



The Pharmacy
Guild of Australia

SUBMISSION

Department of Prime Minister and Cabinet: COVID-19 Response Inquiry

15 December 2023

National Secretariat



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www.guild.org.au



ABOUT THE GUILD

The Pharmacy Guild of Australia (the Guild) is the national peak organisation representing community pharmacy. It supports community pharmacy in its role of delivering quality health outcomes for all Australians. It strives to promote, maintain, and support community pharmacies as the appropriate providers of primary healthcare to the community through optimum therapeutic use of medicines, medicines management and related services. Community pharmacies are the most frequently accessed and most accessible health destination, with over 358 million individual patient visits annually and the vast majority of pharmacies open after-hours, including on weekends¹.

Owned by pharmacists, community pharmacies exist in well-distributed and accessible locations, and often operate over extended hours, seven days a week in urban, regional, rural and remote areas. They provide timely, convenient, and affordable access to the quality and safe provision of medicines and healthcare services by pharmacists who are highly skilled and qualified health professionals. 88% of people in metropolitan and regional areas have access to at least 1 pharmacy within a 2.5km radius.²

The network of almost 6,000 equitably distributed community pharmacies plays a pivotal role in the delivery of the National Medicines Policy, by ensuring timely access to safe, effective, and affordable medicines under the Pharmaceutical Benefits Scheme (PBS) for all Australians. Quality Use of Medicines is an important pillar of Australian National Medicines Policy, with community pharmacy having a vital role in the prevention and treatment of communicable and chronic diseases.

SUPPORTING INFORMATION

Recognising the request for submissions to be concise and noting the Guild has responded to a number of COVID-related consultations since the pandemic began, we have responded only to the questions of relevance to community pharmacy with the key points. As the panel has indicated it will be reviewing responses to other consultations, we have attached a link to our previous submissions and relevant position statements for further detail if required.



[Submission to PM&C Consultation - Support](#)



[Submission to Productivity Commission](#)



[Submission to consultation on future](#)



[Position Statement COVID-19-Point-of-Contact](#)



[ANAO_COVID vaccine rollout response](#)



[Guild Submission to Senate Inquiry Long Commission](#)



[Productivity Commission Apr 2021](#)



[Guild Submission to ANAO Audit - Expansion](#)



[Senate Committee May 2020_Australian](#)



[Submission on Role and Functions of an A](#)

¹ PBS Date of Supply, Guild Digest 2022

² The Pharmacy Guild of Australia 2022

GUILD RESPONSES TO TERMS OF REFERENCE

TOR 1. Governance including the role of the Commonwealth Government, responsibilities of state and territory governments, national governance mechanisms (such as National Cabinet, the National Coordination Mechanism and the Australian Health Protection Principal Committee) and advisory bodies supporting responses to COVID-19.

- Communication between Commonwealth regulators and stakeholders was essential. Examples include:
 - Regular updates for health stakeholders by the Department of Health with opportunity for stakeholders to raise questions
 - TGA working with the Guild and other stakeholders to manage medicine supply issues, including establishing a working group that met every week early into the pandemic
 - Digitalised health networks provided the means for communication and enabled temporary non-face-to-face services where needed e.g. pharmacists were able to provide Home Medicines Review services by videoconference
 - Establishing a Rapid Antigen Test Concessional Access Program³ through community pharmacy for concessional patients increased the testing and reporting capability of the public

The following constrained the ability of community pharmacies to administer COVID-19 vaccines:

- Delay in the implementation of regulations and policies because of inconsistency across the States and Territories. This not only affected patient access to services which varied according to their location, but was confusing for health providers, particularly in border locations.
- We note that National Cabinet led Australia's regulatory responses to the COVID-19 pandemic. Any inter-governmental collaboration in the future should be systemised to promote consistent policy, regulation and programs. This was particularly the case in border locations which raised issues such as:
 - Difficulty in travelling to work due to different definitions of COVID-19 contacts such as Close or Casual contacts.
 - Difficulty to provide cross-border services e.g., fulfilling service requirements for residential care located across a border
 - Difficulty for delivery of pharmaceuticals across borders
- The community pharmacy network should be adequately represented through the Guild in Commonwealth committees and advisory bodies during future pandemics and shocks, to support better decision-making for policy recommendations that affect community pharmacies and their patients and the supply of medicines and pharmacy services in Australia.

³ [Rapid Antigen Test Concessional Access Program – Easy Read | Australian Government Department of Health and Aged Care](#)

TOR 2. Key health response measures (for example across COVID-19 vaccinations and treatments, key medical supplies such as personal protective equipment, quarantine facilities, and public health messaging).

