

Submission

Delivering Safe and Sustainable Clinical Services

White Paper – Exposure Draft
Submission

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*“Pharmacists are **highly trained**, have **deep expertise** in medicines, and are located in **communities** throughout Australia. But their **role** is far more limited in Australia than in many other countries.”¹*

1.0 Purpose

The PSA makes this submission to the Tasmanian Health Department. This submission identifies the roles that pharmacists and community pharmacies may play in strengthening our primary care system and improving the health of Tasmanians. This submission focuses on areas the profession of pharmacy can significantly contribute to, including preventative health strategies, primary health care and disease state management and the contribution to improving the health outcomes of Tasmanians through working together to address gaps in health services particularly in rural areas.

2.0 Background - Pharmacists in the Community

In Australia, pharmacists are often the first point of contact for the community for various health services and advice. Pharmacists are clinically trained, highly respected and one of the most accessible health professionals in the community. Pharmacists have an important role to play in their communities in preventative health, health awareness campaigns, minor ailments and disease state management.

3.0 Strengthening our primary care system and linkages through better utilisation of pharmacists

The recent Grattan Institute report on solutions for GP shortages in rural Australia² highlighted the need for GPs to be better supported by pharmacists and other health professionals to deliver primary health care to the public. The report urged Government to “*make much better use of pharmacists’ skills. Pharmacists are highly trained, have deep expertise in medicines, and are located in communities throughout Australia. But their role is far more limited in Australia than in many other countries.*”

3.1 Preventative health and improving health literacy

Pharmacists have a significant role to play in contributing to Tasmania having the healthiest population in Australia by 2025.

The well established network of over 147 community pharmacies and 694 pharmacists work to support equitable access for Tasmanian to medicines, health information and professional advice, in most cases without the need to make an appointment.

Much more can be done in the area of chronic disease prevention. Overweight and obesity rates are rising, potentially leading to future peaks in type 2 diabetes and other chronic diseases.³ The recently Global Burden of Disease study 2010⁴ showed that little progress has

been made to reduce the overall effect of non-fatal disease and injury on population health, estimating that as life expectancy has increased, the number of healthy years lost to morbidities (disease sequelae and injury) has also increased.⁵ This means that globally we are living longer but the percentage of life lived without disability or disease has not been correspondingly extended.

As noted in the 2013 Thriving Tasmania Report from the Ministerial Health and Wellbeing Advisory Council “Prevention in healthcare is important, but so is the action taken to influence health and healthy choices, building and strengthening capacity and promoting wellbeing.” Pharmacists are uniquely placed to provide support to Tasmanians regardless of their socio-economic status in building that capacity.

The Tasmania wide geographic spread of community pharmacies along with the six public and private sector hospital pharmacies work to support equitable access for Tasmanians to medicines, health information and professional advice. In the primary care setting pharmacists are often the first health professional that a consumer interacts with to discuss health issues, in most cases, at no cost and without the need for an appointment.

This makes pharmacists the ideal health professional to support any initiative designed to:

- Continue to reduce smoking rates for Tasmanians
- Improve and maintain physical activity in all age groups including being a referral point
- Decrease obesity including focusing on those living with or at risk of a chronic disease
- Improve outcomes for Tasmanians living with or at risk of cardiovascular disease and diabetes
- Improve health literacy and increase resilience within the Tasmanian community.

The following section outlines some examples of existing initiatives and projects that are making better use of pharmacists in public health and prevention.

3.1.1 Existing initiatives

NSW Government “Get Healthy” Program

This initiative is engaging community pharmacies to act as awareness and referral points for consumers to access the Get Healthy Service, which is a free telephone-coaching service to assist adults to make lifestyle changes in relation to healthy eating, physical activity, and reaching and maintaining a healthy weight.

UK Healthy Living Pharmacy initiative

The Healthy Living Pharmacy (HLP) initiative commenced in 2009 with an initial investment by Portsmouth Primary Care Trust, with a goal for community pharmacies to become Healthy Living centres, promoting and supporting healthy living by offering healthy lifestyle advice and

support on self-care and a range of pressing public health concerns.⁶

In the 5 years since, HLPs have been implemented across the UK, based on a framework aimed at achieving consistent delivery of a broad range of high quality public health services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities. Interest in HLPs has been growing, not only in the UK, but around the world.

