

**SUBMISSION TO THE
NATIONAL PREVENTATIVE HEALTH TASKFORCE**

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Background	3
This submission	3
The pharmacy profession	3
Quality use of medicines (QUM) policy.....	3
Accessibility to trained health professionals	4
Consumer and public focus.....	5
Benefits of involving pharmacists.....	5
How PSA (and pharmacists) can assist the Taskforce	6
Pharmacy Self Care (PSC) Program	7
Health education in the workplace	7
Evaluation and research	8
Specific preventative health areas	8
Weight management.....	8
Smoking cessation	9
Falls prevention.....	10
Other prevention activities.....	10
National Prevention Agency	10
Summary	11
Annex A Preventative health and chronic disease research: Examples of community pharmacy based projects	12
Annex B Preventative health initiatives: examples of PSA programs and resources	13
Annex C Selected PSA resources in the area of overweight and obesity	18
Annex D Selected PSA resources in the area of tobacco control	42
Annex E Selected PSA resources in the area of illicit substance use	69
Annex F Selected PSA resources in other preventative health areas (including medicines use and chronic conditions)	179

BACKGROUND

1. The Pharmaceutical Society of Australia (PSA) is the national professional organisation representing pharmacists in all areas of professional practice. The 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 promotion programs and resources.

2. PSA notes that total expenditure on health goods and services in Australia reached \$94 billion (or \$4,507 per person) in 2006–07 with the Australian Government contributing \$40 billion (42%).¹ Such expenditure is likely to continue to increase with an ageing population, advances in medical science and technology, and higher incidence of chronic diseases. PSA therefore appreciates there is an imperative for health policy makers and health professionals to work together to derive even greater 'value for money' for health care delivery particularly in terms of efficiency, innovation, sustainability and outcomes.

THIS SUBMISSION

3. PSA commends the discussion paper, *Australia: the healthiest country by 2020*, released by the Preventative Health Taskforce. We note the goals identified in the priority areas are challenging but necessary and agree with the overall plan and direction being proposed. We also recognise that a piecemeal or single project approach will not have the impact the Taskforce is seeking. We agree that a collaborative approach with suitable coordination through the Taskforce will be a key focus in achieving the desired outcomes.

4. PSA sees significant scope for the pharmacy profession to contribute to the Taskforce's proposed actions and to be part of the solutions on preventative health. In this submission, PSA has provided comments and information on the three immediate priority areas, obesity, tobacco and alcohol. We have also included information on other areas of preventative health which fall within the scope of pharmacy practice and where PSA believes the profession can contribute to assist the Taskforce in subsequent phases of work.

5. PSA seeks to establish effective and sustainable partnerships with the Australian Government and other stakeholders to develop and implement programs and services in preventative health areas for the benefit of all Australians.

THE PHARMACY PROFESSION

Quality use of medicines (QUM) policy

6. Pharmacy practice in Australia is firmly underpinned by Australia's policy on Quality Use of Medicines (QUM).² Briefly, the elements of the policy are to:

- a. Select management options wisely by: considering the place of medicines in treating illness and maintaining health; and recognising that non-drug therapies may be the best option for the management of many disorders.

¹ Australian Institute of Health and Welfare. Health expenditure Australia 2006–07. Health and Welfare Expenditure Series no. 35. Cat. no. HWE 42. Canberra: AIHW; 2008.

² Australian Government Department of Health and Ageing. The national strategy for quality use of medicines: Executive summary. Canberra: Commonwealth of Australia, 2002.

- b. Choose suitable medicines, if a medicine is considered necessary, so that the best available option is selected by taking into account: the individual; the clinical condition; risks and benefits; dosage and length of treatment; any co-existing conditions; other therapies; monitoring considerations; and costs for the individual, the community and the health system as a whole.
- c. Use medicines safely and effectively 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.

7. In the context of this policy, the role of pharmacists relates not only to medicines use and management but also in providing advice on non-drug management where appropriate, providing support and information, and working across the whole spectrum of health from maintenance of good health to management of ill health.

Accessibility to trained health professionals

8. Pharmacists are one of the most accessible and trusted health professionals.³ While their primary expertise revolves around medication management issues, pharmacists also have training and good grounding in broader health and scientific issues. Pharmacists are ideally placed to offer healthy lifestyle advice to consumers, not only when dispensing their prescriptions but when dealing with requests for non-prescription products or treatment of minor ailments.

