



The Pharmacy
Guild of Australia

SUBMISSION

New Aged Care Act Rules consultation – Release 1 – Service list – Australian Government Department of Health and Aged Care

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ABOUT THE PHARMACY GUILD OF AUSTRALIA

The Pharmacy Guild of Australia (the Guild) is the national peak organisation representing community pharmacy. It supports the role of community pharmacy in the delivery of quality health outcomes for all Australians. The Guild strives to promote, maintain, and support community pharmacies as the most appropriate primary providers of health care to the community through optimum therapeutic use of medicines, medication management and related services.

Community pharmacy is consistently seen by the Australian public as a trusted and valued part of our nation's healthcare system. Community pharmacies exist in well-distributed and accessible locations, and often operate over extended hours, seven days a week in regional, rural and remote areas. Community pharmacies provide timely, convenient and affordable access to the quality and safe provision of medicines and healthcare services by pharmacists who are highly skilled and qualified health professionals. The Guild and the approximately 6,000 strong community pharmacy network across Australia has a long and credible record of delivering evidenced-based programs for Government and consumers, consistently demonstrating a capacity to deliver significant outcomes within substantial budget and time constraints in often complex and multi-organisation frameworks. The Guild enjoys strong relationships and a positive influence across the pharmacy and primary health care sector and is regarded as a thought leader in not only the current environment but in shaping the future of community pharmacy through productive collaboration.

The Guild shares with the Federal Government responsibility for the implementation of the National Medicines Policy, as evidenced by successive Community Pharmacy Agreements (CPA) enshrined in the National Health Act 1953, including the current 8th CPA underpinned by the shared principles of:

- Stewardship of the health system and a shared responsibility for the stewardship of the PBS
- Partnership in the implementation of Australia's National Medicines Policy
- Stability and certainty of the Government's investment in the medicine supply chain, as well as timely availability of medicines through a well-distributed community pharmacy network
- Integrity of Australia's health system, including patient safety and high value clinical care.

The Guild and the broader community pharmacy network have made significant contributions to the achievement of the National Medicines Policy objectives for patient outcomes, while at the same time enabling the ongoing (fiscal) stability of the PBS by working with successive Governments on budget savings measure.

The Guild recognises the importance of the implementation of a new person-focused Aged Care Act in response to the recommendations of the Royal Commission and is pleased to provide a response to the first release of the draft Rules under the Act from the consideration of community pharmacy.

Background

Older Australians accessing Commonwealth-funded services and supports deserve equitable access to the highest-quality holistic care, particularly in relation to the services available to them to support safe and quality healthcare. Community pharmacies are an integral primary healthcare provider to older Australians and are a readily accessible resource for older people making decisions about continuing healthcare as their needs change.

The important role of community pharmacy and pharmacists in providing primary care services to older Australians must be appropriately recognised within the Rules of the New Aged Care Act (the Rules) and supported to ensure safe and quality healthcare services are available to all older Australians.

Community Pharmacy Services to older Australians

Community pharmacy services to the older Australian population involve a range of activities specific to their changing and complex needs. Services are provided to older Australians living at home and living in residential care facilities and those transitioning between care locations.

These activities include:

- **Medication Management** *including implementation of a safe and efficient system to manage dispensing, supplying and packaging of both prescription and over-the-counter medicines.*
- **Monitoring the effects of medication** *including regular review of changes to medication regimes and dosages, ensuring patient is supported in understanding potential side-effects or interactions when medications are introduced or ceased and ongoing support in answering questions and concerns about medications.*
- **Health services provided in community pharmacies** *incorporating full scope of practice services available in community pharmacy including but not limited to provision of vaccinations, management of acute and chronic health conditions (e.g., skin conditions, wound management, respiratory conditions, otolaryngology, gastrointestinal conditions), screening services and assistance in programs to improve health (e.g., smoking cessation, weight management).*

The consultation draft of the Rules provided as Stage 1 release contains the service list, outlining and defining the Commonwealth-funded care and services that will be available to eligible older people under the new Aged Care Act 2024.

Purpose of this submission

The Guild's submission provides a response to the invitation from the Department of Health and Aged Care (the Department) requesting progressive feedback on the Rules that will be made under the new Aged Care Act 2024 (the new Act).