- The extension of expanded Continued Dispensing arrangements covering the whole PBS/RPBS General Schedule that had been implemented by the Commonwealth and States and Territories in response to the 2019/20 bushfires. This allowed urgent supply of prescription medicines as a pharmaceutical benefit by a pharmacist in the absence of a prescription and helped ensure continuity of treatment for patients who could not readily attend a prescriber to renew their prescription. This operated for over two years without problem but has been significantly wound back. While COVID has been deprioritised, the reduced Continued Dispensing arrangements no longer recognise potential emergency supply needs in the absence of a prescription for people with conditions such as epilepsy, glaucoma, Parkinson's Disease or depression. The risk increases with people displaced due to disasters such as floods, fires or cyclones. The Pharmaceutical Benefits Advisory Committee (PBAC) reviewed Continued Dispensing arrangements at its May 2023 intra-cycle meeting in response to a submission from the Guild to permanently restore the previous emergency arrangements but this was not accepted. A joint letter from the Guild and other stakeholders (see below) was also sent to Minister Butler in Feb 2023. As the PBAC discussion was not open to public consultation, interested stakeholders were not able to provide input.



Joint letter to
Minister Butler re Cor

- The recognition by the Commonwealth that telehealth consultations required arrangements (i.e., image-based prescriptions) to enable dispensing and claiming as a valid prescription when patients could not readily obtain a hard-copy prescription. This was discontinued on 31 March 2022 for community-based prescribing with the increased availability of electronic prescribing.
- An exemption by the Commonwealth for patient signatures for PBS and RPBS prescriptions and NDSS items to minimise the risk of COVID-19 transmission between pharmacy staff and patients.
- The National Medicines Stockpile is in place to assist during a crisis. Personal Protective Equipment (PPE) was supplied from the National Medicines Stockpile via Primary Health Networks (PHNs). The problem with this arrangement was that supplies were not standardised and PHNs demonstrated a lack of understanding of non-GP health centres. There was variability between regions and overall, pharmacies had difficulty accessing PPE for staff as PHNs expected pharmacies to access PPE commercially which was not applied to other health providers. Nor did PHNs always recognise pharmacy assistants as frontline healthcare workers and pharmacies were often under supplied to meet its workforce needs.
- The introduction by the Commonwealth of a Home Medicines Service supporting the home delivery of PBS and RPBS medicines and other pharmaceuticals, ensured people who were in quarantine, isolation, or avoiding public exposure could access their medicines.⁴
- Despite a late start for community pharmacy involvement, there was recognition by all States and Territories and the Commonwealth for pharmacists to administer COVID-19 vaccines for adults and children.

⁴ <https://www.health.gov.au/sites/default/files/documents/2020/03/covid-19-national-health-plan-home-medicines-services-information-for-consumers.pdf>

- The Commonwealth expedited the listing of oral COVID treatments (i.e., Lagevrio™ and Paxlovid™) onto the PBS⁵ for high-risk patients. At costs of approximately \$1000 a pack, this ensures affordable access to eligible patients. Concurrently, arrangements were put in place to encourage community pharmacies to stock these treatments to minimise delays in filling a prescription. This was achieved by guaranteeing the ability for a pharmacy to return expired stock if unused.⁶ While useful to enhance timely access to the treatment, demand for the medication varied by location. This arrangement still left some pharmacies holding thousands of dollars' worth of stock for an extended period without any return on investment.

TOR 3. Broader health supports for people impacted by COVID-19 and/or lockdowns (for example mental health and suicide prevention supports, and access to screening and other preventive health measures).

- MBS-subsidised mental health-related services were provided across all jurisdictions. The Guild supported this initiative.
- There was recognition by the Therapeutic Goods Administration for community pharmacies to not only supply COVID-19 rapid antigen tests, but to conduct point-of-care testing for the public. There were changes to Commonwealth, State and Territory legislation to enable community pharmacies to substitute medicines (including PBS and RPBS medicines) according to a Serious Scarcity Notification⁷ published by the TGA to manage medicine supply disruptions.

TOR 4. International policies to support Australians at home and abroad (including with regard to international border closures, and securing vaccine supply deals with international partners for domestic use in Australia).

- No comment

TOR 5. Support for industry and businesses (for example responding to supply chain and transport issues, addressing labour shortages, and support for specific industries).

- Workforce issues were not recognised or adequately supported. This was particularly critical for community pharmacy as an essential service which under state law, requires a pharmacist to be in attendance in order to open to the public. There were labour shortages in the community pharmacy sector as a result of quarantine regulations, as well as an impact on medicine manufacturing.
 - As one of the health services open directly to the public, pharmacy staff experienced increased anxiety and burnout, made worse by the escalating abuse and vitriol from the public (including from anti-vaxxers), which in some cases deteriorated into assault⁸.
- In late 2020 the Regional Recovery Small Business Support Program offered specialised small business financial counsellors to help rural and regional businesses navigate the path to

⁵ [Pharmaceutical Benefits Scheme \(PBS\) | Recommendations made out-of-session by the PBAC between meetings](#); (Lagevrio Feb 2022 & Paxlovid Mar 2022).

