SARRAH

Services for Australian Rural and Remote Allied Health

3 March 2022

NMP Review Committee
NMP secretariat

nmp@health.gov.au

Services for Australian Rural and Remote Allied Health (SARRAH) response: Draft National Medicines Policy

Thank you for the opportunity to comment on the revised draft National Medicines Policy (NMP). We appreciate the consultation closed cob yesterday. We had commenced but were unable to complete and submit the on-line survey response in time. Our response reference ID is ANON-2VX8-SR21-Z. We hope you will accept this as our input to the process.

Services for Australian Rural and Remote Allied Health (SARRAH) is the peak body representing rural and remote allied health professionals (AHPs) working in the public, private and community sectors, across primary and other health settings, disability, aged care, and other service systems. SARRAH was established in 1995 by and as a network of rurally based allied health professionals and continues to advocate on behalf of rural and remote communities to improve access to allied health services and support equitable and sustainable health and well-being. SARRAH maintains that every Australian should have access to health services wherever they live and that allied health services are fundamental to the well-being of all Australians. SARRAH members include pharmacists and a range of other allied health professionals for whom the draft National Medicines Policy (NMP) provides important guidance in the clinical care they provide and in their roles as members of multidisciplinary, patient-centred health professional teams.

SARRAH strongly supports the overarching purpose of the draft National Medicines' Policy as expressed in the draft Policy:

- to *"optimise health outcomes for all Australians through a collaborative partnership with key stakeholders, focusing especially on people's access to, and wise use of, medicines".*
- *"The draft Policy's aim is to create the environment, in which appropriate structures, processes and accountabilities enable medicines and medicines-related services to be accessible in an equitable, safe, timely, and affordable way and to be used optimally according to the principles of person-centred care and the quality use of medicines, so that improved health, social and economic outcomes are secured for individuals and the broader community."*

We also note the importance of ensuring the NMP is informed by and developed in close conjunction with other processes, such as the recent review and update of the *guiding principles to achieve*

continuity in medication management undertaken by the Australian Commission on Safety and Quality in Health Care (ACSQHC).

As an overarching comment, SARRAH recommends that in finalising the revised NMP and in all subsequent implementation and monitoring activity **particular emphasis be given to addressing the specific needs of people in rural and remote Australia** and of other groups identified as being at relatively greater risk of negative medications related impacts. For these people the risk of adverse impacts either from the lack of access or inappropriate use of medications is heightened.

The following comments could be included in response to survey Question 21: *Additional comments*. SARRAH believes a very strong emphasis is needed to promote:

- Interdisciplinary collaboration between health care professionals;
- person-centred care and ensuring clinicians and members of the healthcare team involve patients in every step of their care; and
- Consistent with a focus on patient-centred enablement/engagement reflective practice, risk assessment and mitigation strategies should include assessment by members of the health care team, beyond the medical, pharmacy and nursing team members and include other allied health therapists.
    - This is more than a pedantic point: noting the on-line survey, for example, provides 10 response options to Question 8 - *Which of the following options best matches the area of interest for you and or/your organisation?* Of the options listed, medical practitioner, pharmacist and nurse are included specifically (as they should be) and there is an "other" option.
    - Allied health practitioners make up around 25 per cent of the health professional workforce and deal extensively with patients who use medications, whose treatment is affected by medications, whose services are often a complement to or a means of reducing the need for and dependence on medications there is a tendency to overlook their role as contributors to health system design and delivery.
    - In other areas of the draft NMP it appears clear that the expectation is that allied health professionals (AHPs), like others, will be expected to support and adhere to the implementation of the NMP.
    - AHPs are highly skilled professionals who deal with complex health issues, have an interest and should be encouraged to contribute to the NMP.
    - The chronic shortage of AHP services and workforce across rural and remote Australia represents one of the greatest risks to the delivery of equitable and effective health care in Australia, with direct implications for the implementation and effectiveness of the NMP.

Responses to the survey questions:

Respondent details:

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Question 10: Aim:

Answer - Strongly Agree.

Comment: The aim of the Policy aim is clear, broadly and appropriately described with an emphasis on the range of issues that could be classified as influencing access; notes the use of medicines within the broader context of patient centred care and personal and community outcomes. This is appropriate and highlights the use of medicines as among the most important elements of quality care a person should be able to access in Australia.

Question 11. Scope

Answer – Neither agree nor disagree.

