

Federal
Budget
Submission
2019-20



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Foreword

The 2019-20 Federal Budget on 2 April provides the Government with the ideal opportunity to set Quality use of Medicines, improving access to healthcare services, reducing variability in healthcare outcomes and better utilisation of the pharmacy profession, as central components of the vision for healthcare in the future.

With the recently released Medicine Safety: Take Care Report commissioned by the PSA shining a light on medicine safety in Australia, the time for investment in renewing the approach to Quality Use of Medicines is now. In this pre-budget submission, PSA calls for the establishment of the position of a Commonwealth Chief Pharmacist. This position is long overdue to provide the leadership required in delivering a strategic government policy agenda on the Quality Use of Medicines. It is simply not acceptable that medication errors can cost our healthcare system \$1.4 billion annually in healthcare costs. We must do better.

We believe that pharmacists should be integrated into primary healthcare teams. Continuing the exclusion of pharmacists from being eligible allied health providers under the Medicare Benefits Schedule for Chronic Disease Management items must be corrected. This will go a long way in improving primary care collaboration between general practitioners and pharmacists. Building on this we are also calling for continued funding for pharmacists embedded within Aboriginal Health Services. In addition, and acknowledging the vital role that community pharmacies have in providing care to Aboriginal and Torres Strait Islander people, we are calling for a Health Care Homes style funding for community pharmacists to deliver medication management support to Aboriginal and Torres Strait Islanders with complex and/or chronic disease.

Building upon the great work that community pharmacists have already done in the area of immunisation, we are calling for the removal of legislative and policy barriers which prevent



pharmacists from contributing to the reduction of vaccine-preventable diseases in Australia.

Finally, in recognising the need for the improvement in care for our most vulnerable, PSA calls for pharmacists to be embedded into aged care facilities to improve the quality of life our aged care residents. Simply, pharmacists must be in aged care facilities to support the safe use of medicines, to help doctors make the right decisions about the use of medicines, to support the vital care of nurses, and to protect and support the health of our aged care residents.

Medication safety, reducing variability in healthcare and improving access are vital improvements to healthcare which pharmacists can be an integral component of.

A handwritten signature in black ink, reading "Dr Chris Freeman".

Dr Chris Freeman
PSA National President



Contents

Foreword	3
Summary	5
Key recommendations	5
About PSA	6
Background	7
Provide seed funding to embed pharmacists in residential aged care facilities to improve the Quality Use of Medicines and in particular to reduce harm caused by overuse of psychotropic medicines, opioids and antibiotics	8
Grow the extensive pharmacist immunisation network in primary care to boost vaccination rates	10
Facilitate the appointment of a Commonwealth Chief Pharmacist to improve the Commonwealth Government's coordination and responsiveness to medication issues in Australia's complex healthcare system	12
Closing the gaps between pharmacist care and Aboriginal and Torres Strait Islander Health Services	14
Add pharmacists to the list of eligible allied health professionals that can deliver MBS services to patients with chronic diseases under the allied health chronic disease management items	16
References	18

Summary

The Pharmaceutical Society of Australia's submission to the 2019-20 Federal Budget aims to provide rational, innovative and cost-effective solutions to the Australian Government addressing current health system challenges, particularly in relation to reducing the harm caused by medicine use in Australia.

PSA's recommendations have been made in the context of the Government's existing health priorities and reform agenda, to facilitate sound policy and its successful implementation.

Key recommendations

PSA recommends that the Federal Government, in its 2019-20 Budget, makes provision for the following:

- » Providing seed funding to embed pharmacists in residential aged care facilities to improve the Quality Use of Medicines and in particular to reduce harm caused by overuse of psychotropic medicines, opioids and antibiotics
- » Growing the extensive immunisation network in primary care to boost vaccination rates
- » Facilitating the appointment of a Commonwealth Chief Pharmacist to improve the Commonwealth Government's coordination and responsiveness to medication issues in Australia's complex healthcare system
- » Establishing funding mechanisms to facilitate collaborative practice between Aboriginal Health Services and community pharmacies
- » Adding pharmacists to the list of eligible allied health professionals that can deliver MBS services to patients with chronic diseases under the allied health chronic disease management items.



