

Review of Future Governance Arrangements for Safety and Quality in Health Care

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17th November 2004

SUBMISSION

FROM: Rollo Manning GDipPR Ph.C MPRIA
Principal
RWM Consultancy
PO Box 527 Parap NT 0804

**SUBJECT: Distribution and supply of medicines to remote living
Aboriginal people obtaining treatment from
Aboriginal health services in their community**

1. Introduction

a. Terms of reference

* Review the work of the Australian Council for Safety and Quality in Health Care.
* Develop proposals for the future national governance arrangements for leadership and coordination for safety and quality in health care in Australia, and specifically:

- Identify and describe the process to achieve national leadership and coordination for safety and quality in health care in Australia, and,
- Identify priority areas for national action for transforming health care safety and quality in Australia.

This submission will address the above from the standpoint of a pharmacist who has spent the past eight years working in and around the remote health system in the Northern Territory.

See [ATTACHMENT A About the Author](#).

2. Summary

The health status of Aboriginal people living in remote communities in the Northern Territory is so bad that special attention needs to be given towards improving it. The money required to do this is an amount that no government can afford out of taxpayer revenue. Partnerships have to be developed between the corporate sector, media, advertisers and charitable trusts to establish processes that will improve both the living conditions and the safety and quality of health service delivery. Pharmacy is a part of this proposed process and should encompass manufacturers, distributors, pharmacists, institutions of learning and government health system.

Specifically, a need exists for efficient governance arrangements for the distribution and supply of pharmaceutical items (medicines) to Aboriginal people living in remote communities in the Northern Territory.

The present governance of pharmacy practice through the Health Professions Act and the Poisons and Dangerous Drugs Act 1983 (PADDA) fail to address the dangerous and haphazard way that medicines are supplied from health clinics to patients of remote health services. This should not be taken as a criticism of the clinicians working in these clinics, but rather of the pharmacy profession for failing to upgrade the pharmacy practices to a standard that would be acceptable to a "mainstream" population.

People who have been living with a sub-standard system will not know how much it can be improved. Without access to modern day technology even the computer may not be available, let alone the Internet, local area networked systems or similar information aids. For the past six years the NT Government has been working on a universal information system but this is still not available to health clinics.

The standard of pharmacy practice tolerated by remote living Aboriginals could be construed as coming from a profession that is discriminating against the residents of these communities.

The question has to be asked as to whether a "mainstream" community would tolerate the practices described in this submission.

Attention is not given to improving standards because the inhabitants are Aboriginal and thus do not have English as their first language, are living in a place with poor communications in every respect and are from a culture that does not understand the value of the litigious process in taking action against a system that could be responsible for situations where the use of medicine may have contributed to a worsening health status.

This submission puts forward areas and activities where more information is needed before solutions can be effectively put in place. This is no excuse though for not rectifying the dangerous practices that now exist and need no more research to establish that danger – just a change in the method of doing things.

3. Present governance arrangements

The **ownership** of health clinics fall into one of four categories. These are:

- Wholly owned and operated by the NT Government – approximately 50 clinics
- NT Government funded but community controlled through a local community health board – approximately 10 clinics
- Commonwealth funded and community controlled approximately 10 clinics
- Jointly funded by NT and Commonwealth and controlled by a area health board – approximately 15 clinics.

The **supervision of the distribution and supply** of medicine to these clinics is the responsibility of the pharmacy that provides the service. This is substantially done through a hospital pharmacy by government employed pharmacists. The operation has

been directed over the past three years towards privately owned retail pharmacies due to a change in funding arrangements being shifted from the NT Government to the Commonwealth through the Pharmaceutical Benefits Scheme (PBS). It is thus a shared responsibility between the government pharmacists – reporting back to the Department of Health and Community Services (DHACS) – and the retail pharmacies represented by the Pharmacy Guild of Australia (PGA).

