



Fix the System

More affordable
and accessible

Community Pharmacies: Part of the Solution



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Overview

Australia's health system is struggling under the weight of a growing and ageing population. GP waiting times, GP shortages and higher out-of-pocket costs are leaving many Australians and their families feeling frustrated. In recent years, around 1.3 million Australians did not visit a GP or specialist because the cost was too high.¹

As access to GPs is becoming increasingly difficult, some patients are calling on after-hours care and visiting already overburdened hospital emergency departments (EDs). This is all indicative of a health system that is not adapting to meet the needs of all Australians.

Pharmacists are in a unique position to relieve the stresses and strains on the health system by operating at their full scope of practice.

As the most easily accessed health professionals in Australia and with over 451 million individual patient visits last year², pharmacists provide more free health advice to patients than any other health professional.

But there is more pharmacists could be doing by practising at their full scope. Overseas, pharmacists are already meeting this potential in the health systems of the UK and Canada – helping to reduce the strain on overworked GPs and crowded hospital EDs.

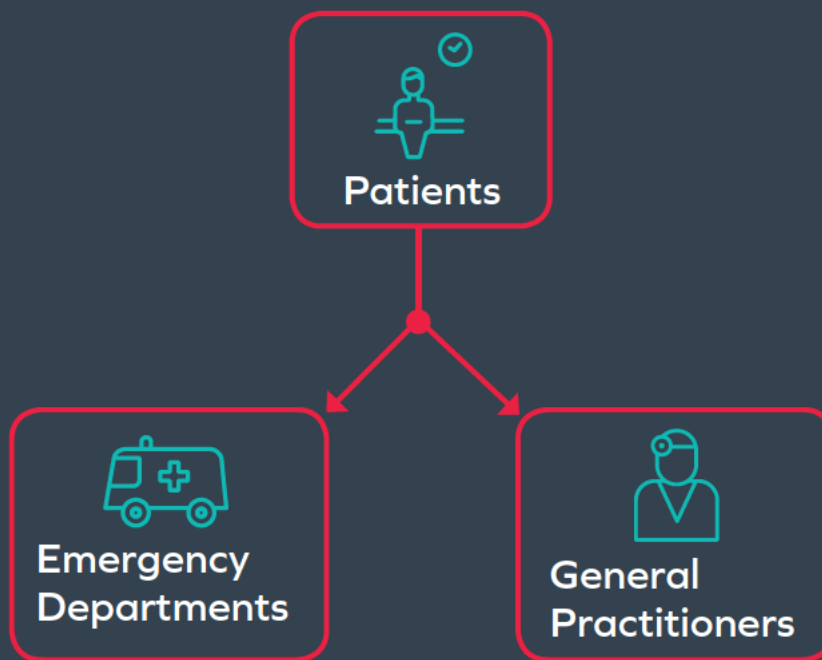
It's time federal and state governments worked together so our pharmacists – who are underutilised in Australia's health system – help relieve the burden. If we don't utilise the full scope of our frontline staff, like pharmacists, costs will continue to go up while our growing and ageing population will place even more pressure on overburdened doctors.

This is not about the political blame game: It is about working together with stakeholders to find real and practical solutions.

By enabling pharmacists to practise to their full scope, Australians can have better access to health services, save money on out-of-pocket expenses and, accordingly, free up GPs and hospitals to focus on more serious and complex issues.

Orthodox theory

In theory, Australians faced with health issues either visit an emergency department or make an appointment with a GP.



