Submission of Family Planning NSW

Consultation on the Medical Services Advisory Committee (MSAC) Revised Draft Guidelines

October 2020

Medical Services Advisory Committee (MSAC)
Guidelines Review Steering Committee
Contact: MSAC.Guidelines@health.gov.au

Family Planning NSW welcomes the opportunity to make a submission to the Medical Services Advisory Committee (MSAC) Guidelines Review Steering Committee on the *Consultation on the Medical Services Advisory Committee (MSAC) Revised Draft Guidelines.*

About Family Planning NSW

Family Planning NSW is the state's leading provider of reproductive and sexual health services. We are experts on contraception, pregnancy options, sexually transmissible infections (STIs), sexuality and sexual function.

As an independent, not-for-profit organisation, we recognise that everybody in every family should have access to high-quality clinical services and information. Family Planning NSW provides clinical services to more than 30,000 clients annually. We have five fixed clinics in NSW and use innovative partnerships to deliver services in other key locations across the state.

We provide information and health promotion activities, and best practice education and training in reproductive sexual and health for doctors, nurses, teachers and other health, education and welfare professionals. Our services are targeted to marginalised and disadvantaged members of the community, including people from culturally and linguistically diverse and Aboriginal and Torres Strait Islander backgrounds, refugees, people with disability, young people and people from rural and remote communities.

Our work is evidence-based, and shaped by our research, published clinical practice handbooks on reproductive and sexual health, nationally recognised data and evaluation unit and validated through extensive clinical practice. Our mission is to enhance the reproductive and sexual health and rights of our communities by supporting all people to have control over and decide freely on all matters related to their reproductive and sexual health throughout their lives.

Summary of Recommendations

Family Planning NSW makes the following recommendations:

1. Process streamlining and supportive structures
    - simplification of the MSAC application form and process to make the application streamlined and less onerous
    - provision of a template for the statement of clinical relevance
    - provision of support to MSAC applicants, for example by improving the contactability the MSAC team
    - inclusion of a sub-section in the evidence and economic evaluation and service modelling section of the application to capture data on the comparison of services provided by healthcare professionals other than medical practitioners

2. Nurses eligibility and evidenced-based decision making
    - inclusion of a broader range of health professionals (for example, registered nurses) for Medicare eligibility
    - replacement of the term 'medical service provider' to a more inclusive term such as 'healthcare professional' or 'health service provider' where applicable

Key points

Our key points, in relation to the *Medical Services Advisory Committee (MSAC) Revised Draft Guidelines*, are outlined below:

1. Process streamlining and supportive structures

Family Planning NSW made a submission in July 2020 about *Extending access to IUD insertion (MBS item 35503) to appropriately trained Registered Nurses.* We appreciate the opportunity to provide feedback to improve the process for others.

Overall we found completing the MSAC application, even when using the submission guidelines, confusing due to the complexity of the questions and the lack of clarity on how to provide responses in a manner that was required.

Our areas of concern included an overall lack of usability of the MSAC application form. We found the form unclear and difficult to complete with a lack of clarity around what specific questions were asking of the submitter. We found many of the questions to be ambiguous, and the length of the guidance document made it difficult to navigate.

Because our submission concerned IUDs which can either be classified as a device (copper IUDs) or as a pharmaceutical (hormonal IUDs), it was challenging to fit the contraceptive device/procedure within the classifications as presented on the submission form.

We experienced difficulty making contact with support staff. The contact information on the front of the application form provides an email address which does not seem to be operational as it went unanswered. The Department of Health phone number was not staffed by people. We found that calls were directed to a message bank and linked to an email address. We did not receive a response to telephone messages nor emails. When able to speak with DOH representatives their feedback was unclear and sometimes contradictory. A MSAC team phone number and email address that is answered within a reasonable period of time (for instance, five working days) would be helpful.

The time taken to complete the application form involved significant use of organisational resources. The application was completed by the Senior Policy Officer with input from the Medical Director, Nurse Practitioner/State Nurse Coordinator, Director Research Centre and the CEO.

