



ROTARY DISTRICT 9780 BOWELSCAN Inc.

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BOWELSCAN PROGRAM INFORMATION Phone 1300 779 694

Submission to Pharmacy Remuneration Review.

September 2, 2016

It has been brought to my attention that there is an independent review of the funding and regulation of community pharmacy and, in my role of chairman of a community based health awareness service that works with community pharmacy, I have been asked if I would like to make a submission.

I have pleasure in providing the following information.

A large number of Rotary Clubs and Rotary Districts throughout most States of Australia have been conducting an annual bowel cancer awareness screening program for people, generally aged over 40. The program, known as the Rotary Bowelscan Program, commenced in Lismore, NSW in 1982. The Victorian program was initiated in Geelong in 1987 by the Rotary Club of Belmont and was expanded in 1988 to involve all the Rotary Clubs in the Geelong region. In 1990 it was further expanded to become a DISTRICT program – Rotary District 9780 Bowelscan - which encompasses nearly all the Rotary Clubs in Western Victoria with the exception of the Mildura area plus the Rotary Clubs in the border area of South Australia.

With the success of the program, the District Committee was later requested to also provide the service for a number of Rotary Clubs in major towns and cities in Northern Victoria that are part of other Rotary Districts and then, later still, to provide a TESTING SERVICE for the same program run by a number of Rotary Clubs in the Melbourne metropolitan area and also in the Gippsland and Mornington regions which are part of four other Rotary Districts based in Victoria.

The program, when it commenced in 1987, was implemented with the sale of test kits at street stalls and community halls, etc by volunteer Rotarians during May each year but, in 1988 in conjunction with the expansion of the program in Geelong, an approach was made to community pharmacies to handle the sale and collection of kits for testing on a *pro bono* basis. This was readily agreed to by most of the pharmacies approached, and the sale of test kits and public participation expanded at a huge rate. The expansion of the program from a GEELONG program to a DISTRICT program, as also referred to above, was only possible because of the support and cooperation of the community pharmacies in each town in the District – particularly where some of the local Rotary Clubs had a small membership.

In about 2001 I assumed the responsibility within my own Rotary Club to liaise with all the pharmacies in our suburban area. This gave me the opportunity to build a strong working relationship with the pharmacists and their staff – which continues to this day. In 2008 I was asked to also accept the responsibility of chair of the District Committee.

The restructured committee gradually expanded the program to a stage where we not only manage our own District but we also totally manage the sales and marketing program for the rest of country Victoria plus the border areas of NSW and SA – a program where we generate about 47% of the Bowelscan sales/testing for all of Australia.

After taking over as chairman, I undertook the responsibility of contacting each pharmacy that had declined to be involved with a view to obtaining their support. With very few exceptions, I have been able to persuade the owners or managers to become involved in this valuable community service. There have been many occasions where I have also been approached by the owner or manager of a new pharmacy, that we were not aware of, asking that they be included in the program. The pharmacies have generally always been very cooperative in making space available for the display of test kits and advertising material and the program would not have attained its level of success without their total and enthusiastic support. In some cases the pharmacy may have also stocked a commercial test kit, from which they would generate a PROFIT, but have been always prepared to promote the Rotary kit – in many cases removing the commercial kit from display during the May promotion to avoid public confusion.

There have even been many instances where a pharmacy in a town without a Rotary Club would approach me to participate in the program and would often bear any out-of-pocket local costs (that would normally be the responsibility of a local Rotary Club). These approaches have been made to me because I also take responsibility throughout country Victoria for the listed **1300 BOWELSCAN PHONE INFORMATION SERVICE**.

In the last 8 years, since the composition of the committee changed, our sales have totalled in excess of 201,000 kits and we have constantly had between 82-84% returned for testing. This compares more than favourably with the Commonwealth Government NBCSP where the return rate for testing had fallen to 33% and, over the last 3 years, has only risen to 37%. We believe this is, in a major part, because of the reputation of the pharmacies in their local communities, and the credibility it gives to our health awareness program.

The relative success of our Victorian program is, we believe, because we have concentrated our promotion through community pharmacies. We have, however, also had the support of Barwon Health (The Geelong Hospital), Ballarat Hospital, St John of God Hospitals in Geelong and Ballarat, Deakin University and other health organisations including Community Health Centres who have endorsed our program. At the recent National Conference (August 2016) of the various Bowelscan programs a number of the coordinators indicated that their programs were seriously dropping in sales and public participation and the main reason given was **their** inability to involve the local pharmacies. An examination of this reason showed that it was not the pharmacies fault as there was often little communication between some of the Rotary Clubs and their local pharmacies. In those areas, where the club or district committee promoted cooperation, the programs flourished.

Since inception of the program in Geelong in 1987 we have consistently recorded a POSITIVE rate of slightly over 1% and this has resulted in about two-thirds of the positive patients being later identified with bowel cancer, polyps or other conditions that warranted further investigation. In recent years the number of positive patients that also fall within the NBCSP age guideline (now 50-74) has been about 50% (it was lower than this before the NBCSP was expanded from age 65 to age 74). It is of concern to us that, because of the limitation on the age group that is offered under the NBCSP, that the other 50% of our positive patients might not be identified at a stage that would enable successful treatment if we could not continue with our program.

It should be stressed that the growth and strength of our Rotary Bowelscan program is not as a result of my role as chairman and information officer. We have a large and strongly involved District Committee who are dedicated to the program, as well over 100 Rotarians who coordinate their local programs – some of whom have been involved in the program for over 20 years.

I should point out that about 18 months ago a Geelong District Rotarian, Mrs Linda Finlay, who is employed by the Pharmacy Guild, was asked to join our committee because of her long involvement in Rotary, her community service commitments and our belief that she would be an asset to our program. Before agreeing she sought, and obtained, approval from the Pharmacy Guild. Her contribution has been very beneficial even though there has been no financial gain for the Guild or the community pharmacies in our program.

In a period where there are strong financial pressures on every class of business I believe that community pharmacy has been an outstanding contributor to community health awareness and that our program would have never have contributed so much to the early identification of bowel cancer without their *pro bono* support. This has not only saved many lives but the early diagnosis has also contributed to a better quality of life for the patient as well as a reduction in medical and hospital treatment costs. This reduction in cost is not only of a personal nature (including private health insurance), but early diagnosis also reduces the Commonwealth and State Government expenditure on public hospital treatment and pharmaceutical benefits.

We would strongly urge the Review Panel to take this community bowel cancer awareness service, and the community service provided in other areas, by pharmacists and their staff into account when assessing the government funding of professional services – the dispensing of prescriptions and other services.

Please feel free to contact me for any further information or for clarification of any aspect referred to above.



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