



National Medicines Policy Review

LASA response to the discussion paper

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About LASA

Who We Are

LASA is the national association for all providers of age services across residential care, home care and retirement living/seniors housing.

Our Purpose

Our purpose is to enable high performing, respected and sustainable age services that support older Australians to age well by providing care, support and accommodation with quality, safety and compassion—always.

Our Members

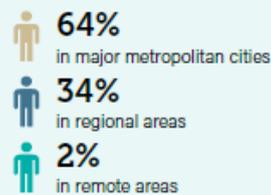
We represent providers of age services of all types and sizes located across Australia's metropolitan, regional and remote areas. We are dedicated to meeting the needs of LASA Members by providing

- a strong and influential voice leading the agenda on issues of importance;
- access to valuable and value-adding information, advice, services and support; and
- value for money by delivering our services and support efficiently and effectively.

LASA supports all providers of aged care



Our Members are located across Australia



Our Affiliates

LASA Affiliates are proud supporters of the critical role played by the age services industry in caring for older Australians. Their value-adding products and services help age services providers apply innovative solutions that improve the provision of efficient and quality care.

Our Strategic Objectives

1. Be the credible and authoritative voice of aged care representing the views of our Members for the benefit of older Australians.
2. Build sector capability and sustainability by delivering valued services and support to Members
3. Lead continuous improvement by promoting and celebrating excellence and innovation in age services
4. Deliver value for money for Members and Affiliates.
5. Be a high performing, respected and sustainable association that cares for our purpose, our Members and our people.

Thank you for giving LASA the opportunity to comment on the *National Medicines Policy (NMP) Review* consultation paper. Considering that the medicines policy landscape has changed tremendously since the document was published in 2000, this review is timely to ensure that changes in the health system environment especially advances in therapeutic technologies are properly reflected in the updated document.

LASA's primary feedback is to note the importance of involving the aged care sector as a key stakeholder in the governance of the national medicines policy.

The following are LASA responses to the themes and questions relating to the Terms of Reference (TOR):

TOR 1: Evaluate the current NMP objectives and determine whether these should be modified or additional objectives included. This includes consideration of the proposed Principles to be included within NMP

Proposed Principles

LASA supports the proposed Principles namely: Equity; Consumer centred approach; Partnership based; Accountability and transparency; and Stewardship.

The need for accountability at all levels is extremely important including once medication has been made available. LASA would like to see accountability for consumers receiving appropriate medication information and not just handed an information sheet when they are prescribed a new medication.

We believe the statement on Equity should be expanded to read 'All Australians receive effective, safe, high-quality, and affordable access to medicines when needed irrespective of background or personal circumstances including access to appropriate information (including in languages other than English)'. Additionally, we believe the equity section of the document should consider whether certain people with chronic medical conditions should receive subsidised medications i.e. if you have diabetes you only pay the concessional charge for your medications for your diabetes. This is important because patients sometimes have to weigh up their medications vs. buying food.

Considering the popularity of Complementary and Alternative Medicines in some sectors of the community, we believe additional principle regarding the need for evidence-based medicines should be incorporated into the Principles. We also believe 'Respectful' (of cultural differences and personal circumstances/choices i.e. consumer to be treated with dignity and respect) should be incorporated into the Principles which will align the NMP to the Human Rights Charter and Charter of Aged Care Rights.

Objectives of the NMP

LASA believes the existing objectives namely: *Access to medicines; Quality, safety, and efficacy of medicines; Quality use of medicines; and Maintaining a responsible and viable medicines industry*, are still relevant in the context of current policy environment.

However, we believe 'Improving health literacy' should be incorporated as part of the objectives. As noted, various studies have shown a strong association between some social determinants of health with low health literacy. Importantly, people with low health literacy have been shown to have poorer understanding of medication instructions.

With treatment options becoming more complex, it is important that consumers participate as partners in their treatment and as such improving health literacy will be critically important.

Additionally:

- *Access to medicines* – Access to appropriate information including in languages other than English (and access to translating services/interpreters) should be highlighted in this section to ensure people from CALD background can access appropriate information about medicines and treatment options.
- *Quality, safety, and efficacy of medicines* – As highlighted above, discussion regarding the need for evidence-based should be included. Also, discussion regarding the use of telehealth and electronic National Residential Medication Charts (e-NRMC) would be useful.
- *Quality use of medicines* – Regular monitoring/evaluation of the utilisation of medicines will be important part in optimising the use of medicines. It is important that this section aligns with the updated *National Quality Use of Medicines* publications.
- *Maintaining a responsible and viable medicines industry* – It is important for this Section to highlight that States/territories may have different legislative framework with regard to the use of specific medicines such as with regard to prescribing of Schedule 8 drugs.

