

30/01/2026

2026-27 Federal Pre-Budget Submission: Equity Care Onsite Pharmacists – National Pilot

To: The Hon Dr Jim Chalmers MP, Treasurer of the Commonwealth of Australia

Cc: The Hon Mark Butler MP, Minister for Health, Ageing and Disability

Dear Treasurer,

On behalf of the Wellness Partners Foundation, I submit this 2026–27 Federal Pre-Budget submission seeking Commonwealth co-investment to implement a national pilot to embed **Equity Care Onsite Pharmacists (ECOPs)** across **34 priority population community sites**.

An Equity Care Onsite Pharmacist (ECOP) is a qualified, credentialed pharmacist embedded directly within community and care settings to provide pharmacist-led care focused on medication safety, continuity of care, health literacy, harm reduction and care coordination tailored to the needs of priority populations.

Wellness Partners Foundation is a registered charity and Australia's largest employer of credentialed pharmacists. We have a mission to address persistent health inequities experienced by Australians facing structural, financial, social and systemic barriers to coordinated healthcare. Our model embeds top-of-scope pharmacists directly within care and community settings where medication risk, fragmented care and unmet need are most pronounced.

In the context of the \$333.7 million Aged Care Onsite Pharmacist (ACOP) measure, the Minister for Health and Aged Care stated on 26 April 2023:

*“There is much more that well-trained pharmacists can do to support the health of their community...if we are able to get them **out from behind the counter**, working directly with patients on their health needs.”*

Our submission gives effect to Government policy intent through place-based care for Australia's most vulnerable.

While the **ACOP measure** represents an important reform, its demand-driven and setting-specific funding has resulted in significantly slower uptake than budgeted, translating to an estimated inaugural year **underspend of \$73.48 million**. This reflects a structural limitation of the current funding architecture, not a lack of need. By contrast, individuals experiencing homelessness, addiction, disability, family violence, rural isolation and crisis situations often lack funded access to comparable non-dispensing, community-embedded pharmacist support, despite bearing disproportionately high and avoidable downstream costs across hospitals, emergency services, welfare and justice systems.

Importantly, this proposal does **not duplicate** existing funding frameworks within the sector. The onsite pharmacist measure and funding sit outside of the Community Pharmacy Agreement and Pharmacy Programs Agreement.

The proposed Equity Care Onsite Pharmacist pilot is **implementation-ready**, translating Government priorities into practical action that strengthens medication safety, access, and continuity of care, while unleashing the contribution of an underutilised top-of-scope pharmacist workforce. The Foundation partners in **42% of ACOP services nationally** (embedded within 129 facilities), demonstrating governance and capacity to scale-up into other onsite care settings.

We seek a co-investment of **\$6.63 million over 24 months**, equating to an average **\$97,500 per priority population community site** per annum, inclusive of ECOP workforce training and deployment, outreach capability and independent evaluation. This high-impact and low outlay investment represents approximately **4.5% of last financial year's ACOP underspend**, and delivers a strong likelihood that downstream hospital, ED, and social costs will be significantly reduced. The Foundation and our 'wellness partners' will also contribute funding, workforce and in-kind resources, demonstrating a shared co-funded investment and a commitment to value-for-money Pilot delivery.

Our **Mission Plan and Flagship Initiatives 2026–2030** is attached and outlines delivery readiness, governance and scale-up pathways. Thank you for the opportunity to present this proposal for consideration as part of the 2026–27 Budget. We would welcome further engagement with Treasury and the Department in relation to this submission.

Yours sincerely,
Michael Bonner,



Founding Director and Board Chair, Wellness Partners Foundation Ltd

2026-27 Federal Pre-Budget Submission

Equity Care Onsite Pharmacists

A National Pilot of the ECOP Care Model Across 34 Priority Population Sites

1. Executive Summary

Wellness Partners Foundation submits this proposal seeking Commonwealth co-investment to support the implementation of a national **Equity Care Onsite Pharmacist (ECOP) pilot** across **34 priority population sites**.