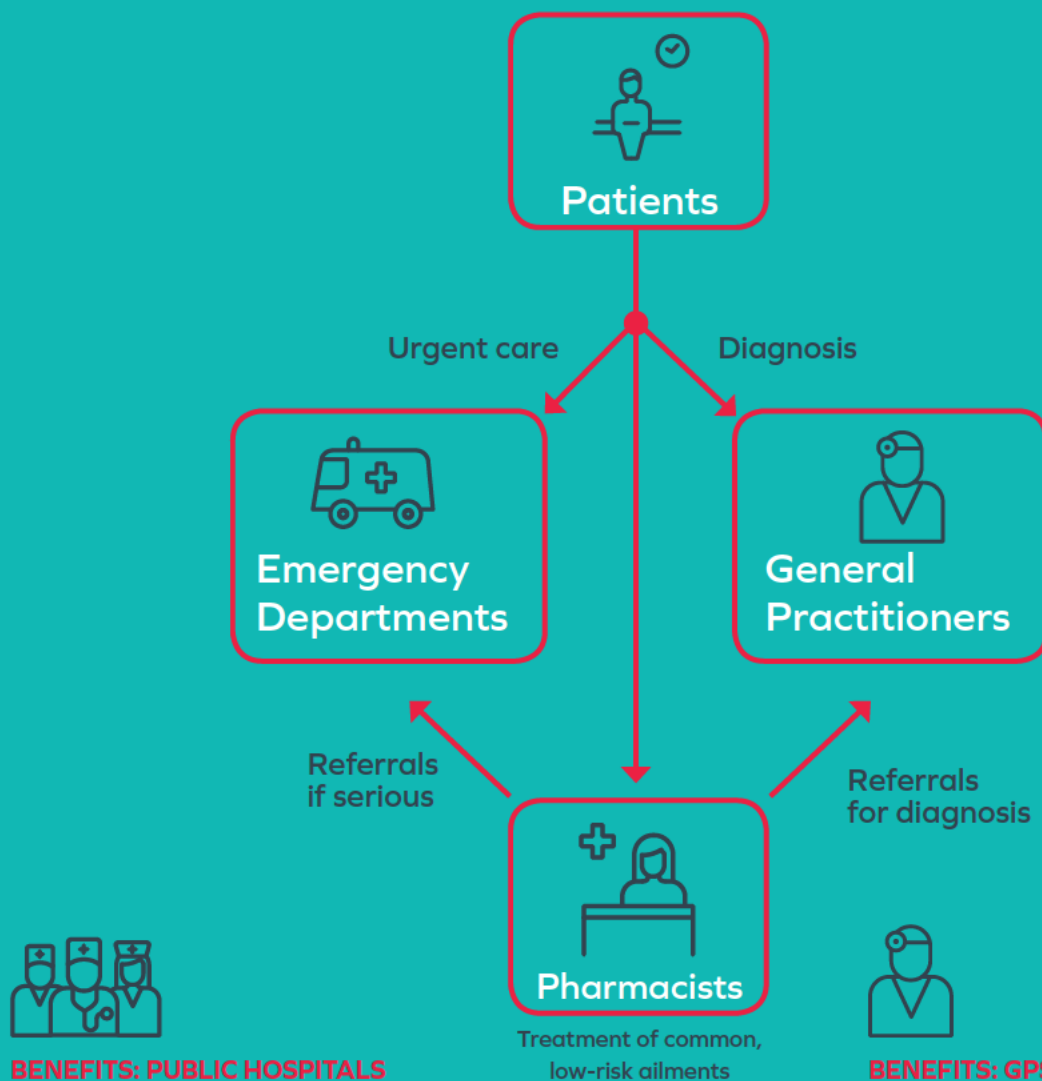
PROBLEMS

There are several growing issues with this model:

- High out-of-pocket costs when compared to similar countries like the UK and Canada
- Poor after-hours access to GPs
- Lack of GPs in rural and regional areas
- Longer waiting times for GP appointments and overworked GPs also means longer waiting times in GP surgeries or clinics even with appointments
- Growing costs to Government

How the model works in practice

In reality, patients are already visiting pharmacies for advice, diagnosis of common ailments and treatments. However, pharmacists will then have to refer patients to GPs or EDs, even for minor issues, because they aren't practising at their full scope.



BENEFITS: PUBLIC HOSPITALS

- Fewer non-urgent presentations in emergency departments
- Greater after-hours access for patients with common low-risk conditions
- Less waiting in EDs and more time for treatment of urgent matters
- Reduce growing costs to governments
- Patients still have a choice, and will be referred to a hospital by pharmacists for serious or urgent matters



BENEFITS: GPs

- Reduces pressure on overworked GPs
- More time for GPs to spend with patients to treat more than one ailment at a time
- Greater after-hours access
- Reduced waiting times (including surgery waiting room times)
- Greater geographic spread of pharmacies means increased accessibility
- Reduced out-of-pocket costs
- Patients still have choice, and will be referred to a GP if outside the pharmacist's scope of practice

Recommendations

Pharmacists are in a unique position to offer a range of solutions for Australia's frontline health system by practising at their full scope.

Pharmacists are as trusted as GPs by the Australian public³. This trust can be called upon so pharmacists can administer basic healthcare services to drive down costs to patients and the health budget, reduce waiting times, and increase frontline health accessibility.

With statistics showing that many families are avoiding seeing a GP due to the cost and waiting more than a day for this care, pharmacists can offer more affordable and more convenient access through walk-in services. This in turn will free up GPs and hospitals who are needed for more urgent, complex and after-hours care.

Evidence from overseas has shown that when community pharmacies treat patients with common ailments or can issue repeat prescriptions autonomously, accessibility increases and health budgets see millions, if not billions, of dollars in savings a year⁴⁴.

Pharmacist prescribing would improve access to treatment options for common conditions that can be managed by a pharmacist – including after-hours and weekends when access to other healthcare professionals is limited or non-existent. Low risk treatments like repeats for the oral contraceptive pill and vaccinations are the most obvious examples where pharmacists can reduce the strain on the health system.

The benefits of pharmacists practising to their full scope is most pronounced in rural and regional communities where access to health professionals and health outcomes are lower than metropolitan areas. Pharmacy is well placed to assist because of the better geographic spread of pharmacists across regional Australia when compared to other health professionals.⁴

In all jurisdictions across Australia, trained community pharmacists can administer vaccinations, but the range of vaccinations and the allowable age of patients varies from one jurisdiction to another (*see Appendix One*).