The recommendations and proposals in this submission aim to enhance the Government's existing health investments and do not duplicate, nor inhibit in any way, the initiatives being progressed as part of the 6th Community Pharmacy Agreement. They represent a cost-

effective way to correct structural and funding barriers, which currently results in minimal participation by a highly skilled pharmacist workforce in key Government initiatives where collaborative models of care including pharmacists have demonstrated value.

About PSA

PSA is the only Australian Government-recognised peak national professional pharmacy organisation representing all of Australia's 31,000 pharmacists working in all sectors and across all locations.

PSA is committed to supporting pharmacists in helping Australians to access quality, safe, equitable, efficient and effective health care. PSA believes the expertise of pharmacists can be better utilised to address the healthcare needs of all Australians.

PSA works to identify, unlock and advance opportunities for pharmacists to realise their full potential, to be appropriately recognised and fairly remunerated.

PSA has a strong and engaged membership base that provides high-quality health care and are the custodians for safe and effective medicine use for the Australian community.

PSA leads and supports innovative and evidence-based healthcare service delivery by pharmacists. PSA provides high-quality practitioner development and practice support to pharmacists and is the custodian of the professional practice standards and guidelines to ensure quality and integrity in the practice of pharmacy.



Background

Medication safety is a significant problem with an estimated 250,000 medication-related hospital admissions in Australia each year.¹ This costs the Australian healthcare system approximately \$1.4 billion annually. However, this is likely to be an underestimation as these figures do not include visits to general practitioners or community pharmacists for medication-related problems. The overall cost of medication misadventure is therefore likely to be much greater.

This medication safety challenge is seen by pharmacists at the patient level every day. In their practice, pharmacists see examples of consumer health needs that aren't being addressed within the current health system. Pharmacists want to provide more effective care through use of their knowledge and advice. However, their capacity to intervene is restricted by unnecessary barriers that confine practice – in terms of who pharmacists can provide a service to and where that service can be provided.

Similarly, consumers want pharmacists to offer more.² They value pharmacists' expertise around medications and feel that greater use of and access to this specialty would be appropriate and useful. Consumers have said they value the accessibility of their pharmacists, and that pharmacists can offer continuity of care in a way that other health professionals cannot. This is because pharmacists are considered approachable, knowledgeable, are highly trusted and are more accessible than other health professionals who offer appointment-based services.²

Pharmacists often feel obliged to manage and resolve some of the system-level issues affecting consumers, without this being recognised within existing remuneration mechanisms or collaborative care team structures. These have included coordinating prescription requests, particularly for residents of aged care facilities, medication reconciliation at transitions of care – especially at hospital discharge and admission, and attempts to support consumers with difficulties in paying for their medications.

Pharmacists working in primary-care (including community pharmacy) and aged-care settings have said that opportunities for greater provision of more advanced/complex care need to be enabled, and to be delivered where this care is needed. They also seek greater recognition of advanced practice and clinical specialisation in community pharmacy and other primary care settings, and greater ability to contribute to supporting patients with chronic disease.

Australia is missing out on the opportunity to maximise the safe and effective use of medicines and improve patient outcomes. This opportunity for significant gains in our healthcare system can be achieved by:

- » **Embedding** pharmacists wherever medicines are used;
- » **Equipping** pharmacists to enhance community access to health services; and
- » **Enabling** pharmacists to be recognised and appropriately remunerated.

The 2019-20 Federal Budget is an opportunity to increase the utilisation of pharmacists across the healthcare system, especially in primary care roles such as community pharmacy. We urge the Government to partner with pharmacists to unlock these opportunities through funding the initiatives described in this submission.

