SHPA submission to Inquiry into the Universal Access to Reproductive Healthcare, December 2022

Introduction

The Society of Hospital Pharmacists of Australia (SHPA) is the national, professional organisation for the 6,100+ Hospital Pharmacists, and their Hospital Pharmacist Intern and Hospital Pharmacy Technician colleagues working across Australia's health system, advocating for their pivotal role improving the safety and quality of medicines use. 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 convenes a Women's and Newborn Health Specialty Practice Group, who include a network of SHPA members promoting the health and wellbeing of women and newborns by improving medication management across all aspects of women's health from menarche to menopause and medicine use in pregnancy and breastfeeding; and neonatal medicine from healthy newborns to those who require special and intensive care.

Pharmacists are well placed to promote reproductive healthcare by providing education, counselling and discussion of contraceptive options and associated risks with consumers both in the community and hospital settings. Women's and Newborn hospital pharmacists in particular, are ideally placed to have discussions at the post-partum stage including when to restart contraception as well as taking the opportunity to discuss choices around contraceptive options during inpatient stays.

In line with the priorities outlined in the *National Women's Health Strategy 2020-2030*[1], SHPA believes that pharmacists can work collaboratively with prescribers in improving sexual and reproductive health outcomes and increasing the appropriate uptake of contraceptive medications for women.

SHPA welcomes the opportunity to respond to the Inquiry into the Universal Access to Reproductive Healthcare and provides the following recommendations:

Recommendations

Recommendation 1: The Pharmaceutical Benefits Advisory Committee (PBAC) should consider further PBS coverage for contraceptives to facilitate choice and reflect current guidance

Recommendation 2: NSW and ACT should become signatories to the Pharmaceutical Reform Agreements (PRA) to give women the same access to contraceptives irrespective of geographical location

Recommendation 3: Contraceptives should be supplied to post-partum women following discharge from hospital

Recommendation 4: Waive HECS fees for training pharmacists in regional, rural and remote areas

Recommendation 5: Adopt SHPA pharmacist-to-bed ratios outlined in Standards of Practice for Clinical Pharmacy Services for hospitals through additional hospital pharmacy workforce investment

Recommendation 6: Implement Foundation Residency and Women's and Newborn Health Advanced Training Residency Programs to be widely available for hospital pharmacists in Australia to continue to produce a highly skilled pharmacy workforce with structured career pathways, supporting retention and sustainability

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Recommendation 7: Further investment in innovative pharmacy models such as Virtual Clinical Pharmacy Services where access to Women's and Newborn pharmacists is reduced

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.

Terms of Reference (TOR)

Barriers to achieving priorities under the National Women's Health Strategy for 'universal access to sexual and reproductive health information, treatment and services that offer options to women to empower choice and control in decision-making about their bodies', with particular reference to:

TOR A: Cost and accessibility of contraceptives, including:

- i. **PBS coverage and TGA approval processes for contraceptives,**
- ii. **awareness and availability of long-acting reversible contraceptive and male contraceptive options, and**
- iii. **options to improve access to contraceptives, including over the counter access, longer prescriptions, and pharmacist interventions;**

Recommendation 1: The Pharmaceutical Benefits Advisory Committee (PBAC) should consider further PBS coverage for contraceptives to facilitate choice and reflect current guidance

The National Women's Health Strategy 2020-2030[1] identifies access to long-acting reversible contraception (LARC) as a key measure of success in improving health outcome for all women. However, a consensus statement released by The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) states that uptake of LARC remains low due to limited access.[2] SHPA anticipates that this is likely to change since the recent addition of the LARC, Kyleena (levonorgestrel), being listed on the Pharmaceutical Benefits Scheme (PBS), which will increase the affordability and access to LARCs for more Australian women.

SHPA recommends that the Pharmaceutical Benefits Advisory Committee (PBAC) considers further PBS coverage for contraceptives to facilitate choice and reflect current guidance. This includes access to appropriate doses of required vitamins as outlined in the National Health and Medical Research Council's guidelines on *Nutrient and Reference Values for Australia and New Zealand*[3] and the Department of Health and Aged Care *Pregnancy Care Clinical Practice Guidelines.*[4] Maternity multivitamins are not subsidised on the PBS and are a significant cost to women given their significance in preventing neural tube defects[5] and other conditions.

SHPA supports continued dispensing arrangements in helping to ensure women located in rural and remote areas have appropriate access to contraception where they are unable to see a GP regularly. Although SHPA welcomes the recent expansion of additional medicines to the Continued Dispensing Arrangements list, this list is restricted to PBS medications which compounds existing inequities for women utilising non-PBS contraception.

Continued dispensing arrangements should prompt conversations between the consumer and pharmacist about contraceptive choice and screening for potential adverse effects and should also be used in combination with appropriate care and follow up with the patient's GP when deemed necessary.

