

Welcome to the first edition of the Palliative Care Medicines Working Group (PCMWG) newsletter.

The purpose of this newsletter is to keep you all well informed of the work of the Palliative Care Medicines Working Group and what is being done to improve the access to and quality use of medicines in the community. We plan to send a newsletter to you every two months and welcome any feedback or articles that could be included.

Our funding continues

For those who may not have caught up with the news, we're very pleased that \$62.8 million has been allocated to Palliative Care in the Community in the 2006 Federal Budget, funding the program for the next four years.

This allows us to confidently continue our National Palliative Care Program, which aims to improve the quality of, and access to, palliative care for all Australians. The Budget funding means we can work in four priority areas:

- support for patients, families and carers in the community
- increasing access to palliative care medicines in the community
- education, training and support for those working in palliative care
- research and quality improvement.

These areas describe the ongoing work of the National Palliative Care Program, and build on accomplishments within the six priority areas of the 2002 Budget allocation for Palliative Care in the Community:

- enhanced workforce education and training through initiatives such as the Program of Experience in the Palliative Approach (PEPA)
- improved access to palliative care medicines in the community
- support for carers of people with a life-limiting illness
- quality palliative care for rural communities, Aboriginal and Torres Strait Islander peoples, residents of aged care facilities and children
- performance information development
- research and quality improvement.

What this means for you

This funding will allow us to continue to progress the work of the Palliative Care Medicines Working Group and to continue to support you in your role in the communication network. We would like to expand the network so if you know of people who would be interested in joining please let Julie Mueller know by emailing her at julie.mueller@health.gov.au

Disseminating our message

We have received very positive feedback from communication network participants who attended the train the trainer workshop, held in Canberra in February 2006. It seems that most people felt that the day was very worthwhile. We trust that you have all received the CD of the material that was presented at the workshop. We have also printed copies of the two fact sheets and the poster. If you would like copies of these resources, please email Julie Mueller and she will send them to you.




As discussed in the train the trainer workshop we want to ensure that our messages are received and understood by several specific groups. Those groups are:

- Doctors, nurses, pharmacists and other medical staff working variously in general practice, community, palliative care and hospital settings
- The general public
- The pharmaceutical industry.

The information on the CD has been written and presented in ways designed to reach and be understood by members of each group, and in forms – newsletters, articles in the media, powerpoint presentations and flyers – appropriate for each target group.



The establishment of the communication network is really helping us to disseminate information and keep key groups in the community well informed about the palliative care medicines that are available through the Pharmaceutical Benefits Scheme and to promote our messages around the quality use of palliative care medicines in the community.



We have had feedback from network members and it seems that you are all taking every opportunity to deliver the information to as many people as possible. Since February nearly 500 people have attended information sessions where material on palliative care medicines has been delivered. In addition we have distributed close to 44,000 fact sheets and articles on palliative care medicines have also been published in the Australian Doctor, the Australian and New Zealand Society of Palliative Medicine newsletter and the Palliative Care WA newsletter.

We are really keen to hear how the information has been received so if you have presented palliative care medicines information to professionals, what approaches did you find useful? What questions were being asked?

Doctors in the dark

Feedback from Professor Ravenscroft and the Mater Hospice team of Newcastle who presented material in country New South Wales found that many doctors didn't know about the Palliative Care Section of the Schedule of Pharmaceutical Benefits. They also expressed concern that replacing the Schedule book form with an online form will make it harder for them to identify a specific PBS listing as one for palliative care. In addition, some doctors criticised their practice-based software as incapable of identifying drugs as palliative.

These comments raise three issues:

1. Doctors may search the PBS web page by drug name and/or category, but the 'palliative care' category is not based on a physiological system (eg cardiovascular, central nervous system etc).
2. Busy doctors searching for assistance will usually only use the PBS list to investigate a specific drug, already known by name. Consequently, information about a palliative medicine will only be requested if doctors already know of it. If they don't realise new drugs are on the list, they will not find them.
3. The PBS drug lists incorporated within the most commonly used software are uploaded from commercial databases like MIMS which list on the basis of drug name only. They do not list the indications unless there is an authority indication and this only arises if that drug is specified.

See the section below on the printing of the Schedule to see how you can be involved in usability and field testing of the new online system.

Other feedback on the palliative care section of the Schedule includes confusion around the "authority" process and the need to consult with a palliative care specialist or team after a four month period. It needs to be clearly pointed out that the consultation process does not mean that the patient needs to see a specialist. The doctor just needs to consult with a palliative care service. This could be a telephone consultation. We would be interested to hear from other members of any issues that are raised during workshops etc. Again, please email Julie Mueller.

More Palliative Care Medicines listed in the Palliative Care Section of the Schedule

At the March meeting of the Pharmaceutical Benefits Advisory Committee it was agreed that the following medicines would be listed in the palliative care section of the Schedule:

- Morphine Sulfate tablet (10 mg and 20 mg)
- Morphine sulphate SR 200 mg
- Benzydamine Hydrochloride
- Lactulose
- Macrogol
- Naproxen (oral suspension)

It was also agreed that the current listing for Paracetamol tablets 665 mg (modified release) would be modified to allow the volume of tablets that could be dispensed to be increased from 96 tablets to 192 tablets, and the maximum repeats from 3 to 5, to bring the listing in line with the standard section 85 listing.

A full list of the medicines currently listed in the Palliative Care Section is below:

SCHEDULE of PHARMACEUTICAL BENEFITS PALLIATIVE CARE SECTION

February 2004	<ul style="list-style-type: none"> > Carmellose Sodium (four items) * > Hyoscine Butylbromide (two items)* > Promethazine Hydrochloride (six items)* > Bisacodyl (six items) > Ducusate Sodium with Bisacodyl (two items) > Sterclia with Frangula Bark (four items) > Bisacodyl enema (two items) > Sorbitol with Sodium Citrate and Sodium Lauryl Sulfoacetate enema (two items) > Glycerol (six items) > Paracetamol suppositories (two items)* > Clonazepam (six items)*
April 2005	<ul style="list-style-type: none"> > Paracetamol modified release tablets (two items)*
December 2006	<ul style="list-style-type: none"> > Diclofenac Sodium (six items) > Indomethacin (four items) > Sulindac (four items) > Imuprofen (four items) > Naproxen (eight items) > Naproxen Sodium (two items) > Diazepam (four items) > Oxazepam (four items) > Nitrazepam (two items) > Temazepam (two items)

Printing of the Schedule of Pharmaceutical Benefits

The August 2006 edition of the yellow PBS Schedule will be the last to be distributed nationally. The Pharmaceutical Benefits Branch of the DoHA will be introducing a new online PBS Schedule and information service. This new system will allow a more streamlined process that will result in monthly listing of PBS medicines. Information on this new system can be obtained by accessing the project website at www.health.gov.au/pharmbiz. The PBS online system will be available in December 2006.

It would be appreciated if communication network members could communicate this new change to their work colleagues. Once this new system comes on line it will be very important for everyone to keep well informed of what medicines will be listed in the Palliative Care Section. The PCMWG is currently looking at strategies to ensure that palliative care medicines can be easily identified on the system.

Usability and field testing will occur in July and August. If anyone would like to be involved in this testing please contact Judith Forster at judith.forster@health.gov.au

Contact us

If you have issues about the materials, or want some help and advice about the National Palliative Care program, please contact:

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