SUBMISSION BY THE PHARMACEUTICAL SOCIETY OF AUSTRALIA TO THE SENATE STANDING COMMITTEE ON COMMUNITY AFFAIRS ON THE PROVISION OF PALLIATIVE CARE IN AUSTRALIA

ABOUT THE PHARMACEUTICAL SOCIETY OF AUSTRALIA

1. The Pharmaceutical Society of Australia (PSA) is the peak national professional pharmacy organisation representing Australia's pharmacists working in all sectors and locations. There are approximately 26,000 registered pharmacists (based on Pharmacy Board of Australia data at 30 June 2011). PSA's core functions include: providing high quality continuing professional development, education and practice support to pharmacists; developing and advocating standards and guidelines to inform and enhance pharmacists' practice; and representing pharmacists' role as frontline health professionals.

2. PSA welcomes the opportunity to provide this submission for the Senate Inquiry into the provision of palliative care in Australia and in particular PSA will provide comments that address the following terms of reference:

(a) The factors influencing access to and choice of appropriate palliative care that meets the needs the population, including:

i. people living in rural and regional area,

ii. indigenous people,

(c) The efficient use of palliative, health and aged care resources;

(e) The composition of the palliative care workforce, including:

i. the adequacy of workforce education and training arrangements.

Summary of PSA submission recommendations

3. The current system is failing to recognise and include pharmacists as key members of the palliative care team to ensure continuity of care, timely access to medicines and quality use of medicines for patients receiving palliative care and/or their carers. Accordingly, PSA recommends:

a. Recognising and including pharmacists as members of the medication management team for palliative care patients in the primary healthcare setting as well as the acute care setting;

b. Provision and promotion of targetted specialised palliative care education for pharmacists;

c. Facilitating increased access to medicines specifically used in palliative care through ongoing review and inclusion of items on the Pharmaceutical Benefits Scheme and improving the processes for accessing those palliative care medicines available through the Special Access Scheme, particularly in the community setting.

d. Recognising and addressing the additional requirements for palliative care patients in rural and indigenous communities.

General Comments

4. Pharmacists are frequently consulted for advice on medicines being the most accessible healthcare provider for patients, their carers, and the broader palliative care team. This means pharmacists are ideally placed to play a greater role in the management of palliative care as a member of a multidisciplinary care team. Medication counselling provided by pharmacists improves adherence to medicines used for symptom control in the palliative setting and pharmacist-led medication reviews may help identify and resolve medication-related problems that will positively impact on the patient's quality of life.

5. PSA understands the special needs and circumstances that exist for palliative care patients, their carers and health providers. PSA developed a National Professional Development Workshop titled: Pain management 2010: Pain and symptom management in palliative care. PSA has also developed a Quality Use of Medicines Kit on Pain used to educate community and accredited pharmacists on understanding the mechanism of pain and how to treat it. These resources are also helpful for pharmacists to use in their workplace to educate their staff.

6. PSA was actively involved in promoting National Palliative Care week last year, encouraging pharmacists and the public to talk about the subject of dying. The emphasis of this campaign being for pharmacists and the public to find out what support services are available, for patients, their carers and healthcare team to prepare a simple Advance Care Plan, and for patients to discuss options with their family and pharmacist as appropriate.

7. Much has been written about palliative care, its meaning, intent and processes. PSA does not intend to present this information again in this paper. In this submission PSA will document the salient points that underpin its recommendations, in particular, that there is an increasing emphasis on community-based end of life care[1] and recognition that pharmacists can fulfil an important role in palliative care by providing clinical advice and support as members of the multidisciplinary palliative care team. To date, pharmacists are often included in the general term of 'allied health professional' and seldom identified as first line primary healthcare providers.

Recognise the expertise of pharmacists and include them in the palliative care workforce

8. Pharmacists are the most accessible health professional, making them the first point of contact for patients and carers who have specific questions on health conditions, requiring information on treatment options including cost and availability, how to access medicines and the availability of support networks including other allied health services.

