

Delivering better patient care through better utilisation of pharmacists

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Parliamentary Inquiry into the roles and opportunities for community pharmacy in primary and preventative care in Victoria

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*“Pharmacists are **highly trained**, have **deep expertise in medicines**, and are located in **communities** throughout Australia. But their **role** is far more limited in Australia than in many other countries.”*

What pharmacists can do

Figure 2. A future model of service provision for community pharmacies and pharmacists

- Opportunity to discuss health and lifestyle
- Public health services: smoking cessation, sexual health, weight management
- Common procedures: vaccination, blood pressure tests

- Diagnosis and medicines for minor ailments
- Checks for LTCs such as diabetes, COPD
- Direction to other caregivers

- Management of long term conditions
- Support in using medicines to best effect
- Early detection of problems or deterioration: signposting or referral to appropriate primary and community care

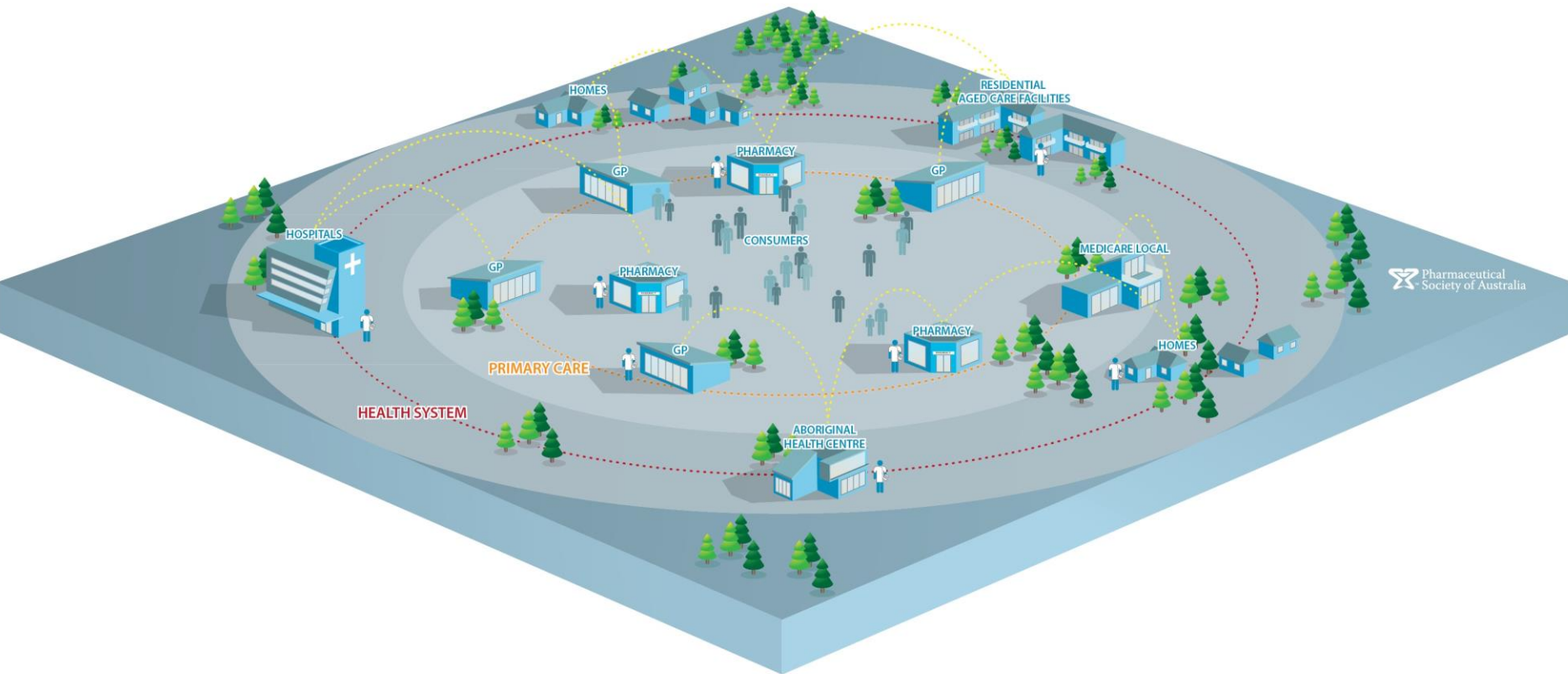
- Accessibility: opening hours, convenient local presence
- Expertise and trusted professional status
- Integrated part of a broader care system (including patient records)