Services offered by HLPs include stop smoking, weight management, emergency hormonal contraception, chlamydia screening, advice on alcohol, inhaler technique, minor ailments and medicine use reviews.

Queensland Government Pharmacists Immunisation pilot (QPIP)

In January 2014 the Queensland Pharmacists Immunisation Pilot took place across a number of community pharmacies. The pilot resulted in 10,889 influenza vaccines being administered by appropriately trained pharmacists in nearly 80 participating community pharmacies without incident. Fifteen per cent of those vaccinated had never been vaccinated before and approximately one-third of patients had previously received an influenza vaccination but did not get the vaccination every year, with some not having been vaccinated in over 5 years. Interestingly ten per cent were eligible for free vaccination under NIP but elected to have in pharmacy, despite being offered a referral to their GP.

The QPIP showed the value that the accessibility of pharmacists brings to public health outcomes through improved access to vaccinations and the ability to increase immunisation rates in the general population. Over time with the expansion of pharmacists' vaccination services this will help to achieve more effective herd immunity for some of the many diseases which currently have sub-optimal immunisation rates.

It is logical that pharmacists immunisation services could be considered for extension to other vaccines for adults in general travel medicine and repeated booster doses of diseases such as measles and whooping cough.

WA Community pharmacy Chlamydia Screening pilot

A trial conducted in 20 Perth community pharmacies allowed pharmacists to opportunistically offer chlamydia screening to women requesting emergency contraceptives. The scheme was rated as highly convenient, and the time taken to offer a chlamydia test along with an EC consultation as highly appropriate, by consumers and pharmacists alike.

Previous Tasmanian initiatives and collaborative partnerships

PSA has closely collaborated with the Tasmanian Government in a range of health initiatives and clinical committees including smoking cessation programs and our involvement in the Tobacco Coalition, Adult Palliative Care Formulary Reference, DORA Project Committee and Opioid Substitution Treatment (OST) Tasmanian

Reference Group.

During the swine flu epidemic PSA assisted the Communicable Disease Prevention Unit (CDPU) by seeking community pharmacies in low vaccination update areas, identified by the Department of Health, to provide appropriate facilities for swine-flu vaccinations by nurse immunisers contracted by CDPU. Fourteen pharmacies were identified in rural and regional areas that had low rates of vaccination and over a 3 week period over 5,000 patients were vaccinated.

PSA has worked closely with health sector stakeholders, including local government, private business, the community sector, Tasmanian Medicare Local, the University of Tasmania and health providers, and are keen to continue to play our role in developing a clear direction for Tasmania's preventive health strategy.

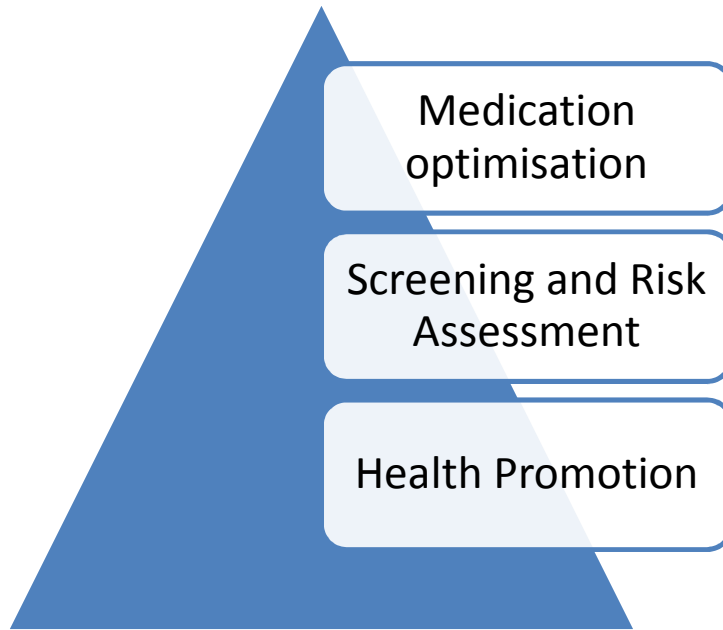
Tasmania's pharmacy community is unique in that the majority of pharmacists are graduates of the University of Tasmania and many share an ongoing relationship with the University, as preceptors for students or in community based research projects. Pharmacists are accustomed to being involved in evaluation of health initiatives or research projects. Community and hospital based pharmacists often assist in the recruitment of participants to health promotion and prevention programs in a research setting.