9. In the palliative care setting, pharmacists are often the first health professional consulted by the palliative care patient and/or their carer after diagnosis, and when the patient transfers from acute care to the community or aged care setting for end-of-life care. Pharmacists provide advice on the appropriate, safe and effective use of medicines in

[1]Government of South Australia, May 2009. Palliative Care Services Plan 2009-2016. Expanding and reshaping palliative care services, p 7. Available at: www.health.sa.gov.au/Portals/0/palliative-care-plan-2009-2016.pdf

palliative care, and communicate with patients and carers about medication-related issues and symptom management.

10. For these reasons pharmacists should be included, wherever possible, in multidisciplinary primary healthcare teams to ensure that they are aware of the patient's special circumstances and to communicate and contribute to the overall healthcare plan for the patient in consultation with the patient, their carer and the other healthcare providers. This will ensure timely advice, access to medicines and continuity of care.

11. PSA is aware that through the South Australian Government Palliative Care Services Plan 2009-2016[2] and the Pharmacy Reform Program, an investment has been made to include palliative care consultant pharmacists to "take up leadership roles in clinical practice, teaching/education curriculum development, and clinical research within the field of palliative care pharmacotherapeutics". These pharmacists also facilitate engagement and capacity building between government, and community and hospital pharmacies across the state, and through the development of a statewide community palliative care pharmacy network. The SA Government's plan outlines that a self-sustaining SA Palliative Care Community Pharmacy Network will:

a. Facilitate a quality use of palliative medicines approach across community, aged care, disabilities and acute care settings.

b. Expand the number and the capacity of community pharmacists across the state providing home medicine reviews for palliative care patients in the community.

c. Ensure the optimal prescription and dispensing of palliative care medications around the clock to those who need them, and the safe disposal of those drugs when no longer required.

d. Explore and overcome barriers that inhibit greater contribution to the planning and delivery of coordinated multidisciplinary palliative care by community pharmacists in the community setting.

e. Bring together community pharmacists with an interest in palliative care to explore and develop opportunities for increased community pharmacy involvement in quality end of life care in the community.

Improve workforce education and training of palliative care pharmacists

12. To maximise the benefit that pharmacists can bring to the multidisciplinary team, pharmacists will benefit from opportunities to improve their knowledge of this specialist area. It is important that pharmacists understand the principles of palliative care and recognise how they can contribute to the provision of care to patients, and their carers, in the palliative setting. There is a need to increase access to and participation in palliative care education and training for pharmacists in the community, including development of

[2] ibid p.49

pharmacy-specific standards and guidelines and training to support pharmacists in this area of practice to complement existing information and research[3] [4] [5].

13. In addition, access to specialised palliative care training courses for pharmacists will facilitate the development of a workforce that can be utilised more broadly in the community setting. There is evidence and experience from a number of countries, including the United Kingdom and the United States of America that employ specialist palliative care pharmacists[6] [7]. A network of specialist palliative care pharmacists employed through Medicare Locals or Local Health Networks could offer specialised services to patients, community pharmacists and other primary care health providers promoting an integrated multidisciplinary approach to palliative care for patients who are either transitioning from the acute care setting or initiated in the community setting.

Promoting efficient use of palliative resources through improved access to medicines

14. The Palliative Care listing within the Pharmaceutical Benefits Scheme (PBS) provides access to a number of specialised medicines in quantities suitable for the care of palliative patients and a Palliative Care Authority process is also in place. The Pharmaceutical Benefits Advisory Committee (PBAC) will also, from time to time, make additional considerations for medicines and quantities available for palliative care patients. PSA is aware that the Palliative Care Clinical Studies Collaborative (PaCCSC) has been established with the purpose of gathering evidence required to support additional drugs being listed on the PBS, but there is little information on what is being progressed by this group and its recommendations. Regular consideration and approval of new therapies through processes other than the PBAC should be promoted to ensure patients are benefitting from research in real terms through access to new and appropriate medicines and changes to indications of existing medicines.

15. Separate to the Palliative Care listings on the PBS, there are a number of medicines used in palliative care that are not included on the Australian Register of Therapeutic Goods (ARTG) and can only be accessed through the Special Access Scheme (SAS). SAS arrangements allow for the import, prescribing and supply of an unapproved therapeutic good (medicine) for an individual on a case-by-case basis.