The **regulatory control** is administered through the Poisons Control Branch of the DHACS and the Pharmacy Board of the NT under the Health Professions Licensing Authority with accountable responsibility directly to the Minister for Health.

The result of this is that the DHACS and the Pharmacy Board are the primary governors of the practice and the law through specific legislative requirements or “best practice” standards models. However the law itself is deficient in that there are no provisions in the PADDAs for such things as labeling outgoing medicines. Neither are there “best practice” standards for the operation of a pharmacy at a remote health clinic. In fact the Pharmacy Board appears to take the view that the only pharmacy possible is the “business” of a pharmacy as defined in the Health Practitioners Act and the room at a remote health clinic that has been termed a pharmacy for many years should change its name as it does not fall within the definition of the Act. It would have been hoped that in defining a pharmacy in the recently (2004) invoked Act the current practice would have been taken into account in determining the definition. Schedule 8 of this Act (Provisions relating to pharmacies) is still to be Gazetted and awaits endorsement from the National Competition Council. The definition of a pharmacy is ...” premises or the part of premises in which a pharmacy business is carried on” and “pharmacy business” means “a business that includes the custody of drugs and medicines, the dispensing of medicines on prescription and the supply of scheduled drugs and poisons to consumers by retail”.

Another definitional problem is the word “dispensing” which according to the Pharmacy Board is an act only done under the supervision of a pharmacist.

While this may seem a trivial matter of definitions it does become important when considering who is responsible for what.

It is currently too easy for the Pharmacy Board to say that because remote health clinics do not have a pharmacy it is not a matter for concern to it.

Likewise, the Poisons Control Branch can decide that because there is no provision in the PADDAs for the labeling of dispensed medicines the quality of supply process is of no concern to it.

There needs to be action across boundaries to highlight these governance issues and this is discussed further in this submission.

4. Addressing Terms of reference

Term of Reference 1 seeks to review the work of the Australian Council for Safety and Quality in Health Care.

I do not wish to comment on this in an overall sense as I have not had anything to do with the work of the Council at a National level.

Term of Reference 2 seeks ideas about how future arrangements could: support and encourage implementation of safety and quality improvement initiatives at the national, state/territory and health service delivery level

There is a need in the Northern Territory for a peak body to co-ordinate the task of improving the quality of distribution and supply of medicines.

In 2001 a study was completed, funded by the National Prescribing Service and the Division of General Practice – NT titled *Prescribing and Dispensing Issues and Needs in Remote Health Clinics in the Northern Territory* by Dr Philippa Hudson.

This 358 page report with 17 Recommendations was a thorough expose of the subject and should be recognised as a benchmark for future work. The report was tabled for the key stakeholders and referred to in the Tender Specifications for outsourcing the supply of PBS medicines in 2003 but the recommendations have not been systematically reviewed.

One key recommendation was:

Recommendation 17

The formation of an NT Prescribing and Dispensing Issues Working Party with appropriate stakeholder representation is recommended, with an initial task to organise and run a workshop on the publication early in the New Year.

In addition:

Recommendation 12: The establishment of an NT Pharmacy Committee to oversight QUM standards across the NT. The structure of the committee to be drawn primarily from the professional organisations.

There has not been any apparent action on these recommendations.

The fact that the report was critical of several current practices could have been the reason that existing stakeholders, particularly the DHACS – (THS at the time) – was reluctant to endorse the report and promote its readership. Please consider the report illustrated at ATTACHMENT B as an inclusion to this submission and if the review desires I can make it available on CD.

In addition I want to draw the attention of the Review to a letter I wrote in December 2003 to the President of the Victorian Branch of the Pharmacy Guild of Australia, Mr Bill Scott, and in his capacity as Chair of Guild National Health. The letter followed a visit by Mr Scott to the NT and a visit to inspect the pharmacy improvements on the Tiwi Islands. He visited Pirlangimpi Health Clinic and the Julanimawu Health Clinic at Nguui on Bathurst Island. In this letter I sought the support of the Pharmacy Guild to a plan to revitalize the manner in which pharmacy is practiced in the Northern territory.