There are several positive changes in the revised *Draft Guidelines for Preparing Assessment Reports for the Medical Services Advisory Committee Draft Version 4.0 August 2020.* We are pleased to see that in the new guidelines:

- there is a greater focus on explaining the influencing factors of the decision making process and the purpose of the MSAC and guidelines
- overall the language is less unnecessarily scientific and the process of submitting an application is significantly clearer
- the section 'Key factors influencing decision making by MSAC' provides transparency around decision making considerations which provides general guidance on how to target responses appropriately, particularly in reference to non-economic benefits
- the explanation of what is required in PICO section and how this information is evaluated is now written so as improve understanding of the process; it allows for responses to be more targeted to the MSAC committee's requirements. Clarity in relation to the definition of medical devices versus pharmaceuticals is useful
- the examples throughout the guideline on appropriate responses to the questions asked is extremely helpful
- the updated flow charts capturing processes for assessment of submissions are clear and easy to follow
- the new information on when to recommend a new MBS item descriptor or request adaptation to current descriptor is clear and helpful

Recommendations

- simplification of the MSAC application form and process to make the application more streamlined and less onerous
- provision of a template for the statement of clinical relevance
- provision of support to MSAC applicants, for example by improving the contactability of the MSAC team
- inclusion of a sub-section in the evidence and economic evaluation and service modelling section of the application to capture data on the comparison of services provided by healthcare professionals other than medical practitioners

2. Nurses eligibility and evidenced-based decision making

In Australia, there is a 10.7% unmet need for family planning which describes the percentage of women of reproductive age, either married or in union, who want to stop or delay childbearing but are not using contraception.(1) An unmet need for family planning has significant implications for individual women, their families and communities(2).

Highly effective long-acting reversible contraception (LARC), namely implants and intrauterine devices, is globally advocated by governments as a key strategy to reduce unintended pregnancy.(3) These contraception methods are more than 99% effective, compared with the oral contraceptive pill (93% effective with typical use) and the male (external) condom (88% effective with typical use). However, despite this evidence, use of LARC is low in Australia.(4, 5)

The low uptake of LARCS in Australia is due, in part, to limitations regarding doctor and nurse remuneration.(3) Uptake could be improved by increasing the number of trained IUD inserters.(6) There is international and domestic evidence, including evidence of cost-effectiveness, that Registered Nurses can safely provide IUD insertion services to women and this would increase access.(7)

Access to the full range of contraceptive drugs and medical technologies in Australia, therefore, can be improved by considering the types of healthcare providers who are authorised and trained to provide contraceptives, cost differences and the geographical availability of services providing reproductive and sexual healthcare.

MSAC decisions are based on evidence, including evidence on comparative health gain, comparative cost-effectiveness, predicted use in practice and financial implications. This evidence should consider a range of contexts and professional groups, including registered nurses.

Recommendations

- inclusion of a broader range of health professionals (for example, registered nurses) for Medicare eligibility
- replacement of the term ‘medical service provider’ to a more inclusive term such as ‘healthcare professional’ or ‘health service provider’ where applicable

References

1. United Nations. World Family Planning 2017 Highlights. Department of Economic and Social Affairs, Population Division,: United Nations; 2017.
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3. Bateson DJ, Black KI, Sawleshwarkar S. The Guttmacher–Lancet Commission on sexual and reproductive health and rights: how does Australia measure up? Medical Journal of Australia. 2019;210(6):250-2.e1.

4. Family Planning Alliance Australia. Achieving Change Increasing the use of effective long acting reversible contraception (LARC) FPAA; 2014.
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6. Fleming K, Cheng Y, Botfield J, Sousa M, Bateson D. Inclusion of intrauterine device insertion to registered nurses' scope of clinical practice. Collegian. 2019;26(1):28-32.
7. Botfield JR, Lacey S, Fleming K, McGeechan K, Bateson D. Increasing the accessibility of long-acting reversible contraceptives through nurse-led insertions: A cost-benefit analysis. Collegian. 2019.