9. While community pharmacy represents the major sector of the profession, the demand for pharmacists' expertise means that many pharmacists work in multiple sectors. For example, a pharmacist employed in the pharmaceutical industry may work part-time in community pharmacy, or a community liaison pharmacist would work in hospital and community pharmacies and particularly at the interface of the two sectors.

10. In Australia there is a well established network of community pharmacies to support equitable access for Australians to medicines, health information and professional advice, in most cases without the need to make an appointment. There are approximately 5,000 community pharmacies with each pharmacy serving on average a community of 4,000 people. It has been quoted that every person in Australia visits a pharmacy on average 14 times a year. This equates to several hundred million intervention opportunities per year. At these visits, pharmacists and their staff regularly perform brief interventions which can involve general health advice but also more in-depth discussions on preventative health topics.⁴

11. It is PSA's experience that the expertise of pharmacists and their accessibility to consumers are often overlooked by health policy makers. One of the reasons for this may be the perception that the role of pharmacists is locked into the traditional community pharmacy model of dispensing prescriptions and supplying medicines. PSA continues to support the existing remuneration model through pharmacies approved to supply pharmaceutical benefits on the basis that it provides a solid foundation for an effective and accessible network of community pharmacies.

12. However, PSA contends that the Taskforce must not overlook the significant opportunity that resides in the existing community pharmacy network and infrastructure and should utilise the expertise of pharmacists in preventative health areas and chronic disease management widely and more effectively. While this is not a new role for

³ Roy Morgan. Images of professions [survey]. 8 April 2008.

⁴ See for example: www.pharmacyhealthlink.org.uk

pharmacists, as shown later in this submission, at present these activities are undertaken in an ad hoc manner due to the absence of appropriate resourcing and effective coordination.

Consumer and public focus

13. Professional pharmacy practice revolves around consumer-focused care. Pharmacists recognise the importance of respecting the consumer's choice in the management of their own health as well as the principle of shared responsibility in health care. Pharmacists work in partnership with consumers to empower them and assist consumers when needed to maintain health.

14. The contribution of pharmacists is not confined to one health sector or one population group. Pharmacists participate in the acute care sector and in the community, for the management of chronic conditions and treatment of minor ailments, and provide care for young and old.

15. The role of pharmacists is extremely diverse as they are involved in population level education and awareness campaigns as well as targeted or tailored interventions for individuals. Pharmacists engage and interact with consumers about a wide spectrum of health care needs ranging from prevention, early detection and screening stages through to treatment and palliation.

Benefits of involving pharmacists

16. PSA would suggest to the Taskforce that the community pharmacy sector is an excellent environment to host preventative health initiatives, as demonstrated both in Australia and internationally.⁵ The sector offers a cost effective channel for the dissemination of key public health messages as it combines local accessibility, immediate access to health professional advice, availability of therapeutic products, and high quality professional service. All pharmacies are able to provide some form of basic intervention.

17. Given the right resources and support, PSA believes one of the strengths of pharmacists is that they are a trusted and effective resource for disseminating community wide messages. Consumers are receptive to health messages issued through pharmacies, and the visibility and accessibility of pharmacies often encourage consumers to obtain more information. Pharmacists are further able to tailor those messages for individual consumers who seek follow-up advice.

18. PSA notes the Taskforce has suggested the use of national media advertising as an option for the dissemination of public health campaigns and messages. We would strongly encourage the Taskforce to consider the use of Australia's community pharmacy network as an additional vehicle to disseminate the same messages simultaneously for the reasons outlined in the two previous paragraphs. Community pharmacists will attest to strongly that following a media story on a health issue or medicine, many consumers use pharmacies as their first port of call to seek clarification about the story or to obtain additional information.

19. PSA also believes the extensive network of community pharmacies can be more effectively utilised to deliver health initiatives to rural and remote Australians. A recent report⁶ highlighted some gaps in the health of Australians living in rural and remote

⁵ See for example Annex B and www.pharmacyhealthlink.org.uk

⁶ Australian Institute of Health and Welfare. Rural, regional and remote health: indicators of health system performance. Rural Health Series no. 10. Cat. no. PHE 103. Canberra: AIHW; 2008.

areas. For example, people in remote areas had higher rates of hospitalisation than those living in major cities. PSA believes community pharmacy is an ideal vehicle to help address the health care needs of rural and remote Australians at an earlier (less acute) stage.

