



SHPA response to Commonwealth Government COVID-19 Response Inquiry, November 2023

The Society of Hospital Pharmacists of Australia (SHPA) is the national, professional organisation for the 6,100+ Hospital Pharmacists, and their Hospital Pharmacist Intern and Hospital Pharmacy Technician colleagues working across Australia's health system, advocating for their pivotal role improving the safety and quality of medicines use. Embedded in multidisciplinary medical teams and equipped with exceptional medicines management expertise, SHPA members are progressive advocates for clinical excellence, committed to evidence-based practice and passionate about patient care.

SHPA welcomes the opportunity to respond to the Commonwealth Government COVID-19 Response Inquiry. As the peak body representing hospital pharmacists in Australia, SHPA and its members are proud to have played a significant role in responding to the impact of the COVID-19 pandemic on the Australian healthcare system. SHPA was proud to be the only pharmacy organisation represented on the National COVID-19 Clinical Evidence Taskforce and believes that involving pharmacists in the implementation and development of clinical guidelines is critical to the appropriate clinical management of any future pandemic.

Hospital pharmacists have played a critical role throughout COVID-19 pandemic, operating the logistics of, and making up vaccine doses for state-run mass vaccination clinics during 2021, and supplying and dispensing vital COVID antiviral treatments from the National Medical Stockpile for the prophylaxis and treatment of COVID-19.

The leadership of the Therapeutic Goods Administration (TGA) during the global pandemic period has played a vital role in connecting stakeholders in areas of medicine supply, pharmacy, and healthcare, addressing traditional gaps in policy and regulatory cohesion. Despite this, the Australian Government's response to the pandemic also highlighted existing weaknesses in medicine supply and access.

While early discourse around hospital capacity to support mass surges of intensive care unit (ICU) presentations were framed around the access to vital medical equipment such as ventilators, there was not commensurate discussion and alarm around all the essential medicines required to support people on ventilation, such as neuromuscular blockers and sedative agents for intubation of patients.

These challenges faced by Australian hospitals were previously discussed in *SHPA's submission to Senate Inquiry into the Australian Government's response to the COVID-19 pandemic*,¹ which would be relevant to this submission. These findings were supported by *SHPA's COVID-19 Hospital Pharmacy Capacity Snapshot Series* report² which lasted for five weeks between April – May 2020, when the entire world was experiencing or preparing for mass surges in intensive care hospital activity that had not been experienced before.

The lessons learned for hospitals and other key stakeholders from navigating the COVID-19 pandemic will help improve Australia's preparedness for future pandemics and public emergencies. This submission will discuss factors that contribute to hospital preparedness and capacity to respond to public emergencies and the importance of effective information sharing in strengthening Australia's pandemic response.

If you have any queries or would like to discuss our submission further, please do not hesitate to contact Jerry Yik, Head of Policy and Advocacy on jyik@shpa.org.au.



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Strengthening support for hospitals to drastically scale operations during pandemic response

As captured by *SHPA's COVID-19 Hospital Pharmacy Capacity Snapshot Series*, the single largest concern experienced by Directors of Pharmacy, Chief Pharmacists and SHPA members nationally was the immense difficulty experienced by hospital pharmacy departments to provide critical medicines for the anticipated surge of patients requiring ventilation in intensive care units.² While the release of modelling and collaborative efforts between federal and state governments enabled Australian hospitals to rapidly increase the number of their ICU beds by 250%, consideration of medicines required to use these beds were unfortunately not prioritised. These medicines included, but were not limited to:

- propofol – induction agent for intubation, sedative agent for ventilation
- cisatracurium, atracurium, rocuronium, vecuronium, pancuronium – neuromuscular blockers to facilitate intubation and ventilation
- midazolam, fentanyl – induction agents for intubation, sedative agents for ventilation

Lack of transparent communication between medicines manufacturers and wholesalers and the jurisdictional governments or hospitals eventually led to unreasonable restrictions being placed on hospital orders to prevent 'stockpiling', with manufacturers determining supply based on 'historic' orders. In an evolving landscape of a global pandemic, it would be inappropriate to rely on historic orders to inform supply decisions. Furthermore, 'stockpiling', a terminology used to describe unnecessary compiling of resources, did not accurately describe the actions of hospitals seeking to obtain critical medicines necessary to treat patients in an anticipated volume requested by jurisdictional preparedness plans.

The ability of hospitals to rapidly scale up and down operations in response to the dynamic nature of the pandemic remains a critical aspect of an effective healthcare system. SHPA recommends that the Australian Government utilise policy and regulation to ensure that Australia's medicines supply system is strengthened to reduce the chance that Australian hospitals are left at risk of undersupply of key medicines during a global pandemic. *SHPA's Pharmacy Forecast Australia 2021* report discusses potential policy frameworks which the Australian Government can pursue to strengthen Australia's medicines supply chain.³

The learnings from this experience also highlights the need for enhanced collaboration with relevant stakeholders to establish a centralised system for managing and distributing critical pharmaceutical supplies during emergencies. In this respect, SHPA welcomes the Australian Government's plans to establish the Australian Centre for Disease Control as part of improving a nationally coordinated response to public health emergencies.⁴ Looking forward, this establishment will support Australia's pandemic preparedness and operational response capacity, as well as improve governance arrangements across all levels of government.

