RACGP
Royal Australian College of General Practitioners

Healthy Profession. Healthy Australia.

9 November 2023

The Australian National Audit Office (ANAO)
GPO Box 707
Canberra ACT 2601
via email: administrationofpbs@anao.gov.au

Dear Administration of the PBS audit team,

The Royal Australian College of General Practitioners (RACGP) thanks The Australian National Audit Office (ANAO) for the opportunity to provide a submission to the *Administration of the Pharmaceutical Benefits Scheme (PBS) audit*.

GPs are the first point of contact for most Australians seeking healthcare, with almost 90% of the population seeing a GP at least once each year.[1] According to Australian Institute of Health and Welfare (AIHW) data, GPs prescribed the most Pharmaceutical Benefit Scheme (PBS) and Repatriation Pharmaceutical Benefit Scheme (RPBS) medicines in Australia, accounting for approximately 87% of all prescriptions dispensed.[2]
While GPs play an important role in the prescribing and administering medications, they also educate and counsel their patients regarding medication usage, undertake medication reviews, and deprescribe where necessary.

We provide the following comments for your consideration:

1. Have the Department of Health and Aged Care (Health) established effective governance and oversight arrangements for the Pharmaceutical Benefits Scheme?

1.1 PBS authority item process is overly bureaucratic, costly to taxpayers, and ultimately impacts on GPs time spent with patients.

The RACGP has long called for an end to or, at very least, a serious revamp of the PBS Authorities system due to the unnecessary inefficiencies and complexities it creates. This administrative and bureaucratic burden ultimately takes valuable time away from providing care to patients, limits GPs potential to work to their full scope of practice and contributes to GP burnout. While there are multiple ways that GPs can obtain authority, the system is unintuitive and has not been designed with end-users in mind. There are currently three ways that GPs can obtain authority:

- **Online** – the PRODA online PBS Authority Approval is time-consuming and inefficient. It lacks basic functionality, such as:
    a) requiring double authenticated re-logins back to the home page after 5 minutes of inactivity,
    b) failing to save patient details for regular applications of the same authority prescriptions,
    c) inability to easily access codes for medications with multiple authority access codes.
- **Phone** - many GPs will defer to phone to obtain Authority approval, which is also time consuming for GPs and resource intensive for the PBS.
- **Post** - An alternative method of Authority approval is to print out a paper prescription, post it to the PBS or Repatriation PBS, wait for authorisation and then wait once again for the prescription and authority number to be mailed back to yourself, the prescriber, or the patient. The typical timeframe for this full process is 2–3 weeks.

If authority is required, then Streamlined Authority is sufficient to highlight particular use-criteria and provide data-gathering.

1.2 Focus on demonstrating value for money for medications, rather than their clinical evidence of effectiveness.

Decisions should be based on published clinical evidence of patient benefits and harms, viewed through a lens of equity, rather than funding-based decisions.

Ideally, GPs should have access to trusted, independent, up-to-date evidence-based appropriate use guidelines that acknowledge the role of non-drug interventions and the relative potency of these non-drug interventions. Industry led processes lead to bias and an overly expensive PBS without sufficient understanding of the harms of using medicines. Guidelines should be 'living' (updated as new evidence emerges), or at least each recommendation should have an expiry date triggering an evidence review.

While submissions from sponsors to the Pharmaceutical Benefits Advisory Committee (PBAC) currently require them to provide a clinical evaluation of their medication, the focus is primarily on demonstrating value for money rather than an evidence-based clinical practice guideline approach to medication rebates.

2. Management of risks relating to the delivery of PBS benefits.

We have no further comments to add in relation to this section of the review.

3. Engagement with stakeholders on PBS policy changes.

It is imperative that any PBS changes have open, meaningful consultation and engagement to avoid unintended consequences that negatively impact on patients.

It is important that consumer consultation is built-in throughout the review process to ensure decisions are made including the perspective of 'on-the-ground' experiences. This will provide different perspectives on how decisions made during the review would affect health consumers. For example, out-of-pocket costs and how it affects access, which should be important considerations.

An example of this was the changes earlier in 2023 by PBAC to the General Schedule (Section 85) listing, population criteria and treatment criteria for fluticasone propionate 50 microgram, which would have had very real health equity impacts on patients.

4. Other comments for consideration.

4.1 The Community Pharmacy Agreements

The RACGP recommends that any PBS redesign should be hand-in-hand with the Community Pharmacy Agreements (CPA8) changes. It is most important to look at the most equitable, efficient, safe and effective way for patients to receive medications. There is emerging evidence that medication governance and patient education processes can more effectively occur in general practice with practice-based non-dispensing pharmacists[3] backed by 24-hour access to help lines. Dispensing direct from warehouses would then be an efficient way to manage stock and distribution.

4.2 Medicines that fall outside of the PBS

There are substances, necessary for patient health, that fall outside of PBS based on historical precedent (for example, emollients for dermatitis), rather than evidence of effectiveness. This should be addressed by including them on the PBS if the evidence demonstrates their effectiveness.

4.3 Quality Use of Medicine programs

Evidence of why and when PBS medications are used should be gathered to allow effective Quality Use of Medicine programs, allowing PBS appropriate use criteria to closely align with QUM activities. The provision of funding for a comprehensive data-based system for understanding the use of medicines, their effectiveness in the real world, and potentially medical harms from medications would be immensely helpful.

Thank you again for the opportunity to provide a response to the *Administration of the Pharmaceutical Benefits Scheme (PBS) audit.* The RACGP would be pleased to participate in ongoing GP consultation which will be key to, ensuring future solutions are practical, beneficial and sustainable. For any enquiries regarding this letter, please contact Stephan Groombridge, National Manager, Practice Management, Standards and Quality Care on 03 8699 0544 or stephan.groombridge@racgp.org.au.

Yours sincerely

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RACGP President

References

1. Department of Health. Annual Medicare statistics: Financial year 1984–85 to 2019–20. Canberra: DoH, 2020.
2. Australian Institute of Health and Welfare. Medicines in the health system. Canberra: Australian Institute of Health and Welfare, 2022. Available from: https://www.aihw.gov.au/reports/medicines/medicines-in-the-healthsystem [accessed 2 November 2023].
3. The Royal Australian College of General Practitioners. General practice Scope of Practice review. East Melbourne; Vic: 2023.