The Pharmacy Guild of Australia

Access to Community Pharmacy Services in Rural/ Remote Australia

Position

The Pharmacy Guild of Australia believes that the standard of health care for rural/remote areas should be equal to the standards available in metropolitan areas. The Guild is guided by the principle that all Australians have a right to equity and access to community pharmacy services.

Community pharmacy as part of the rural/remote primary health care team

The Guild highlights that community pharmacists play an important role in the rural/remote primary health care team by providing a range of health services to many rural/remote communities. The Guild believes this is of particular importance in areas where other medical advice and services are not readily available. For example, community pharmacists in rural/remote areas are the logical health professional to whom members of the community turn to for advice in the treatment of minor illnesses.

As such, the Guild considers that the professional training, skill and knowledge of the community pharmacist should be more extensively utilised in rural/remote areas, particularly in areas where community pharmacists can compensate for the limited supply of other health professionals.

The Guild acknowledges State and Territory Governments utilising or contracting community pharmacies to provide pharmacy services within rural and remote hospitals. Employment of a community pharmacist on a sessional fee basis in smaller rural hospitals, where employment of a full time pharmacist cannot be justified, eliminates the danger of dispensing being carried out by unqualified persons and ensures the most effective and efficient use of trained resources available. Where there is more than one pharmacy in the town, hospital business should be shared either on a roster basis or as designated by the consumer.

Rural Programs under the Community Pharmacy Agreement

Rural programs and services provided by the Guild as part of the Fourth and Fifth Community Pharmacy Agreements aim to maintain and improve access to quality community pharmacy services for rural and remote Australia. They also seek to increase the proportion of the total pharmacy workforce starting practice in rural and remote Australia and to retain the pharmacy workforce already there.

The Guild supports these programs to ensure that Australians pay the same prices for their PBS medicines no matter where they live and that rural and remote community pharmacies can remain viable and continue the important role they play, often as the only permanent health care destination in the area.

National Secretariat
Level 2, 15 National Circuit, Barton, ACT 2600 Australia
PO Box 7036, Canberra Business Centre, ACT 2610 Australia
Telephone: + 61 2 6270 1888 · Facsimile: + 61 2 6270 1800
Email: guild.nat@guild.org.au · Internet: www.guild.org.au

The eHealth future

The Guild believes pharmacy in Australia is leading the way in terms of its willingness to adopt innovative technologies and strategies required for eHealth initiatives in order to offer the highest standard of pharmacy and health care.

The Guild considers the Personally Controlled Electronic Health Record (PCEHR) of particular importance to people with chronic medical conditions and those living in rural/remote Australia, who may experience disjointed care at a number of locations. The Guild believes that community pharmacy can be utilised to optimise use of the proposed PCEHR model with support of pharmacists 'on the ground' to advise consumers of the benefits of 'opting-in' and to encourage them to do so.

In addition, by involving pharmacists and pharmacies, the PCEHR is more likely to contain robust data, not only including prescription information but also information about over-the-counter and complementary medicines. A pharmacist would also be able to easily identify medication misadventures and suggest corrective action to the prescriber.

The Guild also welcomes the Government's Telehealth Initiative to address some of the barriers to accessing medical services for patients in rural, regional and outer metropolitan areas. As the most accessible health service in Australia and with many located in areas with limited health service providers, community pharmacy in particular can be utilised to optimise equity of access to telehealth. In addition, utilising the existing community pharmacy infrastructure would be the most logical and cost-effective means to conduct these services. As such, pharmacy should be viewed as an 'other health care facility' in which a patient can access telehealth and video conference to a specialist at another location.

Workforce

The Guild believes that any future workforce planning needs to address both an increase in the proportion of the total community pharmacy workforce practicing in rural/remote Australia, as well as to provide support to retain the existing community pharmacy workforce in these areas.

The s100 Remote Aboriginal Health Services Program (s100 RAHSP)

The Guild considers that the s100 RAHSP has greatly improved access to medicines listed on the Pharmaceutical Benefits Scheme (PBS) for Indigenous Australians in remote Australia.

The Guild believes that essential features of s100 RAHSP must be retained. These include:

- supply of PBS-medicines to Remote Area Aboriginal Health Services (RAAHS's) through the existing network of community pharmacies, and at no cost to the patient,
- utilising the existing infrastructure provided at the local remote AHS's, and not requiring the patient to travel to other venues,
- providing a one stop-shop at the AHS (patient gets medications and advice for using them at the time of visiting the AHS),
- allowing the patient to access medicines in a culturally appropriate setting, and

- not requiring the patient (or staff) to provide Medicare cards, Pension or Health Care concession cards for eligibility purposes or to keep track of PBS Safety-Net information.

However, uniform agreement from previous reviews into the s100 RAHSP establishes that in order to reach its full potential, a number of enhancements can and should be made to the program. Despite this there has to date been a failure to act on the many recommendations for improvements. The Guild hope that the Government's response to the 2011 Inquiry by the Senate Community Affairs References Committee will provide the opportunity to review the scheme in light not only of the Senate report, but also of the numerous reviews and evaluations which have preceded it.

