



**The Hon Jillian Skinner MP**  
Minister for Health  
Minister for Medical Research

P11/399

Committee Secretary  
Senate Standing Committees on Community Affairs  
PO Box 6100  
Parliament House  
CANBERRA ACT 2600

Dear Committee Secretary

Thank you for the opportunity to provide comment for the Inquiry into the effectiveness of 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.

NSW is pleased to provide a response recognising the benefits of section 100 for Aboriginal and Torres Strait Islander people living in remote areas, but also recognising issues within the program currently which require further consideration both at State and Federal level.

In particular, the following areas are noted in the attached submission for further consideration:

- Scope of the current Inquiry
- The degree to which Quality Use of Medicines has been achieved
- The degree to which State/Territory legislation has been complied with in respect to the recording, labelling and monitoring of PBS medicines
- Medication supplies under other schemes such as Closing the Gap

Should you require information on this matter, please contact Ms Deborah Hyland, Director, Clinical Safety, Quality and Governance Branch, NSW Health, on (02) 9424 5921 or e-mail [dhyla@doh.health.nsw.gov.au](mailto:dhyla@doh.health.nsw.gov.au)

Yours sincerely

Jillian Skinner MP

## **INQUIRY INTO THE EFFECTIVENESS OF SPECIAL ARRANGEMENTS FOR THE SUPPLY OF PBS MEDICINES TO REMOTE AREA ABORIGINAL HEALTH SERVICES**

### **Areas requiring further consideration**

#### **Scope of the current Inquiry**

While the Inquiry is concerned with the s100 special arrangements specific to remote areas, issues of medication supply under Closing the Gap (CTG) and Quality Use of Medicines Maximised (QUMAX) also need to be addressed. Consumers currently encounter a number of separate medication subsidy schemes in addition to s100, including QUMAX and the Commonwealth Practice Incentives Program (PIP - a Commonwealth program through the Closing the Gap initiative).

There appears to be a lack of integration and transparency between these different subsidy schemes, which may result in duplication of administrative systems and potentially lead to gaps in service.

#### **The degree to which Quality Use of Medicines has been achieved**

The nature of the s100 special arrangements, where Pharmaceutical Benefit Scheme (PBS) medicines are supplied directly to Aboriginal Health Services (AHSs), may mean that consumers do not have direct access to a pharmacist to provide advice or review of medications, as would be expected to occur when medicines are dispensed from community pharmacies. A key role of pharmacists is to provide advice and written medicines information to consumers and other health professionals. While it is understood that arrangements are made in individual AHSs to assist consumers with use of medicines, there may be limitations in the degree to which Quality Use of Medicines (QUM) can be achieved in these areas.

There is no current requirement for co-ordination with Local Health Districts, particularly with regard to governance and formulary management. Increased co-ordination may offer benefits, including seamless transition between primary and hospital care and improved access to information and training for AHS staff. Such input would necessarily require further discussion with the State and appropriate Commonwealth funding.

These s100 special arrangements generally focus on the supply of medication rather than the QUM services that add benefit to the initiative through patient and Aboriginal Health Worker education and support for prescribers. While some participating community pharmacies provide considerable QUM support, the program should ensure that this is consistently provided at a high level with clear deliverables.



Participating community pharmacies in rural areas receive Commonwealth funding under s100 special arrangements. In rural areas where there are insufficient numbers of participating community pharmacies, there is potential for hospital-based pharmacy services to become involved in providing QUM services, subject to the provision of appropriate Commonwealth funding. Their involvement potentially could lead to:

- AHS staff participation in local health district drug and therapeutic committees.
- Provision of education and support for Aboriginal Health Workers in QUM.
- Provision of advice and monitoring for Aboriginal Health Workers in key areas of medication safety.

Smaller district hospitals and multi-purpose services already provide access to essential/emergency medication out of hours, often in locations without community pharmacies. Using these facilities within the s100 special arrangements would enable the parameters for the services, such as supply and QUM, to be clearly defined and monitored.

Any changes to current arrangements should take account of best practice models and be the subject of wide consultation with States and Territories.

### **The degree to which State/Territory legislation has been complied with in respect to the recording, labelling and monitoring of PBS medicines**

The success of initiatives targeted at Aboriginal people is dependent on effective consultation and negotiation at all stages of development and implementation. NSW would welcome advice from DOHA on whether community consultations took place before the commencement of the special arrangements in remote area Aboriginal Community Controlled Health Organisations, further to s100 of the National Health Act 1953, and whether these consultations are an ongoing part of implementation.

No complaints or reports of concern regarding compliance with the *Poisons and Therapeutic Goods Act 1966* (NSW) or *Poisons and Therapeutic Goods Regulation 2008* have been lodged with the Department.

Under the *Poisons and Therapeutic Goods Act 1966* (NSW), the supply and labelling of prescription medicines (that is, medicines listed in Schedule 4 of the National Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP)) may be undertaken only by a pharmacist in a pharmacy or an authorised practitioner (that is, a medical practitioner, a nurse practitioner or midwife practitioner authorised under Section 17A of the *Poisons and Therapeutic Goods Act 1966*, a dentist, an optometrist or a veterinary practitioner authorised for the purposes of their respective professions). Schedule 4 medicines can be found in the SUSMP at <http://www.tga.gov.au/industry/scheduling-poisons-standard.htm>

Recording systems should enable data to be available for quality improvement at a local level and for national monitoring of medicines use. This is particularly important for medicines with safety concerns, medicines underused in this population, and for antimicrobials to ensure risk of development of antimicrobial resistance is minimised. Recording systems should integrate with national e-health initiatives (such as the

patient controlled e-health record) while allowing for flexibility in remote locations depending on the availability of technology.

Any review of the current arrangements and proposed changes should be widely consulted upon with States and Territories to take account of relevant legislation.

## **Medication supplies under other schemes such as Closing the Gap**

The Closing the Gap (CTG) – PBS Co-payment Measure provides PBS co-payment relief for Aboriginal and Torres Strait Islander consumers of general practices and Aboriginal Health Services in both urban and rural settings.

Hospitals in rural NSW are not generally in a position to provide medication supplies to CTG eligible consumers upon discharge because these consumers require a prescription written by a CTG registered health professional in order to obtain their medication without charge from a CTG registered community pharmacy. Problems are encountered where a CTG registered health professional is not available to sign a prescription for the patient prior to discharge, or where there is no local CTG registered pharmacy. In such cases, considerable time and work is involved in coordination by the Local Health District to ensure consumers are able to access their medication following transfer from a health facility.

### **Section 100 Special PBS Arrangements for Remote Aboriginal Communities**

It is important that Aboriginal community members are able to provide their evaluation of the s100 special arrangements. In particular, consumers attending remote Aboriginal Community Controlled Health Organisations (ACCHOs) should be regularly consulted for feedback, consistent with the patient focus that underlines effective care. The PBS arrangements for remote ACCHOs have implications for equitable provision of health services for Aboriginal people in remote areas of NSW. Both the Department of Health and Aboriginal Affairs NSW would appreciate receiving a copy of the Standing Committee's report.