Ensuring hospital pharmacy representation in key committees involved in medicines use during pandemic response planning

SHPA was pleased to be able to participate and provide valuable information to the Medicines Shortages Working Party (MSWP) convened by the TGA to discuss medicines shortages during the pandemic. While the MSWP comprised of representatives from the TGA, pharmacy associations, medical associations, and the pharmaceutical sector, a subset of this committee specifically formed to address the management of available stock did not involve pharmacy representation.

This may have contributed to the implementation of a strategy which relied heavily on 'historic' supply and existing customer relationships with wholesalers. Greater understanding of hospital procurement through hospital pharmacy representation on this committee could have provided more useful insight into effective resource allocation and early identification of problems that may arise with a blanket policy of 'part' or 'back-ordered supply'.

Lack of pharmacist representation was also noted in key specialist committees advising on the use of vaccines such as the Australian Technical Advisory Group on Immunisation (ATAGI) recommendations.⁵ This weakness was demonstrated by the early confusion of pharmacy stakeholders regarding what type of syringes or needles they required to draw up vaccines, to ensure that the entire vaccine dose could be delivered, and subsequently how to source these vaccine consumables as they were understandably highly sought after globally.



SHPA recommends that during an emergency, any strategic restrictions of medicine supply are determined in collaboration with government and hospital representatives to avoid negative unintended consequences and that these restrictions are effectively communicated to all affected parties. This may also benefit from increased transparency of medicine stocks held in hospitals to enable smoother coordination of stock movement if required.

Supporting the use of modelling to inform medicines supply requirements during pandemic response

As COVID-19 cases began to ramp-up, disruptions to medicine supply chains and subsequent medicines shortages impacting access to critical and life-saving medicines required in ICUs led to panic across all hospitals in Australia. Hospital pharmacists across the nation took it upon themselves to identify essential medicines and develop modelling to indicate the minimum quantities necessary based on the government's projected COVID-19 cases, and to procure them.

Whilst the modelling of medicines requirements in hospitals were addressed by the specialist skills of hospital pharmacists, this created an additional burden for individual hospital pharmacy departments who were already experiencing workforce pressures with the surge in COVID-19 cases impacting their staff and workload.

The availability and continued revision of modelling of medicines during pandemic planning is crucial to ensuring adequate medicines access for ongoing treatments of patients. SHPA recommends that the Australian Government recognises the importance of modelling to inform medicines requirements and its workforce impacts during pandemic responses, and adequately support hospital pharmacy workforce capacity, who are vital to future pandemic planning.

Improving transparency regarding the role of Australia's strategic medicine reserves

Australia holds a National Medical Stockpile with a limited quantity of pharmaceuticals, vaccines, and antidotes for use during public health emergencies. During the pandemic, the lack of transparency regarding its existence, contents, and access requirements of this national resource limited hospitals in ensuring adequate medicines access, particularly those required to support ventilation of critically ill patients, and prevented effective resource allocation during the pandemic.

Inconsistencies in the availability of information relating to jurisdictional medicine reserves were also present. While most Directors of Pharmacy participating in *SHPA's COVID-19 Hospital Pharmacy Capacity Snapshot Series* report responded to being aware of the existence of jurisdictional medicine reserve by mid-May 2020, 57% of responders were not aware of the extent of this reserve and 75% were not confident that it would meet the demands in the event of their planned-for surge scenario.²

We need greater exchange of information and collaboration between governments responsible for health care, and improved leadership and governance to prepare Australian hospitals for future response to pandemics and public health crises. In future, it would be valuable if the Australian Government increased the information available regarding national and jurisdictional medicine reserves during non-pandemic periods so that protocols for access during pandemics are well understood.

Attachments

- SHPA submission to Senate Inquiry into the Australian Government's response to the COVID-19 pandemic
- SHPA COVID-19 Hospital Pharmacy Capacity Snapshot Series

References

¹ The Society of Hospital Pharmacists of Australia. (2020). SHPA submission to senate inquiry into the Australian Government's response to the COVID-19 pandemic. Available at: https://prod.shpa.bond.software/publicassets/efff7c65-a187-ec11-90fc-00505696223b/shpa_submission_to_senate_inquiry_into_the_australian_governments_response_to_the_COVID-19_pandemic.pdf

² The Society of Hospital Pharmacists of Australia. (2020). COVID-19 Hospital Pharmacy Capacity Snapshot Series Final Report May 2020. Available at: https://shpa.org.au/publicassets/6da941d0-de53-ec11-80dd-005056be03d0/shpa_COVID19_hospital_pharmacy_capacity_snapshot_series_final_report_may_2020.pdf

³ The Society of Hospital Pharmacists of Australia. (2021). Pharmacy forecast Australia 2021, June 2021. Available at: https://shpa.org.au/publicassets/89ea30be-de53-ec11-80dd-005056be03d0/pharmacy_forecast_australia_2021.pdf

⁴ Department of Health and Aged Care. (2023). Australian Centre for Disease Control. Available at: <https://www.health.gov.au/our-work/Australian-CDC#:~:text=On%20Friday%2010%20November%202023.emergencies%20with%20a%20health%20impact>

⁵ The Society of Hospital Pharmacists of Australia. (2023). SHPA submissions to preparing for, and responding to, future pandemics and other international health emergencies. Available at: <https://shpa.org.au/publicassets/6d79118a-5257-ee11-912d-00505696223b/SHPA-submission-to-Preparing-for--and-responding-to--future-pandemics-and-other-international-health-emergencies.pdf>