20. The pharmacy profession also has experience in delivering higher level interventions, for example, Government funded professional pharmacy services such as Home Medicines Reviews (HMRs)⁷ and Residential Medication Management Reviews (RMMRs).⁸ These involve additional education, training and credentialing for which the profession already has established processes. Additional pilot programs currently in progress include the Diabetes Medication Assistance Service (DMAS) and Pharmacy Asthma Management Service which are funded through the Fourth Community Pharmacy Agreement between the Australian Government and The Pharmacy Guild of Australia. Examples of other relevant research currently in progress are summarised in Annex A.

HOW PSA (AND PHARMACISTS) CAN ASSIST THE TASKFORCE

21. The pharmacy profession is a group of highly trained health professionals with good public rapport and a strong desire to assist in improving the health of all Australians. PSA strongly encourages the Taskforce to consider utilising pharmacists appropriately for the benefit of the Australian public.

22. One of PSA's core objectives is to ensure the skills of pharmacists are utilised widely and appropriately in all aspects of pharmaceutical use, medication management, health promotion and illness prevention. PSA has the expertise and a well-established Branch network providing education, training, mentoring and practice support to pharmacists. PSA has an excellent track record (see Annex B) in delivering comprehensive, high quality resources in a timely manner.

23. PSA's primary role is to provide initial and ongoing education, training and practice support tools for pharmacists and pharmacy staff. PSA has the expertise to provide information and resources for all pharmacists providing basic interventions, as well as higher level education, training and support for initiatives which may require credentialing of pharmacists.

24. In models where credentialing of pharmacists is required, PSA has an established and formal relationship with the Australian Association of Consultant Pharmacy (AACP). PSA is in fact a joint owner, with The Pharmacy Guild of Australia, of AACP which was established in 1992. Currently AACP is the major accreditation and credentialing body approved by the Australian Government Department of Health and Ageing for professional pharmacy services which are remunerated separately from the supply of medicines, for example, HMRs, RMMRs and DMAS.

25. PSA places a high priority on establishing successful and ongoing partnerships with external stakeholders including other pharmacy organisations, Government, other health professionals and consumer groups. We place high importance on collaboration as we believe it facilitates the delivery of products and resources of the highest quality and rigour. We are also committed to an evidence-based approach and to consultation and evaluation.

26. PSA also has links to other pharmacy sector organisations through ongoing partnerships and alliances. One example is the Medicines Partnership of Australia

⁷ More information can be found at www.medicareaustralia.gov.au/provider/pbs/fourth-agreement/hmr.jsp

⁸ More information can be found at www.medicareaustralia.gov.au/provider/pbs/fourth-agreement/rmmr.jsp

(MPA) which is an alliance of peak industry associations⁹ representing key members in the supply chain that deliver medicines and pharmacy expertise to Australian consumers.

Pharmacy Self Care (PSC) Program

27. One of PSA's programs which recognises and supports the value and opportunity for pharmacists to encourage consumers to better manage their own health is the reputable Pharmacy Self Care (PSC) Program.¹⁰ This is a voluntary membership based program for pharmacies. The Program recognises that the whole pharmacy (not just individual pharmacists) and health care team have a role in self care and self management.

28. The PSC Program provides education modules and health campaign tools for pharmacists and pharmacy assistants, as well as health information resources for consumers. At present there are approximately 1,800 member pharmacies. The monthly publication, *inPHARMation* magazine, which contains education modules for pharmacists and pharmacy staff, has a readership of 8,000 pharmacists and over 14,000 pharmacy assistants. PSC resources are also made available to pharmacy students thereby integrating training on preventative health issues early in their careers and to assist the future workforce.

29. While the delivery of core materials and initiatives is limited to PSC member pharmacies, the Program's infrastructure and expertise can be, and have been, used to deliver key health messages, education and resources to all 5,000 community pharmacies. PSA has worked in partnership with the Australian Government and the pharmaceutical industry to deliver messages on topics such as alcohol and health, weight management, smoking cessation, preventing the diversion of pseudoephedrine, safe and appropriate use of generic medicines, antibiotic resistance and chronic obstructive pulmonary disease. Annex B has additional information on selected initiatives.