Comment: SARRAH agrees that a broad and inclusive scope be applied to "medicines" in this context, as described. However, our reservation regarding scope relates to the Draft NMP as a whole: and suggest more information is included about how the use of medicines (as described or otherwise) will in most (if not all) circumstances of patient-centred and effective care be more effective if used in conjunction with other therapies and treatments. In some situations, these treatments may also offer an alternative treatment to medicines and that this should be reviewed regularly by practitioners, ideally in conjunction with other treating practitioners.

Question 12: Principles

Answer – Agree.

Comment: The principles in themselves are sound.

Re: Shared responsibility – the aim is to promote the NMP to all practitioners noting they have obligations as clinicians (for example) to have an active interest on behalf of the patient. It is reasonable to promote this expectation but, as mentioned above, should be equally matched be efforts to ensure their input to the co-design, development and performance monitoring phases potentially as well as inviting their participation in a public survey.

Re: Innovation and Sustainability - both are critical and as Principles are well supported, however the NMP (as with all other policies that advocate such principles and identify an expectation of adherence to them) could be more direct and informative in identifying those aspects of health service systems and their interfaces where gaps and challenges exist, which put at risk capacity to adhere to or adequately implement the principles. For instance, innovative approaches to patient care are less likely to occur where funding constraints on treatment options, collaborative inter-professional practice and workforce/ professional access is severely constrained (as can be the situation in rural and remote communities). Notwithstanding the innovative practices frequently developed by local practitioners seeking to achieve the best possible care for people in the circumstances, the underlying inequity in enabling resources needs to be acknowledged.

For similar reasons, the meaning of the term *sustainability* could be spelt out, to ensure it is not confused with or applied as a proxy for funding caps, restraint or other wording to justify lack of investment. Sustainability might be described out as a desired outcome of effective investment and models of care that facilitate best possible value in terms of a person's health outcome and the downstream avoidable costs to the system (such as potentially preventable hospitalisations.)

Question 14. Governance**:**

Answer – Agree.

There is little in the section on governance to disagree with: it appears as a statement of how governance could work well on an inclusive and effective basis. However, while we acknowledge the deliberate effort

and approach in this Review to keep the focus of the new NMP quite high level, in this area it would benefit from more detailed consideration of the mechanisms through which input, collaboration and joint responsibility might be facilitated, shared and held to account.

We agree it may be counter-productive and overly limiting to prescribe in any precise detail the actual mechanisms, bodies etc that could be established, tasked with or otherwise responsible for/engaged in the governance tasks described. The NMP is meant to be long-living and as such needs to the flexibility to encompass technical and other developments as well as changes in approach. Nonetheless, there is scope within such an approach to identify in greater detail the types of inputs and functions necessary to enable the governance functions to meet the purpose outlined.

This suggestion is intended to reinforce the useability and applicability of the NMP over time. Unfortunately, our complex health and related policy, funding and regulatory arrangements often contribute to slow and/or disjointed action within and between governments, reflecting dynamic and varying degrees of the commitment and collaboration needed to improve overall system performance and support improved, more equitable access and outcomes across the community. Increasing the specific expectations on parties involved in governance may help to reinforce the utility of the Policy – with the nature of commitments parties might be expected to bring in implementing and progressing the NMP made more explicit.

Question 15. Pillar 1: *"Timely, equitable and reliable access to needed medicines at a cost that individuals and the community can afford".*

Answer - Strongly Agree.

Question 16. Pillar 2: *"Medicines meet appropriate standards of quality, safety and efficacy"*

Answer - Strongly Agree.

This Pillar relates extensively and appropriately to the role and operations of the Therapeutic Goods Administration (TGA). As noted above, the NMP and the use of medications broadly, has serious implications for health care practitioners, including those who are not themselves authorised to prescribe medications. It is important therefore, as stated previously, that all qualified health professionals are encouraged and enabled to be aware of and work with the NMP and be aware of the role of the TGA.

This is more likely to be facilitated if the relevant legislation recognises health practitioners beyond those that are regulated by the Ahpra under the National Registration and Accreditation Scheme (NRAS) for health professions and extended to the numerous self-regulated allied health professions, included speech pathologists, dietitians, social workers, exercise physiologists, audiologists and more.

To illustrate, the **Therapeutic Goods Act 1989** currently defines a health practitioner (in line with Ahpra coverage, although appears yet to have been updated to include paramedicine) as:

> ***health practitioner*** means a person who, under a law of a State or internal Territory, is registered or licensed to practice in any of the following health professions:
>
> (a) Aboriginal and Torres Strait Islander health practice.
>
> (b) dental (not including the professions of dental therapist, dental hygienist, dental prosthetist or oral health therapist);
>
> (c) medical;
>
> (d) medical radiation practice;
>
> (e) nursing;
>
> (f) midwifery;
>
> (g) occupational therapy;
>
> (h) optometry;

(i) pharmacy;
(j) physiotherapy;
(k) podiatry;
(l) psychology.

