

## Comments in relation to

***“The effectiveness of special arrangements for the supply of Pharmaceutical Benefits Scheme (PBS) medicines to remote area Aboriginal Health Services”***

## Terms of Reference

The effectiveness of the special arrangements established in 1999 under section 100 of the National Health Act 1953, for the supply of Pharmaceutical Benefits Scheme (PBS) medicines to remote area Aboriginal Health Services, with particular reference to:

(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;

**No, the arrangements do not adequately address barriers experienced by Aboriginal and Torres Strait Islander people living in remote areas of Australia in accessing essential medicines through the PBS as they do not recognise the unique circumstances in the Kimberley. To give an example, Wyndham hospital, 100km from Kununurra (the nearest town with a private pharmacy) is the sole provider of health care in Wyndham. Patients attend Wyndham Hospital not only for inpatient services but also for their primary health care. The hospital doctors, despite fulfilling the role of GPs, are unable to provide PBS prescriptions under the *Closing The Gap* scheme and any PBS prescriptions they write must be paid for by the patient. Aside from not addressing the barriers, this is grossly inequitable and punishes patients residing in Wyndham. The Commonwealth has placed concerns regarding cost-shifting by the State above the needs of residents in remote towns attending the only available health service – the hospitals.**

(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;

**This is difficult to quantify but in the Fitzroy Valley, there are now 600+ patients regularly receiving PBS medicines compared to less than 100 prior to the introduction of S100 at Fitzroy Crossing Hospital. It is to be hoped that this increase has resulted in improvements in clinical outcomes but we do not have the tools to measure this. The ability of the treating doctor to provide the initial prescription on site may have improved patient understanding. The extensive use of Dose Administration Aids (Webster Packs and Medi-Sachets) most likely has improved adherence although we only have anecdotal evidence of this.**

(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;

**The majority of the dispensing in the Kimberley region is done by the private pharmacies and is in compliance with the State Poisons Regulations. Initial supply is by the medical officer and labelling has improved with the more**

**widespread use of MMEx and linked printers.**

(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

**Access to the PBS is variable, most remote communities are reasonably well served by the current arrangements insofar as supply goes, however for ATSI residents in Kimberley towns, access can be limited. The Commonwealth, in my view, has repeatedly failed to recognise that all of the Kimberley Region Hospitals, with the exception of Broome, provide primary care in the absence of private GP practices. The Commonwealth appears to be beset with concerns around cost-shifting to in-patients at the cost of seeing the bigger picture. The Dept Of Health and Ageing bureaucrats would be well advised to come and visit the Kimberley to gain an understanding of the reality of healthcare provision that cannot be had from sitting on a chair responding to emails and phone calls.**

(i) any other related matters.