SHPA response to the public consultation on the refresh of the National Strategic Framework for Chronic Conditions

Part 1: Overview of the Framework

1. Which stakeholder group best describes you? Please tick all that apply.

   ☐ Federal Government
   ☐ State Government
   ☐ Local Government
   ☐ National private non-government organisation
   ☒ National not for profit non-government organisation
   ☐ Jurisdictional private non-government organisation
   ☐ Jurisdictional not for profit non-government organisation
   ☐ Academic or researcher
   ☒ Health professional/clinician
   ☐ Consumer/person living with a chronic condition
   ☐ Family member or carer of a person living with a chronic condition
   ☐ Interested member of the public
   ☐ Prefer not to say

2. Have you engaged with and used the Framework, and if so, how? Please tick all that apply. There is also the option to include any other information about your engagement with the Framework in the 'Other' open-text response box.

   ☐ To improve my understanding of the healthcare system
   ☐ An organisation that I am engaged with shared the document with me
   ☐ I have discussed it with a healthcare professional
   ☐ I am a health professional who has used the Framework to inform my clinical practice
   ☐ I read it out of personal interest
   ☐ To guide the development of policies, programs and/or projects for the organisation I represent
   ☐ My organisation has shared this document with our members/consumers
   ☐ To guide our organisation's funding models and initiatives
   ☒ I, or the organisation I represent, have not utilised the Framework in any capacity
   ☐ I, or the organisation I represent, did not know about the Framework prior to this consultation

3. The Vision of the Framework (Vision) is: "All Australians live healthier lives through effective prevention and management of chronic conditions." To what extent do you agree the Vision is still relevant?

   ☐ Agree
   ☒ Somewhat agree
   ☐ Neither agree nor disagree
   ☐ Somewhat disagree
   ☐ Disagree
   ☐ Not applicable

The Vision should encompass the identification of chronic conditions as an essential element of the management of chronic disease. Early identification plays a pivotal role in mitigating the burden of chronic diseases on individuals and the healthcare system. Timely detection allows for prompt intervention, leading to better treatment outcomes, reduced complications, and improved quality of life.

The Society of Hospital Pharmacists of Australia (SHPA), therefore, advocates for a Vision that encompasses robust screening programs, and early diagnostic tools to identify chronic conditions at their earliest stages. *"All Australians live healthier lives through effective prevention, identification and management of chronic conditions."*

By integrating identification alongside prevention and management, we can foster a proactive approach to healthcare delivery, ultimately empowering individuals to lead healthier lives and reducing the long-term impact of chronic diseases on both individuals and society as a whole.

4. Please provide a score from 0-10 to demonstrate how important you think each of the enablers are (with 0 being not at all important and 10 being very important).

Governance and leadership — supports evidence-based shared decision-making and encourages collaboration to enhance health system performance.
10

Health workforce — a suitably trained, resourced and distributed workforce is supported to work to its full scope of practice and is responsive to change.
10

Health literacy — people are supported to understand information about health and health care and appropriate health care settings, to apply that information to their lives and to use it to make decisions and take actions relating to their health.
10

Research — quality health research accompanied by the translation of research into practice and knowledge exchange strengthens the evidence base and improves health outcomes.
10

Data and information — the use of consistent, quality data and real-time data sharing enables monitoring and quality improvement to achieve better health outcomes.
10

Technology — supports more effective and accessible prevention and management strategies and offers avenues for new and improved technologically driven initiatives.
10

Resources — adequate allocation, appropriate distribution and efficient use of resources, including funding, to address identified health needs over the long-term.
10

Are there any other enablers you think should be included in the Framework?

- Health promotion is an essential enabler to educate the public through nationwide campaigns that focus on the importance of healthy lifestyle choices, and the early detection and management of chronic conditions.
- Accessible healthcare services is another enabler that ensures services are readily available and affordable to all Australians.
- Consumer engagement is also essential and should focus on building consumer trust in order to have buy in and see consumers engaging in their own healthcare and managing their chronic conditions.
- The governance and leadership enabler should also support health policy reforms that priorities chronic disease prevention and management.

