoint of having the medicines available for the patient from the ACCHO drug/pharmacy room.

The tasks that now need to be addressed are the steps taken to supply to the patient, provide information and evaluate results. The diagrams at **ATTACHMENT A** illustrate the responsibility for the elements of the pharmaceutical care continuum.

The control of this process must stay with the ACCHOs. The protocols it wants to establish in order to advantage its patients should be put in place with the assistance of a registered Pharmacist who will then become a member of the primary health care team.

This submission does not describe the way the pharmaceutical care program for Wurli-Wurlinjang should be delivered as that will be the task for the appointed Pharmacist working with other clinicians in the practice.

Rather the principles being followed in arriving at the conclusion that a Pharmacist should be employed are described to help identify the gaps that still exist in the delivery of an effective pharmaceutical care program to clients of Wurli-Wurlinjang Health Service.

The Principles believed to be relevant are at **ATTACHMENT B**.

Justification for the Project

A satisfactory supply at an affordable cost of Pharmaceutical Benefits Scheme (PBS) medicines at ACCHOs has been achieved. This is an operational function of ordering and supplying and its efficiency can be easily measured and quantified. The next step of dispensing on to the client is carried out by Doctors, Aboriginal Health Workers, and Nurses on the premises of the health service. In the case of Wurli-Wurlinjang, a calculation of this time and subsequent cost to the health service is shown to be $65,000 in a full year. See **ATTACHMENT C**. That this service is unfunded is an inequity considering that in mainstream pharmacy the total cost of dispensing is paid by the PBS. For remote living Aboriginal people the local pharmacy supplies the medicines in bulk.

This submission takes note of the cost of dispensing and appeals to the Department of Health and Ageing to bridge the gap between the fee paid to pharmacies to dispense Section 85 scripts ($6.42) and the fee paid for supply of Section 100 arrangement to ACCHOs ($2.69). In this submission it is proposed that the $3.73 should be available and paid to those ACCHOs which choose to go down the path of employing a Pharmacist to improve the quality use of medicine in every respect.

If this $3.73 is paid to Wurli-Wurlinjang for example, for every item it supplies through the Section 100 arrangement—20,000 items in a year—it would calculate to $70,000 for 12 months. This is close to the current cost stated above at $65,000. A similar exercise at other ACCHOs would confirm that the $3.73 would meet a lot of the “cost of dispensing”. The figure for the number of items supplied in 12 months is accessible through Medicare Australia and the $3.73 is a simple calculation of the saving to the PBS every time an Aboriginal client in a remote place receives a PBS supply.

There is an issue of equity re mainstream Australians having access to a Pharmacist whenever they have a PBS prescription dispensed, as compared to remote living Aboriginal people who have no such access. See charts shown in **ATTACHMENT A**.

The supply function is the aspect of pharmacy services that has received the most attention over the past ten years. It has to be accepted that this is now in order with PBS medicines being supplied by a local community pharmacy at no cost to the AMS.

The cost to the AMS as stated above begins after the supply has been made, in dispensing of the medicine and providing the information to the patient to ensure its safe and effective use.

Along the continuum of pharmaceutical care there needs to be a line drawn to indicate where the responsibility of the "supply" pharmacy ends and where the responsibility of the AMS takes over to cover dispensing, advice and evaluation function. This project will employ a Pharmacist at an ACCHO for 12 months to help establish where this line should be drawn.

The present impetus to community control in the management of primary health care for Aboriginal people (in both urban and remote settings) makes it important that research be conducted along these lines to assist in future policy development. It is imperative that from the viewpoint of the Aboriginal patient the supply of PBS medicines is done in a way that meets their needs and is not a replica of a process that has been developed for mainstream Australia. It is not that the needs are different—but the cultural base the patient is coming from, and the "world view" is unique for the Aboriginal person—especially those brought up on remote communities where English is not the first language.

It is imperative from the viewpoint of justice and equity that Aboriginal people have access to a service which is as good, if not better than the one available to mainstream Australians visiting their local General Practitioner and "Community" pharmacy.

