

Senator the Hon Jan McLucas address to the 2009 Pharmacy Women's  
Congress  
Surfers Paradise, QLD  
**14 August 2009**

**Acknowledgements: Your Excellency, Queensland Governor Ms Penelope Wensley, distinguished guests, delegates.**

**First of all, I would like to convey Senator Claire Moore's thanks to the Pharmacy Women's Congress for inviting her to address this annual congress. Claire regrets not being here, a schedule change to a regional consultation on maternal health and rights meant she physically could not get here on time.**

**Nonetheless, I am very happy to be here addressing the Congress – what a wonderful initiative! It is great to see the Pharmacy Guild's Women and Young Pharmacists Committee taking a proactive approach to the unique pressures faced by professional female pharmacists.**

- The Rudd Government came into office at a time when health sector reforms were long overdue. Innovative solutions are needed to meet the challenges we face in the short, medium and longer term.
- We have already made the substantial commitments necessary for immediate problems, such as under-funding in public hospitals and elective surgery waiting lists.
- We are also building up primary care through more support for doctors; and expanding the primary care role for non-medical professionals, which requires detailed thought and consultation.

- Most recently of course, we have received the report of the National Health and Hospitals Reform Commission which was tasked with developing a long-term blueprint for the Australian health system.
- The report is available on [yourhealth.gov.au](http://yourhealth.gov.au) and a program of consultations with the Health Minister and the Prime Minister, at venues around the nation will be advised very soon.

I have recently attended the consultations in Townsville and Cairns, and I can assure you the process is robust and effective.

- As pharmacists and health professionals, you naturally share a great interest in the changes being developed.
- One change impacting on pharmacy already has come through the nationwide shortage of GPs which has meant that, for more common ailments such as colds, people are more likely to seek out your assistance and advice.
- It is a trend which has strengthened your role with consumers and your partnerships with doctors.
- Australians are fortunate to have this resource – of just over 5,000 community pharmacies and 15,000 or so pharmacists, uniquely placed to reach the community and therefore to make a significant contribution to health care in the community.

- The Minister believes this Government's strong focus on front-line community care will enable pharmacists to exercise the full potential of your extensive training, knowledge and skills.
- This is because the value of pharmacy and pharmacists is very relevant to two essential elements of the Government's longer-term health care reforms: an invigorated primary care sector and preventative health care.
- A practical example of our strategy to strengthen primary health care is the investment of \$275 million over five years to establish GP Super Clinics in 32 localities around Australia.
- While our funding for the super clinics is primarily for capital, the program is about much more than bricks and mortar.
- The GP Super Clinics will bring together general practitioners, practice nurses, visiting health professionals, allied health professionals and other health care providers, such as pharmacists, to work together as a team - and put much more emphasis on preventing disease and properly managing chronic disease.
- The Clinics will offer opportunities to test new models of innovative service delivery in primary care, particularly around the prevention and management of chronic disease, health promotion and the use of integrated multi-disciplinary health care teams.

- Many will be implementing strong teamwork-based models of care. And, as highlighted during some community consultations, there are clear benefits in including pharmacists in the multidisciplinary health team.
- GP super clinics have the potential to be seen as centres of excellence – providing current and future health professionals with a modern environment and opportunities for learning and continuing professional development. This will help to support the primary care workforce – wherever it is situated around the nation - into the future.
- If multidisciplinary care is truly to work in the long-term, then trust - not only between patient and doctor but between health professionals themselves - will be central. If the various disciplines can reach across divides and work closely together, as doctors and pharmacists already do in many cases, the benefit to patients will be measurable.
- Professionally, your advice has been invaluable to the Government's longer-term health system reforms being developed through mechanisms such as:
  - the new funding agreement with the States and Territories;
  - the National Health and Hospitals Reform Commission;
  - the national strategies on preventative health and on primary health care; and
  - the development of a national e-health strategy.
- The **National Health and Hospitals Reform Commission's** report, affirms the value of universal entitlement to medical, pharmaceutical and public hospital services under Medicare which, together with

choice and access through private health insurance, provides a robust framework for the Australian health care system.

- It acknowledges the role of pharmacy in primary health care. The Minister welcomed the Pharmacy Guild of Australia's submission to the interim report, which identified a number of themes for consideration in the final report soon to be discussed around the country.
- A number of these coinciding reports are necessarily considering an expanded role for non-medical health professionals, but I think it's worth focusing tonight on the development of a National Primary Health Care Strategy.
- This important work is being assisted by an External Reference Group chaired by Dr Tony Hobbs, a GP Obstetrician in Cootamundra, New South Wales, and immediate past chair of the Australian General Practice Network.
- The ERG includes a range of primary health care experts from around Australia, including a pharmacist, a midwife/birth reform advocate, a physiotherapist, a psychologist, a general practice nurse, a consumer representative, primary health care researchers and general practitioners, including those who work with Indigenous and rural and remote communities.
- **Ms Judy Liauw**, who is present here today, is a member of the Group and is a community pharmacist who has been Director and Manager of Westside Pharmacy, Ulverstone, Tasmania since 1985.

