SHPA Submission on the Revised Draft - National Medicines Policy September 2022

Section 1. Privacy Information

Question 1.1

Do you consent to the Department collecting the information requested in Citizen Space about you, including any sensitive information, for the purposes of this consultation?

Yes, I consent

Question 1.2

If you consent, the Department may, at its discretion, publish part or all of the information or all of the information provided in your submission on the Department's website and in the Review's Stakeholder Consultation Report (Report). If information from your submission is published, the Department may identify you and/or your organisation as the author of the submission, if you consent to being identified. Please note that your email address will not be published, and responses may be moderated to remove content that is inappropriate/offensive or contains sensitive information. Do you consent?

Yes, I consent

Question 1.3

Please read and agree to the below declarations.
By making a submission, I acknowledge that:

- **I understand that the giving of my consent is entirely voluntary.**
- **I am over the age of 18 years.**
- **I understand the purpose of the collection, use, publication, or disclosure of my submission**
- **Where relevant, I have obtained the consent of any individuals whose personal information is included in my submission, and consent to the Department collecting this information for the purposes outlined in this notice.**
- **I understand that, where I have provided consent to my submission being published, the Department has complete discretion as to whether my submission, in full or part, will be published.**

I have read, understood and consent to the above statements.

Section 2. Introduction

Question 2.1

What is your name?

Jerry Yik

Question 2.2

What is your email address? If you enter your email address then you will automatically receive an acknowledgement email when you submit your response.

jyik@shpa.org.au

Question 2.3

Are you responding as an individual or on behalf of an organisation?

Organisation

Question 2.4

What is the name of your company and/or organisation? (If applicable)

The Society of Hospital Pharmacists of Australia (SHPA)

Question 2.5

Which of the following groups best represents you/your organisation's interest? If you/your organisation belong to more than one, please select the most accurate.

Pharmacists

Question 2.6

May we contact you to ask you for more information, or to seek feedback on how the consultation was undertaken?

Yes

Section 3. Vision, Aim, Scope, Principles and Enablers

Question 3.1 - Vision

The Policy's vision is to 'achieve the best health, social and economic outcomes for all Australians through a highly supportive medicines policy environment.' This vision will be achieved through an effective partnership environment. The vision can be found on page 2.

Using the scale below, please indicate your level of agreement with the Policy's vision.

Strongly agree

Question 3.2 - Aim

The aim of the Policy has been updated to simplify the language and provide clarity to reflect stakeholder suggestions. The Policy's aim is to ensure:

- **Equitable, timely and affordable access to high-quality and safe medicines and medicines-related services for all Australians.**
- **Medicines are used optimally with a focus on person-centred care.**

- **Support for a positive and sustainable environment to drive innovation and research, including translational research, and the development of medicines and medicines-related services.**

The updated aim can be found on page 2.

Using the scale below, please indicate your level of agreement with the Policy's vision.

Agree

You can explain your selection or provide comments in the text box below if you wish (1000 words)

SHPA members would like to see the term 'reliable' added to the first aim so that it aligns with the corresponding central pillar that currently states 'timely, equitable and reliable access.' They would also like consideration to be given to the benefit of having a reference to the term 'quality use of medicines' included in the second aim, i.e., The quality use of medicines (QUM) where medicines are used optimally with a focus on person-centred care.

SHPA supports the Policy's revised aim with the caveat that the Policy should also be updated to reflect and address the following issues.

SHPA highlights that in order for the NMP to be reflective of a national strategy, New South Wales and the Australian Capital Territory should become signatories to the Pharmaceutical Reform Agreements (PRA) to achieve the proposed aim of equity and access to medicines. This ensures a consistent standard of care for vulnerable patients suffering major health events requiring hospitalisation and reducing the need for individuals to immediately seek an appointment with their general practitioner on discharge from hospital to continue receiving vital medicines. Patients being discharged from public hospitals in NSW and ACT are currently supplied 3-7 days' worth of discharge medicines, which contrasts with the other jurisdictions who are able to supply a months' worth of discharge medicines. The expansion of Pharmaceutical Benefits Scheme (PBS) into public hospitals has enabled hospital pharmacists to provide clinical pharmacy activities to patients, investment into specialised pharmacy services, such as pharmacists specialising in oncology, paediatrics, emergency medicine and geriatric medicine. SHPA is pleased that the recently published ACT Health Services Plan 2022-2030 identifies the specific action to "work with the Commonwealth on a Public Hospital Pharmaceutical Reform Agreement for ACT public hospitals" as these programs are necessary to safeguard and maximise the federal government's investment into new PBS medicines that treat complex conditions.

