RACGP
Royal Australian College *of* General Practitioners

Healthy Profession.
Healthy Australia.

26 February 2021

Professor Andrew Wilson
Chair, Pharmaceutical Benefits Advisory Committee
Department of Health
GPO Box 9848
Canberra ACT 2601

Via email: pbs@health.gov.au

Dear Professor Wilson

Proposed changes to the Pharmaceutical Benefits Scheme (PBS) Continued Dispensing arrangements

Thank you for inviting the Royal Australian College of General Practitioners (RACGP) to comment on proposed changes to the PBS Continued Dispensing arrangements.

The RACGP is Australia's largest general practice organisation, representing over 41,000 members working in or toward a career in general practice. Each year, general practitioners (GPs) provide more than 160 million general practice services to more than 22 million Australians, with almost nine in 10 people consulting a GP.[1]

The RACGP values team-based models of care in which a range of healthcare professionals contribute to improving patient health outcomes, maximising use of their skills within their scope of practice.

Separation of dispensing and prescribing medicines improves the quality and safety of patient care, by dividing the roles of GPs and pharmacists based on their specialised field of practice. GPs are clinical experts, drawing on over 10 years' training in diagnostic medicine to assess, treat, prescribe or *de*-prescribe medicines as necessary to provide the highest quality care for their patients.

Community pharmacists are experts in the field of medication management and supply.

Safe clinical governance frameworks must not be compromised unnecessarily for the sake of convenience. While it is appropriate in emergency situations for continued dispensing to be made available to patients, there is no need to introduce the model on a permanent basis. There may be cause for the arrangement to be ongoing in rural and remote areas, provided the pharmacist has a collaborative relationship with the local GP.

Evidence and discussion supporting this position are outlined in Appendix 1, along with a proposed alternative way to increase patient access to medicines by expanding the Prescriber's Bag content.

Appendix 1 also provides feedback on the inclusion of statins under usual arrangements for continued dispensing.

The Royal Australian College of General Practitioners Ltd
100 Wellington Parade, East Melbourne VIC 3002
Tel **1800 4RACGP** | 1800 472 247 Fax (03) 8699 0400 Email racgp@racgp.org.au
racgp.org.au ACN 000 223 807 ABN 34 000 223 807

I would appreciate the opportunity to meet and discuss this with you in your role as Chair of the Pharmaceutical Benefits Advisory Committee (PBAC). Please contact Ms Leonie Scott, National Manager – Policy and Advocacy, at leonie.scott@racgp.org.au or (03) 8699 0031 to arrange a meeting at your earliest convenience.

Yours sincerely

Dr Karen Price
RACGP President

CC: Ms Adriana Platona PSM
First Assistant Secretary
Technology Assessment and Access Division
Department of Health
GPO Box 9848
Canberra ACT 2601

Via email: supplyprograms@health.gov.au

Appendix 1

The RACGP's position is that continued dispensing arrangements in most circumstances are not necessary. They must only be made available in exceptional circumstances – in emergency situations, in remote locations, and for medicines that are urgently needed. Safe clinical governance frameworks must not be compromised unnecessarily for the sake of convenience.

1. Proposed alternative to increase patient access to medicines in emergency situations

- General practices are highly accessible to the community (see point 2 and 3 below). GPs safely prescribe and, in emergency situations, can dispense medicines with appropriate clinical oversight.
- The RACGP supports including a greater range of oral medications in the PBS Prescriber's Bag, which allows general practices to appropriately supply medicines to manage urgent care when a patient needs to begin their treatment immediately.
- The PBS Prescriber's Bag is available to GPs practicing after hours, when local pharmacies may not be open, thus reducing delays in patients accessing needed medicines.
- The RACGP argues that the list of ingredients supported by the PBAC for inclusion in continued dispensing arrangements would be more appropriate for inclusion in the PBS Prescriber's Bag than continued dispensing arrangements.

2. There is no evidence of the need for continued dispensing under non-emergency conditions

Data does not show that patients are having difficulty accessing a GP for appointments:

- nine in 10 Australians see a GP at least once each year.
- almost three in four Australians who need urgent medical care report they can see their GP within 24 hours. [2]
- less than 1% of Australians who need to see a GP report they are unable to do so.[2]
- rural and remote areas with more limited access to general practice services may be considered an exception. Continued dispensing for these areas may be suitable, provided there is support and guidelines for GPs and pharmacists to develop collaborative relationships to ensure patient safety.

3. Recent advances have further reduced the need for continued dispensing

The events of 2020 and subsequent policy and technology improvements have reduced the need for ongoing continued dispensing arrangements:

- Emergency measures can be implemented at short notice if needed, as shown during the 2019-20 summer bushfires and the ongoing COVID-19 pandemic.
- Telehealth has improved the accessibility of general practice by ensuring patients can consult with their usual GP from any location, including while in lock-down.
- Electronic prescriptions further improve the timeliness of patient access to medicines and can be provided to the patient as part of a phone or video consultation with their GP.