The Guild's feedback focuses on the consideration that community pharmacy is recognised as the primary provider of medication related services to older Australians. The Guild proposes the adjustment of wording in service definitions which outlines specific activities performed by community pharmacy healthcare professionals, rather than registered aged care providers, to older people in Australia. It is the Guild's view that medication management is a core component of clinical care and therefore it should be discretely recognised and community pharmacy recognised as the responsible health profession. The Guild also considers that all

eligible older Australians should have equity of access to the same government-funded medication management services whether they choose to stay at home to access commonwealth funded aged care services or reside within a residential aged care facility.

The Guild proposes the Department's consideration of a supplementary program for the provision of dose administration aids (DAAs) for older Australians who are receiving Commonwealth funded aged care services under the new Act, regardless of the setting. The program would support the safe and efficient supply of both prescription and over-the-counter medicines, operating alongside the current Pharmacy Programs Administrator Medication Adherence Programs in a similar manner to the Indigenous DAA program.

A new community pharmacy DAA program would ensure that all older Australians who accessing Commonwealth funded services under the new Act, will be able to:

- (a) Maintain their right to choose their medication management service provider in their local community pharmacy.
- (b) Ensure adherence to their medication regime and thus, safe and quality use of medicines in the older population
- (c) Optimise sharing of information amongst the multi-disciplinary team of health professionals involved in caring for the older person.

The Guild has previously submitted suggestions for funding of medication management services within Residential Aged Care Services in their submission on the IHACPA Pricing Framework for Australian Residential Aged Care Services 2025-2026 (26 September 2024).

Recommendations

1. Home care support

Chapter 1: Part 4: Division 2: Section 33 includes the following service definition. The Guild proposes the rewording and clarification of this definition:

Transition care medication management

The following:

- (a) *Implementation of a safe and efficient system to manage prescribing, procuring, dispensing, supplying, packaging, storing and administering of both prescription and over-the-counter medicines;*
- (b) *Administration of, and monitoring the effects of, medication (including injections) including supervision and physical assistance with taking both prescription and over-the-counter medication under the delegation and clinical supervision of a registered nurse or other appropriate health professional.*

As community pharmacy is currently recognised as the primary health care service responsible for the delivery of the Dose Administration Aid Program funded through the Pharmacy Programs Administrator, the Guild considers that part (a) is conducted by community pharmacy and not by a service provider under the New Aged Care Act.

Separating the provision of this service from the service list definition will ensure that the aged care provider understands and is paid for the actual service provided and that community pharmacy is recognised for their service contribution outside the service list.

The Guild recommends the replacement of the above definition to read:

Transition care medication management

The following:

- (a) *Consulting with and organising requirements for the provision of a community pharmacy dose administration aid under the Community Pharmacy Aged Care DAA Program for eligible older people, and ensuring an alternative safe and efficient system to manage prescribing, procuring dispensing, supplying, packaging, storing and administering of both prescription and over-the-counter medicines for those not using this program;*
- (b) *Administration of, and monitoring the effects of, medication (including injections) including supervision and physical assistance with taking both prescription and over-the-counter medication under the delegation and clinical supervision of a registered nurse or other appropriate health professional.*
- (c) *Ensuring information regarding the effects of medication is communicated to the community pharmacy dose administration aid provider to provide for ongoing medication monitoring and review.*

The proposed service definition would ensure that older people who are approved for this service type would then be able to access a DAA under the proposed supplemental program (below), should they be eligible under the program rules.

In Chapter 1: Part 4: Division 2: Section 35 the Guild notes that the service list has provisions for community cottage respite. The DAA program allows for efficient and effective continuation of the medication regime during respite conditions and decreases any likelihood of medication errors during a respite stay.

Chapter 1: Part 4: Division 2: Section 43 lists the descriptions of services available under the service type *Personal care*. The Guild notes item 2:

Assistance with self-administration of medications

Assistance with self-administration of medications, including arranging for medications to be dispensed by a pharmacist, but not including prescribing or administering medications.

