

11 December 2020

Pharmacy Branch
Department of Health
Email: pbs-indigenous@health.gov.au

To whom it may concern

Re: Aboriginal Health Services Quality Use of Medicines and Pharmacy Support

The Australian Healthcare and Hospitals Association (AHHA) welcomes the opportunity to provide this response to the *Aboriginal Health Services Quality Use of Medicines and Pharmacy Support – Discussion paper*.

AHHA is Australia's national peak body for public hospitals and healthcare providers. Our membership includes state health departments, Local Hospital Networks (LHNs) and public hospitals, community health services, Primary Health Networks (PHNs) and primary healthcare providers, aged care providers, universities, individual health professionals and academics. As such, we are uniquely placed to be an independent, national voice for universal high-quality healthcare to benefit the whole community.

To achieve a healthy Australia supported by the best possible healthcare system, AHHA recommends Australia reorientate the healthcare system over the next 10 years by enabling outcomes-focused and value-based healthcare. As described in AHHA's blueprint for health reform, Healthy people, healthy systems¹ this requires:

1. A nationally unified and regionally controlled health system that puts patients at the centre;
2. Performance information and reporting that is fit for purpose;
3. A health workforce that exists to serve and meet population health needs; and
4. Funding that is sustainable and appropriate to support a high-quality health system.

AHHA provides the following feedback to the discussion paper within this context.

Models of pharmacy support

AHHA supports the proposed policy for 'AHSs to determine the most appropriate provider of QUM/pharmacy support services to meet their needs', but suggests that the reporting arrangements being implemented are structured to: provide assurance that the identification of needs has been comprehensive, and demonstrate how the provider of QUM/pharmacy support services meets those needs.

AHHA recognises that NACCHO is working with communities to develop a *Core Services and Outcomes Framework* for ACCHOs, describing the scope of services essential to improving health and articulating the accountability they have to communities. It would be appropriate for reporting and accountability to align with this framework.

¹ <https://ahha.asn.au/Blueprint>

Mandating cultural awareness training

Short-term improvements in culturally respectful healthcare delivery can be achieved through education programs,² and requiring such training is supported by AHHA.

However, regardless of practitioner capability, the harmful effects of institutional racism can still occur.³ As Bourke, et al. (2019) demonstrate, transformative change requires health services to address five areas to ameliorate institutional racism: (1) inclusion in governance; (2) policy implementation; (3) service delivery; (4) employment; and (5) financial accountability.

Given the flexibility in the models of pharmacy support being enabled through the program, QUM/Pharmacy support may be provided by individual practitioners through to large businesses. As such, it would be appropriate for a spectrum of actions, depending on the business model being implemented, to be required. This should be informed by the evidence, with cultural awareness training a minimum requirement.

I would be pleased to discuss these views with you in more detail.

Yours sincerely,



Alison Verhoeven
Chief Executive
Australian Healthcare and Hospitals Association

² <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1753-6405.2010.00560.x>

³ <https://www.publish.csiro.au/ah/ah18062>