

23 November 2018

HealthConsult

email: katrina.gray@healthconsult.com.au; joe.scuteri@healthconsult.com.au

Dear Ms Gray and Mr Scuteri,

Re: Indigenous Pharmacy Programs – Stakeholder follow up consultations

The Australian Healthcare and Hospitals Association (AHHA) is pleased to provide this submission in response to follow up on the *Discussion paper: Policy options for Reforming the Indigenous Pharmacy Programs*.

AHHA is Australia's national peak body for public hospitals and healthcare providers. Our membership includes state health departments, Local Hospital Networks and public hospitals, community health services, Primary Health Networks 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.

AHHA reaffirms its support for **Medicines Access Program policy option 2**. In response to the potential refinements to proposed policy options, as described in the presentation circulated 5 November 2018:

- Centralisation of patient registration with access by all health professionals
 - It is agreed that further work is needed regarding how Indigenous people are asked to identify. Reference may be made to the Australian Institute of Health and Welfare *National Health best practice guidelines for collecting Indigenous status in health data sets*ⁱ, and the guidance material prepared by the Royal Australian College of General Practitioners *Identification of Aboriginal and Torres Strait Islander people in Australian general practice*ⁱⁱ. Further, health professional education would be needed to ensure identification, registration and checking of CTG eligibility occurred in a culturally safe manner.
- CTG medicines to be dispensed under PBS arrangements unless there is no access to a community pharmacy
 - It is agreed that 'reasonable access' to a community pharmacy requires defining. Access should encompass cultural safety, language barriers and patient-centred care considerations focused on achieving optimal health outcomes, and not be limited to just the physical presence of a community pharmacy. Access and supply of medicines via Aboriginal Health Services (AHS) is supported provided systems and

structures are in place to ensure medication management support is accessible. This may require a period of transition, but such a period should not be mandated as it will be regionally-specific. Flexibility will be necessary to support regional responsiveness in achieving improvements for Aboriginal and Torres Strait Islander people as quickly as possible.

- Hospital discharge medicines
 - AHHA does not accept that discharge medications be excluded from these policy options nor the need to delay addressing these as part of negotiations for new agreements between the Commonwealth and state and territories.
 - We are concerned that the Department of Health has advised HealthConsult that the issues will need to be addressed as part of state/territory negotiations, as Minister Hunt has previously advised AHHA that the issue would be covered through this project (letter attached).
 - It is understood that the policy change can be implemented without requiring any change to the existing state/territory agreements. Further, the co-payment relief is incorporated in the current PBS budget, and so additional funding is not required. This policy change only redirects budgeted funds to the location of patient need, addressing the under-utilisation of current CTG support in the community.
 - The Commonwealth must demonstrate the required leadership and commitment to improving Aboriginal and Torres Strait Islander access to medicines by enabling hospitals discharging patients to access the CTG funding necessary to provide a complete medication supply and Dose Administration Aids as required. We are concerned that further delays in implementing these agreed reforms will unnecessarily contribute to the poorer healthcare outcomes experienced by Aboriginal and Torres Strait Islander including death and lifelong disability.
- Data collection with medicine supply via AHS
 - It is agreed that medication usage linked to each individual AHS should be collected through the supply pharmacy.
 - It is agreed that patient details should be collected, wherever possible and reasonable, to inform individual care. Deidentified patient level data may also be useful in informing future policy.

AHHA reaffirms its support for **Medicines Enablement Program policy option 2**. In response to the potential refinements to proposed policy options, as described in the presentation circulated 5 November 2018:

- AHHA supports a nationally-unified and regionally responsive health system. The model and funding mechanism should support AHS self-determination to procure QUM services (medication management aids and transport assistance) that address the needs of its community.
- Program administration requires clear monitoring and review requirements.

Thank you for the opportunity to contribute to this work.

Yours sincerely



Alison Verhoeven
Chief Executive
Australian Healthcare and Hospitals Association

cc:

Lisa La Rance, Assistant Secretary, Pricing & PBS Policy, Department of Health
Sam Develin, Adviser, Minister for Health

ⁱ <https://www.aihw.gov.au/reports/indigenous-australians/national-guidelines-collecting-health-data-sets/contents/table-of-contents>

ⁱⁱ <https://www.racgp.org.au/the-racgp/faculties/aboriginal-and-torres-strait-islander-health/guides/aboriginal-and-torres-strait-islander-people>