

title Improving pharmacist involvement in pandemic influenza planning and response in Australia

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This Issues Brief was developed as part of a Summer Scholarship, hosted by the Deeble Institute of Health Policy Research, Australian Healthcare and Hospital Association (AHHA), Canberra, and sponsored by HESTA. It provides recommendations on how pharmacists can be better integrated into pandemic planning and response in Australia. These recommendations are essential to better prepare the pharmacy workforce to contribute to a pandemic influenza outbreak in Australia.

Policy Issue

Pandemic influenza occurs when a new virus strain emerges for which humans have little or no immunity, allowing the virus to spread easily from person to person. In our increasingly globalised community, Australia is at risk of a pandemic influenza outbreak. Optimising pre-existing health system capacity and ensuring the healthcare workforce is being utilised to its full potential would assist with response to pandemic influenza and potentially improve health outcomes.

Community pharmacists are the third most common health professional in Australia, they are highly accessible and provide essential health services to the general public. They are therefore uniquely placed to provide frontline healthcare to a large portion of the population and have great potential to contribute to pandemic influenza response. Their unique skill sets and position within the community make pharmacist inclusion in pandemic planning and response crucial.

Being prepared, planning, and ensuring plans are in line with the latest health workforce activities and recommendations are essential to reduce the impact associated with an outbreak at a local, state, territory and national level. Within Australia, state and territory health departments are responsible for pandemic health planning and health response. It is the responsibility of these departments to liaise with key stakeholders within their state or territory, formulate plans, and update them according to best evidence and practice.

Pharmacist roles and planned communication strategies remain unclear in state and territory pandemic plans despite National encouragement to include pharmacists in pandemic planning and response. Pharmacists have tremendous potential as highly accessible primary healthcare professionals to provide essential health services during pandemics and reduce pressures on general practitioners and hospital systems. A lack of pre-established communication plans and mutually understood expectations between health systems and pharmacists will result in under-utilisation of this section of the healthcare workforce and negatively impact pandemic health response for Australia.

Current pharmacist involvement in pandemic planning in Australia

There are many roles for pharmacists during a pandemic, this Issues Brief focuses on those which may have the greatest benefit on the broader health system. These include antiviral distribution, vaccination, surveillance activities, absence from work certificates, and emergency medication supply (Table 1).

Pharmacist involvement in the selected roles can have broader positive impacts to the healthcare system and pandemic management. During a pandemic, rapid and widespread distribution and administration of antiviral medications and vaccinations may help to reduce transmission of influenza, severity of influenza infections, and number of hospitalisations associated with the virus. Pharmacists' involvement in vaccination would assist in reaching distribution and vaccination targets. During pandemics emergency departments and general practitioners can be overwhelmed with patients, some of whom may have only mild influenza but still require absence from work certificates, or those who have chronic conditions and have run out of prescriptions for their medications. By providing absence from work certificates and emergency medication supply of chronic disease medicines, pharmacists could assist in alleviating burden from other sectors of the health sector, namely emergency departments and general practitioners.

Community pharmacies contain pre-existing infrastructure and trained pharmacists that are capable of contributing to the selected roles in a pandemic influenza outbreak. Understanding of supply chains and logistics, vaccinations, thorough documentation, following clinical guidelines and advice, and working within legislation are all part of community pharmacies core business. As an extension of this, antiviral distribution, vaccination, surveillance activities, provision of absence from work certificates, and emergency medication supply are well within scope of practice for pharmacists in Australia. Utilising pre-existing infrastructure and pre-trained personnel in pharmacies for these roles is an efficient use of resources and is cost-effective.

State and territory pandemic plans contain critical gaps in terms of pharmacists' representation and roles. Without clear planning and involvement, the pharmacy workforces' response to Australia's next pandemic will be ad hoc. Impromptu involvement of pharmacists will result in compromised response efficacy and underutilisation of an essential health service at a time when efficient and widespread health response is essential.

Table 1. Occurrence of key roles of pharmacists and pharmacy organisations in various State and Territory pandemic plans.