I have not had a reply to this letter even though Mr Scott has subsequently advised me that he forwarded it to the National Secretariat in Canberra for action.

The Pharmacy Guild is viewed as the peak body to negotiate with Government and yet one cannot help but wonder if it is really interested in matters that will improve the business situation of its members – the current owners of pharmacy businesses.

My submission to the Guild (Mr Scott) sought to have consideration of matters relating to the ownership, approval to dispensing of PBS and professional development of pharmacy skills by clinicians at remote health clinics.

I believe there is a strong need for the pharmacy profession as a whole to meet this challenge.

The obvious improvements must be actioned if Aboriginal health is to move ahead. At present there are serious risks associated with either compliance or the non-compliance with prescribed treatment but no one really knows how much. A prominent pharmacy practice researcher who visited the Tiwi Islands in 2001 commented after examining the pathology of a group of patients and their prescribed treatment that they were lucky they did not take the medication as it had not been adjusted for account to be taken of their renal function and there was the possibility of toxic doses being given. More research needs to be done on this in the context of clinical pharmacy.

By the same token the advocates of a hospital pharmacy doing the dispensing of prescriptions medicines for remote Aboriginals will say that the recording in a computer data base is important to detect any adverse reactions or likely side effects. The question must be asked how many a time is an alert given to the clinicians back at the clinics or is pathology taken into account when checking on the dose. The practice of distant dispensing for remote patients has to be questioned for relevance and if found to be deficient in usefulness alternative approaches sought. In this day of electronics data bases can be used to ensure greater patient safety.

In a submission to the ACQSH in 2002 the Tiwi Health Board sought funds to examine the safety aspect of using Websterpaks instead of dosette boxes to supply medications to remote living Aboriginal people but this was not successful. There is no idea of what the error rate could be. The Katherine West Health Board is the only organisation I know of which is making a determined effort to track medication incidents as a regular monitoring process.

Leadership is needed and pharmacy professionals can provide it but they have not shown an ability or desire to want to do it in the past. This case of institutional racism must end if the Nation is to fulfil its obligations to its Indigenous people.

Should this happen the other matters you seek comment on would be taken up. That is:

- improve the uptake of processes and tools that have been shown to improve patient safety and quality
- reduce duplication in effort and approaches
- support national consistency
- facilitate information dissemination and sharing
- operate in a number of settings, including primary health care.

5. Addressing additional points:

- a. How leadership and coordination arrangements at the national level can be integrated with and build on existing efforts to improve safety and quality of health care at the health service and state/territory level.
 - Establish a NT task force (or whatever name) to co-ordinate the government and private sectors and implement the principles espoused by the ACQSH and the National Medicines Policy.
 - Resources for this should be available from the PBS.

b. What national approaches would best facilitate this?

- There needs to be at the National level an acceptance that the safe supply of medicines to remote living Aboriginal people is a right they all have. The current crisis situation must be addressed in an aggressive manner to bring practice standards up to a level that would be acceptable to the rest of the Australian population.

c. What role consumers can play and what this might mean for any future arrangements.

- The consumers in this instance are an ancient people who only in the last 50 years have been asked to live in the world of the dominant culture. Their rights as citizens' of Australia have to be taken on board by the people in the health system who are employed to assist them. The system in the past has failed to improve their lot and must be changed. It is for the leaders in pharmacy to determine that change in consultation with the consumers.

6. Conclusion

This submission has been made in the hope that the Review will be enlightened to an area of pharmacy practice where there are severe deficiencies being glossed over in a discriminatory way and not being given the attention that the client base deserves.

The submission does not have answers but the writer hopes that there is sufficient force behind the questions for the Review to want to look more closely at the Northern Territory and the way medicines are dispensed from the health clinic pharmacy to the client. Whatever it is called, the practice of pharmacy, and where it happens is irrelevant to the need for a concerted effort to address the safety and quality issues that are rife in remote communities.