Recommendation 2: NSW and ACT should become signatories to the Pharmaceutical Reform Agreements (PRA) to give women the same access to contraceptives irrespective of geographical location

The Pharmaceutical Reform Agreements (PRA) are bilateral agreements between the Commonwealth and a jurisdiction, which enable the prescribing and dispensing of PBS subsidised medicines upon discharge from hospital, in outpatient clinics and in day treatment centres. Currently in ACT and NSW public hospitals, upon discharge from a hospital admission, patients are only provided three to seven days' worth of medicines, thus requiring them to immediately seek an appointment with their general practitioner to ensure continuity of vital medicines that ensure they stay out of hospital. These could be important medicines that prevent another heart attack or stroke.

Given the current waiting times for general practitioner appointments, discharging patients from hospitals without enough medicines to last them until their next primary care appointment, is unsafe and limited access to contraceptives could result in unwanted pregnancy.

In the six jurisdictions which are signatories to the PRAs, patients discharging from public hospitals are able to be supplied PBS quantities of medicines, which is up to 30 days' worth for new and regular, ongoing medicines. This greatly reduces the immediate need to seek a general practitioner appointment when patients are still recovering from birth, and when access to primary care appointments have been challenging for NSW patients, particularly in rural and regional areas.

The limited remuneration to public hospitals provided by the PRA by supplying PBS subsidised medicines, has also allowed in PRA jurisdictions, for 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 Women's and Newborn Health.

Recommendation 3: Contraceptives should be supplied to post-partum women following discharge from hospital

Despite States and Territories being signatories to the PRAs, members report that it is not common practice to supply post-partum women with contraceptives post-discharge. Intrauterine device fitting procedures are also inconsistent with some women receiving them as an inpatient and others asked to follow up with their GP which can come at a significant cost and barrier to receiving prompt contraception.

TOR B: cost and accessibility of reproductive healthcare, including pregnancy care and termination services across Australia, particularly in *regional and remote areas*;

Recommendation 4: Waive HECS fees for training pharmacists in regional, rural and remote areas

Consumers living in regional and remote areas do not have the same access to specialist Women's and Newborn services as their metropolitan counterparts, with limited dedicated obstetrics services in these areas. Furthermore, there is a limited Women's and Newborn Health pharmacist workforce that can provide the key clinical pharmacist interventions and services required to provide equitable access to services for all Australian women for their reproductive health. Some of these interventions may also include the vital pharmacist outpatient counselling for medications used in termination, which may not be accessible to those living in regional and remote areas.

To address the limited workforce in regional and remote areas and ensure that the number of graduating pharmacists meets the needs of the workforce, SHPA recommends increasing student subsidies for

accelerated university placements to attract student candidates. SHPA strongly recommends the waiving of HECS fees for all regional, rural and remote areas where currently there is a large shortfall and difficulty in recruiting students in these regions, where in recent times, pharmacy schools have had to close.

Regional SHPA members report pharmacy student and intern placements have been reduced in regionals hospitals in recent years further compounded by gaps in funding for supporting educator roles. SHPA expects waiving HECS fees to not only attract training pharmacists to a regional area, but to also retain them to build a regional health workforce.

TOR C: workforce development options for increasing access to reproductive healthcare services, including GP training, credentialing and models of care led by nurses and allied health professionals;

Workforce development

Recommendation 5: Adopt SHPA pharmacist-to-bed ratios outlined in Standards of Practice for Clinical Pharmacy Services for hospitals through additional hospital pharmacy workforce investment

SHPA members report that other clinical areas are deemed to be of higher clinical risk and priority than maternity and reproductive services. Coupled with Australia-wide pharmacist workforce shortages demonstrated in the National Skills Commission's Skills Priority List 2022, the priority of providing clinical pharmacy services to this cohort of patients is often downgraded with clinical pharmacists assigned to 'higher risk' patient cohorts and wards. This leaves women with inequity in access to clinical pharmacy services that consumers admitted to other areas of a hospital do not experience.

The SHPA Standards of Practice for Clinical Pharmacy Services recommend one clinical hospital pharmacist to every 30 patients (1:30) to ensure safe high-quality medicines management. This includes providing inpatient pharmacy services such as:

- 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

In addition to these services, hospital pharmacists are well placed to discuss reproductive health care with patients in a variety of hospital settings. Pharmacists working in maternity and reproductive health specialities provide specialised advice to medical and nursing colleagues around evidence-based medication use in pregnancy and breastfeeding. Pharmacists specialising in Mental Health utilise inpatient admissions as an opportunity to advise prescribers and women of childbearing age on contraceptive options to prevent adverse effects in unplanned pregnancy with valproate use.

Aside from the clinical benefit to patients, the economic benefits 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.[6] SHPA recommends that this valuable service is invested in further to provide women with the level of clinical and reproductive healthcare they should be receiving.