PSA has been involved in a number of state-wide integrated health promotions and chronic disease management initiatives including:

- Tobacco Coalition, QUIT Campaign 2009 which resulted in over 300 pharmacists and pharmacy assistants (representing almost 60% of the Tasmanian pharmacies) trained in smoking cessation. This demonstrated the willingness of pharmacists to be involved in health care messages to their communities.
- With the financial support of Tasmania Medicare Local almost 50 pharmacists have undertaken mental health first aid training in the last 12 to 18 months.

Preventative Health Programs

The PSA believes that pharmacists can be involved at three levels when it comes to preventative health activities as outlined in the figure below.



Each of these areas builds on the expertise and accessibility of pharmacists. Health promotion activities may be delivered to large numbers, whilst medication optimisation may be a specialised service available.

3.1.2 Opportunities in Tasmania

Community pharmacists are the most accessible of all primary health care providers. Pharmacists and their staff regularly perform brief interventions which can involve general health advice but also more in-depth discussions on preventative health strategies. In Tasmania the wide geographic distribution of the 147 community pharmacies means most Tasmanians have access to a local pharmacist over extended trading hours.

PSA recommends the following potential projects for consideration in Tasmania:

- A pilot of the “UK Healthy Living Pharmacy (HLP)” combined with the concept of the “NSW Get Healthy” initiative in 10-15 pharmacies across Tasmania targeting public health prevention issues to match local need.
- Implementation of the influenza vaccination program delivered by pharmacists (Following the success of the QPIP trial pharmacist vaccination services are now being delivered in NSW, NT and WA.)
- A trial in 10 Tasmanian community pharmacies to enable pharmacists to opportunistically offer chlamydia screening to women requesting emergency contraceptives.
- Conduct screening activities for National Health Priority Areas (e.g. osteoporosis screening) and other areas (e.g. the Bowelscan Program) to promote early identification and referral and where appropriate initiate earlier and less costly

treatment for people at risk. Some screening activities are already undertaken through community pharmacies but many are done in an ad hoc manner.

- Improve health literacy. Pharmacists have a key place in improving the Tasmanian consumers understanding of and ability to negotiate the health system through improving health literacy. PSA has a range of consumer resources designed to demystify common ailments (Self Care) Pharmacists are ideally placed to deliver tailored medication adherence and health literacy programs.
- Cancer awareness, prevention and early detection through encouragement of regular self-checks, reducing risks (e.g. smoking cessation programs), possible interventions where a person is regularly purchasing an OTC medicine to treat early symptoms and appropriate referral.
- Kidney health screening

3.2 Importance of primary care in delivering better health outcomes for the community

The accessibility of pharmacists in the community make them well placed to provide primary care services specifically in treatment of minor ailments to reduce inappropriate hospital admissions and presentations to emergency department, enhanced chronic disease management and quality use of medicines.

Compounding pharmacists are well placed to recommend where appropriate customised medication for patients whom may require medication outside what is commercially available (eg - avoid gelatin capsules due to religious beliefs, minimising excipients which may contribute to allergy etc, colour free, flavor free, suspension instead of tablets). Compounding could also be used to improve QUM for some patients in the hospital environment from oncology to customised pain medications in both oral and injectable forms.

3.2.1 Minor Ailments - Reducing emergency presentations for minor ailments

Minor ailments are defined as conditions that are often *self-limiting, with symptoms easily recognised and described by the patient and falling within the scope of pharmacist's knowledge and training to treat*. These conditions can usually be managed with the use of non-prescription products available to a pharmacist and through self-care.⁷

As part of their contribution to primary health care, pharmacists and pharmacies play an important role in the treatment and management of minor ailments and illnesses. Pharmacists are one of the most easily accessible healthcare professionals, and in a recent study, 51% of consumers said they would consult a pharmacist/pharmacy staff about minor ailments in the first instance for advice.⁸

Minor ailment schemes operated through pharmacies have the potential to redirect care of minor ailments away from general practice and other high cost settings such as emergency departments.

3.2.2 Existing initiatives

International minor ailment schemes

The *Pharmacy First* minor ailments scheme operated by Nottingham NHS for over a decade has been accessed by more than 250,000 consumers who would otherwise have added to the pressure on GP resources.⁹ Similar schemes operate in other parts of Britain, Scotland, and Canada.