Inequities in remuneration for the supply of PBS medicines to hospital pharmacy departments have downstream impacts on their capacity to deliver comprehensive clinical pharmacy services to patients. The lack of dispensing fees, wholesale mark-ups and administrative handling and infrastructure (AHI) fees means fewer hospital pharmacists are employed to deliver key services to patients that are vital to medication safety and quality use of medicines. This is despite the fact that, according to the Council of Australian Therapeutic Advisory Groups (CATAG), virtually all therapeutically complex and/or new drugs which are listed on the PBS, are first used in hospitals, with 73% used in public hospitals.

Another inequity is the exclusion of public hospitals from participating in the Closing the Gap (CTG) PBS Co-payment Measure (the Measure).

Whilst the Measure provides co-payment relief for concessional patients in the community, Aboriginal and Torres Strait Islander Peoples discharging from hospital are not eligible for co-payment relief and are often discharged without any medicines. SHPA members have observed the need to pay a co-payment per PBS medicine, where treatment regimens sometimes exceed ten medications for complex needs patients, is a significant financial hurdle to many Aboriginal patients. The lack of discharge medicines greatly increases their risk of readmission.

Without access to the Measure, individual hospital policies (which require the charge of a co-payment as specified by PBS legislation) often prevent Aboriginal and Torres Strait Islander Peoples receiving their medicines at discharge to avoid incurring operational costs. If patients are unable or unwilling to pay the co-payment, they must attend a community pharmacy to receive subsidised medicines. Research shows lower medicines adherence, and over a quarter of patients fail to make it to a local pharmacy until days later in order to have their discharge prescription

dispensed. SHPA members note that varying local policies result in further inequities in the Aboriginal and Torres Strait Islander peoples' experience and are counterintuitive to a National Medicines Policy.

SHPA believes that patient-centred care cannot be achieved without recognising 'continuity of care' as part of the NMP's pillars focusing on exchange of health information across transitions of care to facilitate safe and effective medicine use and access.

Medicine use throughout transitions of care is complex with involvement of multiple clinicians at any given time as patients transition between community and healthcare services. Half of all medication errors in hospital occur upon admission, during transfer and on discharge from hospital, 30% have the potential to cause patient harm.

Medication reconciliation by pharmacists remains the most important means of reducing errors in medication use. Pharmacists have demonstrated they possess the skills to obtain the most accurate medication histories compared to other health professionals and are highly valued by doctors as this ensures patients do not unintentionally skip doses of vital medicines when unexpectedly admitted to hospital.

Upon discharge, hospital pharmacists are integral to ensuring continuity of care through providing updated medicines lists for patients. Increasingly, hospital pharmacists are responsible for the medication summary section of patients discharge summaries and integral in providing information to community-based care providers ensuring safe transition back into care.

The Australian Commission on Safety and Quality in Health Care (ACSQHC) in their report on Safety Issues at Transitions of Care recognised transitions of care as a substantial risk of harm to patients including harms directly caused by medication errors. They identified six areas of prioritisation all of which hospital pharmacists are integral to achieving.

