

SHPA NSW Branch submission to NSW Budget 2022-2023 consultation

1. Acknowledge the key role of Hospital Pharmacists on maintaining medication safety standards by increasing funding for hospital pharmacy positions in NSW Health in-line with SHPA Standards of Practice for Clinical Pharmacy Services

Rationale for proposed policy: To ensure a sustainable hospital pharmacy workforce for NSW Health Service into the future with a requisite workforce pipeline and strategy, and provide opportunity to increase the skills of the wider pharmacy profession.

Hospital Pharmacists as medicines experts operatively manage and clinically ensure the safe and effective use of medicines within Australia's hospital system. This equates to Hospital Pharmacists operatively managing 24% of the \$13.5 billion spent on hospital Pharmaceutical Benefits Scheme (PBS) medicines in the last financial year¹ and accounts for the majority of section 100 complex and specialised PBS medicines used in Australian Hospitals.

There is a current and likely future shortage of suitably trained pharmacists with the capacity and the skills to deliver expert clinical pharmacy services within the NSW healthcare system. SHPA recommends investment in Hospital Pharmacist workforce recruitment and retention strategies, to build capacity to deliver care and to attract the best pharmacists across Australia to NSW hospitals. Beyond the capacity to deliver safe and quality care to NSW hospital patients, sufficiently staffed Hospital Pharmacy Departments will also have requisite capacity for research, innovation and collaboration, which are aims and values supported by NSW Health. In 2021, SHPA NSW Branch recognised several NSW hospitals who were shortlisted for the NSW Branch Hospital Team Innovation Award, delivering innovative services such as virtual pharmacy services, using electronic software for chemotherapy dose-banding, reporting of allergies and adverse events as well as medication management services for patients under the Special Health Accommodation service.

The SHPA Standards of Practice for Clinical Pharmacy Services² recommends one Hospital Pharmacist to every 20 to 30 patients to ensure safe high-quality medicines management. This includes providing inpatients with medication reconciliation on admission and discharge, daily medication chart review and patient counselling. The value of clinical pharmacy services is well documented in literature, with an Australian economic analysis indicating a \$23 return for every \$1 spent on clinical pharmacy services.³

However, NSW hospitals are unable to meet these Standards with current funding levels for pharmacists. In comparison, Victoria, which despite having 20% less population, actually has 30% more Hospital Pharmacists than NSW, and is much closer to achieving these standards. According to the Productivity Commission, in 2017-2018, NSW hospital patients were 48% more likely to experience an adverse effect from medicines than Victorian hospital patients, and 29% more likely to experience an adverse effect from medicines than Queensland hospital patients. SHPA therefore recommends that the NSW Government increases funding and Hospital Pharmacist positions in all NSW public hospitals in line with other states.

SHPA has developed the Foundation Residency program and Advanced Training Residency program to support pharmacy workforce development. To capitalise on the current investment of hospital pharmacy interns annually, the NSW government should invest in SHPA Residency programs to ensure young pharmacists trained by the NSW public hospital system remain in this pipeline. The Foundation Residency program can be extended to all NSW hospitals, with a select few providing the Advanced Training Residency program.



The Society of Hospital Pharmacists of Australia

PO Box 1774 Collingwood Victoria 3066 Australia

(03) 9486 0177 | shpa.org.au | shpa@shpa.org.au | ABN: 54 004 553 806

2. Invest in the future capabilities of the entire NSW pharmacy workforce

- a. Increase number of hospital pharmacy interns in NSW Health in-line with similar jurisdictions
- b. Full funding provided by NSW Health for hospital pharmacy intern positions

Rationale for proposed policy: To ensure a sustainable hospital pharmacy workforce for NSW Health Service into the future with a requisite workforce pipeline and strategy.

SHPA applauds the NSW Government for prioritising the development of your healthcare workforce in Strategy One in the NSW State Health Plan 2020-2024, further supported by the Health Professionals Workforce Plan 2012-2022. For NSW Hospital Pharmacy departments, this must mean increasing the number of Hospital Pharmacy internships each year gradually over the next three years to 110 internship positions. In other jurisdictions such as Victoria, there are 100 Hospital Pharmacy intern positions compared to only approximately 35 in NSW.

Furthermore, NSW Health should fully fund the costs of Hospital Pharmacy Intern positions with additional requisite funding for pharmacist educator positions, similar to what is provided in Victoria. Investing in intern pharmacists creates greater job stability and more opportunities for advancement for current pharmacy staff. It will also increase the pool for internal recruitment, thus reducing recruiting and training costs with a stronger internal pipeline that improves staff retention and advancement. Establishing a fully funded, state-wide pharmacist intern training program through the NSW Ministry of Health for each Intern position similar to medical and nursing new graduate programs, would help to achieve this.

Creating additional internship positions in NSW's public hospital system will increase the workforce capacity leading to greater capability to recruit for advanced positions and consistent high-quality medicine management for patients in NSW hospitals. To improve retention and investment in the clinical pharmacy workforce, more hospital pharmacy internships must be made available for pharmacy graduates to set up career pathway entry points into hospital pharmacy. This workforce strategy has been effective in states such as Victoria, where hospital pharmacy internship positions are 60% funded by the state government. These intern positions have fostered stability and improvement in hospital pharmacy workforce and service development, with the majority of hospital pharmacy interns finding gainful employment in the public sector following completion of their internship.

