

16 April 2021

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

To whom it may concern

Re: Draft IHS Pharmacy Support Program Rules

The Australian Healthcare and Hospitals Association (AHHA) welcomes the opportunity to provide this response to the *Draft IHS Pharmacy Support Program*.

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.

Process

AHHA is concerned that the short time, 7 days, provided by the Department to stakeholders for comments could impact upon reasonable consideration of the documents. AHHA is also concerned that no Departmental officer was named as a contact person to facilitate any clarifications that we may have required.

Clarity

Paragraph 3 in section 1.1 states:

During 2017, both of these programs were reviewed as part of a broader review of Indigenous Pharmacy Programs, being the RAAHS program and the Closing the Gap (CTG) PBS Co-payment Measure. It was recommended that the programs be amalgamated and redesigned into a single QUM program.

¹ <https://ahha.asn.au/Blueprint>

This could confuse some readers that the Commonwealth's intention is to amalgamate all the Indigenous Pharmacy Programs not just the Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander People and the Section 100 Pharmacy Support Allowance Program.

ACCHO funding impact

The funding impact of these program changes on individual ACCHOs is unclear, it is possible that some ACCHOs may receive less funding than under the previous arrangements. AHHA would consider the diversion of funding allocated for these programs from ACCHOs to pharmacies as a retrograde step and contrary to the National Agreement on Closing the Gap.

Reduction in program flexibility

The removal of program funding to educate and support ACCHO staff and patients on the appropriate use of Dose Administration Aids and Home Medicine Reviews appears to be an unnecessary constraint upon achieving the objectives of this program.

Cultural safety training

AHHA is particularly concerned that cultural safety training has been removed from the program. A requirement that the staff of all participating pharmacies have received cultural safety training ought to be a pre-condition for participation. Furthermore, the ongoing provision of culturally safe care by participating pharmacies should be monitored and reported publicly on an annual basis.

Data sovereignty

Data sovereignty principles need to be applied to the reporting framework for ACCHOs.

Indigenous Dose Administration Aid program

AHHA seeks an assurance from the Department that hospital providers will be retained within this program.

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

Yours sincerely,



Alison Verhoeven
Chief Executive
Australian Healthcare and Hospitals Association