- Judy is the current President of the Tasmanian Branch and National Councillor of the Pharmacy Guild. Judy is also a member of the Pharmacy Board of Tasmania, Chair of AACP and Chair of the Women and Young Pharmacists' Committee.
- Together with the other members, Judy has played a valuable role in the development of the National Primary Health Care Strategy, ensuring that pharmacy-related issues are properly considered.
- Indeed, the Discussion Paper 'Towards a National Primary Health Care Strategy' recognised the role of pharmacy in the primary health care team, and the expanding role of pharmacists beyond dispensing services to professional services.
- More than 260 written submissions were received in response to the discussion paper from state and territory governments, professional groups, individual Divisions of General Practice, consumers, health care practitioners, public health and community health services and special interest groups. These were used to inform the development of the draft strategy.
- Minister Roxon has asked that development of the strategy be undertaken with priorities including:
  - better rewarding of prevention;
  - promoting evidence-based management of chronic disease;
  - supporting patients with a chronic disease to manage their condition;

- supporting the role of the GP in the health care team;
  - addressing the growing need for access to other health professionals including practice nurses and allied health professionals like physiotherapists and dieticians;
  - and
  - encouraging a greater focus on multidisciplinary team-based care.
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- Some of the key elements of an enhanced primary health care system identified in the Discussion Paper are already reflected in some of our pharmacy programs under the Fourth Community Pharmacy Agreement between government and the Guild, with a total of \$566 million invested.
  - In fact, these pharmacy programs could well have been devised with our National Primary Health Care Strategy in mind: promoting well integrated, co-ordinated and continuous care, particularly for those with chronic and complex health care needs.
  - Many of these programs focus on providing medication management services and disease-specific pharmacist intervention programs to deliver improved health outcomes for patients.
  - **A focus on preventive care, including support of healthy lifestyles** is integral to in the Asthma and Diabetes Pilot Programs. Both aim to assist people with poorly controlled asthma or diabetes to improve management of the condition.

- Better chronic disease management will be vital as our population ages. The Asthma and Diabetes Pilot Programs empower patients to manage their chronic conditions and gain an improved understanding of their medicines. Eight hundred pharmacies have been recruited and are now participating in Stage 2 of the Diabetes Pilot Program, and 100 pharmacies were involved in Stage 1 of the Asthma Pilot Program.
- The Dose Administration Aids and Patient Medication Profile Programs also assist patients with chronic conditions to better manage their health, by improving their health literacy and medication management.
- Nearly 3,000 pharmacies have participated in the first phase of the Dose Administration Aids and Patient Medication Profile Programs. Phase two of these Programs successfully commenced on 1 July 2009, and it is expected further pharmacies will register for the programs and continue to deliver these important services to community-based patients.
- In addition to better management of chronic disease, the Dose Administration Aids and Patient Medication Profile Programs support and encourage the **patient-centred and supportive themes of health literacy, self-management and individual preference.**
- **Better integrated coordinated care** for those with complex conditions is being promoted through the Residential Medication Management Review and the Home Medicines Review programs.

The Residential Medication Management Review Program integrates medication reviews undertaken by pharmacists with GP services and the provision of care in aged care homes with funding of \$66.75m during the Agreement. The Home Medicines Review Program also integrates medication reviews undertaken by pharmacists with GP services and assists people living at home to maximise the benefits of their medication and prevent medication related problems.

- The outcome of a Home Medicines Review is an agreed medication management plan which provides for the involvement of all relevant health professionals. This program provides a key role for pharmacists within the healthcare team in providing well-integrated, coordinated continuity of care, particularly for those with multiple ongoing and complex conditions.
- The Research and Development Program funds 24 priority projects relevant to the provision of **safe high quality care** by addressing the role of medication and community pharmacy services in areas such as palliative care, cardiovascular disease, mental illness and the treatment of opioid dependency. The total funding for this program is \$19m during the life of the Fourth Agreement.
- This combination of patient access to health care and professional expertise places pharmacists at the forefront of the Government's reform agenda.
- The valuable role pharmacists play in the community is not limited to meeting the immediate health care needs of patients. For generally well populations, pharmacists can act, through the professional programs, as an advocate for preventative healthcare.

- The Fourth Agreement also provides for programs which support access to pharmacies and pharmaceuticals, particularly by the Indigenous population and people living in rural and remote areas of Australia.
- For example, the Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander People and the Section 100 Pharmacy Support Allowance aim to deliver quality use of medicines, medication compliance and PBS accessibility for Indigenous Australians in rural and urban areas.
- Key features of these include training programs, cultural awareness training for community pharmacists, training for Aboriginal Community Controlled Health Services staff, financial assistance and subsidies. One hundred and twenty-two of the 167 eligible remote area Aboriginal Health Services are currently being provided with support services.
- Rural and remote pharmacies are supported through start-up and maintenance and succession allowances. These allowances assist pharmacists to open pharmacies in rural and remote areas and to keep them open. In addition, one of the other allowances available enables pharmacies to attract newly graduated pharmacists to rural and remote areas in their pre-registration year.
- Given the level of healthcare reform and pharmacists' expanded role in the healthcare sector, support programs such as these are

important to ensure that patients are able to access to necessary services and healthcare advice.

Minister Roxon understands that pharmacists hold a unique and highly respected place in our communities and in our health system.

- **Many of you will know that she has close family ties to pharmacy. Her experience, links and interest in your industry is strong and extensive.**
- The Minister believes that pharmacists - members and associates and delegates here today - share the aim of achieving what is best for the patient: to provide better outcomes, reduce inequalities and make the patient's journey through the system easier.
- There is much work still to be done to give Australia the health system it needs for the 21st century; and she will continue to rely on your input at every stage.
- The Minister hopes you enjoy the rest of the Congress and wishes you every success with your deliberations.
- Thank you.