16. SAS arrangements are extremely useful for palliative care patients as medicines that are specific to the palliative care setting, and not registered in Australia, may be accessed for the patient. However, there are restrictive processes governing the prescribing and supply of these medicines and these are usually managed by doctors and pharmacists in

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[3] SHPA Committee of Specialty Practice in Cancer Services. SHPA Standards of Practice for the Provision of Palliative Care Pharmacy Services. J Pharm Pract Res 2006; 36(4): 306-8.
[4] Palliative Care Australia. Standards for Providing Quality Palliative Care for all Australians. 4th edn 2005. Available from www.pallcare.org.au
[5] Jiwa M, Hughes J, O'Connor M, Tuffin P. Field testing a protocol to facilitate the involvement of pharmacists in community based palliative care. Aust Pharm 2012; Jan: 72-6.
[6] Needham DS, Wong ICK, Campion PD. Evaluation of the effectiveness of UK community pharmacists' interventions in community palliative care. Palliative Medicine 2002; 16: 219.
[7] Atayee RS, Best BM, Daniels CE. Development of an ambulatory palliative care pharmacist practice. Palliative Medicine 2008 Oct; 11(8):1077-82.

acute care facilities or specialist palliative care services. Palliative care patients who choose to be cared for in the community may be disadvantaged if the initiating hospital or specialist palliative care service are no longer involved in the care when the patient transfers to the community and sourcing and supply of these medicines is through the general practitioner or community pharmacist. Providing clear information on the SAS program and its processes from a primary care and community pharmacy perspective will facilitate continuity of care through appropriate prescribing and access to these medicines in the community.

17. As noted in paragraph 13, having a core group of specialised palliative care pharmacists that can be utilised to facilitate or streamline the supply and/or procurement processes would be advantageous for timely access to medicines by the palliative patient and the provision of medication-specific advice to the primary healthcare team. Pharmacists trained in palliative care play a critical role in communicating with patients and their families and employing their knowledge of regulatory requirements to facilitate access to necessary pain medicines ensuring appropriate pain control for the patient in conjunction with medicine education and professional support. Pharmacists use their expertise in medicines to avoid adverse drug events in this patient population which is characterised by multiple medicines and multiple comorbidities. Pharmacists are also frequently consulted on the availability and appropriateness of alternate dosage forms when the patient is experiencing swallowing difficulties or cognitive state is compromised.

Special considerations for rural and remote Australia

18. One third of Australia's population lives outside metropolitan areas. Rural residents require similar palliative care services to their urban counterparts. However, there are many gaps to palliative care service delivery in rural areas, and many disjointed and inconsistent funding models. Lack of medical staff and trained palliative care nurses, lack of infrastructure and large geographical distance make delivery of palliative care services difficult. Families and carers assume large caring burdens. Many patients are cared for at home with infrequent visits from palliative care nurses who have a high attrition rate due to the effects of geographical and professional isolation, and emotional overload. In many areas there is no easily accessible directory of available services with families feeling isolated and often struggling to obtain adequate supplies of medicines, including narcotics for pain relief.

19. In some areas palliative care teams are run from local hospitals or community health services. They usually consist of doctors, nurses, counsellors, physiotherapists, dietitians and occupational therapists. Unfortunately no pharmacists are employed on these teams. Specialist palliative care pharmacists whilst scarce in urban Australia are nonexistent in rural Australia.

20. Rural community pharmacists play an integral supply and support role for their palliative patients, yet, like their city counterparts are not acknowledged as part of the broader palliative care support team, often having no communication or information dissemination regarding palliative care patients that they may be assisting.

Palliative Care considerations for Indigenous peoples

21. Many Aboriginal patients return home when they are very ill as they wish to die on the country where they belong, and where they are connected to their community. There is an important need for local palliative care services, as opposed to those based in hospitals and acute care facilities in large regional/urban settings, to be established for these communities.

22. Talking about ‘sorry business’ is best done through Aboriginal Health Workers, to ensure effective communication occurs. Information about death and disease needs to be comprehensive but needs to be communicated with respect and cultural sensitivity. Aboriginal Health Workers play an important role. Pharmacists need to be supported financially and with education and training to work with Aboriginal Health Workers and Aboriginal Health Services to assist patients with their medication management in a culturally appropriate manner.

Summary

23. PSA would welcome the opportunity to work with the relevant government agencies and non-government organisations to establish professional practice guidelines and education and culturally appropriate materials to address these recommendations.

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