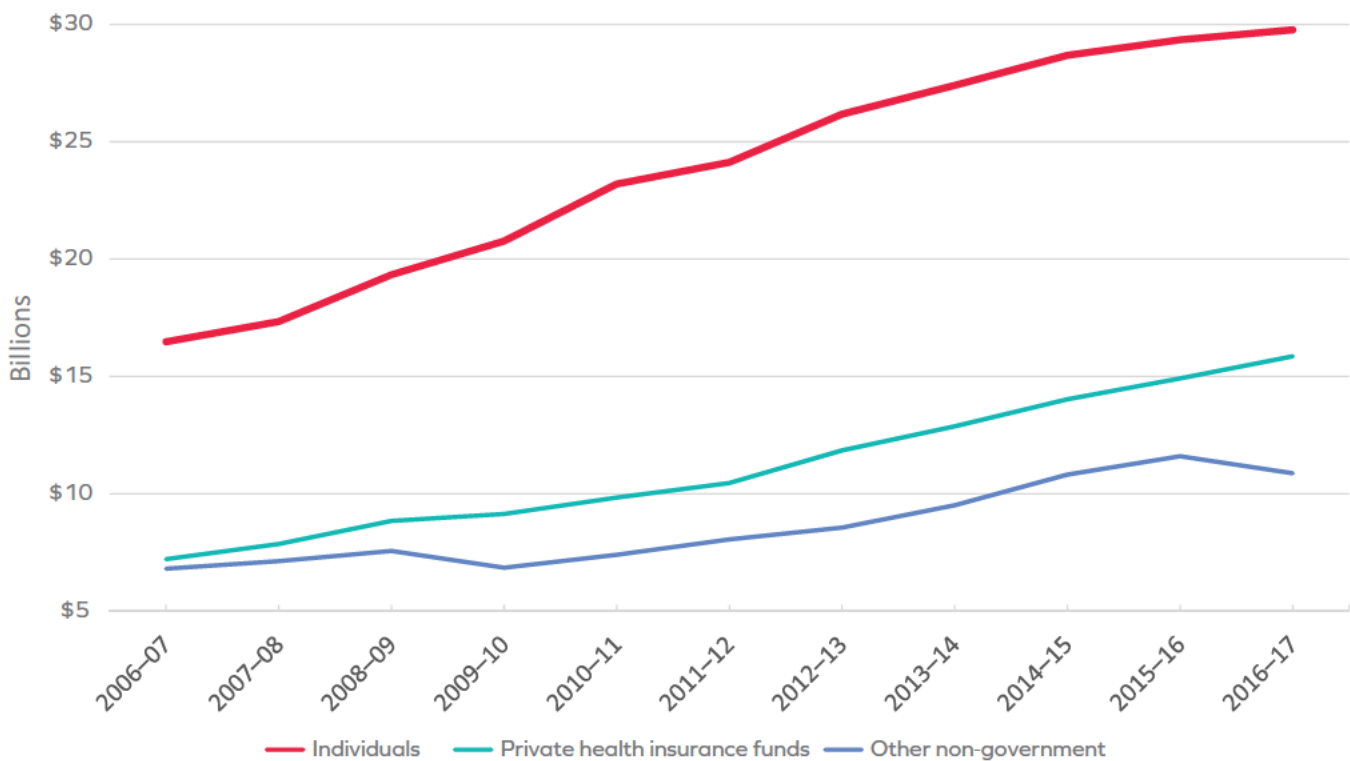
As a key preventative health measure, there should also be a standardisation of vaccinations that pharmacists can provide nationally, and access to the National Immunisation Program for adults who are in 'at-risk' groups. This is particularly important for older and Indigenous Australians who are most 'at risk' from preventable communicable diseases.

A System Under Pressure

INCREASING OUT-OF-POCKET COSTS

Out-of-pocket health costs for Australians have increased significantly in recent years. Australians are spending \$30 billion on health per year; an average of \$1,222 per person, up from \$1,082 in 2010-11 – of which around two thirds is on primary health.⁵ Australians spent 60 per cent more on healthcare in 2016-17 than they did a decade ago in 2006-07.⁶

NON-GOVERNMENT HEALTH EXPENDITURE (CURRENT PRICES, FY06-07 TO FY16-17)