The fact dosette boxes with loose fitting lids, laden with dust, ants and moisture, and stored in an unsafe place without a label should be enough reason to want to change to Websterpaks. The fact that medicines are being handed out without proper recording or printed labeling instructions is sufficient to have a distressed family ask for legal advice in the event of a misadventure. These happenings must be reversed and will not while there is inadequate attention being given to the overall leadership and governance of pharmacy practice to remote Aboriginal people.

Governance must acknowledge the deep misunderstandings that exist between client and health professional. The tasks are unique and must be approached in a sensitive and caring way once the trust of the client base is obtained. We are asking them to take medicine for diseases they never had in their traditional way of living. As individuals they are only doing what the white man encouraged them to do through TV commercials for beer, spirits, cigarettes (until banned recently), Coca-Cola and fast food. The fact that Marijuana is smoked to an overwhelmingly distressing extent on both the finances and the brain is a symptom of a community bored with life and with an over abundance of money which was given to them for doing nothing.

In this submission to a review of the governance structures for the quality and safety of health care I ask whether we can truly say that we have safety and quality in the foremost in our mind when we address the Aboriginal health problem.

The risks, unsafe practices and poor quality of professional assistance to remote living Aboriginals is not just deficient in pharmacy but across all government departments trying to assist these people. The worst to suffer are the children who are witnessing a life unfold before them that is in itself unsafe but to them is normal.

In the words of Nobel Peace Prize winner, Chilean born poet, Gabriel Mistral:

“Many things we need can wait, the child cannot. Now is the time his bones are being formed, his blood is being made, his mind is being developed. To him we cannot say tomorrow, his name is today.”

There is an urgent need to address this problem as it is a factor in accelerating the decrease in life expectancy with lifestyle choices being made that will be deleterious to achieving an acceptable level of good health.

Rollo Manning
17th November 2004

Rollo Manning

Contacts	Rollo Manning RWM Consultancy PO Box 527 Parap NT 0804 Telephone 08 8942 2101 or 0411 049 872
Date Of Birth	24 th April 1938
Objectives	<ul style="list-style-type: none"> ✚ Enhance the quality of life for Aboriginal people living in remote communities in the Northern Territory ✚ Obtain a greater understanding of the social determinants of ill health among remote living Aboriginal people ✚ Develop a model for improving the capacity of remote Aboriginal communities to determine priorities of need and establish an infrastructure to move ahead ✚ Contribute to improving the health status of remote living Aboriginal people through improved delivery of pharmaceutical services. ✚ Contribute to a pharmacy profession that fulfils the needs of the consumer and wants of the pharmacist. The consumers needs must be the primary aim of all activity.
Summary of qualifications	<p>Deakin University GRADUATE DIPLOMA PUBLIC RELATIONS (2003)</p> <p>Royal Melbourne of Institute of Technology DIPLOMA OF MANAGEMENT (1971)</p> <p>Sydney University PHARMACY (1960)</p> <p>Barker College, Hornsby, NSW. UNIVERSITY ENTRANCE (1956)</p>
Work experience	<p>October 2003 to present Principal, RWM Consultancy Manager, Mirrijini Pty Limited</p> <p>February 2001 to September 2003 Pharmacy Consultant, Tiwi Health Board Manager, Mirrijini Pty Limited</p> <p>May 1998 to February 2001 Senior Policy Officer (Pharmacy), Territory Health Services, Darwin</p> <p>August 1997 to May 1998 Rural Pharmacist, Katherine Hospital, Territory Health Services</p>

October 1995 to July 1997
Locum Pharmacist

March 1987 to September 1995
Sole Proprietor, Manning's Pharmacy, Queanbeyan NSW

January 1980 to March 1987
Principal, R.W. Manning & Co, Public Relations Consultancy, Canberra

