

Joint Standing Committee on the National Disability Insurance Scheme Inquiry into current scheme implementation and forecasting for the NDIS

The Pharmaceutical Society of Australia (PSA) made a **submission** in October 2021 to the Joint Standing Committee on the National Disability Insurance Scheme (NDIS) inquiring into current scheme implementation and forecasting for the NDIS.

PSA is pleased to make this follow-up second submission to provide additional information, including comments relating to the interim report of the Inquiry as published in Chapter 5 of the General Issues 2021 report tabled in November 2021, as presented below.

Interim report section	PSA comments
Availability	of supports outside the NDIS
5.9 – 5.11	No comment
5.12	Apart from the difficulty in accessing disability support outside the NDIS, PSA re-iterates the additional barriers to access healthcare services generally for people with disability in rural and remote areas.
	During the pandemic, many healthcare service providers pivoted to telehealth services. This included medication management reviews (MMRs) conducted by pharmacists via telehealth where appropriate. Although face-to-face MMR services are preferred, where a pharmacist visit is not possible (due to the pandemic or otherwise), a telehealth MMR may be helpful if timely access is critical.
	PSA believes there is benefit in maintaining the availability of telehealth services beyond the public health emergency declaration.
Information,	, Linkages and Capacity Building Program
<mark>5.13</mark>	No comment
5.14	PSA supports the availability and intent of the Information, Linkages and Capacity Building Grants Program but fully concur that visibility and awareness of the program have been low and need better communication and coordination.
	PSA considers there is a gap in the community around connections between people with

Interim report section	PSA comments
	disability and pharmacists. Being the most accessible healthcare professional in the community, pharmacists can better support people with disability who require medication, whether for chronic or acute health conditions, or with rapidly changing information and support during a public health emergency.
	PSA would welcome the opportunity to work with the Department of Social Services to identify initiatives to improve access for people with disability and their carers to medication management expertise of pharmacists in the community, and to co-design and co-deliver solutions.
Interface issu	es
5.15, 5.16	PSA contends that interface issues across states and territories also arise in relation to timely, consistent and equitable access to medicines and medication management services. PSA is able to assist by providing subject matter advice and expertise if consideration is needed to improve alignment of regulatory requirements impacting on medicines, or any initiatives that would help improve patient safety with regards to the handling and use of medicines.
	PSA would also ask that consideration be given to reforming NDIS arrangements to enable people with disability to readily and regularly access pharmacist services.
Decision mak	ing by the NDIA and its partners
5.17 – 5.19	No comment
Data about the	e NDIS
5.20 – 5.21	PSA would be pleased to have the opportunity to discuss ways to develop key indicators and measure medication safety related outcomes experienced by people with disability.
Trust and co-	design
5.22 – 5.23	As mentioned previously, PSA would welcome the opportunity to work with disability sector stakeholders to co-design, co-develop and co-deliver initiatives that will help to improve medication safety and quality use of medicines for people with disability.
Other issues	raised
5.24	It is noted in this section that PSA raised "the role of community pharmacies" in its original submission. PSA re-iterates that pharmacists in the community are highly accessible and their professional contribution should be better utilised. Further, pharmacists are increasingly being embedded into settings such as general practices, Aboriginal community controlled health organisations and residential aged care facilities so that they can contribute to multidisciplinary health care.

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	Since our first submission was lodged, PSA has received feedback from pharmacists who practise in disability care and are keen to support NDIS participants to use their medicines safely and appropriately, particularly those who may be receiving multiple medications. The pharmacists are aware of the Commission's recommendation for participants on multiple medication to receive a medication review every 3 to 6 months (see Practice Alert – Polypharmacy issued by the NDIS Quality and Safeguards Commission in November 2020). The pharmacists have highlighted a gap between this recommendation and the ability for participants to receive a medication review through existing arrangements such as a Home Medicines Review (HMR). This is because funding arrangements currently restrict a person to receive a HMR once every 24 months (although there are considerations for more frequent HMRs if clinically necessary). This has led to the pharmacists suggesting that it is essential to have a mechanism that would enable an appropriately trained pharmacist to initiate and conduct a routine NDIS-funded polypharmacy medication review every 3 to 6 months (if warranted) to a participant, consistent with the published recommendation. PSA would seek to have further discussions regarding such a proposal. As referred in our original submission, PSA publishes annual medicine safety series reports. We are pleased to advise the Joint Standing Committee that the next report, <i>Medicine safety: disability care</i> , is scheduled for publication in July 2022.

Summary

In conclusion, PSA re-iterates its desire and commitment to work with the NDIS to deliver contemporary, evidence-based health care and disability care that best meets the needs of individuals with disability and their carers.

PSA as the national peak body for pharmacists requests collaborative opportunities to work with NDIS partners and disability sector organisations to assist in meeting core deliverables and objectives.

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