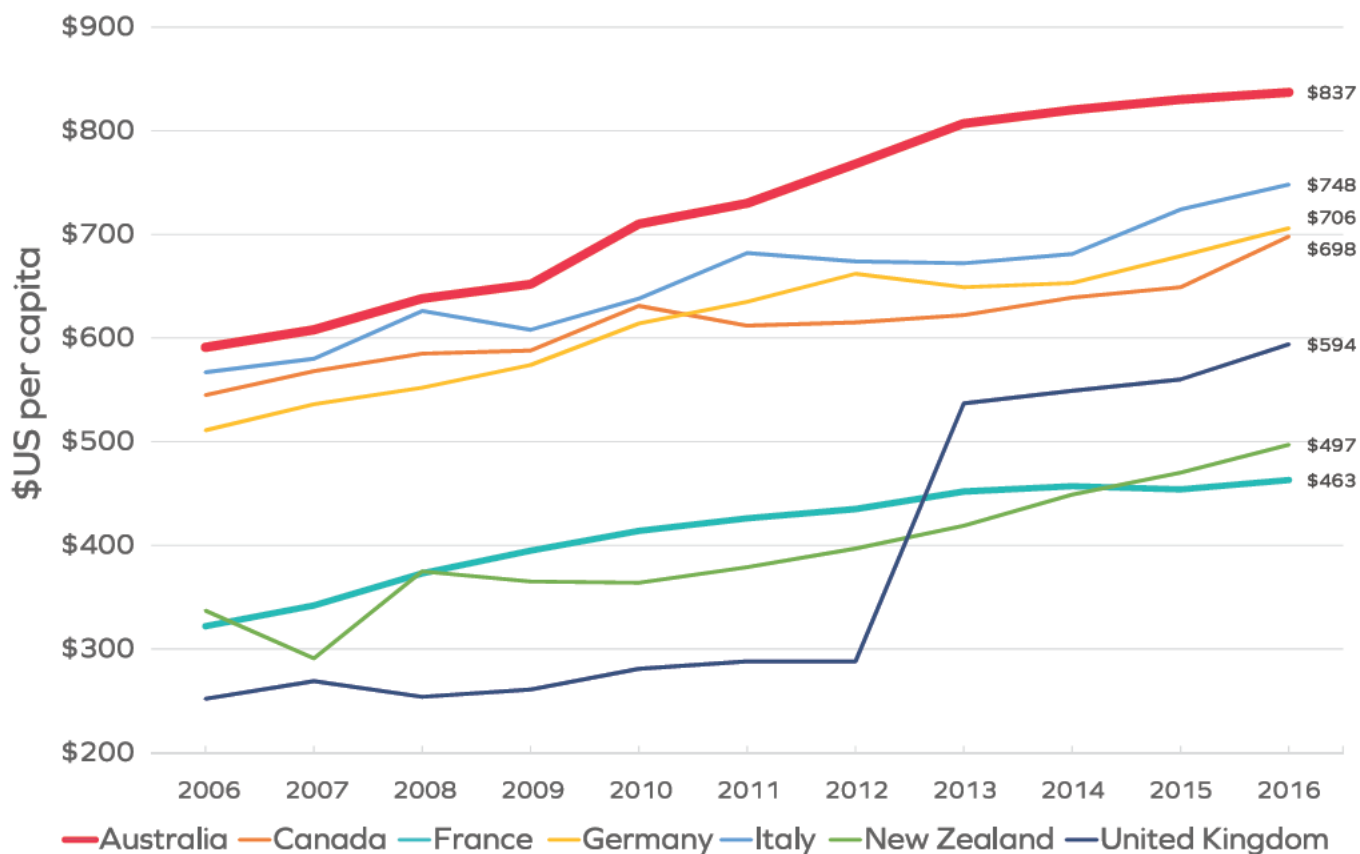
Source: AIHW⁷

OECD data shows that out-of-pocket health spending in Australia (measured in US dollars/capita) for 2013 – 2016 (latest available) is higher

than comparable countries such as Canada, the UK and New Zealand.⁸ This is despite average public health expenditure per person in Australia

being \$6,661, which is \$500 higher than Canada and almost \$1,300 higher than New Zealand and the UK.⁹

HEALTH SPENDING ON OUT-OF-POCKET COSTS (US DOLLARS/CAPITA, 2006-16)



Source: OECD¹⁰

There is also a concerning divide between the bush and the cities. Recent data shows that patients in rural or regional parts of the country were more

likely to have out-of-pocket costs than those in metropolitan areas.¹¹ These out-of-pocket costs come just as figures

show that the average Australian is worse off financially than they were ten years ago.¹²



Waiting times

Waiting times for GP services are also contributing to an inefficient healthcare system and delaying families seeking urgent medical care. Many families are having to wait longer than a day to see a GP for urgent care, with over a quarter of Australians waiting 24 hours or more.¹³

Because many families are struggling to get an appointment with a GP, they are visiting hospital EDs or self-diagnosing online, which only compounds the problem. Government spending on urgent after-hours GP visits has also doubled between 2010 and 2015, with GPs showing some reluctance to provide after-hours care despite a range of incentives.¹⁴

Recent data shows that one fifth of all patients who visited an ED said that the reason they visited the ED was because the GP was not available.¹⁵

This is confirmed by 18 per cent of Australians who visited an ED saying the care they received could have been provided by a GP.¹⁶ If this trend continues, federal and state governments will have to spend increasing amounts and families will continue to be left waiting longer for urgent care, leading to more frustration at a system that is not adapting to a growing and ageing population.

The frontline healthcare system needs a solution to prevent this spiralling out of control - one that means that GPs and hospitals are not overburdened.

Pharmacists practising at their full scope in our health system by treating common ailments will give families better and quicker access to healthcare whilst relieving the burden on GPs so they can focus on serious and complicated conditions.

Overburdened hospitals and emergency departments (EDs)

Hospital EDs in almost every state and territory are recording overcrowding, ambulance ramping and excess waiting times. Across the country, the proportion of emergency presentations seen on time dropped from 75 per cent to 72 per cent between 2013-14 and 2017-18.¹⁷ And of those patients who visited EDs deemed as 'urgent' in 2017-2018, only 64 per cent were seen within 30 minutes¹⁸. More than a quarter of patients thought that hospital doctors didn't spend enough time with them.¹⁹



Australia's hospital EDs are facing a raft of challenges amidst increasing patient numbers.

Between October and December of last year, EDs in New South Wales had to deal with 25,000 more patients compared to the same period in 2017, and almost a quarter of a million more than 2010.²⁰ At one point, South Australia alone had the four worst performing EDs in the country²¹ and in one of Queensland's busiest hospitals, patients were forced to undergo medical procedures and blood tests in hospital corridors.²²

Hospitals in Australia will also face increased pressures from Australia's ageing population. Current projections suggest that the proportion of over 65s will reach 20 per cent by 2037, an extra 2.5 million people than there are today.²³ This means if EDs aren't freed up now, in the near future many more Australians will have older family members needing care and essential services in overburdened care settings.

