SHPA NSW Branch submission to NSW Health Regional Health Plan Consultation (July 2022)

The Society of Hospital Pharmacists of Australia (SHPA) is the national professional organisation for more than 6,100 hospital pharmacists, and their hospital pharmacy intern and technician colleagues working across Australia's hospitals and health system. SHPA is committed to facilitating the safe and effective use of medicines, which is the core business of pharmacists, especially in hospitals. This submission is provided on behalf of the SHPA NSW Branch.

SHPA welcomes the opportunity to provide the following five recommendations to the NSW Health Regional Health Plan Consultation, with a particular focus on Strategic Theme 1, *Strengthening the regional health workforce*:

1. Funding for pharmacists in health services to meet professional standards
2. Internships and Residency Programs for pharmacists in rural and regional areas
3. Development of hospital pharmacy technician workforce
4. Specific funding and allowances for professional development, education, and training
5. Expansion of scope of practice for technicians and pharmacists

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.

1. Funding for pharmacists in health services to meet professional standards

Hospital Pharmacists as medicines experts operatively manage and clinically ensure the safe and effective use of medicines within Australia's hospital system.

There is a current and likely future shortage of suitably trained pharmacists with the capacity and the skills to deliver expert clinical pharmacy services within the NSW healthcare system, especially in regional and remote areas. SHPA recommends investment in Hospital Pharmacist workforce recruitment and retention strategies, to build capacity to deliver care and to attract the best pharmacists across Australia to regional NSW hospitals. Beyond the capacity to deliver safe and quality care to NSW hospital patients, sufficiently staffed Hospital Pharmacy Departments will also have requisite capacity for research, innovation and collaboration, which are aims and values supported by NSW Health.

In 2021, SHPA NSW Branch recognised several NSW hospitals who were shortlisted for the NSW Branch Hospital Team Innovation Award, delivering innovative services such as virtual pharmacy services, using electronic software for chemotherapy dose-banding, reporting of allergies and adverse events as well as medication management services for patients under the Special Health Accommodation service.

The SHPA Standards of Practice for Clinical Pharmacy Services [1] recommends one Hospital Pharmacist to every 20 to 30 patients to ensure safe high-quality medicines management. The value of clinical pharmacy services is well documented in literature, with an Australian economic analysis indicating a $23 return for every $1 spent on clinical pharmacy services. [2] Below are just a few of the core clinical pharmacy services described in the SHPA Standards of Practice for Clinical Pharmacy Services, which many NSW patients miss out on, risking the quality and safety of their care, due to inadequate investment for Hospital Pharmacists.

- taking medication histories and ensuring medications are charted correctly on admission and administered in a timely manner
- regular review of the safety, quality, storage and supply of medications during hospital stay
- review of discharge prescriptions, dispensing sufficient supplies of medications to take home, counselling patients on their medications and communicating changes to primary healthcare providers

- ensuring appropriate follow-up and monitoring of medications post-discharge including in specialised clinics and outpatient services and checking for adverse reactions to medications

Regional NSW hospitals are unable to meet these Standards with current funding levels for pharmacists. In comparison, Victoria, which despite having 25% less hospital inpatient beds, actually has 25% more Hospital Pharmacists than NSW, and is much closer to achieving these standards. According to the Productivity Commission, in 2017-2018, NSW hospital patients were 48% more likely to experience an adverse effect from medicines than Victorian hospital patients, and 29% more likely to experience an adverse effect from medicines than Queensland hospital patients. SHPA therefore recommends that the NSW Government increases funding and Hospital Pharmacist positions in all regional NSW public hospitals to meet staffing ratios in SHPA Standards of Practice for Clinical Pharmacy Services.

2. Internships and Residency Programs for pharmacists in rural and regional areas

In other jurisdictions such as Victoria, there are 100 Hospital Pharmacy intern positions compared to only approximately 35 in NSW. Of these 35 in NSW, the overwhelming majority are in metropolitan areas. NSW Health should increase the number of Hospital Pharmacy Intern positions to 100 positions annually in a staggered manner over three to four years, and subsidise half the costs of Hospital Pharmacy Intern positions for Local Health Districts as undertaken in other jurisdictions. To complement this, through the NSW Ministry of Health and/or Health Education and Training Institute (HETI) should establish a state-wide pharmacy intern recruitment program to assist with efficient recruitment processes.