Enhancements to be made include:

- PBS medication utilisation data should be the accepted indication of the program's success in improving access to PBs medicines;
- the provision of funding for Dose Administration Aids (DAAs);
- increased travel allowance to increase access to a community pharmacists services by the RAAHS;
- Freight costs for should be separately funded based on a model which reflects the variables which drive these costs; and
- Medicare Australia should develop an electronic claiming method for s100 RASHP claims that utilises already available technology such as PBS Online and Electronic Funds Transfer.

The Close The Gap (CTG) PBS Co-payment Measure

The Guild believes that there are a number of limitations to the CTG PBS Co-payment measure that need to be addressed to achieve the aim of improving access to PBS medicines for eligible Aboriginal and Torres Strait Islanders living with, or at risk of, chronic disease. These include:

- increasing access by eligible Aboriginal and Torres Strait Islander peoples to the measure regardless of 'where they see the doctor' or 'who the doctor is', including attendance at non-accredited medical practices and attendance at hospital as an outpatient or upon discharge;
- removing restrictions that hamper supply of essential s100 Highly Specialised Drugs (including Opioid Dependence Treatment) by patients from remote communities who travel to rural and urban locations; and
- that recognition of registration of an eligible patient should extend to all PBS prescriptions rather than having a reliance on prescription annotation by the medical professional. The Guild believes that for patients who are known to be registered (by pharmacy dispensing software profiles), community pharmacists should be able to make a professional judgement for scripts not annotated with CTG; without having to contact prescribers or send the patient back to the medical practice.

Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islanders (QUMAX)

The primary aim of the QUMAX Program, a joint initiative of the Guild and the National Aboriginal Community Controlled Health Organisation (NACCHO), is to improve the health outcomes of Aboriginal and Torres Strait Islander peoples attending Aboriginal Community Controlled Health Services (ACCHSs) in urban and rural areas. The Guild highlights that since the introduction of the QUMAX Program in 2006 there has been increased access to the PBS for clients of ACCHSs, increased patients understanding and self-management of their own conditions and a subsequent improvement in health outcomes[1].

Background

Rural and Remote terminology

The term 'rural and remote' encompasses 'Inner regional', 'Outer regional', 'Remote' or 'Very remote' geographical areas.[2] The Australian Institute of Health and Welfare (AIHW) recommends the use of this classification; however, these classifications are under review by the Australian government. [3]

In terms of health services planning and models of service delivery, rural and remote locations are conceived as a continuum from larger, more closely settled communities to small populations dispersed over large areas.[4]

Status of population health and health workforce in rural and remote Australia

Statistics show that Australians living in rural areas are generally not as healthy as those living in the cities and tend to have shorter lives and higher levels of illness and disease risk factors than those in major cities[5]. This is partly due to the clear difference in the pattern of engagement by Australians in rural/remote areas with the health system.[6] People living outside major cities are more likely to be admitted to hospital for conditions that could have potentially been prevented through the provision of non-hospital services and care. In addition, for almost all Medicare services, service usage levels are highest for those in more urban areas and lowest for those in regional and remote areas. The lower expenditure levels were especially pronounced for other allied health professional services, with inner regional residents receiving 70% of the per person expenditure for residents of major cities, while the per person expenditure levels for the most remote Australians was only 8% of that for city residents.

---

[1] *Evaluation of the QUMAX Program Final Report* (April 2011) Urbis Pty Ltd

[2] *Australian Bureau Statistics (ABS) (2006). Statistical geography volume 1: Australian Standard Geographical Classification (ASGC). ABS cat. no. 1216.0. Canberra: ABS.*

[3] ASGC under review since July 2008 – URL: http://www.aihw.gov.au/rural-health-remoteness-classifications

[4] Humphreys JS, Wakerman J, Wells R et al (2008), "Beyond workforce": a systemic solution for health service provision in small rural and remote communities. *MJA* 188 (8) 21 April 2008

[5] AIHW (2010a) *Australia's Health 2010* Cat. no. AUS 122. Canberra: AIHW.

[6] AIHW 2011. Australian health expenditure by remoteness: a comparison of remote, regional and city health expenditure. Health and welfare expenditure series no. 41. Cat. no. HWE 50. Canberra: AIHW. http://www.aihw.gov.au/publication-detail/?id=6442475421

Community Pharmacies for Rural & Indigenous Australia (CPRIA)

The Guild's CPRIA (formerly known as the Rural , Remote & Indigenous Special Interest Group) was established in May 2011 and builds on the long history of the Guild in advocating and supporting access to health services in rural and remote Australia. Its mandate is to address rural and remote population health issues in general, and is also responsible for ensuring that Indigenous-specific issues relevant to community pharmacy are addressed under various national health promotion and health prevention strategies.

Rural Pharmacists Australia (RPA)

The Guild has been represented on the National Rural Health Alliance by the Rural Pharmacists Australia (RPA) since 1995. RPA is an alliance of the Guild and the Society of Hospital Pharmacists Australia[7]. The Australian College of Pharmacy (ACP) and National Australian Pharmacy Students' Association (NAPSA) joined RPA in March 2012 to represent rural pharmacy through a collaborative approach.