Hospital pharmacy departments in NSW frequently experience difficulties in employing and retaining Hospital Pharmacists across generalist and specialist positions due to the high demand for pharmacy expertise in clinical and non-clinical (including government) roles relative to the population. Relocation payments would attract hospital pharmacy interns from interstate as well as offering competitive salaries in rural and remote regions of NSW.



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3. Support the continuity of pharmacy services by creating a central casual pharmacy staff pool and allow rostering of casual staff for all “non-productive” duties and vacancies, independent of permanent FTE establishment.

Rationale for proposed policy: At present, the NSW hospital pharmacy workforce staffing is unable to deliver a full-service provision even with all staff present. The creation of an additional casual pool would, at a minimum, prevent further disruption to service delivery, support the management of staff leave and respond dynamically to rapidly changing needs of NSW Health.

SHPA NSW Branch supports increased mobility of the NSW Health workforce between LHDs to respond to public health emergencies/crises. This is presently challenging given hospital pharmacists are tied to their LHDs and unable to easily work at other LHDs. The need for this has been important throughout the COVID-19 pandemic with unprecedented levels of staff in health services stood down and furloughed due to COVID-19 exposure or infection.

On top of providing COVID-19 vaccination services and providing care to patients with COVID-19, regular pharmacy care and medicines supply for all other non-COVID-19 admissions still must be maintained for inpatients, day-patients and outpatients in emergency departments, intensive care units, cancer services, mental health units and many others. However many of these areas have been understaffed for a long time, and the COVID-19 pandemic workforce impacts have only exacerbated this further.

To further support the continuity of service in understaffed areas, a central casual pharmacy staff pool should be established to allow rostering of casual staff to cover non-productive duties and vacancies, independent of permanent FTE establishment.



4. Become a signatory to the Pharmaceutical Reform Agreements enabling PBS in hospitals

Rationale for proposed policy: Becoming a signatory of the Pharmaceutical Reform Agreements to achieve equity and access to medicines irrespective of geographical location. Furthermore, becoming a signatory to PBS reform agreements aligns with the goals of current NSW Health formulary and procurement reform and would be expected to alleviate workload on an overstretched hospital pharmacy workforce.

SHPA believes that the Commonwealth should make the PRAs a uniform policy in Australia and enter into PRAs with New South Wales and Australian Capital Territory. This would ensure a consistent standard of care for vulnerable patients who have just had a major health event requiring hospitalisation and reduces the need for individuals to immediately seek an appointment with their general practitioner on discharge from hospital to continue receiving vital medicines. In early February, the draft National Medicines Policy specifically named the Pharmaceutical Reform Agreements as an implementation mechanism to achieve timely, equitable and reliable access to medicines individuals need, at a cost that individuals and the community can afford⁴.

Patients being discharged from public hospitals in NSW and ACT are currently supplied 3-7 days' worth of discharge medicines, which contrasts with the other jurisdictions who are able to supply a months' worth of discharge medicines. The expansion of PBS into public hospitals has allowed more Hospital Pharmacists to be employed and provide clinical pharmacy activities to patients, as well as allow investment into specialised pharmacy services, such as pharmacists specialising in oncology, paediatrics, emergency medicine and geriatric medicine. These services are necessary to safeguard and maximise the federal government's investment into new PBS medicines that treat complex conditions.

Equity should also not just be limited to effective, safe, high-quality, and affordable medicines, but also expanded to be complemented by clinical pharmacy services delivered which are necessary to support the quality use of medicines and patient safety. Medicines have the capacity to cause harm either through side effects, drug interactions or inappropriate dosing. Literature suggests that there are 250,000 hospital admissions resulting from medication-related problems each year, costing the healthcare system \$1.4 billion annually.⁵

However, several inequities exist with respect to funding that prevents patients from receiving the comprehensive suite of clinical pharmacy services in SHPA's Standards of Practice for Clinical Pharmacy Services², which include:

- taking a medication history and ensuring medications are charted correctly and available at admission to be administered in a timely manner
- regular review of the safety, quality, storage and supply of medications during hospital stay
- review of discharge prescriptions, dispensing a sufficient supply of medications to take home, counselling patients on their medications and communicating changes to primary healthcare providers
- ensuring appropriate follow-up and monitoring of medications post-discharge including in specialised clinics and outpatient services and checking for adverse reactions to medications

Funding enabled by Pharmaceutical Reform Agreements can assist with the funding of clinical pharmacy services in certain settings of care which are currently not provided.



References

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- ³ Dooley, M. J., Allen, K. M., Doecke, C. J., Galbraith, K. J., Taylor, G. R., Bright, J., & Carey, D. L. (2004). A prospective multicentre study of pharmacist-initiated changes to drug therapy and patient management in acute care government funded hospitals. *British Journal of Clinical Pharmacology*, 57(4), 513-521. doi:10.1046/j.1365-2125.2003.02029
- ⁴ Australian Government – Department of Health. (2021). Draft National Medicines Policy. Canberra. Available at: https://consultations.health.gov.au/technology-assessment-access-division/consultation-draft-national-medicines-policy/supporting_documents/Draft%20National%20Medicines%20Policy%20%20Consultation%20Document.pdf
- ⁵ Pharmaceutical Society of Australia. (2019) *Medicine Safety: Take Care*. Canberra: PSA



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