Patrick A. Ball,
BSc(Pharm),PhD,MSc(Paeds),MCPP,FNZCP
Professor of Rural Pharmacy,
School of Biomedical Sciences,
Faculty of Science,

Locked Bag 588,
Wagga Wagga,
NSW 2678

Tel: +61 2 6933 2445
Mobile +61 419 445 606
Fax: +61 2 6933 2587
Email: pball@csu.edu.au

25 July 2011

Senator Rachel Siewert, Chair
Senate Standing Committee on Community Affairs References,
Parliament House,
Canberra,
ACT 2600

Dear Senator Siewert,

Re: **The effectiveness of special arrangements for supply of Pharmaceutical Benefits Scheme (PBS) medicines to remote Aboriginal Health Services**

I write as Australia's Foundation Professor of Rural and Remote Pharmacy, and representing a Pharmacy program with a strong rural and remote focus in a University with a strong focus on producing health professionals for inland Australia.

We currently have active research links in this subject area with Professor Wendy Hoy at the Centre for Chronic Disease, University of Queensland, and with Mr Rollo Manning of RWM Consultancy in Darwin. I write to strongly endorse the submissions that they have placed before the enquiry and will refrain from restating the points that they have made.

Over the past 6 years we have been organising various means of involving pharmacy students in training, in visiting remote Aboriginal Communities and Health Services and working with the communities and organisations. To date, as best I can establish, we have placed a total of 15 graduates into Darwin, Katherine, Alice Springs and other locations serving remote Aboriginal Communities. These students report that they have chosen to begin their careers in such locations because having seen the existing gaps in chronic disease state management and outcomes, they want to help to make a difference.

The submission is based upon observations made and impressions formed during these various activities. They are mostly based upon observation because although we have made

Sincerely

Foundation Professor of Rural Pharmacy
Associate Head, School of Biomedical Sciences
PAB/pb

Submission

The Pharmacy program at Charles Sturt University has education and research links related to this topic with:

Professor Wendy Hoy, Centre for Chronic Disease, University of Queensland
Mr Rollo Manning, RWM Consultancy, Darwin

I wish to express our support for the submissions that they have provided and the recommendations they have made.

In addition I wish to add our comments under points b) and c) of the terms of reference:

(a) whether these arrangements adequately address barriers experienced by Aboriginal and Torres Strait Islander people living in remote areas of Australia in accessing essential medicines through the PBS;
(b) the clinical outcomes achieved from the measure, in particular to improvements in patient understanding of, and adherence to, prescribed treatment as a result of the improved access to PBS medicines;
(c) the degree to which the 'quality use of medicines' has been achieved including the amount of contact with a pharmacist available to these patients compared to urban Australians;
(d) the degree to which state/territory legislation has been complied with in respect to the recording, labelling and monitoring of PBS medicines;
(e) the distribution of funding made available to the program across the Approved Pharmacy network compared to the Aboriginal Health Services obtaining the PBS medicines and dispensing them on to its patients;
(f) the extent to which Aboriginal Health Workers in remote communities have sufficient educational opportunities to take on the prescribing and dispensing responsibilities given to them by the PBS bulk supply arrangements;
(g) the degree to which recommendations from previous reviews have been implemented and any consultation which has occurred with the community controlled Aboriginal health sector about any changes to the program;
(h) access to PBS generally in remote communities; and
(i) any other related matters.

For those living in remote communities with a chronic disease, medication assumes a disproportionate importance compared to metropolitan areas, where there may be many other types of therapeutic intervention on offer. For a wide range of chronic diseases, the evidence that medication can slow the progression of chronic disease and prevent, or long delay, the onset of complications, is beyond dispute. However, this requires four steps;

1. The patient is seen by a doctor or other appropriate health professional and a diagnosis established
2. Medication is prescribed and supplied
3. The medication is taken regularly, every day as directed
4. Any adverse effects of the medication are followed up on

Our observations lead us to believe that steps 1 and 2 are mostly reasonably well catered for. However the supply lines in many cases are undesirably long resulting in a considerable delay (3-5 days or longer) between a patient being seen and medication or medication change being available, particularly where dosage administration aids such as Websterpaks® (or other similar devices) are in use.

Medication however, will only produce the intended outcome if taken regularly as directed. This is only likely to occur when the patient has some understanding of the disease and what the medication is intended to achieve. Further, the medication is unlikely to be taken if it produces adverse effects.

When metropolitan Australians receive their medication they are entitled to advice from a pharmacist at the time of supply, but remote living Aboriginals receiving supplies under the present arrangements not only have time to forget what the doctor, nurse or Aboriginal health worker told them, they are handed a package with no explanation and little opportunity for follow up on any difficulties they have in understanding what to do with their medications or if their medication causes adverse effects.

Taking undergraduate students out to these communities has shown that even quite early in their training (a number were only in their second year) they perceive the problems and a number have shown the commitment to wish to return to these areas with the intention of trying to make a difference.

They report however that they feel their ability to contribute to change is severely limited by present models of supply.

They feel that ways must be found of bringing the expertise of pharmacists closer to these communities through a real presence on the ground, and as with other disciplines, the use of appropriately trained Aboriginal Health Workers to assist in effective delivery of information and support.

In conjunction with the University of Queensland and RWM Consultancy, we have made numerous approaches to government to obtain data that will allow us to derive some estimates of medication adherence, but to date this has not been provided. Nevertheless we have a strong impression and considerable anecdotal evidence that the general level of medication adherence is very low. Professor Hoy's work shows that medication adherence can be promoted in these populations and outcomes improved when this is achieved. However if the general level of adherence is as low as we suspect, then the majority of the money which is currently spent on these medication supplies is being wasted and will not produce the outcomes that are targeted.

Recommendations

1. That the profession of pharmacy be included in all workforce planning for the delivery of primary healthcare
2. That Section 94 of the National Health Act be amended to allow Aboriginal Health Services to provide Pharmaceutical Benefit Scheme medicines to its clients.
3. The PBS considers supporting the development, piloting and based upon the results, roll-out of "in house" pharmacy operations, to bring services closer to the consumer, that are culturally appropriate, accessible and timely.
4. That the Department of Health and Ageing work with Aboriginal Health Services planning and establishing locally based or in-house pharmacy service.
    - 4a That within this, consideration is given to the development of a new-style of Aboriginal Health Worker specialising in supporting medication adherence
5. That the National Indigenous Health Equity Council be asked to examine the inequities that surround the supply of PBS Medicines to remote living Aboriginal persons.
6. That the PBS review it's funding under the Section 100 arrangements to remote Aboriginal Health Services and determine where it should be allocating funds to ensure there can be an equitable development of a method of supply to include quality use of medicine issues comparable to mainstream Australians.
7. That the S100 Support Allowance be disbanded and transferred to a fund from which guidance and mentoring can be provided to AHSs who want to initiate their own pharmacy business and have complete control over the pharmaceutical care program.

Thank You

Patrick A. Ball,
Professor of Rural Pharmacy,
Charles Sturt University.