In England the schemes are authorised by the NHS and commissioned by the Clinical Commissioning Groups, depending on local need.¹⁰ Pharmacies are reimbursed the costs of the medicines, but the methods by which the consultation costs are paid vary among schemes, and include¹¹ :

- a fee per consultation
- banded fee structures, based on number consultations
- annual or one-off retainer

ACT Medicare Local (ACTML) After-Hours initiative

ACTML now supports 5 pharmacies along with 14 general practices to enhance access to after-hours care. ACTML and the Pharmaceutical Society of Australia (PSA) have worked together to deliver an educational program to directly educate pharmacists and their staff, and indirectly educate the ACT community with the aim of meeting the following key objectives:

- Improving knowledge and awareness of pharmacists and their staff relating to availability, and appropriate use, of services in the ACT.
- Improving knowledge and skills of pharmacists and their staff with regard to triage, management and referral of common after hours presentations.
- Increasing awareness amongst the local community of availability, and appropriate use, of after-hours primary care services via pharmacists and their staff.
- Improving usage of relevant and appropriate services by the community

The project was found to be successful and an extension project was announced in May 2015 by the Victorian Government.

3.2.3 Opportunities in Tasmania

There is great potential for Tasmania to adopt the concepts outlined above. While pharmacists are already the first point of call for the public to diagnose and treat a range of minor ailments,

they may have to refer the patient to their GP for further consultation due to the need for Schedule four (S4) medicines. In remote areas, where GP access can present a challenge, consideration could be given to allowing pharmacists limited prescribing rights equivalent to that of nurse practitioners. Many minor ailments such as wound care, minor infections and skin conditions, common cough and cold, allergies may be provided by pharmacists, easing the burden on the workload of GPs and emergency department presentations.

PSA recommends the following potential projects for consideration in Tasmania:

- A pilot of a minor ailment scheme in selected locations where GP services are inadequate and pharmacists may be selected, trained and supported to take care of less complex health conditions.
- A pilot of a similar program to the ACTML initiative, with potential extension to all hours, as primary-care type presentations to emergency departments are actually more common during normal hours than after hours.¹² By doing so it is likely that consumers may receive advice from pharmacists through a triage exercise and be referred to appropriate health professionals or services. This would save time, enhance timely and appropriate treatment, and potentially reduce unnecessary burden on hospital emergency departments.

3.3 Improving Medication Use in the Hospital System

A United States study¹³ has shown that for every dollar spent on clinical pharmacist input in emergency departments there was a four dollar saving generated and as much as ten dollars. “Utilizing pharmacists as drug therapy experts will maximise resources, contain or reduce costs and improve care. Significant reductions in drug misadventures could be potentiated by allowing pharmacists greater clinical intervention and comprehensive medication management authorities. By selecting and monitoring therapeutic and patient care regimens through focused disease management, pharmacists can improve the overall quality of the health care system.” (quote and costs are from – this document for reference

Similar cost benefit could be expected in the Tasmanian health setting; pharmacists within the public system have a vital role providing services in a collaborative manner, ensuring cost containment where medication is a significant proportion of the Tasmanian health care budget. The role delineation framework for pharmacy services must consider the fact that the complexity of patient medication management does not reduce as much as other care components of the health system. And in fact focusing on additional pharmacist clinical and support services throughout the clinical services profile will be required including but not limited to;

- Oncology
- Neurology
- Rheumatology and any chronic pain
- Drug and alcohol services – throughout the state not just in Hobart
- All geriatric and especially Subacute geriatric service and rehabilitation services
- Mental health

- Transition from tertiary to primary care (be that from hospital to home/aged care or visa versa)
- Governance

3.3.1 Opportunities in Tasmania

Including dedicated pharmacist roles within the public sector in the revamped clinical services profile key functional units to ensure patient education, medication reconciliation and a multidisciplinary approach to care.

In addition a key focus should be provision of Liaison pharmacists to facilitate communication between hospital and community pharmacy and the General Practice setting when patients transfer from tertiary to primary care should be a key of any changed model of clinical care provided.