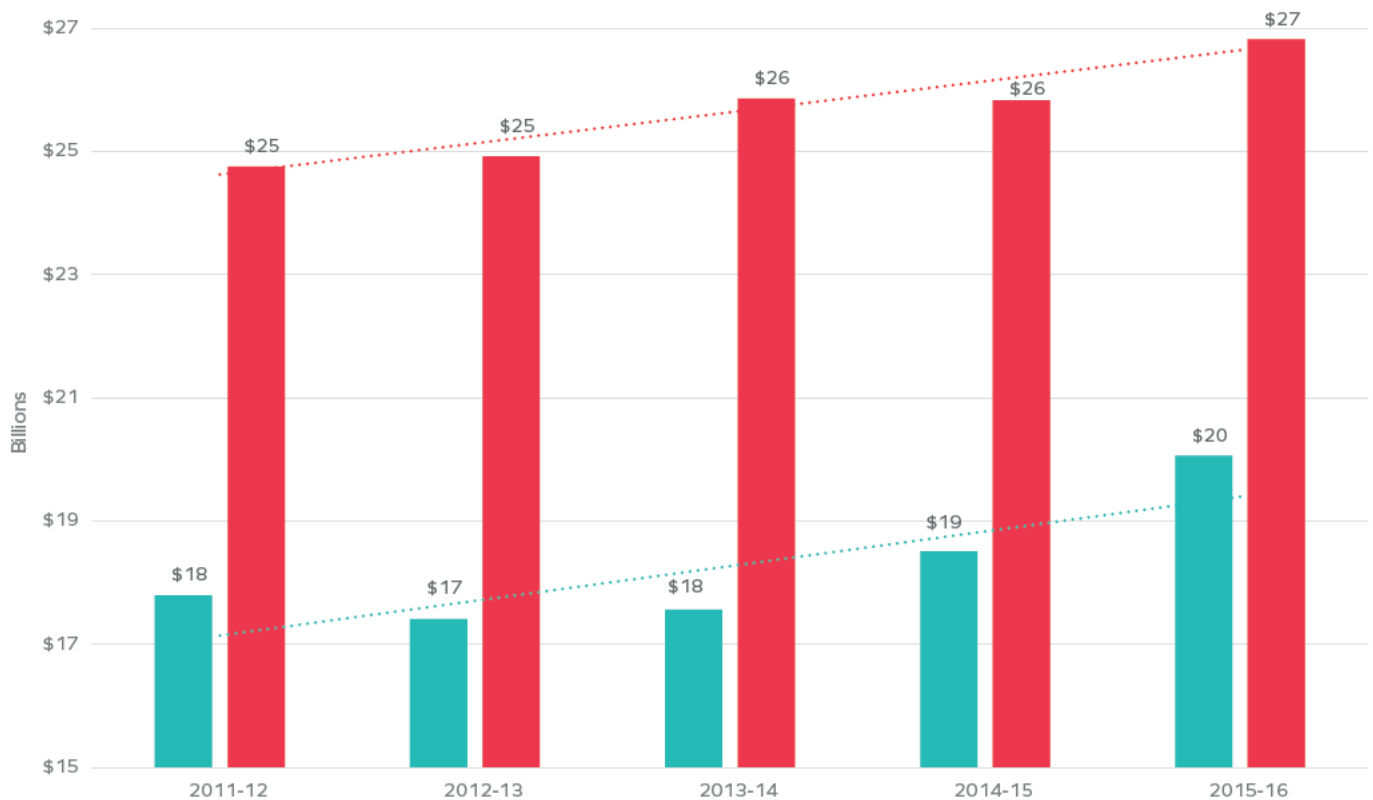
Government expenditure on health and hospitals

As a result of the pressures and strains on the health system, governments are spending more and more on primary healthcare and hospitals. In 2015-2016, government expenditure on health was \$114.6 billion in 2015-2016 (up from \$104.8 billion in 2013-2014²⁴) with primary healthcare accounting for almost one-third (\$34.6 billion) of government expenditure on health.²⁵

In 2016-17, \$69 billion of government money was spent on all hospitals—a real increase of \$2 billion from the previous year.²⁶ National expenditure on ED patient activity was \$5.1 billion alone for the same year.²⁷

The Commonwealth Government is spending a record amount on health and public hospitals. In 2015-2016, the Australian governments (Commonwealth, State and Territory) spent a combined \$46 billion on public hospitals which is \$3.48 billion more than 2011-2012. However, the percentage increase on expenditure for public hospitals from the Commonwealth Government between 2014-2015 and 2015-2016 is 8.4 per cent compared to the state and territory government increase of only 3.8 per cent.²⁸

FUNDING FOR PUBLIC HOSPITAL SERVICES (FY11-12 TO 15-16, CONSTANT PRICES)



Unnecessary hospital ED visits are clogging the system and leading to cost hikes. Close to one-third – or 2.9 million³⁰ – of all ED presentations in Australia are for ‘lower urgency’³¹ care (non-admittance to hospital).³² The average lower urgency ED presentation costs \$533 and the amount that could be saved nationally if lower urgency ED presentations instead

saw another healthcare provider, could be up to \$1,532 million per year.³³

At the very least, the average cost of a non-admitted ED presentation is the equivalent of up to 15 standard GP visits.³⁴

Dropping rates of private health insurance (PHI)

The public healthcare system is under increasing pressure as more Australians are choosing not to sign up for private health insurance.³⁵ This has resulted in longer waiting times in emergency departments, larger out-of-pocket healthcare costs and people choosing to skip routine healthcare check-ups.