Investing in intern pharmacists in regional areas creates greater job stability and more opportunities for advancement for current pharmacy staff. It will also increase the pool for internal recruitment, thus reducing recruiting and training costs with a stronger internal pipeline that improves staff retention and advancement.

Creating additional internship positions in NSW's public hospital system will increase the workforce capacity leading to greater capability to recruit for advanced positions and consistent high-quality medicine management for patients in regional NSW hospitals. To improve retention and investment in the clinical pharmacy workforce, more hospital pharmacy internships must be made available for pharmacy graduates to set up career pathway entry points into hospital pharmacy. This workforce strategy has been effective in states such as Victoria, where hospital pharmacy internship positions are approximately half-subsidised by the state government. These intern positions have fostered stability and improvement in hospital pharmacy workforce and service development, with the majority of hospital pharmacy interns finding gainful employment in the public sector following completion of their internship.

Hospital pharmacy departments in NSW frequently experience difficulties in employing and retaining Hospital Pharmacists across generalist and specialist positions due to the high demand for pharmacy expertise in clinical and non-clinical (including government) roles relative to the population.

SHPA has developed the Foundation Residency program and Advanced Training Residency program to support pharmacy workforce development, however NSW hospitals have among the lowest participation rates in the Foundation Residency program to support and train early career Hospital Pharmacists. To capitalise on the current investment of Hospital Pharmacy Interns annually, the NSW government should invest in SHPA Residency programs in regional hospitals to ensure young pharmacists trained by the NSW regional public hospital system remain in this pipeline. The Foundation Residency program can be extended to more regional NSW hospitals, with a select few providing the Advanced Training Residency program.

3. Development of hospital pharmacy technician workforce

Pharmacy technicians are qualified and trained to provide a range of pharmacy services in hospitals. As pharmacists' roles have evolved to allow more time for clinical activities and direct patient care, pharmacy

technician roles have also expanded to support medication management functions on hospital wards. In many states, hospitals have ward-based pharmacy technicians who undertake traditional nursing administrative roles associated with medication storage and supply.

With the current pharmacy workforce retention issues in regional NSW, a stronger pharmacy technician workforce would support the limited number of clinical pharmacists to perform more direct patient care activities that result in improved medication safety and ultimately better patient health outcomes. Expansion of the pharmacy technician workforce also creates career and employment opportunities for the regional population. Currently, a nurse with an undergraduate qualification must perform administrative medication tasks, taking away from direct patient care and other clinical activities. A pharmacy technician holds a TAFE-level qualification (Cert III), creating a career pathway for local people who wish to be involved in medication management, but not undertake an undergraduate pharmacy or nursing degree.

4. Specific funding and allowances for professional development, education, and training

Hospital Pharmacy staff in regional areas are disadvantaged geographically in their limited access to professional development opportunities such as conferences and Continuing Professional Development (CPD) events, which are often interstate or in metropolitan areas. This limited access, coupled with a lack of remuneration for travel, study time and accommodation, can act as a disincentive for people to work and remain in regional areas. The lack of education and training opportunities also contributes to gaps in knowledge, limiting specialist pharmacist roles from being filled adequately.

Specific and adequate professional development allowances should be provided to regional hospital pharmacy staff to ensure that the workforce is not only supported and engaged, but also to retain this highly skilled workforce in regional areas.

5. Expansion of scope of practice for technicians and pharmacists

Technicians

To bring NSW regional hospitals in line with other Australian states and metropolitan areas, it is recommended that there be the implementation of a technician-led bedside medication management (BMM) supply system which will result in safer and cost-saving outcomes by decreasing nursing workforce burdens whilst providing a dedicated quality use of medicines supply focus. This contemporary model of medication management improves overall workforce capacity by reducing burdens upon nursing time, allowing the nursing workforce to focus on more clinical activities, improving patient care and health system efficiencies.

The role of ward-based pharmacy technicians in the BMM model is to co-ordinate and streamline timely supply of medications, coordinate and maintain appropriate storage of medications, as well as to remove ceased and unwanted medications from patient care areas. This ensures cost-saving medication stock management at ward level, cost-savings by the return of unused medicines, timely supply of newly initiated medications, and reduces the risk of administration of expired or incorrect medications. In accordance with NSW Health Regional Health Plan strategic theme 1 to expand the roles of the current health workforce, pharmacy technicians are suitably qualified and trained to provide a range of pharmacy services such as bedside medication supply.