3.4 Improving Medication Use in Chronic Disease

Chronic diseases, or long-term conditions, place significant demands on the health care system and incur significant health care costs associated with medicines, diagnostic services, aged care, medical services and in particular, hospital expenses. Optimising the management of long-term conditions through quality use of medicines has been shown to reduce or delay the incidence of hospitalisation in patients with chronic diseases¹⁴ and to reduce the need for and spending on hospital admissions and medical services.¹⁵

Roles that pharmacists can fulfil as part of a health care team extend well beyond the walls of a community pharmacy, and can include:

Identifying, resolving, preventing, and monitoring medication use and safety problems;

- Reducing poly-pharmacy and optimising medication regimens on the basis of evidence- based guidelines;
- Recommending cost-effective therapies;
- Designing tailored adherence and health literacy programs;
- Developing consumer medication action plans with self-management goals; and
- Communicating medication care plans to consumers, cares and other health care professionals in the team.

Pharmacists' skills in the quality use of medicines (QUM) for patients with a chronic disease can provide benefits and synergies in a collaborative health team environment. This is observed where pharmacists have strong professional partnerships and active engagement with other health professionals. The partnership approach also supports pharmacists liaising closely with general practitioners and referring in a timely and sensitive manner.

Some pharmacists have also been working in general practices with great success. This arrangement creates additional benefits in that pharmacists can provide information and education on medicines and medication management to prescribers and practice nurses. However, formal recognition and funding of the contribution of pharmacists to such team arrangements are sadly lacking in Australia. Hence, PSA has been advocating for formal recognition of collaborative arrangements where we believe pharmacists' expertise would be used most effectively and could help create synergies in health care service delivery to the consumer. PSA's support for better integration of pharmacists in the health care team has been strongly advocated through many different practice areas but particularly in relation to mental health care.

3.4.1 Opportunities in Tasmania

Most Tasmanians living with a chronic disease visit their pharmacist regularly for repeat medication prescriptions. This is an ideal opportunity to assist consumers self-manage their conditions through targeted support programs.

Chronic diseases that are suitable for community pharmacists to manage include:

- Hypertension
- Diabetes
- Asthma and COPD
- Anticoagulation

3.5 Reducing hospital readmissions

Most Australians will at some stage of their lives need to take prescription and other medicines, and by the time they are 65, many people will be regularly taking 5 or more medicines. For those with a chronic disease or mental illness, the number can be even higher.

In 2010 an estimated 271 million prescriptions were dispensed¹⁶ and millions more medicines prescribed by pharmacists for minor ailments and conditions. Pharmacists play a key role in ensuring that all Australians have ready access to supplies of their essential medicines, especially those 7 million people with chronic disease.

All medicines have the potential for side effects and can interact with other medicines. Each year 230,000 people are admitted to hospital and many more people experience reduced quality of life as a result of side effects of their medicines. This comes at a cost to the system of more than \$1.2 billion.¹⁷ The COAG Reform Council's recent report documented increases in potentially preventable hospital admissions.¹⁸ Significantly, Medication-related admissions account for 20- 30% of all hospital admissions for people over 65.¹⁹ Much of this personal and financial burden is preventable.

This submission aligns with the key elements of Australia's policy on quality use of medicines and in particular focuses on the safe and effective use of medicines to achieve the best possible results by: monitoring outcomes; minimising misuse, over-use and under-use; and improving people's ability to solve problems related to medication, such as adverse effects or

managing multiple medicines. The clinical and medication management expertise of the pharmacist optimises the management of long-term conditions through quality use of medicines and has been shown to reduce or delay the incidence of hospitalisation in patients with chronic diseases²⁰ and to reduce the need for, and spending on, expensive hospital admissions and medical services.²¹

The following section outlines some examples of existing initiatives and projects that are making better use of pharmacists in improving medication use for consumers with chronic diseases.

3.5.1 Existing initiatives

Hospital-initiated Home Medicines Review (HMR)

This initiative is pending implementation as part of the 5CPA. It recognises the benefit a HMR service may offer to patients who are at high-risk of medication misadventure in the immediate post-discharge period, where they do not have access, or timely access, to a GP.²² It appears unlikely to be implemented before the completion of the 5CPA in June 2015.

US initiative

University of Cincinnati's College of Pharmacy has recently announced a study which will pair 1,000 patients who are at high risk for readmission with a community pharmacist. It will focus on patients with complex disease states: heart failure, COPD, pneumonia, MI or diabetes. Based on the pilot, the researchers are estimating a 20% reduction in readmissions if high-risk patients receive counselling and medication management by a community pharmacist.²³

3.5.2 Opportunities for Tasmania

Research shows that deficiencies in communication are the most common contributing factor to the occurrence of medication errors, including shortcomings in communication between GPs and pharmacists. It is possible that over time, e-health initiatives such as the Personally Controlled Electronic Health Record (PCEHR) will go some way to help alleviate some of these shortcomings, but more needs to be done.