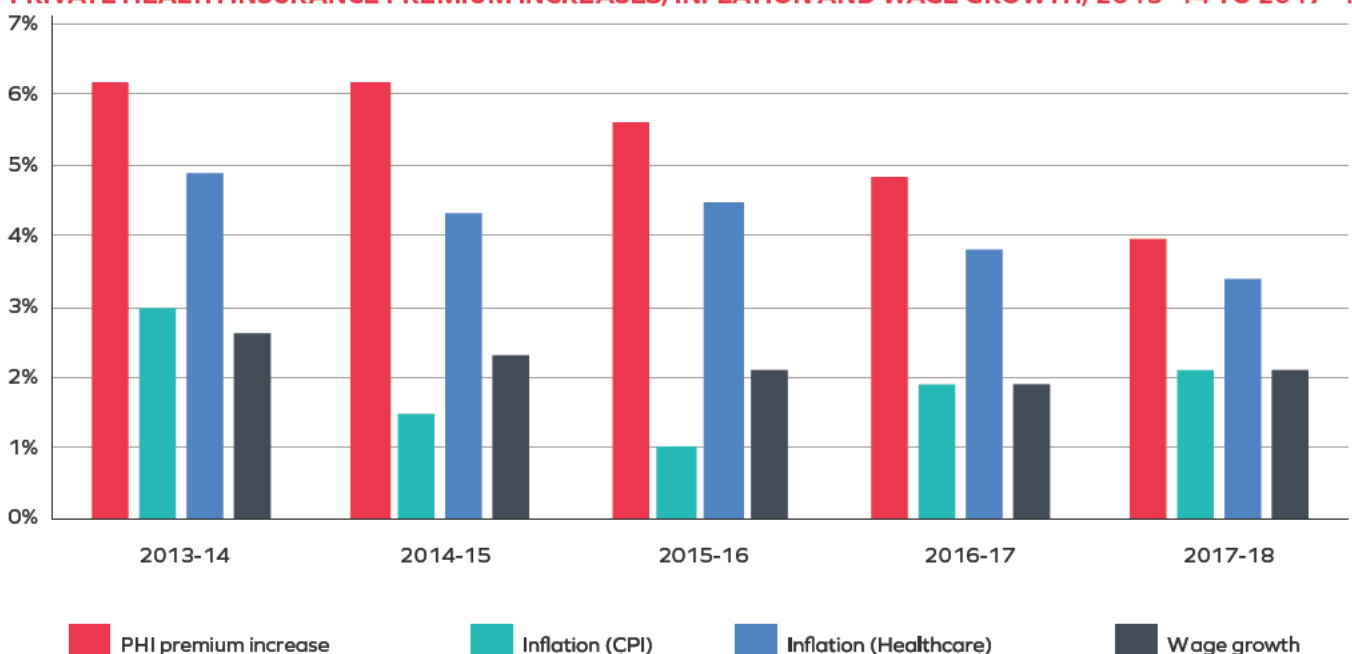
Health insurance premiums – as well as general out-of-pocket costs – have

been increasing well above CPI and wage rates for the last two decades. As a result, while wages have increased by 11 per cent over the last five years, premiums for private health insurance have increased by 27 per cent.³⁶

Participation rates in hospital cover have fallen from 47.3 per cent in 2014 to 45 per cent in 2018. Concerningly, they have fallen dramatically for under

35s with Private Healthcare Australia projecting that coverage could reach 30 per cent of the population by 2030–2035.³⁷ To quantify that, around 100,000 fewer Australians have private hospital cover today than a year ago.³⁸

PRIVATE HEALTH INSURANCE PREMIUM INCREASES, INFLATION AND WAGE GROWTH, 2013–14 TO 2017–18



Source: ACCC³⁹

And not even half of all Australians living in rural and remote parts of the country have PHI, which is 10 per cent less than people from major cities.⁴⁰

All of this has put huge pressure on the state-funded public system. We have seen this problem manifest in the past where in 1997 participation in PHI fell

to 30 per cent, with the public hospital system forced to take up the slack. That same year, more than 1 in 10 patients nationally were unable to receive surgery in the medically recommended timeframe.⁴¹

If the current trend continues and more Australians decide to move away from

private health, the public health system will face ever increasing burdens and waiting times will continue to grow. This means poorer outcomes for patients overall – regardless if they have private health insurance or not.

Working Together to Fix the System

Pharmacists, part of
the healthcare solution

Pharmacists are in a unique position to relieve the stresses and strains on Australia's health system by working to their full scope of practice. As qualified health professionals, pharmacists can offer advice and services to treat a range of common ailments and provide low risk healthcare for Australians which will free up GP clinics and hospitals to deal with more serious matters. If pharmacists in Australia can practise to the full extent of their training – as they already do routinely in the UK and Canada – it will ultimately save consumers (and governments) time and money.