Part 2: Objectives of the Framework

Objective 1: Focus on prevention for a healthier Australia

Determinants of health that influence the prevention, treatment and management of chronic conditions:

- Employment
- Income level
- Living in a rural/regional/remote location
- Education
- Language and writing skills
- Refugee or migration status
- Housing
- Living with a disability
- Promotion of unhealthy products

- Social connection
- Racism and discrimination
- Air and water quality
- Climate change
- Opportunities to take part in physical activity
- Weight related stigma
- Access to safe, nutritious and culturally appropriate food

5. Please discuss which, if any, of the above determinants of health have most significantly impacted you or the work of your organisation. Additionally, are there any other determinants of health that you think the Framework should focus on? If yes, please note them.

Australians living in rural, regional, or remote locations face unique challenges in accessing healthcare services and often have poorer health outcomes due to geographical distance, limited transportation infrastructure, and scarcity of healthcare professionals, including pharmacists. Data from the National Health Workforce Dataset demonstrates that whether you look at pharmacy workforce statistics on a per capita or per 100 hospital beds metric, regional and rural Australia pharmacy workforce numbers are far below metropolitan pharmacy workforce statistics. Regional members of SHPA have reported extreme difficulty in recruiting pharmacist positions in rural and regional areas, with recruitment often needing to go beyond three rounds of recruitment regardless of the role, and often being unsuccessful altogether.

SHPA recommends that the refreshed Framework emphasise that people living in rural, regional, or remote locations must have timely access to quality multidisciplinary care, and for the need to utilise innovative care models and technology that are funded to achieve this.

In addition, SHPA would like to note that the National Prevention Health Strategy 2021-2030[1] outlines eight categories of determinants of health, these are, social, environmental, structural, economic, cultural, biomedical, commercial, and digital. Some of these categories are not captured in the above list of health determinants. SHPA recommends reviewing the appropriateness of including some of the mentioned determinants in the refreshed Framework.

Objective 2: Provide efficient, effective and appropriate care to support people with chronic conditions to optimise quality of life

One of the aspirational outcomes of Objective 2 of the Framework is that people with chronic conditions have equitable access to quality health care.

6. To what extent do you agree with the following statements?

Australians with chronic conditions can easily access primary care services, including regular care with a GP and/or allied health providers.

☐ Agree

☐ Somewhat agree

☐ Neither agree nor disagree

☐ Somewhat disagree

☒ Disagree

☐ Not applicable

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Australians with chronic conditions can easily access specialty healthcare services when required.

☐ Agree

☐ Somewhat agree

☐ Neither agree nor disagree

☐ Somewhat disagree

☒ Disagree

☐ Not applicable

Please provide further comments about any of your responses to the previous statements.

Unfortunately, access to primary care services, including regular care with a general practitioner (GP) is far from being an achievable outcome, particularly as the cost of seeing a GP continues to rise and become unaffordable for many Australians with chronic conditions.

Non-medical based solutions must be considered to overcoming impacts of the GP crisis. Healthcare professionals such as nurses and pharmacists, working to their full scope of practice can handle roles that are currently performed by general practitioners such as prescribing collaboratively to treat diseases and conditions to achieve health outcomes and medication management goals, alleviating the pressures on general practitioners and increasing the capacity of the primary healthcare system to accommodate more patients. The distribution of responsibilities will reduce primary care wait times and improve consumer access to timely healthcare.

In the past, community healthcare typically focused on medical conditions, while complex disease states were handled in acute care settings by specialist physicians. However, as the healthcare landscape has evolved significantly since then, there is a growing imperative for specialisation in primary care professionals to effectively manage complex diseases within the community. Specialisation in primary care will reduce unnecessary referrals to specialist physicians, saving time and significant costs incurred by additional consultations for consumers, whilst also reducing the financial burden on the health system associated with specialist physician referrals.

The recent launch of The Australian and New Zealand College of Pharmacy (ANZCAP), a landmark recognition program, currently recognises and nationally endorses the advanced clinical and nonclinical skills of pharmacists and pharmacist technicians across 46 specialty areas, empowering pharmacists and pharmacist technicians to become leaders in medicine stewardship in all healthcare settings.