People who are healthy

People with minor ailments or possible LTC symptoms

Patients [or their carers] with one or more long-term conditions

Pharmacists in the community





52,989

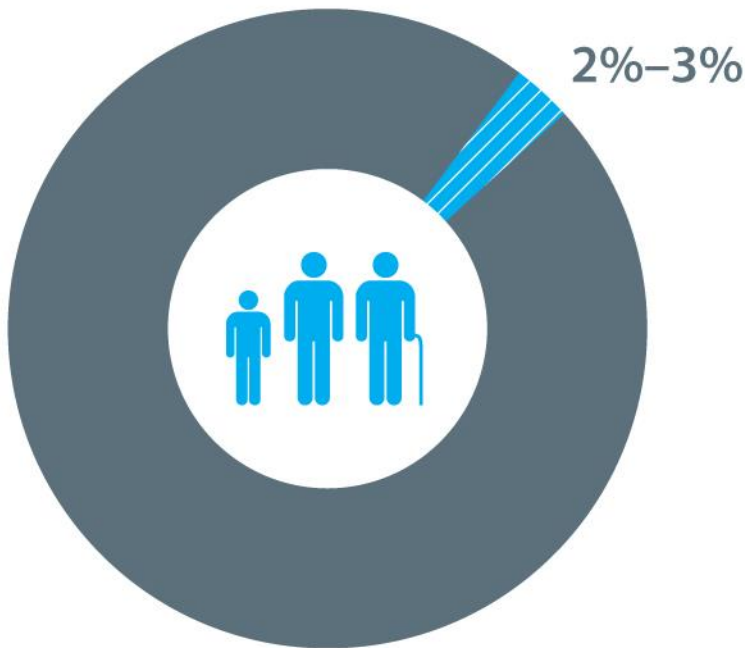


230,000

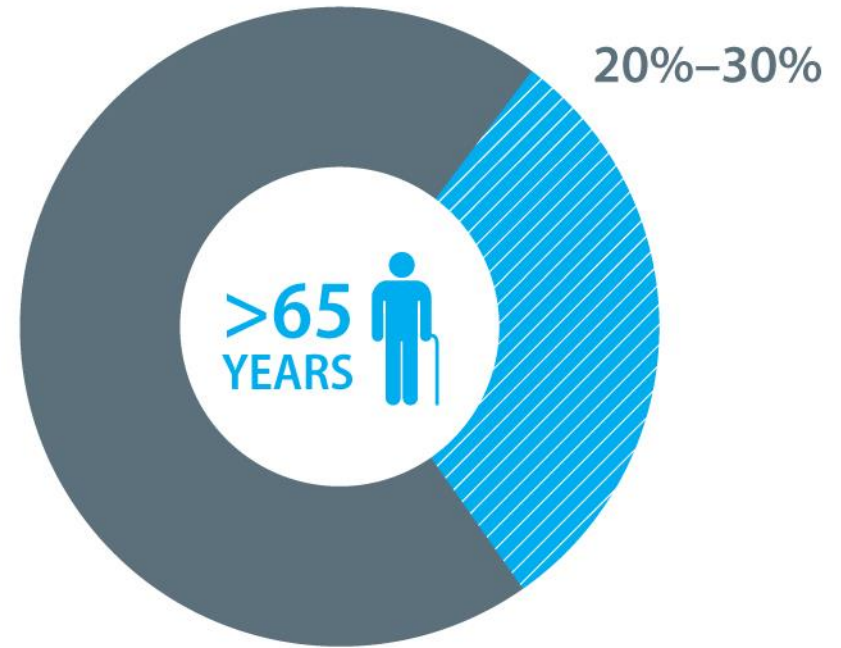
Hospitalised transport injury cases vs medication-related admissions



The medication-related admissions cost \$1.2 billion annually



Medication-related hospital admissions are estimated to comprise 2% to 3% of all Australian hospital admissions



But for the population aged 65 years and over, 20% to 30% of all admissions in are estimated to be medication-related



The UK *Pharmacy First* minor ailments scheme has been accessed by more than 250,000 consumers (over 10 years) who would otherwise have added to the pressure on GP resources or emergency departments

Sore throat

Should have treated themselves at home from their medicine cabinet

Unsure or confused about an illness

Should have called NHS Direct

Painful cough

Should be at the Pharmacy

Stomach ache

Should be at the GP

Adult
Emergency Dept



Minor cuts

Should be at the Urgent Care Centre, Walk in Centre or Minor Injuries Unit

Severe chest pain

Should have been at the front of the queue

Find out more



You can
choose better

The Emergency Department is for serious and life threatening conditions: Heavy bleeding, broken bones, burns or scalds, chest pain, strokes.

Many patients can be treated elsewhere. The Emergency Department is for real emergencies only. Please play your part. Visit www.choosebetter.org.uk to find the right place for treatment. Local libraries hold leaflets.

Effective primary and community health help to keep people out of hospitals

- Time to act is now, as across the broader health picture, increases are being observed in:
 - potentially preventable hospital admissions for acute conditions
 - vaccine-preventable conditions
 - overweight and obesity rates, potentially leading to future peaks in type 2 diabetes and other chronic diseases

Role of pharmacists in primary care

- Minor ailment schemes have the potential to redirect care of minor ailments away from general practice and other high cost settings such as emergency departments as intended
- Pharmacists are being incorporated as part of the solution in some Medicare Local After Hours initiatives, but much more can be done

Policy alignment

- Victorian Government's goal to "*deliver better patient care through better utilisation of a skilled health workforce*"
- Shared by PSA, the peak pharmacy body representing over 18,000 pharmacists in Australia

Vision: Improving our nation's health through excellence in the practice of pharmacy

Mission:

*Building capability through practice support and professional development
Positioning pharmacy for the future through innovative and sustainable models of practice*

Pharmacists in the community



Improve public health

Reduce emergency department presentations for minor ailments

Improve medication use in chronic diseases

Support and reduce pressure on GPs

Reduce hospital readmissions

Fill rural health service gaps