The proposed pilot embeds pharmacists **out from behind the counter** and directly within care and community settings where access barriers, medication risk, fragmented care and unmet need are most pronounced. The model strengthens medication safety, continuity of care and preventive health outcomes for priority populations, while optimising the contribution of an underutilised pharmacist workforce.

The pilot is **implementation-ready**, time-limited and designed to inform future commissioning and integration pathways across healthcare and community settings.

2. Policy Context and Rationale

Despite significant and growing investments in Australia's health system, many priority populations continue to experience poor access, fragmented care, medication misadventure and poor continuity during periods of transition, crisis and instability. These challenges contribute to avoidable hospital presentations, emergency department use and other downstream system costs.

As evident during the COVID-19 pandemic, pharmacists are widely regarded as among Australia's most trusted and accessible health professionals, particularly during periods of system pressure and access disruption. However, current funding largely constrains pharmacists to transactional dispensing roles within retail and hospital settings, limiting the deployment of pharmacist skills and expertise in broader, community-embedded health-equity roles.

Recent reforms, including the Aged Care Onsite Pharmacist (ACOP) measure, represent important progress. However, the ACOP measure's residential care-specific funding design also underscores significant gaps for other priority populations, where unmet need remains high and access to pharmacist-led, community-embedded care is limited or entirely absent.

The Equity Care Onsite Pharmacist (ECOP) model addresses these gaps by embedding pharmacists within priority population communities to deliver place-based, trauma-informed, and healing-aware care that complements existing services and strengthens initial healthcare engagement and continuity.

3. The Equity Care Onsite Pharmacist (ECOP) Care Model

Equity Care Onsite Pharmacists will operate within existing service structures, working alongside multidisciplinary and social services teams in community, care and outreach settings. The model does **not duplicate** existing services or displace current roles or functions. Instead, ECOPs strengthen local clinical and care capacity by ‘dispensing’:

- medication safety and clinical governance
- health literacy and knowledge broking
- harm reduction and addiction support
- social prescribing and person-centred care
- care navigation and lived-experience-informed advocacy
- multidisciplinary healthcare and case conferencing
- chronic disease management and immunisation equity.

These value-adds are operationalised through the Foundation’s established Flagship Initiatives and its **Wellness 10** framework, which together form the ECOP care model and guide consistent, scalable, community-embedded delivery across diverse settings.

Wellness 10		Community embedded, pharmacist-led care
W1	\$0 Medications Access	Removing financial barriers to essential treatment by providing free medications to people experiencing homelessness and other forms of financial disadvantage.
W2	\$0 Wellness Items Access	Redirecting non-medicated wellness items through suitable pathways to reduce waste and enable equitable access to essential care items for priority populations.
W3	Medication Reviews	Medication reviews to enhance the safe and quality use of medicines.
W4	Health Literacy, Medication Advice and Knowledge Broking	Advice and counselling to strengthen health literacy among priority populations.
W5	Immunisation Equity	Vaccination stewardship activities to close the immunisation gap for priority populations.
W6	Harm Reduction and Addiction Support	Harm reduction and addiction support initiatives incorporating pharmacist counselling, risk screening and progressive models of care to promote safety, stability and pathways of support related to nicotine, cannabis, opioids, illicit substances and gambling.
W7	Social Prescribing	Social prescribing to link individuals to social, cultural, emotional and spiritual wellbeing programs that support connection, meaning and belonging.
W8	Connected Practitioner Care	Integrated, accessible and flexible practitioner-led services delivering health checks, diagnostics, prescribing, pathology testing and chronic disease management.
W9	Assistive Technology	Assistive technologies to remove barriers, enhance safety, support independence and improve wellness for at-risk individuals.
W10	Community-Connected Workforce Development	Skilling students, volunteers and workers to deliver trauma-informed and healing-aware care while operating at the top of their scope, alongside supporting people with lived experience to build skills for meaningful peer-support roles.