International Examples

INTERNATIONAL EXAMPLES: UK

To combat 'considerable strain' on GPs and workforce shortages, the UK government has implemented measures to allow prescribing and treatment of common low-risk ailments by community pharmacists. An independent report concluded that pharmacist independent prescribing was becoming a well-integrated and established means of managing patients' conditions and providing them with the medicines they need.⁴²

NHS England estimates that around 18 million GP appointments and 2.1 million visits to EDs are for self-treatable conditions, such as coughs and stomach troubles, costing the NHS more than £850m each year. This was described by the NHS as the equivalent cost of more than 220,000 hip replacements or 880,000 cataract operations.⁴³

NHS ENGLAND AND COMMUNITY PHARMACY

In a 2016 report, PricewaterhouseCoopers demonstrated that 12 core services community pharmacies provide in England – including 'minor ailments', 'managing prescribing' and 'managed hormonal contraception' amongst other services – saved NHS England £1.6 billion in 2015, equivalent to over \$3 billion dollars.⁴⁴

Encouraging patients to visit pharmacies as the first point of call is common practice in the UK, as demonstrated in NHS England's recent rollout of the Stay Well Pharmacy campaign (above).⁴⁵ As well as saving the NHS money and helping free up GPs for more serious patient visits, NHS England noted millions of patients could get 'more convenient and timely expert advice' if their child had a minor illness by opting to visit their local pharmacist first instead of their GP.⁴⁶



The poster is for the NHS Stay Well Pharmacy campaign. It features a man, Prameet Shah, a Community Pharmacist, wearing a blue NHS uniform and a lanyard. The background is green with white text. The NHS logo is in the top right corner. The main headline reads: 'Your pharmacy team can help you with minor health concerns'. Below this, it says: 'We're healthcare experts who can give you clinical advice for minor illnesses such as coughs, colds and tummy troubles, right there and then. And if symptoms suggest it's more serious, we'll ensure you get the help you need.' Another line of text says: 'We're here to help you and your family stay well.' There is a 'STAY WELL' logo in a white box. At the bottom left, it says: 'Visit nhs.uk/staywellpharmacy'. At the bottom right, it says: 'Prameet Shah, Community Pharmacist'.

INTERNATIONAL EXAMPLES: CANADA

Roles for pharmacists in Canada have also increased significantly in recent years. Most Canadian provinces now allow pharmacists to prescribe medicines for common ailments as well as changing drug dosages independently or even renewing prescriptions for the continuity of care.⁴⁷

A 2018 study also showed that pharmacists in Canada received higher levels of patient satisfaction when undergoing urinary tract infection (UTI) treatment protocols than doctors – which include referrals or providing advice only (no medication).⁴⁸ With one in eight women requiring UTI treatment annually, UTIs are the fifth most common reason for ED visits in Canada.⁴⁹

PHARMACISTS IN AUSTRALIA

Australia should look at the community pharmacy models from the UK and Canada as examples to follow. Pharmacists in Australia are uniquely placed to reduce the burden of unnecessary GP visits and emergency department presentations from the public health system by dealing with common minor issues such as vaccinations, the oral contraceptive pill and other low risk healthcare

treatments. Essentially, pharmacists should expand on their ability to act as a 'triage' for patients before referring to GPs for diagnosis when patients present outside their scope of practice.

Statistics show that over a quarter of Australians think GPs do not spend enough time with them⁵⁰ and the average Australian makes 18 visits⁵¹ to a pharmacy every year.

This is compared to 6⁵² visits to a GP – for which they often face out-of-pocket costs, and long waits for an appointment.

Combined, this is 45.1 million individual patient visits to pharmacies annually and most pharmacies are open after-hours, including weekends⁵³. In contrast, there are 155 million Medicare-funded GP visits per year.⁵⁴