	AUS	NSW	NT	QLD	SA	TAS	VIC	WA
Date of publication	2014	2016	2009	2014	2015	2016	2014	2009
Antiviral distribution								
Vaccination	?							
Surveillance activities								
'Absence from work' certificates								
Emergency medication supply								
Pharmacy Organisations	AUS	NSW	NT	QLD	SA	TAS	VIC	WA
Stakeholder in pandemic planning								
Information conduit								

International perspectives

Pandemic plans from New Zealand, the United Kingdom and Canada were reviewed for an international perspective of pharmacists' involvement in pandemic planning and response. While no country comprehensively includes pharmacists in their planned pandemic response, lessons can be taken from pandemic plans internationally that may bolster pharmacist response in Australia. In New Zealand, antivirals can be accessed without a prescription from pharmacists. In the United Kingdom legislation exists allowing pharmacists to supply up to 30 days of a patient's regular medications without a prescription. In Canada and the United Kingdom there are plans in place abolishing patient co-payment of antiviral medications and vaccinations. Within the international literature changes to legislation in some American States allowing pharmacists to vaccinate children was aimed at reducing transmission and severity of the disease in a high risk children's population.

Recommendations for improved pharmacist involvement in pandemic planning and response

Defining and clarifying roles of pharmacists' in pandemic influenza

Examination of pharmacists' roles in current pandemic plans in Australian states and territories show critical gaps in utilisation of this sector of the healthcare workforce. State and territory departments of health and pharmacy organisations need to work together to define the role of pharmacists in pandemic response to ensure that roles are appropriate and viable. These agreed upon roles for pharmacists need to be incorporated into state and territory pandemic plans. By clarifying roles and expectations at a state and territory department level, individual pharmacists and professional pharmacy organisations can thoroughly plan for a pandemic, ensuring rapid and cohesive response of the pharmacy workforce when pandemic strikes.

Consider legislation and policy that supports pharmacy practice during pandemic influenza

Legislation exists internationally to support pharmacists' roles in pandemic response and ensure the public has access to affordable and flexible healthcare during a pandemic. State and territory health departments in conjunction with the Commonwealth Government must consider how legislation and policy could be adjusted to support pharmacy practice during pandemic influenza in order to more fully utilise this section of the healthcare workforce.

Communication between departments of health and professional pharmacy organisations

Communication with frontline health professionals is highlighted in state and territory pandemic plans as essential for pandemic planning and response. Clear communication strategies between departments of health, professional pharmacy organisations, and frontline pharmacists are essential to ensure rapid communications and actions in a pandemic event. State and territory plans must include clarification on communication pathways that will be used between broad health services and frontline pharmacists during a pandemic. These communication pathways should allow for feedback from frontline pharmacist so that response may be appropriately adjusted.

Professional pharmacy organisations as stakeholders

It is important that professional pharmacy organisations contribute to the development and review of pandemic plans to ensure that pharmacists are incorporated into pandemic plans in realistic and viable roles. Engagement with professional pharmacy organisation in the planning stage of a pandemic will make engagement in their response more effective and well understood.

State and territory Health Departments need to incorporate professional pharmacy organisation representatives as stakeholders in pandemic planning to ensure they contain current pharmacy practice and to better prepare the pharmacy workforce for an outbreak.

Liaison between broader health networks

While liaison and communication between departments of health, pharmacy organisations and frontline pharmacists is essential, collaboration and engagement with a variety of stakeholders should be considered and enacted before a pandemic. State and territory Health Departments need to liaise with and encourage liaison between frontline pharmacists, professional pharmacy organisations, primary health networks, and local health departments to ensure effective communication and response during a pandemic.

Engagement with student workforce

During a pandemic the healthcare workforce will be reduced due to illness causing difficulty in mounting an appropriate health workforce response to control pandemic influenza. In order to bolster the health workforce international pandemic plans and literature note the potential use of locum, part-time, retired pharmacists, and pharmacy students.

Pre-existing relationships between universities and students clinical placement sites could be utilised to distribute students across various areas and organisations. It is therefore recommended that state and territory pandemic planners engage with university partners, schools of pharmacy, and student organisations to prepare the student workforce for pandemic response.

Conclusions

Pharmacists are underutilised in current pandemic planning and response as outlined in state and territory pandemic plans. It is essential that planning efficiently utilises resources and personnel to their full potential in order to improve pandemic response and outcomes. Pharmacists are the third most common health professional in Australia, they are highly accessible, highly trained and supported by existing infrastructure to perform key roles in pandemic response. Utilisation of this sector of the health workforce is cost-effective and efficient. By leaving out this essential health workforce, pandemic response and health systems may be compromised in the event of a pandemic in Australia.

Ultimately, by including pharmacists in pandemic response, exploring how they could be better utilised, and ensuring communication pathways are predefined, the pharmacy sector could be better prepared to respond to pandemics and other public health emergencies that may affect Australia.

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