PSA recommends the following potential project for undertaking in Tasmania:

- A pilot of a similar initiative to the one being undertaken in Cincinnati, as outlined above, to improve continuity of care for post discharge patients
- Multidisciplinary collaborative care - Education campaign across all involved health professionals to increase the usage of eHealth to contribute to improved patient outcomes based on information sharing and QUM, including abuse and misuse

3.6 Supporting and reducing pressure on GPs

“Overall, we use GPs to do work that could safely and more efficiently be done by nurses and other health professionals”.²⁴

General practitioners (GPs) and pharmacies are the most highly used health care services by consumers in Australia.²⁵ Between July 2011 and July 2012, 94% of Australians aged 18 years and over reported using a pharmacy health care service. This proportion increases to 99% for Australians aged 65 years and over.

The recent Grattan Institute report on solutions for GP shortages in rural Australia highlighted the need for GPs to be better supported by pharmacists and other health professionals to deliver primary health care to the public.²⁶ The report urged Government to *“make much better use of pharmacists’ skills. Pharmacists are highly trained, have deep expertise in medicines, and are located in communities throughout Australia. But their role is far more limited in Australia than in many other countries.”*

For most people the use of medicines is just one element of contribution to good or better health. This submission recognises the importance of a coordinated, team care approach where health professionals with different skills and expertise work in partnership to deliver care in a synergistic, cohesive and holistic manner. Such an approach was recommended by the National Health and Hospitals Reform Commission in its final report:

“We recommend improving the way in which general practitioners, primary health care professionals and medical and other specialists manage the care of people with chronic and complex conditions through shared care arrangements in a community setting.”²⁷

Unfortunately, this goal will be challenged by the existing arrangements in place. For example, pharmacist-delivered medication management and education services are the missing link in most general practices and Aboriginal Health Services. There are opportunities in these settings for a non-dispensing pharmacist to work with other members of the health care team to improve medication use and reduce error for consumers with chronic disease. However, this is only possible in very limited circumstances due to funding restrictions. Currently a GP can call on the specialist skills of a nurse, physiotherapist or psychologist to help them meet the needs of consumers with chronic disease under nationally funded programs, yet a pharmacist can't easily be included in the practice team to review and advise on the consumer's medicines regimen.

Given the central role of medicines in the care and treatment of consumers with chronic disease, this doesn't make sense. Lots of consumers with chronic diseases are missing out, and an opportunity to improve their health is being lost.

The following section outlines some examples of existing initiatives and projects that are making better use of pharmacists in supporting and reducing pressure on GPs.

3.6.1 Opportunities for Tasmania

Pharmacy has a plentiful workforce with a growing supply of well-trained graduates.

Pharmacists are well placed to fill gaps in primary healthcare in areas currently underserved by GPs if appropriate employment and remuneration strategies are developed.

PSA recommends the following potential projects for piloting in Tasmania:

- A pilot of the inclusion of a pharmacist in a GP chronic disease management plan, to allow the pharmacist to undertake some of the monitoring elements, with a view to having pharmacists included on the list of eligible allied health professionals under the MBS.
- A pilot of the inclusion of a pharmacist in a medical practice, following the model of the Practice Nurse Incentive Scheme

3.7 Rural primary health services

3.7.1 Filling rural health service gaps

Effective primary and preventive health care is dependent upon locally accessible services. Chronic diseases such as diabetes and heart disease place a significant burden on most rural Tasmanian communities. Community pharmacies are ideally placed to play a more significant role in managing these conditions within the community and to identify those most at risk.

To enable pharmacists to provide services to patients in rural settings it is important that clinical pharmacists have flexibility in their service delivery models. If multi-disciplinary healthcare teams, including pharmacists, are to deliver primary healthcare to under-served communities it is important that there is equity across the professions in the ability to claim for services provided. For example, it is important that pharmacists can be reimbursed for participating in Medical Specialist Outreach programs (MSOAP) and telehealth consultations.

3.7.2 Opportunities in Tasmania

An opportunity exists for the Tasmanian Government to collaborate with pharmacists to reduce the gap by enhancing services offered to the public in particular in rural areas. This is an opportunity to collaborate with GPs and other allied health professionals, to work together to reduce the complications and burden of these conditions on not only the individual but also the wider community.