⁶ [COVID-19 Oral Treatments \(health.gov.au\)](https://www.health.gov.au)

⁷ <https://www.tga.gov.au/serious-shortage-medicine-substitution-notice>

⁸ [Pharmacist injured in in-store assault | Pharmacy Daily](#)

recovery. The program made it easier for eligible businesses to access immediate support and to receive ongoing assistance in developing long-term plans to maintain their viability.⁹

- Strategies are needed to build workforce resilience, whilst ensuring the public's safety and welfare. Regulations are needed to monitor counterfeit products.
- Recognition by the Commonwealth for community pharmacies to substitute medicines as a pharmaceutical benefit where eligible according to a Serious Scarcity Notification¹⁰ published by the TGA helped manage medicine supply disruptions and avoided people having their treatment interrupted with potential negative health consequences.
- The high demand from the public for non-evidence-based treatments (e.g., ivermectin, hydroxychloroquine) risked supply disruptions for people who used these treatment for other conditions. Delays in restricting supply of these medicines must be addressed in future situations by ensuring the regulators (in this case the DoHAC and the TGA) work early with key stakeholders to identify potential risks and have mitigation strategies in place.

TOR 6. Financial support for individuals (including income support payments).

- No comment

TOR 7. Community supports (across early childhood education and care, higher education, housing and homelessness measures, family and domestic violence measures in areas of Commonwealth Government responsibility).

- No comment

TOR 8. Mechanisms to better target future responses to the needs of particular populations (including across genders, age groups, socio-economic status, geographic location, people with disability, First Nations peoples and communities and people from culturally and linguistically diverse communities).

- When there were changes to eligibility and availability of COVID vaccines, there was public messaging prior to informing the health professional workforce. Health workers were often unprepared for the changes the public had heard through the media. This caused significant confusion and frustration for both pharmacy staff and patients. Changes in eligibility or supply arrangements must be communicated in advance with health providers so they are prepared and able to manage the changed arrangements and public enquiries.
- Vaccination rollout process and awareness campaigns should include targeted messaging to ensure they reach the most vulnerable age groups and populations, and those with health concerns who are at high risk of complications from developing the virus.
- Community pharmacists and pharmacy staff should be leveraged in future pandemics to communicate vaccine messaging to "hard-to-reach" populations such as culturally and linguistically diverse (CALD) patients, because pharmacies have frequent contact with them.

⁹ Pharmacy Guild of Australia, Help for small regional businesses, <https://www.guild.org.au/news-events/news/forefront/v10n18/help-for-small-regional-businesses>

¹⁰ <https://www.tga.gov.au/serious-shortage-medicine-substitution-notice>

- Need to consider any special care arrangements. As an example, many people with opioid dependence receiving opioid dependence treatment require daily dosing either under direct supervision of a pharmacist (requiring attendance at a pharmacy) or the provision of limited take-away doses. During the pandemic, arrangements were put in place to increase take-away dosing and special home deliveries had to be implemented as delivery staff needed to be protected from potential hold-ups and treatments could not be left unattended.
- Digital enhancement to enable health practitioners to communicate effectively, efficiently and confidentially with each other.
- Enhance access to treatments such as oral COVID treatments by enabling pharmacists to assess and prescribe as a pharmaceutical benefit according to a clinical protocol. Pharmacists in comparable countries (Canada, New Zealand, United States) had the authority to prescribe COVID anti-virals which expedited patient access under the supervision of a medicines expert. Below is a Guild Brief that was shared with the Minister's Office in August 2022.



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- Identify critical front line health workers that need access to support and resources (e.g., PPE), including non-clinical staff such as pharmacy assistants.
- The Commonwealth must adequately remunerate practitioners for their services and remuneration should be according to the activity rather than the professional. As an example, all practitioners should receive the same remuneration for administering a vaccine.
- Prompt access to the oral COVID treatments is essential for efficacy of the medication. Current state and territory and Commonwealth laws are restricting patient access to COVID treatments. These Prescription Only items require assessment by an authorised prescriber to issue a prescription for a pharmacist to dispense and claim as a pharmaceutical benefit. Resources are available to assist with assessing risks and interactions and prescribers frequently contact pharmacists to check a patient's safety profile before issuing a prescription. Pharmacists could readily assess people and prescribe these medicines according to a protocol to provide patients with easier and faster access to treatment.
- There was little support for essential businesses to respond when a staff member had COVID. As an example, as an essential business, pharmacies had to close and arrange for decontamination before they could re-open. There was little or no financial support available and little in the way of resources to explain recommended procedures. Ideally, funding and resources for small businesses such as pharmacies would be available at a Commonwealth level to enable the pharmacy to re-open as quickly as possible.