The Guild recommends that the service definition is amended as follows:

Assistance with self-administration of medications

Assistance with self-administration of medications, including arranging for medications to be dispensed in a community pharmacy dose administration aid (DAA), but not including prescribing or administering medications.

2. Residential care support

Chapter 1: Part 4: Division 8: Section 60 includes a service definition as follows under *residential clinical care item 3 Medication management*. The Guild proposes the replacement of this definition:

Medication Management

The following:

- (a) *Implementation of a safe and efficient system to manage prescribing, procuring, dispensing, supplying, packaging, storing and administering of both prescription and over-the-counter medicines;*
- (b) *Administration of, and monitoring the effects of, medication (including injections) including supervision and physical assistance with taking both prescription and over-the-counter*

medication under the delegation and clinical supervision of a registered nurse or other appropriate health professional.

As already noted in the home support care section, the Guild recommends the replacement of the above definition to read:

Medication Management

The following:

- (a) Consulting with and organising requirements for the provision of a community pharmacy dose administration aid under the Community Pharmacy Aged Care DAA Program for eligible older people, and ensuring an alternative safe and efficient system to manage prescribing, procuring dispensing, supplying, packaging, storing and administering of both prescription and over-the-counter medicines for those not using DAAs;*
- (b) Administration of, and monitoring the effects of, medication (including injections) including supervision and physical assistance with taking both prescription and over-the-counter medication under the delegation and clinical supervision of a registered nurse or other appropriate health professional.*
- (c) Ensuring information regarding the effects of medication is communicated to the community pharmacy dose administration aid provider to provide for ongoing medication monitoring and review.*

The Guild notes Chapter 1; Part 4: Division 8: Section 60 which includes service item 4: *Nursing*. The Guild recommends that the following wording be added to the item to recognise the specific role of the pharmacist involved in medication management of older people in residential care:

medication management (as listed and described in item 3 of this table) and in collaboration with the community pharmacy and pharmacist(s) responsible for supply and/or medication management in the facility to ensure multi-disciplinary care is optimised;

3. A supplemental Community Pharmacy Aged Care Dose Administration Aid Program

The Guild proposes that a supplemental program is considered in addition to the existing Medication Adherence Programs administered and paid by the Pharmacy Programs Administrator. The current programs involving the use of DAAs to support and improve medication adherence are:

1. Dose Administration Aids – for people in the community/home setting who have a government-issued concession card and take five or more prescription medications and/or present with difficulty managing their medications. Addresses the need to improve adherence amongst a financially vulnerable population having difficulty due to complex medications/regime.
2. Indigenous Dose Administration Aids – for people in the community/home setting who identify as Aboriginal and/or Torres Strait Islander and present with difficulty managing their medications. Addresses the need to improve adherence for this vulnerable population having difficulty with medications/regime.

A supplemental program will support adherence amongst older people who have complex or difficult medications/regimes and are receiving Commonwealth-funded aged

care services. It should include patients in both home/community settings and those in residential care facilities.

The program will ensure that community pharmacy, the recognised experts in medication management, are the recognised providers of medication management services for older people who are eligible for services under the New Aged Care Act.

Registered aged care providers would be involved as part of the multi-disciplinary care team, with each health professional delivering the appropriate service within their scope of practice. Such a program would include an annual medication review, similar to that conducted in the current Department of Veterans' Affairs Dose Administration Aid Service.

Improvements in medication adherence for older people who are receiving Commonwealth-funded supports will support the rights-based focus of the New Aged Care Act by improving the safety, health and well-being outcomes of older people.

Minor Comments

Chapter 1; Part 2: Section 5

The definition of *allied health profession* is included in the section; however, the *occupational therapist* is defined separately. Is there a rationale for a separate definition for occupational therapists and are they considered to be outside the allied health profession?

Chapter 1; Part 2: Section 6

In reference to the statement '*In this instrument, a reference to an action taken or a statement given by a health professional is a reference to such actions or statements that are within the health professional's scope of practice*', the Guild would request that the Department consider elaboration on how that scope of practice is defined, and how changes to the scope of practice may be affected. In addition, consideration should be given to the differing definitions for scope of practice between States and Territories and how the Act will determine the scope of practice for a health professional delivering a service.