January 1975 to December 1979
Director Public Relations, The Pharmacy Guild of Australia, National Secretariat
Canberra

April 1973 to April 1975
Social Development Consultant, Social Welfare Commission,
Canberra

1963 to 1973
Marketing Services Manager, Victorian Sales Manager, Medical Representative
Glaxo Australia, Sydney and Melbourne

1960 to 1963 Self Employed
Locum Pharmacist
NSW, ACT, NT and New Zealand

Community
activities

2000/01
Sports commentator
Sporting Department, Australian Broadcasting Commission, Darwin

1978/79
Chairman, ACT Coordinating Committee, International Year of the Child
Member, National Committee of NGO for International Year of the Child

1964 to 1978
Regional Councilor (Asia/Pacific), National Public Relations Chairman,
Zone President, Member
Association of Apex Clubs, World Council of Young Men's Service Clubs

1966 to 1972
Management Committee, Victorian Rugby Union

1968 to 1974
Rugby Union Correspondent Sporting Department, Australian Broadcasting Commission, Melbourne

Rugby correspondent, Sporting Globe newspaper, Melbourne

Professional memberships
Public member – NT Optometrists Board
Public Relations Institute of Australia - Member
Pharmaceutical Society of Australia – Former Member
Pharmacy Guild of Australia – Former Nominal Member
Justice of the Peace - NSW
Australian Institute of Management - Past Member

Recreational interests
Authoring book “The two rugbies”
Correspondent Rugby www.esportsmediagroup.com
Correspondent, I2P monthly Newsletter <http://www.computachem.com.au/i2P/index.shtml>

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**Prescribing and Dispensing
Issues and Needs
in
Remote Health Clinics
in the
Northern Territory**

Dr Philippa Hudson



**GENERAL
PRACTICE
DIVISIONS
NORTHERN
TERRITORY**



National Prescribing Service Limited



Bill Scott
 President
 Pharmacy Guild of Australia (Victorian Branch)
 40 Burwood Road
 Hawthorn VIC 3122

22nd December 2003

Dear Bill

Re Pharmacy practice in the Northern Territory

I would like to bring to your attention two subjects that concern me about pharmacy practice in the Northern Territory.

These are in brief

1. The ownership structure for pharmacies in the Northern Territory and the need for an alternative PBS arrangement to either the s100 arrangements now in place and/or the Section 90 Approval process through the ACPA.
2. The remote practice model developed on the Tiwi Islands appears to have no support from Government. Decisions are being made that tell me the "official" arm of pharmacy in the NT has no intention of assisting to maintain the service being offered, and which it was hoped (by me through Mirrijini Pty Ltd) to extend to other areas.

I am copying this to Ian Marshall and Judith Oliver, as your Guild pharmacy leaders in the NT and also Christine Quirke, the Registrar of the Pharmacy Board of the NT in the hope she will bring the matters to the attention of the Pharmacy Board. I will be discussing the issues raised with other stakeholders but will wait until I get an indication from you as to the level of interest among the Guild National Councillors.

I am drawing on my seven years experience in the NT after having moved here from Canberra/Queanbeyan in 1996. During this time I have worked in retail pharmacy; as the rural pharmacist for the Katherine remote region; policy officer for the NT Department of Health and consultant to the Tiwi Health Board. I believe I have seen pharmacy practice from enough angles to be able to draw the conclusions reached in this letter.

1. OWNERSHIP STRUCTURE FOR PHARMACY IN THE NORTHERN TERRITORY

When you were here in August I mentioned to you the need I saw for another model for PBS to the Approval Number obtained through the Section 90 structure and the Australian Community Pharmacy Authority (ACPA). The process for an Approval Number under the ACPA has been established over the years to meet the needs of mainstream Australia. The events that lead to the Nguju Pharmacy approval are enough to demonstrate that such a model did not suit a remote Aboriginal community although it was the only one available at the time, and still is. The opposition created to this move by the Pharmacy Guild of Australia did cause a level of opposition that detracted from the real purpose of improving the quality use of medicines in remote communities.

