SHPA response to The Australian Cancer Plan 2023-2033 Consultation – via online survey March 2022

1. What would you like to see the Australian Cancer Plan achieve?

Think ahead to the next 10 years. What do you want the Australian Cancer Plan to achieve? Think big – what transformational change(s) should we be aiming to influence?

The Society of Hospital Pharmacists of Australia supports transformational change that would support a funding framework for the provision of patient centred clinical pharmacy services and cancer therapies to Australians that recognises its specialised nature, and places access and safety and quality of care as the top priorities. In 2021-22, Hospital Pharmacists were responsible for the majority of the $1.9 billion expended under the Section 100 Efficient Funding of Chemotherapy program on the Pharmaceutical Benefits Scheme.

2. What are the opportunities with the greatest potential to realise your vision?

Think about what you would like the Australian Cancer Plan to achieve. What priorities need national action? In what areas could national action drive or accelerate progress?

Equity of access to cancer services

SHPA is an advocate for equitable access to excellent cancer care pharmacy services for all Australians regardless of geographical location. Access to chemotherapy services in rural and remote areas varies greatly from that in urban areas of Australia. Patients requiring chemotherapy in rural and remote areas are often unable to receive treatment near their residence due to the challenges and costs associated with safe and high-quality chemotherapy services and the lack of economies of scale. This results in a reliance on patients to travel and receive treatment at urban centres, often at their own cost. This has downstream effects on increased out-of-pocket costs associated with travel and accommodation if necessary. In addition, for hospital pharmacies in rural and remote areas, a limiting factor is having the requisite hospital pharmacy workforce for chemotherapy services. Recruitment and retention of specialised and experienced hospital pharmacy staff is significantly more challenging than in urban settings, due to a smaller pool of available pharmacists with the requisite skills.

Rural and regional funding considerations for cancer services

In SHPA's submission for the Review of the Section 100 Efficient Funding of Chemotherapy (EFC) (attached), recommendations included a funding model that properly recognises the overheads, ongoing costs uniquely associated with the provision of Section 100 EFC medicines separate to other PBS medicines to support sustainability and access to chemotherapy, particularly in smaller hospitals in regional and rural settings.

Given the importance of economies of scale on the viability of chemotherapy services, funding models and/or remuneration fee structures for provision of Section 100 EFC medicines should be tiered to recognise this and the marginal costs of chemotherapy services provided in hospitals of different sizes and capacities, to facilitate improved patient access in regional and rural settings. This would aim to reflect and cost-recover for increased workload relating to logistics of ordering, transportation, receiving, storing and dispensing of chemotherapy in rural and remote settings. This increased funding will also support the recruitment of appropriately skilled and trained pharmacists that have experience in or specialise in chemotherapy services. This could come in the form of targeted service fees for regional, rural and remote specialised chemotherapy services to improve viability and access of these services.

Maximise potential of electronic medical records and innovative models of care

Australian hospitals are currently on an electronic medical records journey, with different hospitals, states and territories at varying levels of design, scoping and implementation, with varying state-wide versus local approaches to this. Investment in electronic medication management systems that are integrated with procurement, scheduling and dispensing systems and processes would reduce the risk of errors, administrative burden, and promote safe and quality use of medications and cancer services.

Electronic medication management systems can also possibly aid the establishment of innovations such as TeleChemotherapy that would improve patient access to specialised cancer care, especially in rural and remote areas where it is difficult to or not feasible to recruit dedicated pharmacist resources for very small patient cohorts. Funding and enabling of TeleChemotherapy could allow for patients based in regional, rural and remote areas to receive their chemotherapy without travelling to an urban area, whilst still receiving comprehensive pharmacy care by suitably trained and experienced pharmacists. One such example is the Western Australia Country Health Service TeleChemotherapy Pharmacy Service, which has received national recognition for its innovation in delivering chemotherapy treatment to regional, rural and remote patients. Thus far, this service has allowed dozens of patients in these regions receive lower-risk chemotherapy locally with the support of specialist metropolitan-based clinicians via telehealth services.