30. The PSC Program is also highly regarded and accepted by many consumers. We believe that having a link to the Program is one way of enhancing the acceptability by consumers of public health initiatives as many consumers are familiar with the Program and the contribution that their local community pharmacy makes. We would suggest that the Program can provide a valuable strategic link to the national information campaigns proposed by the Taskforce.

Health education in the workplace

31. PSA notes that one of the suggested actions to help reduce the prevalence of overweight and obesity is the establishment of workplace programs to support healthy eating and physical activity. PSA believes it can assist in this area on two fronts.

32. Firstly PSA could develop a setting-based kit which can be implemented by all employers in the pharmacy sector. As the professional organisation for pharmacists we believe this is an important initiative to help instil leadership within the profession. More importantly, we would also envisage that a successful workplace model will potentially have flow-on benefits to consumers and other health sectors.

⁹ Members of the Medicines Partnership of Australia include the following organisations: Australian Self-Medication Industry, Generic Medicines Industry Association, Medicines Australia, National Pharmaceutical Services Association, The Pharmacy Guild of Australia and Pharmaceutical Society of Australia.

¹⁰ More information is available at: www.psa.org.au/psc

33. The second initiative involves the implementation of PSA's PSC Program in the workplace, outside the pharmacy sector. PSA has been approached by a multi-national professional services company to provide online health education for company employees. The potential national rollout of this program is to 6,000 employees. The *Counter Connection* module which is the PSC Program's education component for pharmacy assistants will be modified to have the content set at a learning level that can be easily applied to a general audience. The *Counter Connection* program currently has some 8,000 registered pharmacy support staff 'users' and has been in operation for over 20 years, delivering health education to pharmacy support staff on a monthly basis through both a distance learning and online format.

34. We believe this second initiative demonstrates the value of PSC resources more widely (beyond the pharmacy sector) and are suitable and appropriate for health consumers. Promoting health and educating consumers in this way will help more individuals to be responsible for their own health and will empower them to understand the risks and benefits of a preventative health strategy in the context of their own health.

Evaluation and research

35. PSA has a strong commitment to evaluation and quality improvement with its own initiatives. We note the Taskforce has a strong focus on building the evidence base and monitoring and evaluating effectiveness of actions. The pharmacy profession has a strong pool of practice based researchers and PSA would be pleased to facilitate and support the Taskforce in this regard and take a lead role if deemed appropriate.

SPECIFIC PREVENTATIVE HEALTH AREAS

36. In this section we have expanded on some specific preventative health areas in relation to PSA's role and the involvement of pharmacists.

37. In addition, Annex B provides a table of selected PSA initiatives categorised by prevention area. Selected resources PSA has produced are included in subsequent Annexes. The examples will provide an overview of the levels of prevention and types of activities that pharmacists are already involved in. They will also illustrate the suite and quality of resources that PSA has the ability to deliver to support the profession and to facilitate the delivery of key health messages for government and other stakeholders. PSA would be pleased to provide any additional materials not included in this submission to the Taskforce.

Weight management

38. Consumers who have an interest in maintaining a healthy weight will often consult a pharmacist for dietary or lifestyle advice. The provision of basic health information and advice is a routine occurrence in community pharmacy.

39. For more targeted interventions, the accessibility of community pharmacists is a significant facilitator for consumers who are motivated and ready to seek professional advice on weight management options.

40. Once a person has chosen to participate in a weight management program or activity, pharmacists are often the consumer's preferred health professional for ongoing advice and monitoring because of the access to a trained health professional.

41. Pharmacists can contribute to weight management activities in a number of ways including the following:

- a. Participate in health education and health promotion activities, for example, provide healthy lifestyle information when consumers visit community pharmacies, or participate in public awareness campaigns promoted by PSA's PSC program.
- b. Identify 'at-risk' consumers and provide information and advice tailored for the individual. This may range from providing advice on lifestyle changes and other strategies relating to preventative health care, to referral of high-risk consumers (including those with co-morbidities) to a medical practitioner or other relevant health professional. Community pharmacies are a primary care provider and a key referral point for people in the community.
- c. Provide current, evidence based information on the various prescription and non-prescription weight management products which are available in Australia. Where a person requires medication to manage excessive weight and obesity, pharmacists consider complementary strategies and help the consumer understand that medications are just one component of an overall management plan.
- d. Develop weight management plans (to achieve a healthy weight) in partnership with consumers and other health professionals. It is vital that we recognise the important role that can be played by health professionals in addition to the patient's GP.
- e. Assist people with the management of all of their medicines. This includes medicines required to treat acute conditions as well as those required for the management of chronic conditions which may be related to the person being overweight or obese.