- Improvement in person-centred care
- Better responsibility and accountability for communication at transitions of care
- Better engagement of patients in care planning and communications
- Better access to complete and current health and social information
- Better opportunities for medication reconciliation
- Better discharge planning

The Australian Pharmaceutical Advisory Council (APAC) Guiding Principles to Achieve Continuity in Medication Management provides the framework for clinicians on how to provide optimal continuity of care with respect to patient's medicines as they transition between different care settings. However, several challenges facing the hospital pharmacy sector impact on their ability to abide by all the APAC Guiding Principles to Achieve Continuity in Medication Management. These challenges include funding inequities such as lack of dispensing fees, wholesale mark ups and administrative handling and infrastructure (AHI) fees, means fewer hospital pharmacists are employed to deliver key services to patients that are vital to medication safety and Quality Use of Medicines. There is also a workforce maldistribution between metropolitan and non-metropolitan areas, and a significant variation in workforce size and development across different states and territories, which makes it difficult for pharmacy departments to meet published guidelines, professional practice standards and national standards such as the National Safety and Quality Health Services (NSQHS) Standards.

Question 3.3 - Scope

The scope of the NMP has been broadened to include reference to medical devices used in the delivery of medicines and medicines-related services, and the reference to Aboriginal and Torres Strait Islander traditional medicines has been strengthened.

The revised draft NMP refers to:

> ***'medicine' as covering a broad range of products that are used to prevent, treat, monitor or cure a disease or health condition. This encompasses prescription medicines, including biologic and non-biologic medicines, gene therapies, cell and tissue engineered medicines and vaccines, non-prescription products, complementary medicines, and traditional medicines, including Aboriginal and Torres Strait***

Islander traditional medicines. Devices used to administer and monitor the response to medicines are also included.

The term 'medicines-related services' include services and programs that support the quality use of medicines and medicines safety. Examples include medication review services and diagnostic services, including for personalised medicines.

This broad scope ensures the policy can adapt and respond to new and emerging treatment options. It also recognises that the definitions of medicines may vary across Commonwealth, state and territory legislation and regulation. The Policy's principles and Pillars are applicable to all the above products and their clinical use. The Policy's scope can be found on page 2.

Using the scale below, please indicate your level of agreement with the Policy's vision.

Agree

You can explain your selection or provide comments in the text box below if you wish (1000 words)

SHPA supports the expansion of the NMP's current definition to include vaccines, biologics and non-biologic medicines, medical devices used to deliver or administer medicines and its adaptive and responsive scope to include relevant future advanced therapies. SHPA welcomes the inclusion of emerging medicines and technologies such as gene therapies (i.e. chimeric antigen receptor (CAR) T-cell therapy), immunotherapies, and personalised medicine. These emerging technologies are high-cost, complex and have the capacity to revolutionise how genetic diseases, autoimmune diseases and cancers are treated. Given their specialised nature, these therapies are administered in hospitals and sit alongside conventional therapies when treatment options are decided upon, thus it is imperative the entire continuum of medicines and therapies are included under the NMP's consideration.

Rapidly evolving treatment options which have changed the profile of new medicines being brought to market, have increasingly highlighted issues around access and equity. As stated earlier, twenty years ago at the inception of the NMP, new medicines were predominantly small molecules for lifestyle-related non-communicable diseases. In recent years, advancements in medical technology and research have seen more complex and high-cost medicines being brought to market to treat diseases requiring acute hospital or outpatient care, such as cancers, autoimmune diseases and genetic diseases.

However, this support is caveated by the Policy to be updated to reflect and address the following issues.

Public hospitals and hospital pharmacy departments play a crucial role in access to novel, usually high-cost and/or off-label medicines to treat complex and uncommon diseases before these medicines are registered on the Australian Register of Therapeutic Goods (ARTG) and well before they are listed on the PBS. They are also integral to patient access to clinical trials. According to the Council of CATAG, virtually all therapeutically complex and/or new drugs are first used in hospitals, with 73% used in public hospitals.

Due to the complex and specialised nature of these medicines, as well as their cost, patient access to these medicines differs greatly between hospital networks and between jurisdictions. They are subject to various factors including:

- fixed hospital pharmaceutical budget constraints
- varying access to compassionate access schemes
- local Drug and Therapeutic Committee policies and decisions
- access to specialist clinicians
- proximity to large hospitals
- varying out-of-pocket expenses determined by local and jurisdictional policies

This issue of access inequity for new and specialised medicines in hospitals is also explored in Pharmacy Forecast Australia 2021, and calls for structural funding reforms to reduce access inequities and ensure they are fit-for-purpose and sustainable.