Community pharmacies in rural/remote areas

Community Pharmacy is the only health professional service to have expanded its rural services over the last decade. It is estimated that over 1,000 (20%) of the total 5,088 community pharmacies across Australia are located within Categories 2-6 of the Pharmacy Access/Remoteness Index of Australia (PhARIA).

Pharmacy support to rural communities

Programs supported by the Guild as part of the Fourth and Fifth Agreements includes:

Rural Pharmacy Maintenance Allowance (RPMA)
Rural Pharmacy Workforce Program (RPWP) which includes allowances for assisting in recruiting and retaining pharmacists in rural and remote areas

- The Continuing Pharmacy Education/Professional Development (CPE) Allowance
- Rural Pharmacy Intern Training Allowance (RPITA) commencing 1 Jan 2012
- Rural Pharmacy Intern Incentive Allowance (RPIIA)
- Rural Pharmacy Post Intern Incentive Allowance (RPPIIA) commencing 1 Jan 2012
- The Emergency Locum Service (ELS)
- Rural and Remote Pharmacy Scholarship Scheme (RRPSS) and Rural Pharmacy Mentor Scheme
- The Rural Pharmacy Placement Allowance Scheme and the Administrative Support to Pharmacy Schools Allowance
- The Pharmacist Academic at University Departments of Rural Health scheme (PAUDRH) which will become the Rural Pharmacy Liaison Officer Scheme (RPLO) from 1 January 2012

Aboriginal and Torres Strait Islander Pharmacy Workforce programs

- The Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme (ATSIPSS)
- The Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme (ATSIPATS)

[7] The Pharmaceutical Society of Australia was the member of RPA until October 2011.

Support allowance for provision of services to remote Aboriginal Health Services (AHS)

- Section 100 Pharmacy Support Allowance

Rural and Regional Health Australia

The Government response to the health issues of rural and remote Australians was the establishment of the Office of Rural Health within the Department of Health and Ageing in 2008. This has now been replaced with Rural and Regional Health Australia,[8] established in July 2011 to ensure a whole of government approach to tackling regional health issues, and to provide a central entry point on information about Commonwealth regional health and ageing programs for people living in regional Australia, as well as internal advocacy within Government on funding equity.

The National Rural and Remote Health Strategic Framework (RRHS Framework)

The RRHS Framework is currently under development by the Commonwealth Department of Health and Ageing and is expected to be completed in 2012.

Rural and Remote Health Workforce Innovation and Reform Strategy (2012- 2015) (RRHWIR)

Health Workforce Australia is developing the RRHWIR Strategy which aims to provide national guidance on future needs, reforms and initiatives to improve the health workforce required to deliver services to those in regional, rural and remote communities. The Strategy is linked to Health Workforce Australia's National Health Workforce Innovation and Reform Strategic Framework for Action and the National Training Plan.

Rural Health Workforce Strategy

The Commonwealth Department of Health and Ageing's *Rural Health Workforce Strategy*[9] consists of a number of initiatives that aim to better target workforce incentives to communities in greatest need, and includes financial incentives, bonded scholarships, a HECS Reimbursement Scheme, Rural Locum Placement program, non-financial incentives for overseas trained health professionals and medical graduates and other forms of incentive or assistance. The initiatives are largely, but not exclusively, targeted at the medical profession.

Growth rates of the health workforce and community services sector are increasing faster than the all-industries rate of 3.3%.[10] Nevertheless, regional, rural and remote areas of Australia continue to experience shortages of skilled health workforce, reflecting the impact in Australia of the global problem of mal-distribution of the health workforce.[11] [12]

Also refer to:

- *Policy on Access to Pharmacy Services by Aboriginal and Torres Strait Islander People, endorsed November 2010*
- *Policy on Access to the Telehealth Initiative through Community Pharmacy, endorsed March 2012*

---

[8] www.ruralhealthaustralia.gov.au

[9] DoHA (2010a) Rural Health Workforce Strategy URL: http://www.doctorconnect.gov.au/internet/otd/Publishing.nsf/Content/program-RuralHealthWorkforceStrategy-lp

[10] ABS (2010) *Labour Force, Australia, Detailed, Quarterly* November 2010, ABS Cat No 6291.055.003

[11] Dussault G & Franceschini MC (2006) Not enough there, too many here: understanding geographical imbalances in the distribution of the health workforce *Human Resources for Health* 2006, 4:12 doi:10.1186/1478-4491-4-12 http://www.human-resources-health.com/content/4/1/12

[12] Wilson NW, Cooper ID, de Vries E et al (2009). A critical review of interventions to redress the inequitable distribution of healthcare professionals to rural and remote areas. *Rural and Remote Health* 9: 1060. (Online), 2009

Endorsed

National Council – March 2012
National Council – March 2005
National Council – November 1982

Date Reviewed

February 2012 – Policy and Regulatory Affairs Committee
November 2011 – Rural Remote and Indigenous Special Interest Group (RRI-SIG)
February 2005 – Strategic Policy/Rural and Professional Services Committee