Description of Organisation

Wurli-Wurlinjang Aboriginal Corporation (Wurli-Wurlinjang Health Service, WWHS) is an independent Aboriginal Community Controlled Health Organisation (ACCHO) providing comprehensive primary health care services to Aboriginal and Torres Strait Islander people in Katherine, surrounding living areas and visitors to town. Established almost 40 years ago, WWHS is one the nation's most mature and capable ACCHOs.

The organisation is governed by an all-Indigenous Board of Directors elected by members from Katherine and surrounding living areas.

Wurli-Wurlinjang Health Service is committed to improving the physical, mental, spiritual and social well being of our clients through the culturally appropriate delivery of holistic, comprehensive primary health care programs.

Katherine marks the convergence of three main Aboriginal language groups these being Jawoyn, Wardaman and Dagaman. Mialli families also have a long association with Katherine and there is strong representation of the 27 language groups in the region.

Wurli-Wurlinjang members and clients live in Katherine and surrounding communities of Mialli Brumby (Kalano), Rockhole, Geyulkgan Ngurro (Walpiri Camp), Jodetluk (Gorge Camp), and Werenbun and Binjari (serviced by Binjari Health Service which is auspiced by WWHS).

The majority of our clients are among the most disadvantaged in Australia experiencing overcrowding in homes, homelessness, high levels of unemployment, high levels of chronic disease and lower life expectancy. Wurli-Wurlinjang Health Service is committed to walking with our clients as strong advocates to "close the gap of Indigenous disadvantage".

Short Summary of Project

This project will employ a Pharmacist at the Wurli-Wurlinjang Health Service in Katherine, NT, for 12 months. The successful candidate will be placed in full time employment and asked to evaluate the nature of the existing methods of providing pharmaceutical care to clients of the health service and make recommendations on how this can be improved. The work in the project will be conducted as a research project with careful attention paid to evaluating the time spent against outcomes achieved so the community controlled Aboriginal health sector might become better informed in optimizing the value of medicines supplied to the patient population.

The Pharmacist will be asked to direct attention to the four central planks of pharmaceutical care, these being:

- the supply of medicines from the local community pharmacy to the health service and its outposts
- the dispensing on to patients the medicines that have been prescribed by the ACCHOs clinicians, including IT opportunities
- the provision of information to patients and clinicians about the medicines that are being dispensed to the patients including an evaluation process on the effectiveness of the supply
- the identification of tasks in training and employing ancillary staff to assist as technicians or Adherence Support Workers in the total function of providing pharmaceutical care to the AMS's patients.

The information emanating from the project will be disseminated to the other ACCHOs in the NT through the umbrella organization—Aboriginal Medical Services Alliance of the NT (AMSANT).

Aims and Objectives of this Project

The principle aim of this project will be to asses the contribution a Pharmacist can make to a primary health care team at an Aboriginal Community Controlled Health Service over 12 months.

In particular the Pharmacist will be asked to:

1. Evaluate the current supply mechanism and make recommendations on improvements that could be made to inventory control and recording mechanisms through an IT system.
2. Examine the current methods used to improve the knowledge and understanding that clients of the health service have in the medicines they are being prescribed. Make recommendations on how this could be improved taking account the cross cultural aspects of communication.
3. Determine the need for clinical information to be provided to the clinical staff on new developments in pharmacotherapy.
4. Develop a program of training for local Aboriginal people that could lead to appointments of pharmacy technicians, assistants or adherence support workers in the pharmacy operation.
5. Participate in any discussions on the subject of drug utilisation and make available statistical information to inform those discussions.

At the conclusion of the project it will be expected that a recommendation could be made to the Board regarding the permanent position of Pharmacist in house and any ancillary activity that could bring with it sustainability. Close co-operation will be sought from the Pharmacists at the supplying “Community Pharmacy” in Katherine.

What Needs Will the Project Address?

This project will address the need for an improved way of dispensing PBS medicines to Aboriginal patients of a health service in a remote location, which is receiving its supplies through the arrangements established under Section 100 of the National Health Act. The manner in which these PBS medicines are currently dispensed is done in a manner which fails to match the same rigorous system of checks and support that occurs in mainstream pharmacy service delivery.

