

22 September 2016

Pharmacy Review (MDP 900)  
Department of Health  
GPO Box 9849  
Canberra ACT 2601

Dear Members of the Review Panel

### **Pharmacy remuneration and regulation review**

Thank you for the opportunity to comment on the discussion paper on the *Review of Pharmacy Remuneration and Regulation*. Access to community pharmacy is an important issue for Palliative Care Australia (PCA) as we see the community pharmacist as an integral part of supply.

Palliative care is a multi-disciplinary approach to care that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

Community-based palliative care in Australia relies on the expertise of community pharmacists through their contribution to care of people living in the community with life-limiting illnesses. Palliative care:

- provides relief from pain and other distressing symptoms;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family cope during the patients illness and in their own bereavement;
- uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;
- will enhance quality of life, and may also positively influence the course of illness;
- is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

The role of the pharmacist is vital in many of these areas outlined above. 70% of people would like to die at home, nationally between 14-22% do so. Regardless of this figure the majority of people who are facing their last year or so of life with a life limiting illness are living in their own homes. It is at this time that the support provided by community pharmacists is vital. For example in rural and regional towns often general practitioners are unfamiliar with prescribing schedule 8 drugs that may be used in palliative care. The role that the pharmacist plays in

supporting that GP in terms of providing advice about dosage and use of certain drugs in complex conditions is necessary to ensuring the person living in the community lives a quality life free of pain and symptoms. There are many new pharmaceuticals on the market that greatly assist in the management of pain and symptoms for people with life-limiting conditions and these drugs are often unfamiliar to general practice if they haven't been used in those practices before. It is likely that in the near future the use of medicinal cannabis will increase for people with a life-limiting illness. Again the role of community pharmacy will be vital in ensuring both education to other health professionals and the community.

Many pharmacists specialise in particular areas such as wound care or diabetes. There are some pharmacists that also specialise in palliative care. Palliative Care Australia would like to see all community pharmacists engage in continuing professional development that allows them to apply their knowledge to patients in the area of palliative care. A contemporary approach to ongoing learning might even see other health professionals in a community involved in this education as well.

The role of community pharmacists in facilitating discussions about end-of-life wishes and advance care planning should also be explored. It is often during these one on one interactions with a pharmacist that a person's health care issues are first raised. Community pharmacists are also potentially available to identify carer stress and burnout and provide linkages to services that may help.

Opportunity should be taken to utilise community pharmacy as a place where information about palliative care, end-of-life care and advance care planning can be found. Each year PCA runs activities for National Palliative Care Week and each year community pharmacy are one of the first organisations to be involved.

The community pharmacist is the ideal person to support palliative care teams, general practice and community members in management of pain and symptoms, whether that be in conjunction with chemotherapy treatments or radiation or with management of complex chronic disease. It is disappointing to see that the Health Care Homes initiatives do not see pharmacy as part of the primary care team. From the perspective of palliative care they are vital and for example are well placed to identify the need for medication review.

Once again, thank you for the opportunity to provide a submission to this review. I would be happy to elaborate on the points made in this submission if required.

Yours sincerely



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Chief Executive Officer