



Submission via online survey to the Department of Health re: Draft National Preventive Health Strategy

Introduction

1. What is your name?

Kristin Michaels

2. What is your email address?

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3. What is your organisation?

The Society of Hospital Pharmacists of Australia

VISION

The Strategy includes a high-level vision that is outlined on page 8.

4. Do you agree with the vision of the Strategy? Please explain your selection. (1000 word limit)

(Required)

Strongly Agree

Agree

No Opinion

Disagree

Strongly Disagree

The Society of Hospital Pharmacists of Australia strongly supports the development of a National Preventative Health Strategy and its vision “*To improve the health of all Australians at all stages of life, through early intervention, better information, targeting risk factors and addressing the broader causes of poor health and wellbeing.*”

SHPA is the national professional organisation for more than 5,000 pharmacists, pharmacy technicians, interns and students working across Australia’s health system, providing care for patients when they are at their most unwell. Hospital pharmacists are critical to improving the safety and quality of medicines use through the delivery of high-quality medication management and clinical pharmacy services that prevent hospitalisation and readmission to hospital. SHPA welcomes the development of the National Preventative Health Strategy, just as Quality Use of Medicines and Medicines Safety was declared Australia’s tenth National Health Priority Area at the end of 2019. This strategy will elevate the importance of preventative health measures in improving health outcomes throughout Australia, and hospital pharmacists stand ready to contribute to this national effort.

AIMS

The Strategy outlines four high-level aims. Each aim includes a measurable target/s in order to track the Strategy’s progress in achieving the vision. The aims and targets are outlined on page 8.



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5. Do you agree with the aims and their associated targets for the Strategy? Please explain your selection. (1000 word limit)

(Required)

Strongly Agree

Agree

No Opinion

Disagree

Strongly Disagree

SHPA agrees with the high-level aims outlined as part of the strategy. SHPA supports any such aims that seek to improve the safe and quality use of medicines as well as patient care across all life stages. When addressing key aims, SHPA notes there are key opportunities for hospital pharmacists to prevent medication-related harm.

Aims such as for *Australians to live as long as possible in good health* require that *the safe and effective use of medicines as well as the preventable harm associated with medication mismanagement* must be addressed appropriately by pharmacists as medication experts, in all settings where medicines are used. Preventable medication-related harm that often results in death, hospitalisation or disability should be included as a focus area and addressed further in this strategy.

A 2019 report into Medication Safety highlights that annually, 1.2 million Australians experience an adverse medication event and 250,000 hospital admissions are a result of medication related problems¹. Medication safety and prevention of this harm is core business for all health service organisations. As outlined in SHPA's Medication Safety Position Statement, well-developed medication safety systems and strategies ensure clinicians and other health professionals safely prescribe, dispense and administer appropriate medication to informed consumers and/or carers, reducing the risks associated with the incorrect use of medications, while enhancing their positive outcomes². Around 50% of medication related harm is preventable³ and instituting pharmacist-led medication safety programs in all hospitals and wherever medicines are used, will lead to a significant reduction in this harm. Pharmacist-led medication safety programs drive organisation wide system changes that place the safe and judicious use of medications central to consumer healthcare.

SHPA also supports the aims around *Health equity for target populations*. SHPA has been a consistent advocate for improvements in regional and remote care and supports any measure to promote equity in the safe and effective provision of medicines throughout Australia. Publicly available data from the National Health Workforce Dataset indicates that hospitals in regional and rural Australia have significantly comparatively less hospital pharmacists compared to metropolitan hospitals. According to the recent Medicine Safety: Rural and Remote Care report, 72,500 Australians living in rural and remote areas are admitted to hospital each year due to medicine-related problems equating to an annual cost of \$400 million to the healthcare system with 50% of this being preventable⁴. The report outlines that 1.3 million Australians living in rural and remote areas do not take their medicines at all or as intended contributing to an annual cost of medicine non-adherence of \$2.03 billion in rural and remote Australia. Those living in rural and remote Australia experience hospitalisation at a rate 2.4 times higher than those living in metropolitan areas¹.

PRINCIPLES

Six principles are included in the Strategy to underpin the Framework for Action by 2030. The principles are designed to guide implementation and strengthen current efforts. They are outlined on page 8.

6. Do you agree with the principles? Please explain your selection. (1000 word limit)



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(Required)

Strongly Agree

Agree

No Opinion

Disagree

Strongly Disagree

SHPA supports the principles outlined in the strategy and notes that these can only be achieved with requisite workforce investment to provide the frontline healthcare to prevent medication-related harm, as well as to support meaningful multidisciplinary collaborative approaches to patient care. SHPA Standards of Practice for Clinical Pharmacy Services recommend a hospital pharmacist to bed ratio of 1:20 for general medical units, 1:15 for specialist medical units and 1:25 for surgical and palliative care units⁶. SHPA's analysis of the Australian National Health Workforce Dataset suggests that these ratios are currently not being met in many Australian hospitals.

SHPA recognises the importance of a collaborative approach and continually outlines the importance of the work of multi-disciplinary teams within hospital services. Collaborative and interdisciplinary services are outlined as essential to improved medicine-related outcomes in the Standard of practice in general medicine for pharmacy services⁵. SHPA supports the continued fostering of interdisciplinary teams in order to improve patient outcomes and to support the sustainability of the pharmacy workforce.