This could mean that the mainstream model is over regulated or the Aboriginal health system can be made efficient without the same rigorous legislative support. This project will inform this question and provide a model of pharmacy practice that can be evaluated. The project will seek to find a "best practice" approach to this task for the benefit of the patient and the cost effective use of PBS medicines.

Locally produced and unique approaches to communications with the patient groups will be encouraged.

Who are the Beneficiaries?

The prime beneficiaries will be the patients attending the Wurli-Wurlinjang Health Service in Katherine or one of its outposts such as the male centre—StrongBala—and the chronic disease management centre—Gudbinji.

From a professional viewpoint the clinicians now having to spend time on dispensing will be relieved of that task and be able to spend all their time on the functions for which they are responsible in primary health care.

Senior management of the health service will obtain the flow on benefits from cost savings in the areas of purchasing, staff time and savings in the dispensing cost should funds be sourced directly for this task.

Anticipated Outcomes

a. CLIENT understanding

Improve the understanding clients have of medicines and the benefit it will provide to them in prolonging life expectancy and avoiding hospitalization.

b. ACCHO approach to pharmaceutical care

The project will assist with information surrounding an ACCHO determining its own best direction in improving quality use of medicine. It is well recognized that the "one size fits all" approach does not work in developing programs for Aboriginal people. The uniqueness of the service developed at Wurli-Wurlinjang will help to show that a community controlled approach to developing a pharmaceutical care program has advantages in modifying its delivery to the needs of the client and recognizes the philosophical approach of the ACCHO management.

c. Training and employment opportunities for Aboriginal people

The developing and expanded program in pharmacy services will present opportunities where local Aboriginal people will be offered additional positions in the pharmacy function. This could range from an assistant – doing basic clerical and ordering functions; a technician – actually dispensing and packing dose administration aids; and adherence support workers, male and female – learning more of the contribution medicines make to chronic disease management and passing this and other information on to patients.

d. Innovative IT opportunities

A number of innovative measures will be introduced enabling the opportunities for their use to be scoped. The use of technology for some functions that have previously been done manually is an advance which will free up time and resources enabling more time to be spent on patient care. Among these are the following possibilities:

- Mirrijini Dispense System – to provide inventory control and recording of all outgoing and incoming stores to the pharmacy room
- telepharmacy cabinet – for storing and supplying medicines from outposts such as Strongbala and Gudbinji
- easy-med packaging system for packing DAAs into Websterpaks. While the cost of this machine is prohibitive at the moment it is useful to know such things exist for future reference and watching. Photos of these devices can be seen at **ATTACHMENT D.**

e. Cost savings in pharmaceutical purchases

Savings will be able to be made in purchasing of non-PBS pharmaceuticals and due to the Pharmacist being onsite there should not be the need to have a full dispensed price paid for non PBS doctor prescription items. The Pharmacist will know where these savings can be made and early indications show a possible 20% saving on cost with an annual spend of $120,000.

f. Contribution to policy development

This project should inform the development of future policy direction in ACCHOs with respect to improved pharmacy services. It is known that there is interest in the approach of Wurli-Wurlinjang with this project at both the NT and National level and it is hoped that what emerges will be able to contribute to future policy development for pharmacy in Aboriginal health.

Operational Aspects

a. Supervision

The Chief Executive Officer will have overall supervision of the project. The responsibility for ensuring deadlines and milestones are being met will rest with the Pharmacy Consultant, Rollo Manning, who will be working with the appointed Pharmacist in a collaborative way. The same will apply to meeting budgets with reporting monthly through to the CEO.

b. Responsibilities

The initial responsibilities for the Pharmacist position will be to research and make recommendations on:

- The supply of medicines from the local community pharmacy to the health service and its outposts, namely Gudbinji and Strongbala
- The dispensing on to patients the medicines that have been prescribed by the AMS's clinicians, including IT opportunities
- The provision of information to patients and clinicians about the medicines being dispensed to the patients including an evaluation process on the effectiveness of the supply
- The identification of tasks in training and employing ancillary staff to assist as technicians or Adherence Support Workers in the total function of providing pharmaceutical care to the AMS's patients

Progress on the above will determine the next stages of the "pharmacy upgrade" process.