Specialisation in primary care professionals is essential to in achieving the aspirational outcome seeing that all Australians with chronic conditions are easily able to access specialty healthcare services when required.

Another of the aspirational outcomes of Objective 2 of the Framework is effective sharing of information and data.

7. To what extent do you agree with the following statements?

I have access to health information and data, and use this to help make decisions regarding the prevention, diagnosis, treatment and management of chronic conditions.

☐ Agree

☐ Somewhat agree

☐ Neither agree nor disagree

☒ Somewhat disagree

☐ Disagree

☐ Not applicable

Access to comprehensive patient health records is critical for making informed clinical decisions and coordinating care effectively across healthcare settings. However, barriers related to data sharing and interoperability has limited healthcare providers' ability to access relevant patient information when managing chronic conditions. Addressing this barrier requires investment in health information technology infrastructure and data-sharing agreements that enable seamless access to patient health records across different care settings and healthcare systems.

The refreshed Framework should highlight the importance of the implementation of interoperable electronic health record systems that allow seamless and real-time exchange of patient information across different healthcare settings and platforms to support health professionals in making informed decisions. Interoperability ensures that health professionals have access to comprehensive and up-to-date patient data, regardless of where the patient receives care, enabling more informed decision-making and holistic care delivery. This digital health solution has the potential to mitigate some of the issues experienced at transitions of care.

Transitions of care are a high-risk part of the healthcare journey[2], as episodes typically involve complex care arrangements, involve multiple care providers and interdisciplinary teams at various stages of care. Safely transitioning from primary to acute care, and back to primary care following a significant health event, relies on clear, accurate and timely communication between healthcare providers in both sectors, and with the patient and/or carer. Often, it is the lack of clear, accurate and timely communication that leads to medication-related errors and adverse events.

Objective 3: Target priority populations

The Framework aims to act as a broad overarching guidance document that is inclusive of the full spectrum of chronic conditions.

8. To what extent do you agree with the following statements?

Australians living with chronic conditions, including myself, friends/family, patients, or members of the organisation I represent if applicable, are recognised in the Framework.

☐ Agree

☐ Somewhat agree

☐ Neither agree nor disagree

☐ Somewhat disagree

☐ Disagree

☒ Not applicable

The Framework is representative of the diversity of population groups in Australia.

☐ Agree

☒ Somewhat agree

☐ Neither agree nor disagree

☐ Somewhat disagree

☐ Disagree

☐ Not applicable

The Framework recognises the individual needs of the many different groups in Australia.

☐ Agree

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☒ Somewhat agree

☐ Neither agree nor disagree

☐ Somewhat disagree

☐ Disagree

☐ Not applicable

The Framework provides guidance about how the prevention and management of chronic conditions can be tailored to the needs of different population groups.

☐ Agree

☒ Somewhat agree

☐ Neither agree nor disagree

☐ Somewhat disagree

☐ Disagree

☐ Not applicable

Please provide further comments about any of your responses to the previous statements.

Nil.

The Framework includes the following list of priority populations, but notes this list is not exhaustive.

- Aboriginal and Torres Strait Islander people
- People from culturally and linguistically diverse backgrounds
- Older Australians
- Carers of people with chronic conditions
- People experiencing socio-economic disadvantage

- People living in remote, or rural and regional locations
- People with disability
- People with mental illness
- People who are, or have been incarcerated

9. Please provide information known to you on the experiences of people with chronic conditions in the above, or additional, priority population groups including any challenges and barriers in accessing prevention and/or treatment services that you think may be of relevance to the refresh of the Framework.

Aboriginal and Torres Strait Islander people:
- Medications are the most common intervention in preventing and managing chronic conditions.
- The Closing the Gap (CTG) PBS Co-payment Program currently excludes public hospital pharmacies from participating in this program i.e., where Indigenous patients would be able to access reduced copayments in community pharmacies and private hospitals, some patients are charged their regular applicable co-payment when receiving medicines from public hospitals after discharge from hospital or after an outpatient appointment.
- These issues have led to ongoing inequities in Indigenous people accessing vital medicines in public hospitals, reducing their medication adherence and impacting their ability to meet treatment goals and improve their overall health.
- Research shows that Indigenous people have lower medication adherence compared to other population groups[3], and that over a quarter of patients fail to make it to a local pharmacy until days later to have their discharge prescription dispensed.[4]
- Poor access to medications can potentially compromise a patient's health and cause preventable hospital readmissions.
- This also prevents the provision of expert advice related to the new medication regimen by the pharmacist who has counselled them during their inpatient stay.