Provide seed funding to embed pharmacists in residential aged care facilities to improve the Quality Use of Medicines and in particular to reduce harm caused by overuse of psychotropic medicines, opioids and antibiotics



Australia's population is aging, and currently 3.8 million people or 15% of the total population are aged 65 or over.³ With this growth in the aging population, more and more older Australians are entering residential care services.⁴

The health of older people can be complicated by the presence of many chronic conditions, and the subsequent need to take multiple medications. The care and medication management of aged care residents are becoming more and more complex, as people are older and frailer when they enter aged care facilities.⁴

While the need to treat multiple conditions is recognised, the risk of adverse drug events increases with the number of medications prescribed. When this risk is combined with the age-related changes in how medications

act, and are cleared from the body, it leads to medication-related problems being commonly reported in older people. Therefore, medication management services play a paramount role in supporting the safe and effective use of medicines for those living in residential care facilities.⁵

Australian studies published over recent years provide clear evidence that the high rates of antipsychotic prescribing in residential aged care facilities continue to be a significant concern.^{6,7} Australian evidence suggests that between 40% and 50% of residents could be receiving potentially inappropriate medications, such as sedatives and anticholinergic drugs.¹

The Third Australian Atlas of Healthcare Variation, recently published by the ACSQHC specifically reports on antipsychotic prescribing in older people, and notes ongoing concern about excessive prescribing outside of best practice guidelines.⁸ The report describes the level of antipsychotic use for behavioural and psychological symptoms of dementia in aged care homes as "a matter of grave concern".⁸

Individual aged care residents may be referred to accredited pharmacists to provide a Residential Medication Management Review (RMMRs), which identifies any medication-related problems and provide recommendations to the referring GP for optimising treatment. While evidence suggests these reviews are effective in improving the quality use of medicines (QUM), the physical separation of pharmacists, general practitioners and aged care facilities provides a significant barrier to effective communication about medication review recommendations.⁶

PSA calls on the Government to invest \$17 million as seed funding for a 12-month program to integrate pharmacists in aged care facilities. The program would be designed to ensure appropriate evidence of the economic and clinical benefits was captured and evaluated, while being adaptable to specific aged care facilities .

The Australian and New Zealand Society for Geriatric Medicine (ANZSGM) 'Prescribing in Older People' position statement recognises the role of 'clinical pharmacy services' including medication reviews as part of a targeted approach to identify and manage polypharmacy.⁹

Embedding pharmacists in residential aged care facilities would enable greater communication and collaboration between members of the multidisciplinary team, as was demonstrated by the partnership between the University of Canberra and Goodwin Aged Care Services.^{10,11} The role of the pharmacist would include:

- » **Education and training** of other health professionals and facility staff in the quality use of medicines and medicines information
- » **Clinical governance activities** around using medicines appropriately including leading programs and systems to reduce use of high risk medicines such as antipsychotics and benzodiazepines, and provide stewardship of opioid and antimicrobial use
- » **Resident-level activities** identifying, preventing and managing medication-related problems, reducing polypharmacy and optimising medicines use
- » Supporting **achievement of accreditation standards** related to medication management.

PSA believes substantial efforts to educate and support prescribers and facility staff to minimise inappropriate prescribing and use of antibiotics are warranted. The following data reported in *Antimicrobial prescribing and infections in Australian aged care homes: results of the 2017 Aged Care National Antimicrobial Prescribing Survey*¹² are the basis of PSA's concerns.

- More than half (55.2%) of the antimicrobial prescriptions were for residents with no signs and/or symptoms of infection in the week prior to the start date
- For 26.9% of antimicrobial prescriptions, the start date was greater than six months prior to the survey date
- The indication for commencing an antimicrobial was not documented for 23.7% of prescriptions.

Benefits: Aged care pharmacists



Reduction in the use of psychotropic medicines/chemical restraints, improving quality of life for residents through reduced side effects (sedation, weight gain, impaired cognition etc.)



Reduction in hospitalisations from medicine-related adverse events



More rational use of opioid medicines, resulting in improved pain management and alertness of residents



More rational and targeted use of antimicrobials in accordance with local resistance patterns and treatment recommendations



Increased staff access to pharmacist's expertise in medicines and medication management within the residential care facility

Grow the extensive pharmacist immunisation network in primary care to boost vaccination rates



Pharmacists have been able to help achieve this increase in herd immunity to influenza through successfully promoting a positive public health message about the individual and community benefits of influenza vaccination to the Australian public. Pharmacists are in a unique position to be able to do this as they are the most frequently contacted health professional by the Australian public and are the most accessible and highly trusted. Pharmacists are available outside of standard work hours including weekends, generally without the need for an appointment. This provides an unparalleled opportunity to engage with people who may not otherwise be vaccinated.