There will not be an initial "Job Description" but rather a contract of employment that will describe the expectations of the appointment.

Evaluation

A pre and post implementation audit of key performance indicators is intended. The key performance indicators will ensure the objectives of the initiative are measured and evaluated.

a. Clinical

Improved health clinical measures e.g. blood pressure, urine ACR, serum creatinine and other best practice clinical indicators particularly relevant to chronic disease and associated with medication use.

b. Process

Improved degree of adherence to medication regime.

Increase attention to abnormal clinical findings and appropriate medication adjustment

Focused attention on clients 'at risk'.

Complete records of transactions and monitoring of medication compliance.

c. People

Aboriginal people with chronic disease: Improved knowledge (by Aboriginal people) of the role of medications in managing chronic disease and compliance with medication regime.

Indigenous work force at Wurli-Wurlinjang Health Service: Improved capacity of Wurli-Wurlinjang Health Service Indigenous to communicate medication needs to Aboriginal people

d. Financial

Reduce the impact of medication errors on the health system, measured by representation for care due to medication errors.

e. Agency to conduct evaluation

- inquiries have been made to the Centre for Remote Health in Katherine. Further inquiries will be made to this agency and others if necessary when it is known that the submission has been successful
- the most appropriate agency would be the Center for Remote Health, a joint venture between the Charles Darwin University and Flinders University
- the preferred method of evaluation is for the Centre for Remote Health to provide mentoring support to the staff at Wurli-Wurlinjang Health Service to undertake the evaluation. This is the recommended method as it allows for capacity building for the Indigenous workforce.

Opportunity for Collaboration and Cooperation Across Sectors

The initiative is intended to make a difference across sectors, specifically across Aboriginal Community Controlled Health Services and the public hospital system which provides care for Aboriginal people with chronic disease, presenting with symptoms associated with non compliance with medication regimes.

An outcome of this initiative is to reduce care representations due to non-compliance with medications. Wurli-Wurlinjang Health Service can evaluate the success of this initiative using information on the representations to this service however a better observation would be the effect across both the service and the local Katherine District Hospital.

To achieve this broader, more beneficial analysis it would require the approval and capability of the public health system to engage in this initiative, which has not been addressed at this point.

Budget

Item	Cost
Salaries, Allowances & Salary Oncosts	
Salaries Pharmacist	
Pharmacy Technician / Administration Support	
Adherence Support Officers x 2 male and female	$221,175
Allowances	
District Allowance	$3,840
Travel Allowance	$500
Rent Subsidy	$18,200
Salary Oncosts	
Leave Loading	$ 4,466
Superannuation	$20,251
Total Salaries, Allowances & Salary Oncosts	**$268,432**
Operational Costs	
Administration Fees	$42,277
Consultants Fees	$14,000
Evaluation	$25,000
IT Equipment & Supplies	$20,000
Minor Capital Items – Computer, Scanner, Copier	$5,000
Minor Capital Works – Pharmacy Renovation	$36,045
Webster Packaging	$1,000
Recruitment & Relocation Expenses	$10,000
Resource Materials – Compulsory Publications	$2,000

Stationery, Office & Sundry Costs	$10,000
Telephone and Communications	$1,800
Travel & Training Costs	$20,000
Motor Vehicle Costs	
Fuel & Oil	$7,500
Repairs & Maintenance	$1,500
Registration and Insurance	$500
Total Operational Costs	**$196,622**
	$465,054

Consultation

There has been consultation in the process of compiling this submission with:

- Wurli-Wurlinjang Health Service Directors, Clients and Clinicians
- National Aboriginal Community Controlled Health Organisation
- Aboriginal Medical Service Alliance of the NT
- Federal Department of Health and Ageing
- Pharmacy Guild of Australia (NT Branch)
- Centre for Remote Health, Katherine.

Continuous Quality Improvement

Wurli-Wurlinjang Health Service has AGPAL accreditation and all activities within this initiative will meet these standards.