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Older Australians

- The use of medications in older people is complex, as they often have several chronic health conditions requiring treatment with multiple medications.
- Older people are more likely to have barriers to safe medication management than younger adults including, taking multiple medications (polypharmacy), having multiple prescribers, cognitive or sensory impairment, reduced manual dexterity, poor health literacy and multiple transitions between care settings.
- Access to timely geriatric medicine pharmacy services are essential to optimise medication management and improve medication-related outcomes for older Australians.

People living in rural, regional and remote locations

- As stated previously, Australians living in rural, regional, or remote locations face unique challenges in accessing healthcare services and often have poorer health outcomes due to geographical distance, limited transportation infrastructure, and scarcity of healthcare professionals, including pharmacists.
- Lack of access to clinical pharmacy services for patients living in these locations is a barrier to the safe and quality use of medicines, and timely management of medicines being used to treat chronic conditions.

People from culturally and linguistically diverse backgrounds

- There is a lack of resources on health conditions and medicines, designed in way that supports people from culturally and linguistically diverse backgrounds.
- This is a limiting step in improving health literacy and in empowering this priority population to be actively involved in their own healthcare.

People who are incarcerated

- There is a lack of support and continuity of care for people who are exiting the prison system, often from court hearings, with no medications or prescriptions, often without a primary physician, and will no support to continue the management of their chronic conditions in the community.

Consideration should be given as to whether people who have multiple chronic conditions should be regarded as a priority populations.

Priority populations transitioning between care settings are at an even greater risk of medication misadventure, leading to further complications of their chronic conditions. Embedding clinical non-dispensing pharmacists into primary care teams in general practices, residential aged care facilities, and Aboriginal Community Controlled Health Services, would support these high-risk patients when transitioning between care settings and significantly improve their health outcomes.

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Part 3: Focus on the Future

10. Potential barriers for people with chronic conditions are shown below. Which of these barriers do you believe significantly impact Australians living with chronic conditions (including yourself if applicable)? Please select all that apply.

☒ Difficulty in finding an appropriate healthcare provider or facility

☒ Long wait lists

☒ Lack of coordinated care and communication between health professionals

☒ Lack of information sharing and exchange between healthcare providers

☒ Financial cost of healthcare

☒ Limited awareness and understanding of chronic conditions and/or prevention by patients and/or carers

☒ Limited understanding of the healthcare system by patients and/or carers

☒ Limited knowledge of some chronic conditions by healthcare professionals

☒ Stigma associated with chronic conditions and risk factors

☒ Stigma of accessing healthcare

☒ Not being able to attend appointments due to geographical location/transport

☒ Difficulty using technology to receive or navigate healthcare services

☒ Lack of health promotion education and prevention activities

☒ Low English proficiency and other language challenges

☒ Limited availability of publicly funded health programs

☒ Lack of access to research and data

☒ Lack of culturally safe healthcare

Are there any other barriers that you would like to draw attention to?

Accessibility barriers in transportation and public spaces can restrict engagement of people living with physical limitations and disabilities from engaging with health services to prevent, identify, treat or manage their chronic conditions.

As part of the refresh of the Framework, condition-specific Action Plans and Strategies will be reviewed to ensure that the documents are complementary to, and build on, the Framework.

11. Do you support this description of the inter-relationship between the Framework and condition specific Action Plans and Strategies?

☒ Yes
☐ No
☐ Not applicable

Please elaborate on your response.

Nil.

The condition-specific Action Plans and Strategies include a number of commonalities in priorities and actions. It is proposed to embed these common priorities and actions in the refreshed Framework. Therefore, any condition-specific guidance would be focussed on tailored actions for that condition, where the need exists.

12. Do you support this approach?

☒ Yes
☐ No
☐ Not applicable

Please elaborate on your response.