Pharmacy has a plentiful workforce with a growing supply of well-trained graduates. Clinical pharmacists are well placed to fill gaps in primary healthcare in areas currently underserved by GPs and pharmacies, if employment and remuneration strategies are developed which enable pharmacists to work in these rural and remote areas.

PSA recommends the following potential projects for piloting in Tasmania:

- Placement of pharmacists in Aboriginal health services
- The provision to allow dispensing by pharmacists in non-S90 premises
- Remunerate rural and remote clinical pharmacists as per other health professions to allow pharmacist inclusion in multi-disciplinary healthcare teams e.g. MSOAP, telehealth.

4.0 Summary

The existing network of 147 community pharmacies are uniquely placed within Tasmanian communities, and are increasingly being recognised as a hub for preventive health activities. However, we have yet to make full use of pharmacists in this area, nor have we leveraged the existing network and infrastructure provided by these community pharmacies to expand the scope of services that are available for consumers to assist with preventing and managing chronic diseases.

The pharmacy profession is well placed to contribute in addressing issues associated with strengthening our health care system. Pharmacists are accessible health practitioners who, by working within a collaborative framework, can assist Government to achieve fiscally sustainable, efficient and quality healthcare initiatives for all Tasmanians.

The pharmacy profession must be an integral part of delivering cost effective solutions and preventative and primary health interventions to the community. PSA firmly believes the profession can value-add considerably to the existing health care system by integrating pharmacists more widely in health initiatives. In Tasmania, especially in rural and regional centres where health inequalities are greatest, tapping into the skills and accessibility of pharmacists, within a collaborative framework, can assist the Tasmanian Government to achieve the laudable health goals of Tasmania the healthiest state by 2025.

5.0 About the Pharmaceutical Society of Australia

The Pharmaceutical Society of Australia (PSA) is the peak national professional pharmacy organisation representing pharmacists across Australia. With more than 17,000 members, PSA plays a key role in setting the standard for excellence in pharmacy.

PSA is made up of a broad range of pharmacy members including, community, hospital, military and accredited pharmacists.

PSA is the leading advocacy organisation for pharmacists, influencing attitudes, opinions and policies through representation, networking, consultation, continuing education, practice support, standards, guidelines and a range of publications and health promoting programs and resources.

PSA advocates a broader role for pharmacists, including the development of flexible models for professional services that ensure pharmacists are appropriately remunerated for their services. PSA strongly promotes the accessibility of pharmacies as sites for patients to receive preventive care services and public health messages.

PSA has a dual function, supporting pharmacists' commitment to high standards of patient care and continuing professional education, and representing their role as frontline health professionals. One of PSA's primary roles is to provide practice improvement through initial and ongoing education, training and practice support tools for pharmacists and pharmacy staff.

PSA is committed to ongoing quality improvement in pharmacy practice by assisting the profession to achieve and maintain high standards of professional excellence and service delivery. PSA is the custodian of the profession's Competency Standards and also sets professional and ethical benchmarks for the pharmacy profession through the Professional Practice Standards and the Code of Ethics.

Pharmacists are the custodians of medicines and the pre-eminent experts in medication management. PSA supports the maintenance and expansion of the knowledge, skills and expertise of pharmacists in medication matters which underpin their contribution to optimising the health of patients through the quality use of medicines.

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6.0 Supporting Documentation

Building upon pharmacists' practice in Australia; A vision for the profession, June 2014

<http://www.psa.org.au/download/policies/A-vision-for-the-profession.pdf>

Mental health care project - A framework for pharmacists as partners in mental health care

<http://www.psa.org.au/policies/mental-health-care-framework>

PSA Federal Government 2015-2016 Budget Submission <http://www.psa.org.au/news/submission-to-2015-15-federal-budget>

Practice Guidelines for Providing Immunisation Services <http://www.psa.org.au/download/practice-guidelines/immunisation-guidelines.pdf>

Health Destination Pharmacy <http://www.psa.org.au/pharmacy-support/health-destination-pharmacy>

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⁹ Pumtong S, Boardman HF, and Andersen CW. *A multi-method evaluation of the Pharmacy First Minor Ailments scheme*. *International journal of clinical pharmacy* 06/2011; 33(3):573-81

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