During the recent pandemic there have been instances where the TGA definition of health practitioner has contributed to confusion and some exclusion of qualified, practicing health professionals around continuing to practice. Anomalies of this sort have the potential to inhibit the intent and potential outcomes of the NMP, other regulation, programs and initiatives.

Question 17. Pillar 3: *"Quality use of medicines and medicines safety."*

Answer - Strongly Agree.

Pillar 3 deals directly with the many of the central issues SARRAH raises in the opening paragraphs of this submission and in the detail provided in response to Question 21: Additional Comments. Please refer to those.

Question 18. Pillar 4: *"Responsive and sustainable medicines industry and research sector with the capability, capacity and expertise to meet current and future health challenges."*

Answer - Strongly Agree.

Question 19. Proposed implementation approach.

Answer – Agree.

To promote effective implementation of the NMP we refer to other comments in our response, notably in relation to *Question 14: Governance*.

Question 20. Proposed evaluation approach.

Answer – Neither agree nor disagree.

The NMP describes a broad range of options that might be included by partners or groups of partners in monitoring and evaluating progress in implementing and identifying the impacts of the NMP. To quote -

> *Governance structures, including specific committees and working groups may be established for the policies, strategies, programs, and initiatives aligned with the NMP. These structures will monitor the achievement of the intended outcomes against the Pillars of the NMP including reporting on how the NMP's principles have been put into action. A partner, or group of partners can develop their own organisational reporting processes to monitor their progress and highlight how the NMP's principles have been achieved in an effective and efficient manner*.

Given the importance of the NMP and the direct legislative, regulatory, funding and other responsibilities governments at the Commonwealth, State and Territory levels share, SARRAH suggests that the evaluation approach include formal, high-level, inter-governmental oversight (presumably through Health Ministers and senior officials), supported by expert consumer and community representatives.

Question 21. Additional comments

A person-centred NMP should promote an objective and informed assessment of the therapeutic value of the medication, alongside consideration of other therapies/treatments that may be beneficial and efficacious in conjunction with medications or potentially as an alternative to medications.

- This point relates to several areas of risk, such as the overuse/over-reliance on medications as has been identified by the Aged Care Royal Commission among others and is apparent in the findings of the ACSQHCs Atlas of Health Care Variation.
- A related risk, that SARRAH believes may be associated with the point above, is the severe shortage / mal distribution of allied health professionals in rural and remote Australia (more severe than for GPs) is likely contributing to these risks as practitioners manage patient care as best they can in the circumstances (for example, where a physiotherapists or mental health counsellor/behavioural therapist may not be available).
- A further risk is the extent to which health practitioners are aware of and inclined to seek out alternative treatments and health professional advice.
- While collaborative case conferencing is an important enabler of patient centred care, it is also necessary to recognise that participation by allied health practitioners working in private, community and NFP sectors (especially) is, except in very limited and recently supported circumstances, unlikely to be supported (paid or otherwise enabled).
- This is not to suggest the standard should be set at a lower level, but points to a very real and practical issue that inhibits the participation of all members of the multi-disciplinary team to contribute to patient reviews.
- In the main, allied health practitioners are not supported to access or maintain digital health record systems in the same way GPs and increasingly pharmacists may be. This inhibits their involvement.

SARRAH has no objections to our comments being made public. the Committee making our Submission public and would welcome the opportunity to further assist the Joint Standing Committee to ensure equitable access, optimal impact and benefit for participants and the community and the long-term sustainability of the Scheme.

If you would like to discuss issues raised in SARRAHs response or require further information, please contact me at catherine@sarrah.org.au or Allan Groth at allan@sarrah.org.au.

Yours Sincerely

Cath Maloney

Chief Executive Officer

Services for Australian Rural and Remote Allied Health (SARRAH) exists so that rural and remote Australian communities have allied health services that support equitable and sustainable health and well-being. SARRAH also supports Allied Health Professionals who live and work in rural and remote areas of Australia to carry out their professional duties confidently and competently in providing a variety of health services to people who reside in the bush. SARRAH maintains that every Australian should have access to health services wherever they live and that allied health services are fundamental to the well-being of all Australians. SARRAH is a national, multidisciplinary member association and has been operating for 25 years. SARRAH is the only peak body to be fully focused on rural and remote allied health working across all disciplines. (More information is available at http://www.sarrah.org.au/).