42. In recent years, many community pharmacies have experienced great success with a variety of weight management activities ranging from establishing walking groups¹¹ through to the implementation of comprehensive weight loss programs¹² as part of their pharmacy business. The success of these programs can be attributed in part to the accessibility of community pharmacies to consumers as well as the public's regard for community pharmacies as a place where a comprehensive health service is delivered. We note that these successes have prompted other potential businesses to express interest in working with the community pharmacy sector as it is seen as an excellent environment to host such programs.

Smoking cessation

43. Smoking cessation is another area where pharmacists are making a contribution in assisting consumers to adopt and maintain a healthier lifestyle thereby lessening the burden on existing chronic conditions and potentially reducing risks for future adverse health events.

¹¹ Rieck A, Clifford R, Everett A. Community Pharmacy Weight Management Project. June 2005. Report available at: www.guild.org.au/uploadedfiles/Research_and_Development_Grants_Program/Projects/2006-05-29%20CPWMP%20Final.pdf

¹² Examples include the Tony Ferguson Weightloss Program (www.tonyferguson.com) and the Kate Morgan weight loss program (www.katemorgan.com.au). PSA neither endorses nor has any association with these programs.

44. PSA has been involved in developing various resources including the Gold Standard¹³ which outlines the basic framework for providing smoking cessation services in pharmacy. More information is available in Annex B.

Falls prevention

45. PSA has produced resources to assist pharmacists to provide education to residential care nurses, carers and the community, with the aim of promoting the quality use of medicines in falls prevention to improve the quality of life of residents and community members. The materials enable pharmacists to deliver presentations to assist staff in residential aged care facilities to use practical strategies and interventions, including minimising risk to prevent falls in their facility, increased awareness of issues implicated in falls, and understand the benefits of ongoing medication management.

Other prevention activities

46. The following are examples of preventative health areas that PSA believes the pharmacy profession has the capacity to contribute to and therefore warrant further consideration. Some are areas in which pharmacists in Australia and overseas already deliver services through pilot programs or fully funded services.

- a. Conduct screening activities for National Health Priority Areas (e.g. osteoporosis screening) and other areas (e.g. the Rotary Bowelscan Program)¹⁴ 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. These types of activities will benefit greatly from planning and oversight by a national agency in partnership with PSA.
- b. Heart checks targeting particular age groups to identify people at risk of vascular disease.¹⁵
- c. Influenza vaccinations and other immunisation activities.
- d. 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.

NATIONAL PREVENTION AGENCY

47. PSA supports the establishment of a National Prevention Agency and agrees it will be an essential component for leadership, coordination and effective action. PSA would welcome the opportunity to work in partnership with the Agency and other stakeholders. PSA would also strongly suggest that pharmacy expertise should be included in the operation of the Agency and we would be pleased to facilitate nominations from the profession if that is deemed to be useful and appropriate.

¹³ Pharmaceutical Society of Australia, The Pharmacy Guild of Australia and Pharmacia Australia Pty Limited. The gold standard: a practical guide to providing smoking cessation services in pharmacy. 2002.

¹⁴ The Rotary Bowelscan Program aims to develop community awareness of the nature of bowel cancer and provide earlier detection of potential or actual bowel cancer. Consumers obtain the kits from participating community pharmacies and return the kits to the pharmacy for pathology testing.

¹⁵ For example the "Know your numbers" campaign – see www.strokefoundation.com.au/know-your-numbers

SUMMARY

48. The pharmacy profession and PSA are well placed to contribute to the Taskforce's priorities and actions. Pharmacists are well equipped to participate in the dissemination of important messages about preventative health to the community and to follow-up with individual interventions to complement the role of medical practitioners and other health professionals. PSA has well established programs and resources which can be used and/or adapted to implement preventative health programs and deliver key initiatives and messages in a timely manner to meet the objectives of the Taskforce.

49. The pharmacy profession must be an integral part of delivering cost effective solutions and preventative 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 preventative health initiatives.