ENABLERS

Mobilising a prevention system is a key driver in achieving systemic change and better health outcomes for all Australians. Seven system enablers are identified in the Strategy that are critical to creating a more effective and integrated prevention system for Australia over the next 10 years. Each enabler is accompanied by desired policy achievements by 2030. The enablers and the policy achievements are outlined in more detail on pages 31-42.

7. Do you agree with the enablers? Please explain your selection. (1000 word limit)

(Required)

Strongly Agree

Agree

No Opinion

Disagree

Strongly Disagree

SHPA supports the enablers outlined in the strategy and the focus on preventative health and developing a secure workforce. As mentioned in our response to Question 6, having requisite workforce investments will be a significant enabler to prevent medication-related problems, hospitalisations and readmissions.

SHPA's analysis of the Australian National Health Workforce Dataset suggests that hospital pharmacist to bed ratios specified in our standards are currently not being met in many Australian hospitals. This means that many patients who are prescribed inappropriate medicines and inappropriate treatment regimens will not have these issues detected by a hospital pharmacist, placing them at greater risk of harm.

To prioritise the safe and quality use of medications in the acute setting, whilst maximising patient health outcomes, hospital pharmacists undertake medication management services daily. SHPA's Standard of



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Practice for Clinical Pharmacy Services⁶ describes the clinical activities provided by pharmacists in hospitals to ensure the safe and effective use of medicines. These 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

An evaluation of potentially inappropriate prescribing in hospitalised Australian patients with renal impairment retrospectively found that, among patients aged 40 years and over with hypertension and/or diabetes melitus and poor renal function, 32% were prescribed a medication that required renal adjustment or was potentially nephrotoxic at the time of admission, 16% were prescribed a contraindicated medication and 21% were inappropriately dosed^{Error! Bookmark not defined.}.

8. Do you agree with the policy achievements for the enablers? (1000 word limit)

Strongly Agree

Agree

No Opinion

Disagree

Strongly Disagree

As outlined above SHPA strongly supports policy measures that help grow and support the public health workforce and in doing so ensure patients receive the highest quality care. One of the planned policy achievements in this draft strategy is that the *“the public health workforce is ‘future proofed’ through the enhancement of availability, distribution and of the capacity and skills of the workforce.”*

As patient care becomes increasingly complex, SHPA has supported the future proofing of the hospital pharmacy workforce through its residency programs, the Foundation Residency program and Advanced Training Residency program.

The Foundation Residency program was established in 2017 as Australia’s first residency pathway for early career pharmacists, providing structured, practice-based experiential training for pharmacists to develop and hone their clinical pharmacy skills in a hospital setting. To be relaunched in 2021, the Advanced Training Residency program is aimed at pharmacists who wish to further advance their practice in specialised therapeutic areas, such as critical care, infectious diseases and emergency medicine.

FOCUS AREAS

The Strategy identifies seven focus areas, where a stronger and better-coordinated effort will enable accelerated gains in health, particularly for communities experiencing an unfair burden of disease. These focus areas have been identified to boost prevention action in the first years of the Strategy and to impact health outcomes across all stages of life. Specific targets and desired policy achievements are also identified for each focus area. The focus areas are outlined in more detail on pages 43-65.



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9. Do you agree with the seven focus areas? Please explain your selection. (1000 word limit)

(Required)

Strongly Agree

Agree

No Opinion

Disagree

Strongly Disagree

10. Do you agree with the targets for the focus areas? (1000 word limit)

Strongly Agree

Agree

No Opinion

Disagree

Strongly Disagree

11. Do you agree with the policy achievements for the focus areas? (1000 word limit)

Strongly Agree

Agree

No Opinion

Disagree

Strongly Disagree

CONTINUING STRONG FOUNDATIONS

There are many effective and well-designed prevention-based programs and strategies developed by government, non-government organisations and communities that are currently in progress. This element of the Framework for Action acknowledges the immense activity that is already under way to better prevent illness and disease in Australia. It is outlined further on page 66.

12. Do you agree with this section of the Strategy? Please explain your selection. (1000 word limit)

(Required)

Strongly Agree

Agree

No Opinion

Disagree

Strongly Disagree

FEEDBACK

13. Please provide any additional comments you have on the draft Strategy. (No word limit)

¹ Pharmaceutical Society of Australia. *Medicine Safety: Take Care*. Canberra: PSA; 2019

² Australian Commission on Safety and Quality in Health Care. (2017). 'National Safety and Quality Health Service Standards Guide for Hospitals'. (ACSQHC)

³ Roughead EE, Semple SJ. Medication safety in acute care in Australia: where are we now? Part 1: a review of the extent and causes of medication problems 2002- 2008. *Aust New Zealand Health Policy* 2009 (11 Aug); 6: 18.

⁴ *Medicine safety: Rural and remote care*. (2021). Retrieved from <https://www.psa.org.au/wp-content/uploads/2021/03/PSA-Medicine-Safety-Rural-and-remote-care-report.pdf>

⁵ Erica Tong, J. C., Paul Firman, Marianne Jovanovic, Alex Edwards, Suzanne Olding, James Polmear, Courtney Munro. (2020). Standard of practice in general medicine for pharmacy services. *Journal of Pharmacy Practice and Research*.

⁶ The Society of Hospital Pharmacists of Australia. (2013). 'Standards of Practice for Clinical Pharmacy Services'. *Journal of Pharmacy Practice and Research* 43(2):91-93