1 July 2011

John Fletcher

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Wurli-Wurlinjang Health Service

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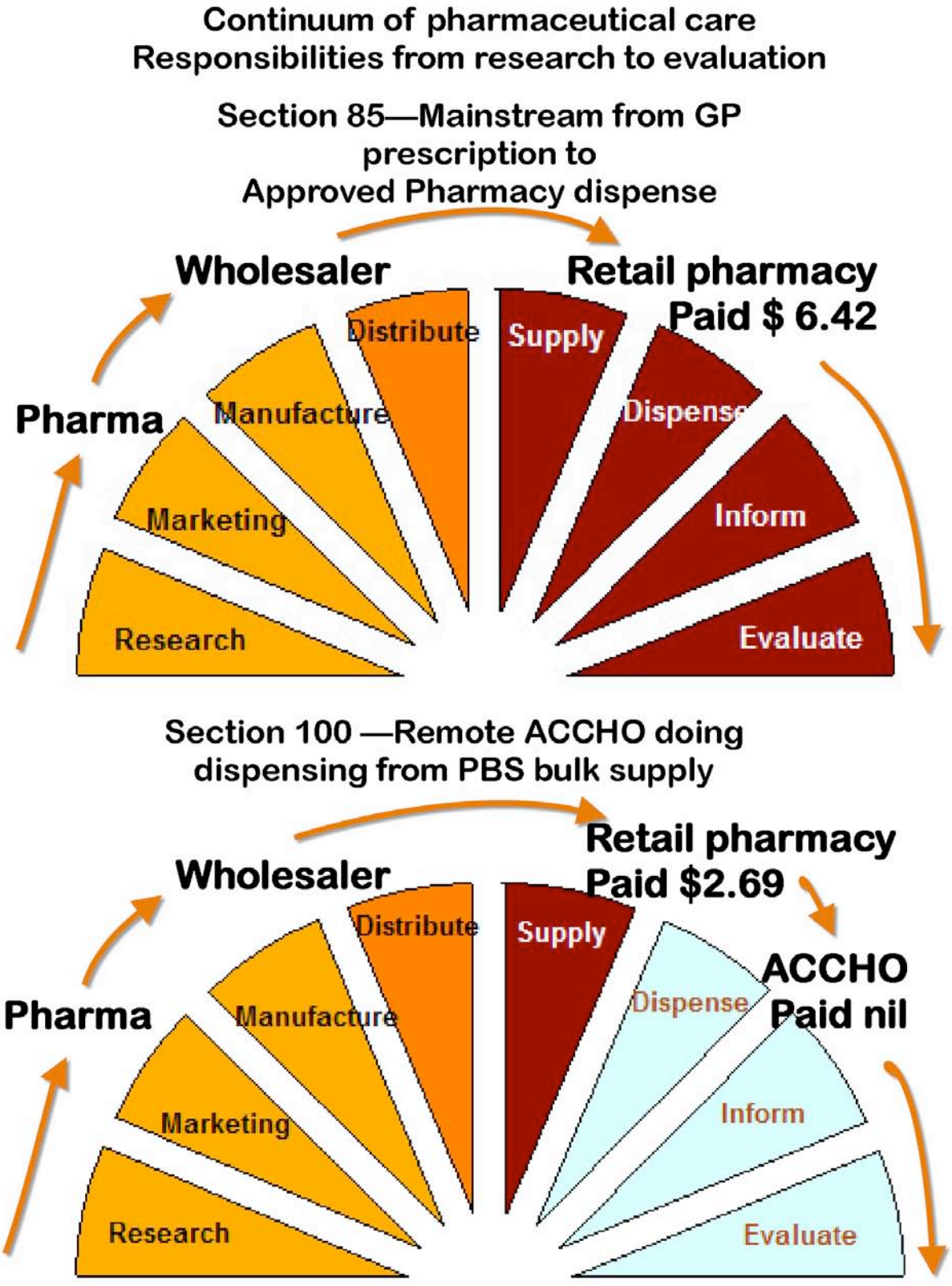
ATTACHMENT A



ATTACHMENT B

Developing a pharmaceutical care program for clients of an ACCHO

Background

The past ten years has seen a significant improvement in the way pharmacy services have been delivered to Aboriginal Medical Services in both the urban/rural and remote areas of Australia. This was sparked by the introduction of the Section 100 supply of PBS medicines to remote health clinics.

