



## SHPA submission to Senate Inquiry on Provision of general practitioner and related primary health services to outer metropolitan, rural, and regional Australians

### Introduction

The Society of Hospital Pharmacists of Australia is the national professional organisation for more than 5,200 pharmacists, pharmacists in training, pharmacy technicians and associates working across Australia's health system. SHPA is committed to facilitating the safe and effective use of medicines, which is the core business of pharmacists, especially in hospitals.

Hospital pharmacists account for just over 20% of the entire pharmacy workforce. According to Services Australia, in 2019-20, hospital pharmacists managed over 23% of Pharmaceutical Benefits Scheme (PBS) expenditure. Hospital pharmacists are responsible for supply of medicines to all hospital inpatients, outpatients and upon discharge from hospital. Beyond supply functions, hospital pharmacists who are not involved in medicines supply, also undertake clinical pharmacy activities to improve the safety and quality use of medicines. These activities include:

- daily reviews of medication charts
- detecting and managing drug interactions and adverse effects to medicines
- attend ward rounds with doctors and nurses to provide advice on appropriate prescribing and medicines selection
- providing comprehensive counselling to patients when they leave the hospital, to ensure patients leave with their medicines, updated medication list and medication management plan to aid the transition back into the community upon discharge
- review discharge prescriptions written by doctors to ensure that they are safe and appropriate for the patient, and that the doctor has satisfied all legal and PBS requirements so that it is appropriate for dispensing

SHPA welcomes this inquiry and would like to address the final term of reference, 'any other related matters impacting outer metropolitan, rural, and regional access to quality health services'.

**SHPA recommends that to minimise the negative impact on health outcomes and poor transitions of care caused by lack of access to general practitioners for outer metropolitan, rural, and regional Australians, the role of hospital pharmacists at the transitions of care should be specifically funded by state and federal governments.**

### Hospital pharmacists' role at the transitions of care

The transitions of care is a great area of risk to patients, as recognised by the Australian Commission on Safety and Quality in Health Care in their report on [Safety Issues at Transitions of Care](#). If transitions of care are not undertaken properly, patients are at high-risk of readmission to hospital. The [Medicine Safety: Take Care](#) report found that annually, there are 250,000 hospital admissions resulting from medication-related problems, costing the healthcare system \$1.4 billion annually.

It is in hospital where hospital pharmacists treat patients at their most unwell, often having a significant health event such as strokes, heart attacks and organ transplants. Patients are usually prescribed multiple new medicines in hospitals during their admission, many of which are taken for many months or years after discharge, relying on regular care by their community-based practitioners.



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For patients who have recently discharged, the immediate post-discharge phase is the period where they are at greatest risk of readmission and require hospital pharmacy care to provide a safe transition of care. Hospital pharmacists have a critical role ensuring patients have a safe transition of care, which involves establishing a medication management plan that is shared with the patient's general practitioner and community pharmacy. This allows the patient's community-based practitioners to have all the information required to take over the patient's care in the post-discharge phase. Patients in the immediate post-discharge phase also require close monitoring, as they may have:

- began taking high-risk medicines with significant adverse effects i.e. opioids, benzodiazepines, antipsychotics
- began taking medicines where dose titration is required to ensure they are not overdosed or underdosed i.e. anti-rejection medicines for organ transplants, warfarin for stroke prevention
- had significant changes to their medicines list during their admission
- poor health literacy and are confused about their medicines list

Hospital pharmacists can also facilitate post-discharge home medication reviews under the federally funded Home Medicines Review program, to ensure patients are taking their medicines in a safe and quality manner post-discharge, and any issues arising from medicines use in this care phase is managed appropriately.

### Models of care and services provided at the transitions of care

It is frequently reported that outer metropolitan, rural, and regional Australians face significant wait times for GP appointments due to workforce shortages, some of these stretching to waits of several weeks in severely affected regions.

Hospital pharmacists can play a critical role to provide a safe transition of care, however these services are not provided consistently between jurisdictions, health and hospital networks. These limited services, which are supported by literature to reduce readmission and improve safety and quality of care, are funded from very limited budgets from within the hospital in the absence from dedicated funding from government.

These services and models of care include:

- Discharge Liaison Pharmacists (DLP)
  - This service is provided in some Queensland hospitals. The DLP is a pharmacist who provides follow-up phone call after discharge to discuss medications to help answer questions patients may have about their medications or the medications of people being cared for
  - The DLP can also help facilitate a Home Medication Review (HMR)
- Complex Needs Coordination Team (CoNeCT)
  - This service is provided in some Western Australian hospitals. CoNeCT has developed ways for pharmacists to deliver post-discharge care, designed to respond to the needs of complex patients who are frequent presenters to the acute hospital setting. CoNeCT's medication management solution uses a stratified risk assessment tool to screen for high-risk patients, where if someone meets a high-risk criterion then ward pharmacists or nurses can call CoNeCT to coordinate a medication review once the patient returns home. This usually results in a report containing a medication management plan and recommendations that can be routinely provided to the patient's community pharmacy and GP.
- Hospital Outreach Medication Review (HOMR)
  - This service is provided in some Victorian hospitals. The HOMR service provides a home visit by a hospital pharmacist to comprehensively assess all aspects of a client's medication management. This includes assessing the patient's ability to manage their medications and medication aids. Education about medicines and health conditions is also provided and acts as another opportunity to engage patients about their medication changes, possible omissions



and potential ways to optimise the patient's medication regimen. This usually results in a report containing a medication management plan and recommendations that can be routinely provided to the patient's community pharmacy and GP.

## Conclusion

The issues around GP access for outer metropolitan, rural, and regional Australians mean patients discharging from hospital may not receive appropriate community care in a timely manner, resulting in an unsafe transition of care. To address this gap, hospital pharmacists should be funded to provide specific transitions of care services in a consistent way for all Australians. This need is amplified in outer metropolitan, rural, and regional Australians where GP access is a heightened challenge, and it will ensure discharged patients are able to use their medicines safely, and all pertinent clinical information is provided to a patient's community-based clinicians to ensure a safe transition of care.

If you have any queries or would like to discuss our submission further, please do not hesitate to contact Jerry Yik, Head of Policy and Advocacy on [jyik@shpa.org.au](mailto: jyik@shpa.org.au).