SHPA would also like to note that some medical devices contain medicines but appear on the ARTG as medical devices, e.g., lidocaine gel in syringes designed for urethral administration, and antibiotic-impregnated bone cement used in orthopaedic surgery. Consideration should be given to whether these medical devices that contain medicines

should have a separate regulatory category, more clearly incorporated in the medical devices list, or if all lists should be merged into one.

Question 3.4 - Principles

The principles have been refined to include greater detail on what the principles mean in action. Notable changes include:

- **The principle of equity is now 'equity and access'.**
- **Partnership-based and shared responsibility are now one principle.**

Using the scale below, please indicate your level of agreement with each of the Policy's Principles and their descriptions. These can be found on pages 6-7.

Person-centred	Strongly Agree
Equity and access	Strongly Agree
Partnership-based and shared responsibility	Strongly Agree
Accountability and transparency	Strongly Agree
Innovation	Strongly Agree
Evidence-based	Strongly Agree
Sustainability	Strongly Agree

Question 3.5 - Enablers

The NMP influences, and is also influenced by, related policies, programs, and initiatives of the wider health system. The list of enablers were supported by stakeholders and have been updated to reflect feedback, including further clarity under the description of the enabler. The updated enablers can be found on page 7.

Using the scale below, please indicate your level of agreement with the inclusion of each of the Policy's Enablers and their descriptions.

Health literacy	Strongly Agree
Leadership and culture	Strongly Agree
Health workforce	Strongly Agree
Research	Strongly Agree
Data and information	Strongly Agree
Technology	Strongly Agree
Resources	Strongly Agree

Section 4. Central Pillars

Question 4.1 - Pillar 1 – Timely, equitable and reliable access to medicines and medicines-related services, at a cost that individuals and the community can afford.

Using the scale below, please indicate your level of agreement with Pillar 1, including its intended outcome and description.

Strongly Agree

If you should wish to provide additional comments, please use the free text boxes below.

SHPA's support of the intended outcome and descriptions of Pillar 1 is caveated by the Policy being updated to reflect and address the following issues.

As previously mentioned, to meet intended outcome ensuring equity of access to medicines and medicines-related services for all Australians, SHPA believes the Commonwealth should make PRAs uniform policy in Australia and join in PRAs with New South Wales and Australian Capital Territory. This would ensure a consistent standard of care for vulnerable patients suffering a major health event requiring hospitalisation and reduces the need for individuals to immediately seek an appointment with their general practitioner on discharge from hospital to continue receiving vital medicines. Patients being discharged from public hospitals in NSW and ACT are currently supplied 3-7 days' worth of discharge medicines, which contrasts with the other jurisdictions who are able to supply a months' worth of discharge medicines. The expansion of PBS into public hospitals has allowed more hospital pharmacists to be employed to provide clinical pharmacy activities to patients, as well as allow investment into specialised pharmacy services, such as pharmacists specialising in oncology, paediatrics, emergency medicine and geriatric medicine. SHPA is pleased that the recently published ACT Health Services Plan 2022-2030 identifies the specific action to "work with the Commonwealth on a Public Hospital Pharmaceutical Reform Agreement for ACT public hospitals" as these programs are necessary to safeguard and maximise the federal government's investment into new PBS medicines that treat complex conditions.

In order for the NMP to be reflective of a national strategy, New South Wales and the Australian Capital Territory should become signatories of the Pharmaceutical Reform Agreements to achieve the proposed principle of equity and access to medicines.