The activity has focused on the supply side of the pharmacy function. In remote areas this has resulted in an ample supply of "free" medicines listed on the PBS to be available directly to the health clinics with no audit trail on what happened after the arrival into the clinic drug room.

The Wurli-Wurlinjang Pharmacy Upgrade Project will describe a model of pharmacy "best practice" (aka "better practice") in the hope that it can contribute to the body of knowledge available on the efficient use of western medicines in the management of chronic diseases. Statistics will be used on current medicine use to inform decisions on future directions.

Principles

1. Equity needs to be achieved in the delivery of PBS medicines to remote living Aboriginal people. While the cost of medicines is paid by the PBS there is no provision for the cost of dispensing as is done for every Australian accessing the PBS through a retail pharmacy.
2. The quality use of medicines can be improved for the clients of ACCHOs by employing (or engaging) a Pharmacist to work with other primary health care clinicians in the health centre setting.
3. An ACCHO needs a "fair go" in providing a quality dispensing service to its clients that is comparable to the service being offered to mainstream Australians through the retail pharmacy network.
4. Funds need to be made available by the PBS acknowledging that the "cost of dispensing" is being borne by the ACCHO.
5. Different models need to be established that show the contribution a Pharmacist can make to primary health care by ACCHOs employing Pharmacists as a part of the clinical team.
6. The data available through the s100 PBS supply arrangements must be used to compare and evaluate the effectiveness of the increased dollar spend being made on the supply of PBS medicines to remote health centres.
7. Acknowledge the worldview of Aboriginal people and respect the need for services that respond to that worldview.

ATTACHMENT C

Time Typically Spent by Clinicians in Pharmacy Function

Pharmacy supervisor's (AHW) visits to pharmacy room					@ $30	$
Visit	Length of visit		Totals	Hours	Week	Year
Time taken	1-5 minutes		23	2		
	Up to 15 minutes		0			
	Over 15 minutes but less than an hour		3	1		
Make phone call	Short call to 5 minutes		8	1		
	Call over 5 minutes and up to 30 minutes		0			
Compile order	Big order, one hour or more		2	2		
	Small order, less than one hour		3	1		
Unpack order	Big order, one hour or more		2	2		
	Small order, less than one hour		2	1		
Other			12	1		
				11	330	17,160

ATTACHMENT C (con't)

Aboriginal Health Worker/Registered Nurse's visits to pharmacy room					@ $25	$
Visit	Length of visit	Totals	Mins	Hours	week	year
	1-5 minutes	60	300	5h	125	6,500
	Up to 15 minutes	3	25	1h	5	260
						6,760
Purpose of visit	Dispense medicine	42				
	Note left to order	0				
	Label product	18				
	Dispense hospital script	2				
	Pack Websterpak	3				
	Ask question	8				

ATTACHMENT C (con't)

Doctor's visits to pharmacy room			Total		@$100	$
Visit	Length of visit	Totals	Mins	Hours	Week	Year
	1-5 minutes	85	425	8h	800	41,600
	Up to 15 minutes	0				
Purpose of visit	Dispense medicine	94				
	Note left to order	0				
	Label product	13				
	Check availability	0				
	Ask question	3				
TOTAL ACROSS ALL						
Pharmacy supervisor (AHW)						17,160
AHW/RN						6,760
Doctor						41,600
						65,520

ATTACHMENT D

Opportunities for Using IT Developments

MIRRIJINI DISPENSE SYSTEM

The original Tiwi development for recording, labeling and controlling stock

Would operate separately to Communicare

AMERISOURCE BERGEN

ADDS 8 controlled release Cabinet can hold up to 80 different medicine packs

GOLLMAN BOUW

Easy Med packaging machine for filling