Immunisation data show that this engagement is needed. Only 51% of Australian adults eligible for funded vaccines are fully vaccinated.¹⁵

As demonstrated with seasonal influenza, pharmacists can be a key resource in helping lift these vaccination rates.

At present, the range of vaccinations able to be pharmacist-administered varies between jurisdictions. While seasonal influenza vaccination is able to be administered in all jurisdictions by appropriately trained and authorised pharmacists, the accessibility of vaccines for other infectious diseases as recommended by the Australian Immunisation Handbook is inconsistent:

- » Pertussis (whooping cough): Victoria, Northern Territory, Queensland, South Australia, New South Wales and ACT only
- » Measles, Mumps, Rubella: Victoria, Northern Territory, Queensland, South Australia and New South Wales only
- » Meningococcal: Tasmania only

Australian pharmacists have been providing vaccination services to the public over the past five years, following enabling changes to relevant state/territory legislation. The Australian community has provided resoundingly positive feedback to pharmacist vaccinations for its high level of safety and convenience.

Research has shown that pharmacists increase the proportion of the population being immunised against influenza with many people being vaccinated for the first time because of the accessibility and convenience offered by pharmacists¹³. This involvement has been recognised as helping generate unprecedented demand for influenza vaccination, with over 11 million Australians vaccinated in 2018 – a third more than just one year earlier¹⁴. The resulting herd immunity likely contributed to the lowest rate of influenza in Australia since 2013.¹⁴

PSA calls on the Commonwealth to fast-track work announced by the COAG Health Council to harmonise access to pharmacist-administered vaccinations nationally to include all adult vaccines on the National immunisation Schedule.

PSA also calls on the Federal Government to facilitate nationally consistent consumer access to National Immunisation Program funded vaccines where administered by pharmacists. Currently, only consumers in Victoria can access National Immunisation Program stock when being vaccinated by a pharmacist. This represents geographical inequity for Australians.

More than 4000 Australian pharmacists have been trained by the Pharmaceutical Society of Australia to provide vaccination services.

Building on the success achieved to date, the role of pharmacists in this key public health area should be expanded and enhanced to maximise the impact of this popular and well received option for the public. Restrictions placed on the range of vaccines available for pharmacists to offer the Australian public creates unnecessary obstacles for individuals or families to navigate when they are forced to visit multiple providers to access the various vaccines required.

Benefits: Vaccination



Increasing Australia's adult herd immunity to infectious diseases consistent with Australian Immunisation Handbook



Broadening choice and convenience for consumers to access vaccination services after hours and/or in convenient locations via community pharmacies



Increased engagement with unvaccinated adults who otherwise do not engage with health system



Promoting equity of access to National Immunisation Program vaccines for all Australians



Providing significant increase in health system capacity to respond to urgent public health needs (e.g. outbreak of meningococcal diseases; pandemic influenza)



Facilitate the appointment of a Commonwealth Chief Pharmacist to improve the Commonwealth Government's coordination and responsiveness to medication issues in Australia's complex healthcare system



While the role of pharmacists in the logistical supply of medicines is well understood, the risk mitigation and case management value of pharmacists in health care are often unrecognised. As the recognised peak body for pharmacists, PSA plays a significant role in providing advice on matters relating to pharmacists to government. However, there are no formal structures within government to provide independent ongoing expert advice on pharmacy and quality use of medicines issues. Given the significance of the pharmacy workforce and the need for improved quality use of medicines policy settings, the appointment of a Chief Pharmacist means the government would maximise the opportunity to more efficiently and effectively respond to Australia's health challenges and achieve desired reforms.

PSA calls on the Government to fund and appoint a Chief Pharmacist to be embedded within the Department of Health to improve the Government's coordination and responsiveness to medication issues within Australia's complex healthcare system.

The Australian public receives pharmacist services via a complex system that includes community pharmacies, hospital pharmacies, residential care and independent consulting practitioners. This system involves interactions between federal and state/territory funding schemes and input from pharmacists in disparate roles throughout the healthcare infrastructure.