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Recommendation 6: Implement Foundation Residency and Women's and Newborn Health Advanced Training Residency Programs to be widely available for hospital pharmacists in Australia to continue to produce a highly skilled pharmacy workforce with structured career pathways, supporting retention and sustainability

In recent years SHPA has established the Foundation Residency Program and Advanced Training Program for hospital pharmacists to deliver structured, formalised, and accredited national pharmacy residency programs, equipping the next generation of hospital pharmacists with the clinical skills to provide safe and quality care to patients in an increasingly complex healthcare environment.

Thus far, over 300 early career pharmacists have completed SHPA's Foundation Residency program, and there are currently another 200 pharmacists undertaking Foundation Residency across accredited hospital sites around Australia. SHPA provides Advanced Training Residencies for hospital pharmacists wishing to advance their practice into specialist areas including one which is currently in development for the Women's and Newborn Practice Area Pathway. However, this is dependent on sites having the resources to facilitate this in regional and remote areas, including preceptors and remuneration for education and training.

New models of care

Recommendation 7: Further investment in innovative pharmacy models such as Virtual Clinical Pharmacy Services where access to Women's and Newborn pharmacists is reduced

Virtual Clinical Pharmacy Service (VCPS) models for inpatients have been used in some parts of rural and remote Australia to address the gaps in clinical pharmacist medication reconciliation, management and review. Western NSW Local Health District provides VCPS to patients and staff in rural and remote hospitals in some parts of NSW. The service provides access to clinical pharmacists in these isolated and remote hospitals and clinics, providing high quality medication management and addresses medication safety issues.

Prior to implementation of the VCPS, clinical pharmacy services were only available face to face in eight of 47 hospitals in Western NSW and Far West NSW Local Health Districts, which span an area of 450,000 square kilometres. The VCPS helped to overcome workforce challenges in these areas and supported reduced social contact requirements during the COVID-19 pandemic. Benefits also include equitable access for patients to pharmacy services across Western NSW and Far West LHDs as well as improving continuity of care by providing up to date medication information to prescribers and patients.

Western NSW has recently undertaken a scalability study across eight of these rural and remote hospitals in NSW, to evaluate if virtual clinical pharmacy services are a feasible option in healthcare delivery and is expected to show a significant increase in best possible medication histories, medication reconciliation and detection of potential medication-related harms.[7] Rural and remote patients should have the same access to clinical pharmacy services as their metropolitan counterparts and VCPS is a step to providing this.

This would increase the ability for the clinical pharmacist workforce to provide patient counselling and medicines review to optimise the quality use of medicines and achieve positive health outcomes for women in rural areas. These virtual services can and should be scaled up more broadly to ensure all hospital inpatients have access to clinical pharmacy services, which can be facilitated by remote access to electronic medical records and fit-for-purpose. Key digital enhancements such as high-speed internet and wireless two-way conferencing carts at the bedside have enabled a virtual model of care in these areas. Broad roll out could therefore be challenging due to internet connectivity in remote areas.

While it is a great benefit to patients that they can benefit from VCPS to improve the quality, safety and timeliness of there are, for acute patients especially, face-to-face care services are ideal, and virtual care models should only be implemented where face-to-face services are unable to be provided due to logistical

challenges. Both VCPS and in-person hospital pharmacy services do not have sufficient investment by Local Health Districts and there are still many women that are missing out on clinical pharmacy services that will make their inpatient care episode safer and reduce their length of admission.

TOR E: sexual and reproductive health literacy;

SHPA believes that sexual and reproductive health literacy should begin early in adolescence and could be facilitated by healthcare professionals such as pharmacists, by providing educational talks in schools.

TOR H: availability of reproductive health leave for employees; and

According to the National Health Workforce Data Tool, in 2020, 62% of pharmacists identified as female. SHPA supports the availability of reproductive health leave for hospital pharmacy staff. Not only can this improve the wellbeing of employees but could address retention and recruitment issues.

TOR I: any other related matter.

University pharmacy degrees should aim to produce graduates who are competent in delivering sexual and reproductive health care to all Australians in a culturally sensitive manner.

If you have any queries regarding our submission or would like to discuss it further, please contact Jerry Yik, Head of Policy and Advocacy, jyik@shpa.org.au

References

[1] Department of Health and Aged Care.(2019). National Women's Health Strategy 2020–2030. Available at: https://www.health.gov.au/resources/publications/national-womens-health-strategy-2020-2030

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[3] Nutrient and Reference Values for Australia and New Zealand. (2017). Nutrient Reference Values for Australia and New Zealand Including Recommended Dietary Intakes. Available at: https://www.nhmrc.gov.au/about-us/publications/nutrient-reference-values-australia-and-new-zealand-including-recommended-dietary-intakes#block-views-block-file-attachments-content-block-1

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