4. Continued dispensing risks patient safety and quality of care

Separation of dispensing and prescribing of medicines is critical to maintaining patient safety.

- The impact of reduced clinical monitoring and support – activities which patients may or may not be aware their GP undertakes when they visit for a repeat prescription – must be balanced against convenience.
- When a patient visits their GP for a repeat prescription, a GP reviews the patient's condition and the appropriate treatment and, if still necessary, medication dosage. A patient obtaining additional supply of their medication directly from a pharmacy will bypass this necessary medical review by up to seven months or longer. This could have negative consequences for their health and wellbeing.
- For example, regarding the proposed inclusion of blood pressure medicine – it is important that the prescription is aligned to the patient's current level of need. A diabetes assessment may be undertaken prior to dispensing another month's supply.
- Many RACGP members are concerned that the COVID-19 pandemic has discouraged their more vulnerable or complex patients from seeking usual care in a timely manner. Any arrangements which could further discourage patients from attending their GP for a review of their condition are not supported by the RACGP.
- Anecdotal evidence highlights that these type of arrangements at the state and federal levels (continued dispensing, emergency supply, "owing" prescriptions etc) are presenting real risk of harm for medically unstable patients, particularly those with cognitive impairment. RACGP members have provided examples of patients who have been enabled to continue with incorrect doses of their medications under these types of arrangements, without a script from their GP. One such patient did not recall being told to go and see their GP for a review and did not see any need to as the pharmacist continued to provide their pills. Other such cases have involved inappropriate supply by a pharmacist of proton pump inhibitors or strong painkillers, which can have severe consequences if taken in high doses or long-term use.

5. Concerns specific to the proposed general principles and medicines list:

The proposed general principles state that:

- *The medicine must have been supplied to the patient within the past six months*

  Given that many medications are supplied only one month at a time from pharmacies, there is real risk that the prescriber may have ceased that medicine for the patient during that six-month period.

- *The condition must be stable*

  RACGP members question how a pharmacist determines if a consumer's condition is stable. In most cases, a GP would be able to safely provide a repeat prescription for stable conditions via an MBS-subsidised telehealth consultation at short notice for their patient, due to their ongoing relationship with the patient, knowledge of their medical history and access to their medical record.

- *Impractical to get a doctor's script*

  RACGP members raise concerns that late retail pharmacy trading hours could result in a default to state inability to contact the usual prescriber. Pharmacists should require evidence that the patient has attempted to see their GP.

- *Urgent need*

  Patients are typically supplied with prescriptions for six to 12 months of medications and should routinely be directed to visit their GP before the prescription expires. Pharmacists are well placed to remind patients when they receive the last repeat of their script that they should make an appointment with their GP for a clinical review.

  If this action were being routinely undertaken as part of dispensing, fewer patients would require urgent appointments for medicine reviews and these proposed continued dispensing arrangements would not be required.

- *Collaborative relationship requirement*

  The RACGP's position is that continued dispensing may be appropriate in rural and remote areas.

  In these areas, the RACGP proposes that PBAC's proposed principles should require pharmacists to form collaborative agreements with their local general practice to have access to continued dispensing arrangements. This will help ensure a continuous flow of information regarding patients, and assist with clinically appropriate decision making.

Regarding the list of ingredients supported by the PBAC for inclusion in Continued Dispensing:

- RACGP members note that the proposed list is restricted to physical conditions. It is unclear why PBAC considers that patients taking medication for mental health conditions need to see their GP regularly for review, while those with physical conditions are not required to see their GP for review. Regular review of physical and mental health conditions are equally important.
- It should also be noted that the proposed medicines dispensed under the scheme are for illnesses that are highly prevalent in Aboriginal and Torres Strait Islander communities – diabetes, and cardiovascular disease. Introducing such a scheme could therefore negatively affect the close monitoring needed for this high-risk group in the community.

6. Monitoring and reporting

Any provisions to dispense without a clinical review of the patient's condition must be well defined and closely regulated:

- The monitoring and reporting framework for the proposed ongoing arrangements has not been defined. The proposal needs to make clear how the arrangements will be monitored and evaluated to ensure the desired outcomes are being achieved, and patient safety is not negatively affected.
- Reasonable use of continued dispensing must be defined and measured.
- Penalties to discourage inappropriate or unnecessary use must be defined.
- Before considering introducing permanent continued dispensing, data detailing the current use of continued dispensing should be interrogated and made public, to understand if there is any evidence of true utility for patients, including particular cohorts of patients such as those in rural and remote areas and Aboriginal and Torres Strait Islander communities.

7. Feedback regarding usual arrangements for continued dispensing

RACGP members question how statins (with the exception of the HMG coA reductase and amlodipine combination) fall under the category of "immediate need" to prevent undesirable health outcomes. This should be reconsidered by PBAC.

[1] Department of Health. Annual Medicare statistics: Financial year 1984–85 to 2019–20. Canberra: DoH, 2020.
[2] Australian Bureau of Statistics. Patient experience in Australia: Summary of findings, 2019-20