

21 July 2017

Professor Stephen King  
Chair  
Pharmacy Review (MDP 900)  
Department of Health  
GPO Box 9848  
Canberra ACT 2601

Dear Professor King,

**Re: Pharmacy Review – Response to Interim Report**

Thank you for the opportunity to comment on the Interim Report of the Review of Pharmacy Remuneration and Regulation. National Pharmacies welcomes the Review of Pharmacy Remuneration and Regulation and the opportunity to work with the Review Panel.

We have carefully read through your report and responded in detail on-line to your questions in relation to the options presented in the interim Report. We applaud the Panel's recognition that:

- *“As an agent of the Australian Government, community pharmacy can only be effective if it is appropriately remunerated and provided with appropriate incentives”*; and
- *“that regulation presents costs to the public, the government and the participants in the medicine supply chain. Regulation must be sufficient but not excessive and must underpin sustainable consumer access”*.

However, the issues remain the way in which remuneration occurs, the nature of incentives offered and what regulation changes are drafted.

We also applaud the Federal Government's 2017/18 Budget initiative to continue the current location rules and welcome the Panel's consideration of options presented to *“modify the location rules ... on the assumption that the current location rules will be retained”*. We remind the Panel of previous National Pharmacies' presentations about the unintended consequences of the rules that need to be addressed.

National Pharmacies agrees with the Panel that the \$1 discount on the PBS patient co-payment has not led to appropriate outcomes for consumers and welcome the Panel's recommendation that the government should abolish the \$1 discount. We also agree that the:

- current PBS Safety Net system is not transparent and is difficult for consumers to document and understand;
- current paper-based system of prescriptions used in Australia is outdated.
- lack of a robust framework for the management of medicines between hospitals and community pharmacies creates risks for patients on discharge.

However, the way in which these matters are addressed must be carefully determined to ensure that existing systems are improved rather than weakened or made more bureaucratic.

While National Pharmacies' online response welcomes many of the Panel's recommendations, some cautiously, and disagrees with others, our overriding concern with the Interim Report is that it is a missed opportunity to define precisely what services community pharmacies should provide that can result in better, more affordable, more accessible patient outcomes and a better outcome for the Australian Taxpayer.

In its Final Report, the Panel still has a means where it can expand on the significant opportunities for the better use of community pharmacy and pharmacist programs and services in improving the health of Australians at a lower cost to Government. One of many compelling examples is to issue appropriately accredited pharmacist immunisers with a Medicare approval number for a limited range of vaccination item numbers. With equivalent funding to that already agreed for Nurse Practitioners, pharmacist immunisers could significantly increase the rate of vaccination uptake at a lower cost than GP administered programs. Similarly, this could apply to many other primary healthcare interventions.

Should the Panel require any clarification of the material that National Pharmacies has provided, or require any additional information, I can be contacted via the telephone number provided or by email at [REDACTED]

Yours sincerely  
**National Pharmacies**

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