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Nil.

Many common issues and challenges can be found in the prevention, treatment and management of different chronic conditions. Several of these issues are listed below.

- Multi-disciplinary care
- Managing multimorbidity
- Continuity of care across life stages
- Transitions of care as a patient moves across and through the health system
- Enhanced and targeted support for priority populations

- Health promotion and education
- Self-management
- Life stage transitions
- Embedding prevention in the continuum of care

13. Do you believe a focus on these common issues is relevant, accurate and appropriate for Australians living with a chronic condition?

☒ Yes
☐ No
☐ Not applicable

Please elaborate on your response and/or include any other common issues across chronic conditions that you would like to note.

Nil.

A large number of resources, training modules, tools and guidelines have been developed to support the prevention, treatment and management of chronic conditions. There is an opportunity for digitisation to reduce duplication, improve effectiveness of support and enhance impact. Use of emerging digital technologies provide opportunities for enhanced chronic conditions management into the future. This will be a key consideration for the refresh of the Framework.

14. Please provide information on any opportunities for digitisation to enhance the prevention, treatment and management of chronic conditions.

Nil.

COVID-19 has had significant impacts on the Australian healthcare system, including the prevention, treatment and management of chronic conditions.

15. Please describe any impacts (positive or negative) of COVID-19 that you would like to highlight.

Positive impacts:
- Accelerated adoption of virtual care: COVID-19 has spurred the rapid adoption of telehealth and virtual care solutions in Australia, enabling pharmacists and hospital pharmacy teams to provide remote consultations, medication reviews, and adherence support for individuals with chronic conditions. This shift towards telepharmacy has expanded access to healthcare services, particularly for patients in rural, regional, and remote areas, reducing barriers to care and improving medication management for chronic conditions.
- Advanced scope of practice: The COVID-19 pandemic and subsequent vaccine roll out saw this advancement in pharmacist practice become an explosion of activity. Pharmacists rapidly upskilled to support the needs of the nation, with the unique expertise of hospital pharmacists and their peers crucial to the set-up and operation of mass vaccination hubs and the preparation and administration of Australia's multiple vaccine candidates. What was once a non-traditional service in Australia for pharmacists, became a requirement.[5]

Negative impacts:

- **Workforce challenges:** The pandemic has exposed existing workforce challenges within the pharmacy sector, including staffing shortages, increased workloads, and burnout among frontline healthcare professionals who play a pivotal role in the prevention, treatment and management of chronic conditions.

- **Fragility of the medication supply chain:** The COVID-19 pandemic has highlighted the fragility of the medication supply chain, leading to disruptions in the availability and distribution of essential medications for chronic conditions. Border closures, manufacturing delays, and increased global demand for certain medications have resulted in shortages and supply chain bottlenecks, posing significant challenges for pharmacists and hospital pharmacy teams in ensuring uninterrupted access to vital medications for patients with chronic conditions. Furthermore, the reliance on international suppliers for critical medications has underscored the need to improve Australia's sovereign capability to manufacture and procure essential pharmaceuticals domestically, thereby reducing vulnerability to global supply chain disruptions and ensuring a more resilient healthcare system.

16. Which of the following statements are most important to you in terms of how the Australian Government enhances and uses the Framework in the future? Please select up to 5 options.

☐ Greater promotion of the Framework to peak bodies to increase awareness

☒ Greater promotion of the Framework to health professionals and researchers to increase awareness

☐ Greater promotion of the Framework to consumers and the general public to increase awareness

☒ Increased focus on how organisations can work together to improve the management of chronic conditions

☒ Improve the collaboration between state and territory governments and the federal government

☒ Refresh the content of the Framework to be better aligned with other state and territory, national and international policies, strategies and plans

☐ Refresh the content of the Framework to focus on emerging risks and issues (e.g. the use of e-cigarettes)

☐ Refresh the content of the Framework so it reflects the post COVID-19 health landscape

☐ Increased focus on the importance of lived experience in the Framework

☒ Greater emphasis on the needs of priority populations

17. In 1000 words (6000 characters) or less, please provide any additional feedback on the Framework including any other opportunities to improve the Framework.

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.

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