Another inequity that impacts on the Aboriginal and Torres Strait Islander people, a priority group identified in the Policy, is the exclusion of public hospitals from participating in the Closing the Gap (CTG) PBS Co-payment Measure (the Measure). Whilst the Measure provides co-payment relief for concessional patients in the community, Aboriginal and Torres Strait Islander Peoples discharging from hospital are not eligible for co-payment relief and are often discharged without any medicines. SHPA members have observed the need to pay a co-payment per PBS medicine, where treatment regimens sometimes exceed ten medications for complex needs patients, is a significant financial hurdle to many Aboriginal patients. The lack of discharge medicines greatly increases their risk of readmission.

Without access to the Measure, individual hospital policies (which require co-payment as specified by PBS procedures) often prevent Aboriginal and Torres Strait Islander Peoples receiving their medicines at discharge to avoid incurring operational costs. If patients are unable or unwilling to pay the co-payment, they must attend a community pharmacy to receive subsidised medicines. Research shows lower medicines adherence, and over a quarter fail to make it to a local pharmacy until days later in order to have their discharge prescription dispensed.

Question 4.2 - Pillar 2 – Medicines meet the required standards of quality, safety and efficacy

Using the scale below, please indicate your level of agreement with Pillar 1, including its intended outcome and description.

Strongly Agree

If you should wish to provide additional comments, please use the free text boxes below.

Question 4.3 - Pillar 3 – Quality use of medicines and medicines safety

Using the scale below, please indicate your level of agreement with Pillar 1, including its intended outcome and description.

Strongly Agree

If you should wish to provide additional comments, please use the free text boxes below.

The defunding of NPS MedicineWise and the redesign of the Quality Use of Therapeutics, Diagnostics and Pathology (QUTDP) Program will have significant implications for the quality use of medicines in Australia. The Australian Government must ensure that existing functions continue to be facilitated by an independent body, in order to promote the NMP's quality use of medicine and medicines safety pillar and to ensure a reputable source of information on medicines is available to the Australian public.

Since its inception in 1998, NPS MedicineWise has provided national leadership, education and resources on the quality use of medicines and medicines safety in Australia, working closely with health professionals, consumers and the broader health sector. NPS MedicineWise's programs and resources reach all GPs and one-third of residential aged care facilities across Australia, and have made significant and demonstrable improvements to the health of Australians - including through reducing medicines harm, cancers, strokes and other major cardiovascular events. Recent programs on heart failure, mental health and young people, anticholinergics and falls in older people and chronic kidney disease are amongst the most valued and impactful programs that NPS MedicineWise has delivered.

To inform policies and investments to achieve the objectives of the NMP, consistent and high-quality data on medicines use, medicines-related outcomes and pharmacy services should be collected systematically.

There is no mandatory mechanism to measure or collect data on what extent hospitals are delivering the clinical services described by the SHPA Standards of Practice for Clinical Pharmacy Services to ensure medicines safety and quality use of medicines. The Australasian Clinical Indicator Report has targets however, the NSQHS Standards do not require compliance with these targets for accreditation purposes. Data collection and benchmarking on service provision would allow health policymakers to further understand where service gaps exist and make strong links between how service provision impacts on the quality use of medicines and medicines access around Australia.

At present, the ACSQHC is undertaking the National Baseline Report on Quality Use of Medicines and Medicine Safety, which is focusing on medicines use in aged care and medication safety in vulnerable populations. The possibility of these reports to be expanded to include data collection on the above parameters in hospitals and health services should be explored.

The Commission is also releasing updated Guiding Principles which are essential in supporting national quality use of medicines as depicted in the NMP.

Question 4.4 - Pillar 4 – Responsive, innovative and sustainable medicines industry and research sectors with the capability, capacity and expertise to respond to current and future health needs.

Using the scale below, please indicate your level of agreement with Pillar 1, including its intended outcome and description.

Strongly Agree

If you should wish to provide additional comments, please use the free text boxes below.

Section 5. Partnerships – achieving the NMP's vision and aim

Question 5.1 – Figure 1 – Centrality of individuals, carers, families and communities, and the relationship between the NMP partners

Using the scale below, please indicate your level of agreement with Pillar 1, including its intended outcome and description.

Agree

Question 5.2 – Pillar 1 – Timely, equitable and reliable access to medicines and medicines-related services, at a cost that individuals and the community can afford.