Aboriginal and Torres Strait Islander access to Cancer Services

SHPA members have reported several challenges with the current access arrangements to chemotherapy for Aboriginal and Torres Strait Islander People across Australia. Hospitals are considered culturally unsafe institutions and places to go when dying in Aboriginal and Torres Strait Islander communities. Better messaging is required to improve health literacy around the role of hospitals in healing, and of chemotherapy in the treatment of cancer.

Culturally and linguistically diverse medication information resources are not currently available for chemotherapy and supportive non-chemotherapy medications. These resources would support these important conversations and help improve cultural perspectives on hospitals and cancer treatment options. SHPA supports development of these resources through co-design and consultation with Aboriginal and Torres Strait Islander Peoples and Indigenous Health peak bodies and practitioners, such as SHPA's Aboriginal and Torres Strait Islander Health Leadership Committee and National Aboriginal Community Controlled Health Organisation.

Additionally, there is limited access to supportive non-chemotherapy medications (i.e. pain medicines, anti-nausea medicines) in Remote Area Aboriginal Health Services (RAAHS) and the PBS co-payment for supportive medications is also a barrier to receiving these medicines. SHPA members also note that referral of complex and often marginalised Aboriginal and Torres Strait Islander patients from urban centres to rural and remote centres, to better place them closer to home and their support networks, has cost implications on rural and remote centres to provide a level of complex care usually only reserved for urban centres.

Cancer Services Pharmacist Workforce

SHPA supports both pharmacists and pharmacy technicians to operate at their full scope of practice in order to achieve optimal patient and pharmacy outcomes. Utilising the existing skilled workforce of hospital pharmacists to deliver excellent cancer care services is essential. National funding is required in order to develop and sustain this workforce through funded hospital pharmacy internship programs in cancer hospitals and workforce development and training programs.

SHPA has established a Cancer Services Advanced Training Residency (ATR) which launched in the middle of 2021, to provide a structured two-year training program for Hospital Pharmacists who want to specialise in cancer services. At present, there is no dedicated funding at a federal or state level for Cancer Services ATRs

to develop the Cancer Services pharmacist workforce, and there are only four hospitals across three states who have been able to fund these positions from existing resources.

Cancer services pharmacists are essential interdisciplinary team members, who have specialised knowledge of cancer therapy and help to maximise the benefits of therapy and minimise toxicities.[1] As integral members of interdisciplinary teams, oncology and haematology pharmacists offer a variety of services that have both a direct and indirect impact on patient care. These include contributing to the selection of therapy, prescribing, dosing, monitoring, evaluation, education, procurement and storage.[2]

The integration of clinical pharmacy services into an oncology and haematology service results in increased interventions relating to prescriptions for hospitalised adult cancer patients[3], with the majority of the interventions accepted and implemented by the medical team. Australian research has highlighted that oncology and haematology pharmacists can improve the continuum of care during clinical handover by providing accurate information in relation to cancer therapies.[4] Integration of an oncology and haematology pharmacist into the outpatient clinic setting has been demonstrated to:

- improve the management of supportive care
- enhance the education of patients receiving com-plicated chemotherapy regimens
- improve the efficiency of chemotherapy infusion units
- lead to better patient-centred interactions[5]
- contribute positively towards the assessment of medicines adherence, understanding of medicines, improving symptom control, patient satisfaction and improvement in the quality of life. [6]

Mandating pharmacist to inpatient ratios

SHPA's Standard of practice in oncology and haematology for pharmacy services[7] describes current best practice for the provision of oncology and haematology pharmacy services, by oncology and haematology pharmacists and the pharmacy department or employer. The roles of oncology and haematology pharmacists are varied, dependent on the model of care and size of the health service, and recommended staffing is, therefore a reflection of this. SHPA's Standard of practice in oncology and haematology for pharmacy services recommends 1 pharmacist to 20 medical oncology inpatient beds, with a higher ratio of pharmacists 1:15 needed for haematology inpatients, and SHPA supports for these ratios to be mandated and enforced in hospitals to ensure safe and quality pharmacy care is provided to cancer patients.

References

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