

## SHPA response to Indigenous Dose Administration Aids Program – Discussion Paper

The Society of Hospital Pharmacists of Australia is the national professional organisation for more than 5,000 pharmacists, pharmacists in training, pharmacy technicians and associates working across Australia's health system. Embedded in multidisciplinary medical teams and equipped with exceptional medicines management expertise, SHPA members are progressive advocates for clinical excellence, committed to evidence-based practice and passionate about patient care.

SHPA welcomes the opportunity to respond to this discussion paper and supports the establishment of the Indigenous Dose Administration Aids (DAAs) Program. SHPA recommends that the eligibility criteria for participating service providers be further expanded so that all Indigenous patients – regardless of their geography – can access federally subsidised DAAs.

SHPA has the following comments to make to the questions posed in the discussion paper.

### **1. What adjustments would be suitable to the patient and/or pharmacy criteria, if any, for the proposed Indigenous DAA Program to be fit-for-purpose?**

Regarding patient criteria, SHPA supports the intention for possessing a concession card to NOT be a patient eligibility criterion.

Regarding pharmacy criteria, SHPA believes the proposed Indigenous DAAs program should be further expanded to all community-based settings where Indigenous patients receive pharmacy care and subsidised medicines, and include Indigenous patients receiving their medicines from Section 100 Remote Area Aboriginal Health Services (RAAHS) to also be eligible to receive DAAs where appropriate for safe and quality use of medicines. This would be consistent with the Recommendation #3 of the 2018 Senate Inquiry into the Effectiveness of Special Arrangements for the Supply of Pharmaceutical Benefits Scheme (PBS) Medicines to Remote Area Aboriginal Health Services, *“The committee recommends that the Commonwealth Government provide specific funding for remote area AHSs to be able to provide dose administration aids (DAAs) to their patients.”* According to the 2016 Census, there were approximately 120,000 Indigenous Australians living in remote areas.

The discussion paper lists the current criteria for community pharmacies to be eligible to participate in the current DAA program and states the intention of the proposed Indigenous DAA program is to split it from the QUMAX program. However, currently Section 100 RAAHS are unable to access funding from the existing DAA program, and the QUMAX program also does not allow remote area Aboriginal Community Controlled Health Organisations to participate in the QUMAX program.

Thus, it appears that remote area Indigenous patients, who are at heightened risk of medicine-related issues and already experience inequitable, poor access to health services, are also unable to access DAAs to improve their medicines adherence and safe and quality use of medicines.

### **2. How can the proposed Indigenous DAA Program be made more targeted to the needs of the Aboriginal and Torres Strait Islander people?**

As above, include SHPA believes the proposed Indigenous DAAs program should be further expanded to all community-based settings where Indigenous patients receive pharmacy care and subsidised medicines, and include Indigenous patients receiving their medicines from Section 100 RAAHS to also be eligible to receive DAAs where appropriate for safe and quality use of medicines.

**3. Should cultural awareness training be a requirement for participating in the program? If so, who and how would this be provided? Would it cause any effect to access to the program?**

Yes.

**7. How can collaboration, information sharing and joint decision making with the multi-disciplinary health care team be improved in provision of a DAA under the Indigenous Dose Administration Aids Program?**

SHPA supports stronger support and funding for hospital pharmacies to participate in the Indigenous DAA program. Transitions of care is a major risk area for Indigenous patients in being unable to access the appropriate medicines due to arbitrary PBS and funding rules, and are further complicated by the lack of funding to Section 94 hospital pharmacies to provide DAAs to Indigenous patients. For patients with complex and/or advanced disease, they often require specialist care from hospitals and are treated with medicines that are only routinely available from hospital pharmacies.

**8. Are there any other stakeholders that should be consulted in relation to this new program?**

NACCHO

If you have any queries or would like to discuss our submission further, please do not hesitate to contact Johanna de Wever, General Manager, Advocacy and Leadership on [jdewever@shpa.org.au](mailto:jdewever@shpa.org.au).



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