Using the scale below, please indicate your level of agreement with Pillar 1, including its intended outcome and description.

Agree

Question 5.3 – Pillar 2 – Medicines meet the required standards of quality, safety and efficacy.

Using the scale below, please indicate your level of agreement with Pillar 1, including its intended outcome and description.

Agree

Question 5.4 – Pillar 3 – Quality use of medicines and medicines safety

Using the scale below, please indicate your level of agreement with Pillar 1, including its intended outcome and description.

Agree

Question 5.5 – Pillar 4 – Responsive, innovative and sustainable medicines industry and research sectors with the capability, capacity and expertise to respond to current and future health needs.

Using the scale below, please indicate your level of agreement with Pillar 1, including its intended outcome and description.

Agree

Question 5.6 – Governance Framework

The revised draft NMP maintains a description of a governance approach that embraces partnership. It has been updated to be described as a framework to better reflect a governance approach that is focused on co-ordination and shared problem solving and accountability, rather than being prescriptive about specific structures. It also recognises that each partner is responsible and accountable for achieving the NMP's aim and intended outcomes. The Policy's governance framework can be found on page 22.

Using the scale below, please indicate your level of agreement with the Policy's governance.

Agree

You can explain your selection or provide comments in the text box below if you wish (1000 words)

To inform policies and investments to achieve the objectives of the NMP, consistent and high-quality data on medicines use, medicines-related outcomes and medication-related services provided by pharmacies should be collected systematically.

SHPA recommends that there is more engagement, opportunity and resourcing for hospital pharmacy representatives to participate in programs and policies relating to the NMP. This would improve the communication around the NMP and the policies and programs designed to achieve its objectives, where all stakeholders can play an active role in communicating updates to their membership cohorts and professional communities.

In recent years, SHPA has increased the representation of hospital pharmacy stakeholders on the Medicines Shortages Working Party convened by the TGA, the Health Services Medication Expert Advisory Group (HSMEAG) convened by ACSQHC, several NPS MedicineWise committees as well as the Pharmacy Profession Compliance Roundtable convened by the Department of Health. Representation on these groups has informed the work of government to be more aware and understanding of the role of hospital pharmacists and medicines use, and in turn has allowed SHPA to provide timely updates and news to its hospital pharmacist members regarding medicines policy.

Whilst individual healthcare practitioners, federal and state governments are identified, SHPA believes individual healthcare organisations such as hospitals, aged care facilities and general practices are a significant omission as healthcare facilities will often have varying local policies and programs which impact on medicines access and quality use of medicines. As such, they should be explicitly recognised separately as NMP partners.

Each partner should be acutely aware of their role in delivering the objectives of the NMP and be held accountable for their progress and contribution to this with clear recording and reporting on targets and key performance indicators. There also needs to be transparency across partners to build trust and prevent unnecessary duplication. Conflicts of interests should be declared openly and transparently and documented in formal submissions to a governing body for review.

Question 5.7 – Implementation

The revised draft NMP remains consistent with the idea that the NMP functions as a co-ordinating framework that sets out the Pillars and intended outcomes for all partners to work towards. As no single partner is solely responsible for achieving the Policy's aim, its implementation is a collective responsibility that should be documented appropriately at the program level by each partner. This could include better alignment between policy, legislation and regulatory frameworks across different levels of government. The Policy's implementation is outlined on page 22.

Using the scale below, please indicate your level of agreement with the Policy's implementation.

Agree

You can explain your selection or provide comments in the text box below if you wish (1000 words)

SHPA notes the elimination of Figure 3 from this version of the NMP, which demonstrated implementation mechanisms led by the Commonwealth, and included the Pharmaceutical Reform Agreements in the earlier draft NMP. Consideration should be given to ways in which implementation mechanisms can be identified and the significance of the PRAs can be highlighted. SHPA reiterates the importance of New South Wales and the Australian Capital Territory becoming signatories of the Pharmaceutical Reform Agreements to achieve meaningful implementation of the National Medicines Policy.