TOR 2: Consider the definition of medicines and whether the NMP needs to be expanded to include health technologies

LASA agrees that the emergence of new drugs and novel technologies (including vaccines) have the potential to alter the boundary between the term ‘medicine’ and ‘medical devices’. While we note there is a risk that an expanded policy (to include health technologies) would diminish the focus on medicines, we believe the issue cannot be dealt in isolation.

To this end LASA would suggest that a section on therapeutic technologies and vaccines be include in the NMP document. It is important, however, that there is a clear explanation about therapeutic technologies/vaccines and how they relate to medicines and treatment. However, we believe medical devices such as pacemakers should not be included as they are not medications.

Importantly, what is included in the definition would need to be updated regularly, may be yearly to ensure that the NMP remains current. The title of the policy document will also need to be changed (Such as ‘National Medicines and Therapeutic Technologies Policy’) to reflect on the expanded scope.

TOR 3: Assess the NMP’s utility in the context of rapidly evolving treatment options, population changes, interconnected relationships, and system-wide capacities

LASA agrees that Digital Health is delivering significant systems innovation and capacity improvements that is leading to improvements in healthcare delivery and health outcomes. As such, discussion regarding digital health and how it relates to medication management, for example, should be included in the policy document.

In the context of rapidly evolving treatment options, there is a need for systems wide to engage with consumers to improve health literacy. In this context and to enhance engagement with consumers, we believe the policy document should be made available in an interactive format (including the use of infographics) that is easy to update as that will make it more user friendly and more likely that people will use.

Additionally, the new NMP could be distribute via social media with the changes highlighted and a link to the whole document (for those that want to read it in entirety), as well as through professional bodies.

TOR 4: Consider the centrality of the consumer within the NMP and whether it captures the diversity of consumers' needs and expectations

LASA is of the view that consumer engagement would be quintessential for this policy to work and that improving health literacy needs to be a priority and should start at an early age. In addition to information needs to be available in multiple languages, and as highlighted above, we need to have an understanding and inclusion of the diverse population that currently resides in Australia (Not only respect for ATSI and CALD people, but also a respect for the choices that these individuals make in relation to the medications).

Importantly, the updated NMP should align with the National Quality Use of Medicines publications which are currently being reviewed and updated. This will ensure that the NMP is consistent with the medication management principles.

LASA also believe that, where appropriate, the NMP should align with the Primary Health Care Strategy/10-Year Plan which is currently being developed by the Department of Health and the recently launched the National Safety and Quality Primary and Community Healthcare Standards especially with regard to the need for partnering with consumers.

TOR 5: Identify options to improve the NMP's governance, communications, implementation (including enablers) and evaluation

LASA is of the view that an Implementation Working Group comprised of relevant stakeholders including representative from the aged care sector should be established to oversee the implementation/adoption of the NMP. This will ensure a consistent application of the NMP across Australia. This is important when there are differences in regulatory requirements between states/territories such as with regard to the use of S8 drugs, as highlighted above.

Communication is key to the success of the NMP. To this end LASA believes a communication/engagement strategy is needed to promote the NMP and to improve health literacy. This should involve the use of webinars to enable live discussion of the different sections of the NMP especially with regard to accountability and links between various policies and initiatives that are associated with the NMP.

LASA also of the view that the updated NMP should be evaluated after it has been released and then the results published, and changes made based on the feedback as this will allow for transparency and better engagement. It should also be reviewed every year and then a full review every 3-5 years to ensure that it always remains current.

TOR 6: Review the NMP partners and provide options for building greater accountability including addressing conflicts of interest

LASA believes community leaders (as many CALD communities rely on their community leaders) should be included in the list the groups highlighted in consultation paper as having responsibilities for advancing the policy's objectives. We also believe that dot point 5 should be expanded to read "Peak bodies including partners in collaborative agreements for identified groups, including Aboriginal and Torres Strait Islander people and people from CALD backgrounds" and the role of PHNs and LHDs (especially with regard to health professionals' education) should be highlighted in the updated document.

Importantly, the role of each stakeholder needs to be more clearly defined and the name "carers" should be included (to be acknowledged) as part of the target audience to go hand in hand with consumers.

A Strong voice and a helping hand

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