Commonwealth and State/Territory Governments are undertaking reform in areas such as primary health care, mental health and chronic disease prevention. Pharmacists, being the most accessible health professional, are suitably equipped to support and progress these reforms consistent with Governments' objectives.



This role, similar to roles of the Chief Medical Officer and Chief Nursing and Midwifery Officer, would provide high-level advice on issues relating to the profession and quality use of medicines. The position would serve as the Government's principal advisor on all matters related to pharmacy and pharmacist services, and the quality use of medicines. The role would incorporate:

- » Provision of high-level, high-calibre and independent advice on workforce and workforce issues, pharmacist practice, actual and potential contribution of pharmacists to address existing and emerging health priorities
- » Clinical leadership across the Department and sector to support the design, planning, implementation and evaluation of health service delivery
- » Leadership of strategies of national significance to pharmacists, such as the National Medicines Policy, Strategy for the Quality Use of Medicines, antimicrobial stewardship, opioid stewardship and digital health
- » Participation in the formulation and implementation of policy, strategic direction and initiatives which support the delivery of care and achieving government health objectives.

The Chief Pharmacist would provide a link between regulation, programs, funding and infrastructure, with a clear responsibility of coordinating all relevant segments of the Department with the pharmacy community and fostering the collaboration of the pharmacy sector with other health professions within Australia. The Chief Pharmacist would liaise with all the contact points within the Government and/or Department of Health, and provide advice to the Government and Ministers in support of policy development, planning and implementation of health service reform agendas.

Benefits for a Commonwealth Chief pharmacist



Better coordination of government health policy and programs, particularly those relating to the use of medicines



Provide high level insight and coordination of government programs that utilise pharmacists to improve Quality Use of Medicines



Provide advice to government on how to achieve the objectives of the National Medicines Policy

Close the gaps between pharmacist care and Aboriginal and Torres Strait Islander Health Services



Without improved medicine information and increased medication adherence, it is likely that chronic disease for Aboriginal and Torres Strait Islander people will remain poorly controlled and morbidity and mortality rates will remain high. Medication non-adherence is complex and multifactorial, and pharmacists make a significant contribution supporting adherence through assessing individual needs and tailoring solutions to specific needs of consumers.

The range of pharmacist services funded under successive Community Pharmacy Agreements provides valuable care and support for safe and effective use of medicines by Australians. However, more must be done to overcome the disparities in health outcomes and access to care by Aboriginal and Torres Strait Islander people, including the support and care available from Australia's 31,000 pharmacists.

Evidence suggests that a key enabler of improving the provision of care by pharmacists to Aboriginal and Torres Strait Islander people is an effective, collaborative connection between community pharmacy and Aboriginal Health Service teams. A study examining the perspectives of AHS health professionals on the Home Medicines Review (HMR) program identified a number of barriers to the provision of reviews to Aboriginal and Torres Strait Islander clients.¹⁹ The study recommended changes to the HMR model to make it more effective and culturally appropriate, and enhancing pharmacist-AHS relationships through embedding a pharmacist within the AHS team, and/or through the AHS acting as a trusted conduit to pharmacist programs such as HMRs.

Poor adherence to prescribed medicines is well-documented and associated with adverse health outcomes in all population groups. Specific evidence on adherence rates is limited, however as with many patient populations, suboptimal medication adherence means that Aboriginal and Torres Strait Islander people do not obtain the full benefit of medication treatment.¹⁷ Social circumstances and cultural deficiencies in health services and systems, can mean that Aboriginal and Torres Strait Islander people often face even greater challenges in medicine management than non-Indigenous Australians.¹⁷

Aboriginal Health Services (AHSs) play a vital role in the primary health care of Aboriginal and Torres Strait Islander people. AHSs provide an appropriate model of care that allows multidisciplinary health services to provide flexible, accessible, and trusted approaches to address the healthcare needs of Aboriginal and Torres Strait Islander people.¹⁸

To enhance efforts in Closing the Gap in disparities of health outcomes and access to care, including services supporting the safe and effective use of medications, PSA calls on Government to invest in Aboriginal and Torres Strait Islander health by:

- » **Guaranteeing continuation of funding** of the 22 sites currently participating in the Integrating Pharmacists within Aboriginal Community Controlled Health Services to improve Chronic Disease Management (IPAC) trial, through to June 2020.
- » **Removing the existing restrictions** on the monthly maximum number of pharmacist delivered medication management reviews such as Home Medicines Reviews (HMRs) and MedsCheck. These programs evaluate and optimise medication treatment, and support education, understanding and adherence to medication treatment. In order to offer more equitable care, PSA believes that reviews provided to Closing the Gap (CTG) registered clients should NOT contribute to the monthly cap.
- » **Funding of a 'wrap-around' medication management program** analogous to the Community Pharmacy in Health Care Homes Program.²⁰ Such a program would facilitate more effective collaboration between AHSs and local community pharmacies, by providing allowances for flexibility in service delivery, so pharmacists could work closer with AHSs to support better access to pharmacist care programs.
- » **Providing a funding supplement for AHSs to be able to specifically engage a pharmacist** who can provide education and training, clinical governance and/or patient-level activities that are most appropriate to their local needs. As community pharmacies already exist locally to AHSs, consideration should also be given to supporting capacity for the community pharmacy to extend their services from within AHSs, should this be desired by the AHS.
- » **Incorporating pharmacists in the list of eligible allied health professionals** able to provide allied health services under the Medicare Benefits Schedule to people of Aboriginal and Torres Strait Islander descent.

Benefits: Aboriginal and Torres Strait Islander Health

-  Reduced burden of chronic disease for Aboriginal and Torres Strait islander people
-  Improved medication use and reaching of treatment targets
-  Improved system level use of medicines within Aboriginal Health Services
-  Improved coordination of care for Aboriginal and Torres Strait Islander people

Add pharmacists to the list of eligible allied health professionals that can deliver MBS services to patients with chronic diseases under the allied health chronic disease management items



health professionals allows the general practice to decide what health professionals would be best suited and supported within the practice. This approach gives flexibility to the general practice to consider their current skill mix in a way which supports the delivery of patient centred care to meet local needs.





PSA contends that this should also be applied to the inclusion of pharmacists as Eligible Allied Health Providers under the Chronic Disease Management (CDM) items for patients with chronic disease and a CDM Plan. The CDM services is an example of a service funded through the MBS which represents high value care for patients with chronic medical conditions and complex care needs; however, this service could be better utilised with the inclusion of pharmacists as eligible allied health professionals.

At present, under MBS Items 10950 – 10970 *People with Chronic Conditions and Complex Care Needs*, a GP may call on the specialist skills of an allied health professional through the CDM service to help them meet patient needs. Pharmacists are currently the **only AHPRA registered allied health professional** who are not eligible to provide allied health services through the CDM services.²¹ Given the central role of medicines in the care and treatment of patients with chronic medical conditions and complex care needs, this exclusion doesn't make sense. The exclusion places patients at risk of medicine misadventure and poorer health outcomes.

The PSA strongly believes pharmacists are pivotal as medicines experts in improving patient health outcomes. As such, the addition of pharmacists to the list of eligible allied health professionals that could be referred to for services under the Chronic Disease Management (CDM) items of the Medicare Benefits Schedule (MBS) is a logical step. Under the Workforce Incentive Program, designed to strengthen team-based and multidisciplinary primary care, eligible general practices will be able to employ a practice-nurse, allied health professional or a non-dispensing pharmacist within their general practice. The inclusion of non-dispensing pharmacists to the list of eligible

Adding pharmacists to the list of eligible allied health professionals would have minimal, if any, impact on the budget for those MBS items as GPs can only refer up to a maximum of 5 items within a 12 month period. However, inclusion of pharmacists as eligible allied health professionals would enable greater flexibility for the GP to decide which allied health skill set would best help the patient with their chronic disease management.

Benefits: Pharmacists participation in chronic disease management items

-  Reduced burden of illness for patients with chronic disease
-  Improved medication use and reaching of treatment targets
-  Reduced adverse events and improved medication safety for patients with chronic disease
-  Improved coordination of care for patients with chronic disease

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