Whilst individual healthcare practitioners, federal and state governments are identified, SHPA believes individual healthcare organisations such as hospitals, aged care facilities and general practices are a significant omission as healthcare facilities will often have varying local policies and programs which impact on medicines access and quality use of medicines. As such, they should be explicitly recognised separately as NMP partners.

Question 5.8 – Evaluation

The revised draft NMP describes beneath each Pillar the intended outcomes that the partners should collectively strive to achieve. The Committee updated the evaluation section to reiterate the importance of a partnership approach to evaluation and the need to better align policies, strategies, programs, and initiatives that underpin the NMP. The Policy's evaluation, including guidance for components of an evaluation strategy aligned to the NMP, is outlined on page 22.

Using the scale below, please indicate your level of agreement with the Policy's evaluation.

Agree

You can explain your selection or provide comments in the text box below if you wish.

SHPA's support for this section is caveated by an expectation that the Policy will be updated to reflect and address the following issues. SHPA also believes that to properly evaluate the NMP, consistent and high-quality data on medicines use, medicines-related outcomes and pharmacy services should be collected to inform policy actions designed to achieve principles and objectives of the NMP. This would build on the work undertaken by the Independent Hospital Pricing Authority (IHPA) who collect data on sentinel events, hospital acquired complications and avoidable hospital readmissions, all of which can implicate the inappropriate use of medicines to cause harmful outcomes.

At present, data on PBS medicines use is systematically collected by Services Australia and the Department of Health, however there is no data collection on non-PBS medicines use in all settings of care, including the use of unregistered medicines and off-label medicines.

Data relating to medicine-related outcomes is also not collected systematically, with key statistics such as the 250,000 medicine-related hospital admissions annually being pieced together by an extensive literature review. The reporting of adverse events caused by medicines is also undertaken on a voluntary basis. For hospital pharmacists, when adverse events are reported, this often requires a duplication of the same report to both the TGA as well as local incident management reporting systems, which may then be further examined by state governments.

There is also no mandatory mechanism to measure or collect data on what extent hospitals are delivering the clinical services described by the SHPA Standards of Practice for Clinical Pharmacy Services to ensure medicines safety and quality use of medicines. The Australasian Clinical Indicator Report has targets however, the NSQHS Standards do not require compliance with these targets for accreditation purposes. Data collection and benchmarking on service provision would allow health policymakers to further understand where service gaps exist and make strong links between how service provision impacts on the quality use of medicines and medicines access around Australia. SHPA believes that at a minimum, the following data points relating to medicines use in hospitals should be collected at the individual hospital level:

- Rate of medication reconciliation undertaken within 24 hours of admission
- Rate of daily medication chart review for inpatients
- Incidence of adverse drug events
- Rate of updated medication list/chart provided to patients, carers, and community care providers upon discharge
- Rate of discharge medicine counselling being provided to patients and/or carers

At present, the ACSQHC is undertaking the National Baseline Report on Quality Use of Medicines and Medicine Safety, which is focusing on medicines use in aged care and medication safety in vulnerable populations. The possibility of these reports to be expanded to include data collection on the above parameters in hospitals and health services should be explored.

Section 6 - General Comments

Please provide any additional comments you may have on the revised consultation draft 2022 NMP.

SHPA supports the long-awaited review of the NMP as the medicines landscape has shifted significantly in the last twenty years. SHPA notes that there are also two other concurrent reviews that majorly impact the hospital pharmacy sector, those being the Review into Section 100 Efficient Funding of Chemotherapy and the Review of Pharmaceutical Reform Agreements. These reviews are important as PBS data demonstrates an increasing proportion of the PBS is being expended in the hospital setting.

In this context, and to allow the Commonwealth to further consider the extensive feedback it has received from stakeholders during the NMP consultation process, SHPA believes it would be appropriate to finalise the NMP after stakeholders have had a chance to digest the outcomes of these two reviews, to ensure that the finalised NMP is fit-for-purpose and supported by all stakeholders.