Tech-check-tech is also an example of an activity undertaken by many pharmacy technicians in Victoria, Queensland and in South Australia, to support pharmacists and increase their capacity to perform more clinical tasks. Responsibilities such as these are growing more common and a greater focus is placed on a range of ward-based administrative, supply, technical and cognitive activities under the supervision of a pharmacist.

Pharmacists

Partnered Pharmacist Medication Charting (PPMC)

Innovations such as Partnered Pharmacist Medication Charting (PPMC) services should be expanded across regional NSW to address system wide capacity issues with emergency departments, bed access and flow, and elective surgery waitlists.

In the PPMC model, a pharmacist conducts a medication history interview with a patient; develops a medication plan in partnership with the medical team, patient and the treating doctor, and then the pharmacist charts the patient's regular medications and the doctor charts any new medications.

Using a PPMC model will decrease the burdens upon medical staff and clinical resourcing dedicated to medication charting and increase the through put of patients if medications are already reviewed and charted prior to admission and ready for review by the admitting medical or surgical team. It has also been shown to improve medication safety and patient care.

A Deakin University health economic evaluation[3] of more than 8,500 patients has explored the impacts of PPMC models upon patients in emergency departments and general wards. The economic evaluation also showed a decrease in the proportion of patients with at least one medication error from 19.2% to 0.5% and a reduction in patient length of stay from 6.5 days to 5.8 days. The estimated savings per PPMC admission was $726, which in the replication was a total hospital cost saving of $1.9 million with the five health services involved in the PPMC service continuing their operations.

The decrease in patient wait times in emergency departments and the ability to increase the number of elective surgeries undertaken are essential for a sustainable healthcare model and hospital pharmacists are able to provide clinical expertise and services to achieve these outcomes whilst reducing the administrative and clinical burdens upon the medical workforce.

Embedding Geriatric Medicine Pharmacists in aged care outreach services

As noted in the Royal Commission into Aged Care Quality and Safety: Final Report [4], nowhere is the need for multidisciplinary services more apparent than at the interface between the hospital system and the aged care system. These services are typically hospital-led and, as highlighted in this report, these multidisciplinary teams must include pharmacists. Geriatric Medicine Pharmacists working in collaboration with doctors and nurses, can promptly respond to older people at risk of hospital admission and deliver appropriate care to manage the individual in their place of residence. This service provides better care for the older person whilst placing less strain on hospital emergency departments.

A major risk in the transition of care process is the misalignment of hospital and community services post-discharge. This leaves a gap for patients at a critical time leaving them at risk of medication error or mismanagement and a delay in medication supply, heavily compromising medication safety. If transitions of care are not undertaken properly, patients are at high-risk of readmission to hospital.

Following an inpatient admission, discrepancies in the discharge summary can occur, with the potential for these discrepancies being continued along each step in the transitions of care. An audit at an Australian regional hospital demonstrated that almost half of these discrepancies are attributed to regular medications being omitted.[5] 29% of these had moderate potential clinical significance reiterating that improved communication around changes to medication regimes at transitions of care is essential in preventing harm to older people.

Embedding Geriatric Medicine Pharmacists into broader hospital-based multidisciplinary aged care outreach services can provide better care for older people supporting high-risk transitions of care and reducing hospital readmissions.

References

[1] SHPA Committee of Specialty Practice in Clinical Pharmacy. (2013). SHPA Standards of Practice for Clinical Pharmacy Services. Journal of Pharmacy Practice and Research, 43(No. 2 Supplement), S1-69.
[2] Dooley, M. J., Allen, K. M., Doecke, C. J., Galbraith, K. J., Taylor, G. R., Bright, J., & Carey, D. L. (2004). A prospective multicentre study of pharmacist-initiated changes to drug therapy and patient management in acute care government funded hospitals. British Journal of Clinical Pharmacology, 57(4), 513-521. doi:10.1046/j.1365-2125.2003.02029
[3] Deakin University. (2021). Partnered pharmacist medication charting (PPMC) scaling project. Available at: Partnered pharmacist medication charting (PPMC) scaling project | Safer Care Victoria
[4] Australian Government. Royal Commission into Aged Care Quality and Safety. (2021). Final Report: Care, Dignity and Respect. Volume 1 Summary and recommendations.
[5] Wilkin, M. E., Knight, A. T., & Boyce, L. E. (2018). An audit of medication information in electronic discharge summaries for older patients discharged from medical wards at a regional hospital. Journal of Pharmacy Practice and Research, 48(1), 76-79. doi:10.1002/jppr.1340