BOX 3: CASE STUDY – AUSTRALIA'S FLU SEASON AND HOW PHARMACISTS HAVE HELPED

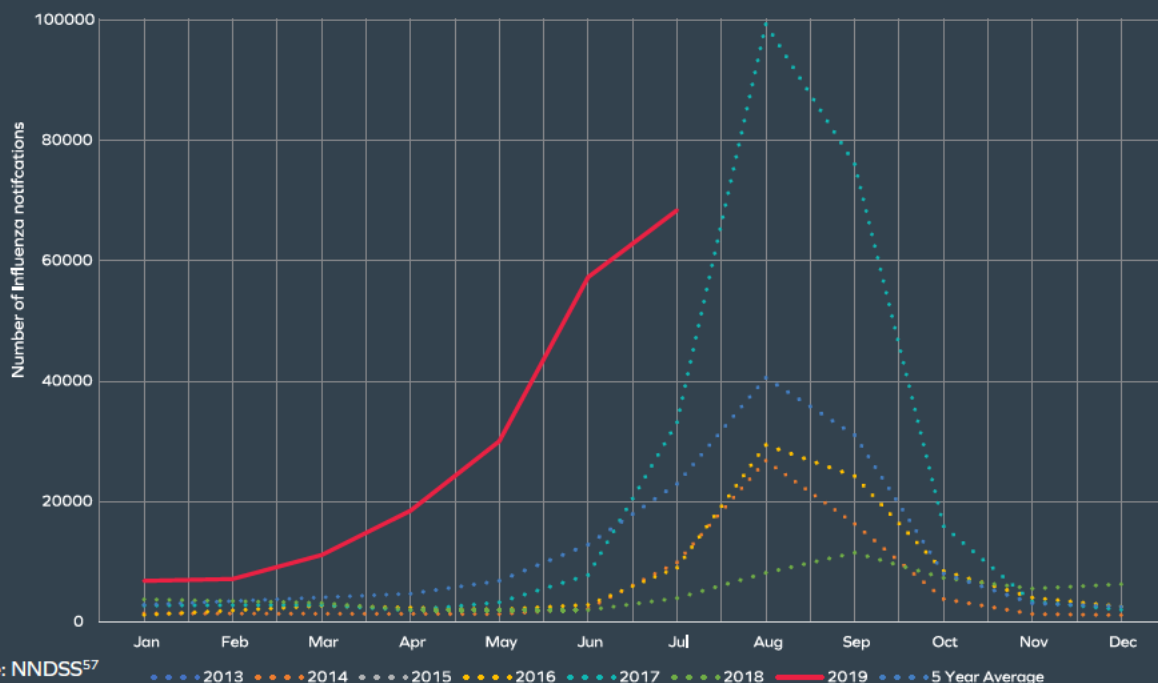
Pharmacists have played a significant role in helping to deal with the influenza in the community. This year's flu season has been described by experts as being one of the worst on record with more than 200 deaths at time of publication. It would have been far worse without in-pharmacy vaccinations.⁵⁵

Pharmacists have only had the ability to administer influenza vaccines for five years, following a successful trial in Queensland in 2014. Last influenza season, more than a million Australians⁵⁶ were vaccinated at a pharmacy.

It is easy to see why vaccinations are popular at pharmacies – vaccination

is usually available on a walk-in basis, generally for around \$20 (less than the Australian Medical Association recommended co-pay for a GP visit). The immunisation is recorded on the Australian Immunisation Register and including screening questions, vaccination and waiting periods, patients can be "in and out" in under 30 minutes.

This year's flu season is one of the worst in recent years:



Pharmacists are qualified health professionals: They must have completed a four-year tertiary degree in Pharmacy (Bachelor or Master of Pharmacy) plus a one-year internship with a registered pharmacist before their subsequent registration with the Pharmacy Board of Australia and have

mandatory continuous professional development.⁵⁸

With their relatively new (and successful) responsibility for administering vaccinations, and the wide-reaching community pharmacy footprint across Australia, it makes

sense for pharmacists to utilise their full scope of practice by treating minor ailments and prescribing some medications. It will save patients money and time, and ultimately relieve the pressure on GPs and hospitals.

Conclusion

Last flu season, as a result of the affordability and convenience of a 'walk-in' appointment, pharmacists vaccinated more than one million Australians – a number expected to rise this year. Given the severity of the 2019 flu season, the impact of pharmacists should not be underestimated.

The contribution of affordable and easily accessible flu shots by pharmacists is evidence of the greater role pharmacists could play to make our healthcare system more accessible and affordable for all Australians.

Pharmacists are highly qualified medical professionals with half a decade of training under their belts before they are registered with the Pharmacy Board. Their contribution to the Australian health system, while substantial, is smaller than their training allows.

Allowing pharmacists to treat at their full scope of practice – including common ailments, providing more vaccinations, and prescribing medications like repeats for the oral contraceptive pill – would increase the ability of all Australians to easily access affordable healthcare.

The Australian healthcare system is under strain, and everyday Australians feel it is not working as well as it could for them. Just like in the UK and Canada, allowing pharmacists to practise at their full scope will reduce pressure on EDs and GP surgeries and mean better outcomes for patients.

Pharmacists are the health professionals who are best placed to reduce the burden on our health system. Giving pharmacists the ability to 'triage' patients would free up doctors to spend more time with their patients and those who most need it, instead of requiring patients, particularly women, to pay and sit through a consultation just for regular medication like the oral contraceptive pill.

Australian families are feeling frustrated with longer waiting times, greater out-of-pocket expenses, and GP shortages. By enabling pharmacists to operate at their full scope of practice, the healthcare system would bring Australia into line with comparable countries around the world and increase affordability and accessibility for all Australians.

Let's work together to fix the system.



Appendix One

PHARMACIST IMMUNISATION ACROSS AUSTRALIA

Vaccine	State	S.A	QLD	VIC	N.S.W	N.T	A.C.T	W.A	TAS
Minimum Age		16	16	16	16	16	16	10/16	10
Influenza		✓	✓	✓	✓	✓	✓	✓ 10	✓
Measles mumps, rubella (MMR)		✓	✓	✓	✓	✓	✗	✓ 16	✗
Diphtheria, tetanus, pertussis (dTpa)		✓	✓	✓	✓	✓	✓	✓ 16	✗
Polio (in combination with dTpa)		✓	✓	✗	✗	✗	✗	✗	✗
Meningococcal		✗	✗	✗	✗	✗	✗	✓ 16	✗ 2018 program
Access to NIP		✗	✗	✓	✗	✗	✗ pilot	✗ trial	✗

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