

Position statement

Independent governance to develop professional pharmacist services

On 12 February 2014 changes were announced to the Home Medicines Review (HMR), Residential Medication Management Review (RMMR) and other Community Pharmacy Agreements (CPA) programs, which will reduce consumers' access to medication management review services. These changes were made without the involvement of the body that was set up to ensure wide stakeholder involvement and improved governance for the 5CPA, the Programs Reference Group (PRG).

Position

SHPA's position is that the development of community-based professional pharmacist services and relevant funding deliberations be removed from future CPAs. SHPA calls for a new independent and transparent process with the involvement of GPs, medical specialists, pharmacist and consumers.

SHPA's position is that models of service, including referral methods, should be applicable across all healthcare settings for 'at risk' consumers, including primary care, hospital referred care and aged care and where practicable address continuity of care issues.

SHPA's position is that arrangements should no longer be made by the Agreement Consultative Committee (ACC) in isolation. This has resulted in a process that excludes key stakeholders and decisions made without advice from the Programs Reference Group (PRG). By its very nature this process could not pass an actual, potential or perceived conflict-of-interest test.

Background and Issues

Medication Management Reviews (MMRs) are an essential component of contemporary health care; they are a foundation service for the safe and effective use of medicines. MMR services within primary care and aged care were established more than a decade ago. They are best delivered within a collaborative interdisciplinary approach with local referral practices that best utilise the available health professional resources.

Consumers with multiple chronic health conditions requiring complex care now receive medicines over decades of life. Every Australian has the right to receive effective medicines in the safest possible manner. This should apply equitably across all health settings for 'at risk' consumers, in a timely manner, on the basis of clinical need.

GPs and pharmacists who have worked together for a decade to establish and target these services were not involved in the decision to ration these services. They have not been consulted as to the workability of the arrangements announced on 12 February 2014. In addition, several reviews are currently underway about the eligibility criteria for HMRs, as well as the broader review of the 5CPA programs including a pathway for post-discharge HMRs that has been delayed by five years. Implementing change without the results of the reviews is unacceptable.

Improved governance arrangements were promised for the 5CPA. Access to community-based MMRs should be equitable, and targeted to those patients who will receive the most benefit and delivered to patients in their setting of choice. They should not be restricted according to arbitrary caps that do not accommodate these access requirements. The changes announced 12 February 2014 will have a direct and negative impact on consumers as well as presenting management challenges and unacceptable additional red tape.

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The Society of Hospital Pharmacists of Australia