There is no doubt that when a financial return on investment is not an issue the PBS can supply a surplus of funds that can be used to employ a pharmacist in a job that is challenging, inspirational and fulfilling enough to provide a new career path option for both young and mature age pharmacists.

The Pharmacy Guild is invited to examine a business structure in the NT that allows the following:

- Ownership of a s100 PBS supply/claim approval to be held by a community controlled health organisation.

- This approval be unique and only available to the situation, not in “opposition” to mainstream pharmacy businesses and able to improve QUM through employing a pharmacist in a remote place.
- Allow the 23 health “zones” to have their own pharmacy business to develop capacity in communities through employment, training and career prospects.

The fact that only 45 Approved Pharmacies Australia-wide are supplying PBS through the s100 arrangements; only four persons have accessed the scholarships available to ATSI people; and only 12 pharmacies Australia-wide are accessing the special QUM allowance is hardly a success.

The Fourth Community Pharmacy Agreement should include actions that will implement more recommendations from the National Competition Policy Review of Pharmacy (2000) and in particular reference to the statement that Aboriginal Medical Services are centres that should be able to have their own pharmacy.

The action by the NT Government to introduce legislation to limit ownership of pharmacies to pharmacists is in itself against the recommendations of the NCP review, and I trust the Cabinet papers have a justification as to why this change is necessary in the public interest. Without this there could be the withholding of the financial incentive available to the NT Government for implementing NCP report recommendations. My advice is that the National Competition Council will require the NT Government to argue why this change is necessary when other States are being penalised for not relaxing pharmacy ownership regulations.

2. REMOTE PRACTICE MODEL

The Tiwi model for pharmacy practice is in the process of being “wound down” through a combination of the legal ramifications of the administration of the company Tiwi Health Pty Ltd and the NT Government which has accepted the offer made by the Administrator to “buy” the pharmacy. There has been no resistance to this except from those of us interested in improving health of Aboriginal people, and the Tiwi people themselves. I contend that had this happened in a suburban mainstream location the official arms of pharmacy would have been active in their protests. The fact it is happening to Aborigines in a remote location means that there is no support from the leaders of the industry. I suggest that this is an unfortunate response to the need for Aboriginal reconciliation by pharmacy leaders in Australia.

Support from the Pharmacy Guild of Australia to prevent a “private practice pharmacy” being taken over by a Territory Government department is sought. A copy is attached of a complaint being made this day to the ASIC Complaints Manager in the NT. I ask that the contents of this document remain “confidential” until ASIC has had the opportunity to consider it.

I believe the matters should be the subject of a top level workshop in Darwin with all key stakeholders present and invited to make presentations. A workshop was held in 1998 to examine the s100 arrangements that were being proposed at the time and this brought together pharmacy, health policy makers, health service providers and other government agencies. It was organised by the NT Department of Health and provided an excellent medium for pharmacy to take a place alongside other health professionals. I believe the time has come when a follow-up gathering is needed to take stock of the situation and analyse how medication management has improved as a result of the s100 initiatives. Stakeholders I would see being invited would be:

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|---------------------------------------|--|
| • Pharmacy Guild of Australia | • Aboriginal Health Forum, (NT) |
| • Pharmaceutical Society of Australia | • Aboriginal Medical Services Alliance of the NT |
| • Pharmacy Board of the NT | • Katherine West Health Board |
| • NT Department of Health | • Menzies School of Health Research |
| • Divisions of General Practice | • Co-operative Research Centre for Aboriginal Health |
| • AMA (NT) | |
| • Remote Health Workforce Agency | |
| • CW Department of Health | |

I would be pleased to organise such an activity and discuss these issues with you and your colleagues at any time.

I look forward to your reply

Kind regards



ROLLO MANNING
Principal