The Wellness 10 are delivered through a framework of Equity Care Onsite Pharmacist-led **Flagship Initiatives**:

- Belonging Beyond Barriers (Connection through shared purpose)
- WISE Choice (Wellness Items for Sustainability & Equity)
- Wise CALL (Connect · Advice · Listen · Link)
- Wise SKILLS (Skills, Knowledge, Inclusive, Local Learning & Support)
- Wise MOBILE (Medicines Outreach for Barrier-free Inclusive Local Equity).

The Wellness 10 framework and the Foundation’s flagship initiatives will be embedded within pilot delivery and explored through implementation and evaluation.

4. Proposed Pilot Sites and Settings

In addition to a structured and evidence-informed ECOP care model, the Foundation's ability to activate the proposed pilot at scale is supported by an established national pool of employee credentialed pharmacists and extensive pre-existing partnerships with leading community service providers. This has enabled the design of a pilot that is both achievable in scale and deliberately reflective of the diversity of Australia's priority populations.

The proposed national pilot will be delivered across **34 priority population community settings** where health inequity and individual risk are most pronounced, including:

- 5 homelessness community hub services
- 4 addiction and harm reduction service sites
- 8 transitional accommodation services
- 3 domestic and family violence refuges
- 2 disability group home settings
- 4 home aged care operational catchments
- 3 outreach and mobile service team bases
- 1 palliative care-in-the-home service catchment
- 1 training campus supporting lived-experience participants
- 1 at-risk youth community hub service
- 1 refugee support service
- 1 LGBTQIA+ healthcare support service

Pilot participation will have representation from every State and Territory jurisdiction. The pilot has also been intentionally designed to ensure demographic and cultural equity, with approximately 25 per cent of sites located in **regional communities** and an additional 10 per cent delivered within **First Peoples specific** services and settings, through culturally safe, partnership-led models.

5. Implementation Readiness and Capability

All 34 pilot sites have been identified, with preparedness ranging from needs-identification planning discussions through to executed Service Partnership Agreements. Wellness Partners Foundation has established governance, workforce and partnership arrangements to support rapid deployment and consistent delivery across all sites.

The pilot will build on this foundational framework to further refine the care model and Equity Care Onsite Pharmacist capability requirements, with a view to defining the prerequisites for feasible future scale-up and broader community rollout.

6. Proposed Pilot Co-Investment

The Foundation and our partners will contribute workforce capacity, coordination and in-kind support alongside the Commonwealth investment, ensuring the pilot is delivered through a shared funding arrangement.

Wellness Partners Foundation seeks Commonwealth co-investment of **\$6.63 million over 24 months** to support immediate implementation of the national Equity Care Onsite Pharmacist pilot.

This co-investment will support:

- embedded ECOP workforce training and deployment
- pilot coordination and service governance
- delivery across fixed, outreach and mobile settings
- data governance and independent evaluation

This equates to an average annual investment of approximately **\$97,500 per operational priority population community**, inclusive of workforce, training, coordination, outreach capability and evaluation.

The proposed investment is modest relative to the downstream hospital, emergency services and social and justice system costs associated with avoidable medication misadventure, sub-optimal harm reduction and addiction support, fragmented care and preventable health deterioration among priority populations.

Final phasing, site sequencing and delivery arrangements would be refined through co-design with the Department.

7. Evaluation and Outcomes Framework

The pilot will include independent evaluation focused on outcomes relevant to Government priorities, including:

- medication safety quality indicators (e.g. polypharmacy and psychotropic burden)
- continuity of care during transitions and crisis periods
- preventive care participation and healthcare engagement
- vaccination hesitancy and immunisation uptake
- reductions in avoidable escalation and service fragmentation
- partner and participant experience
- workforce efficiency, risk-stratification and scope-of-practice optimisation.

Evaluation findings will inform future funding, commissioning and pharmacist workforce optimisation.

8. Conclusion

The Equity Care Onsite Pharmacist national pilot represents a practical, implementation-ready opportunity to significantly strengthen health equity, improve medication safety and optimise the contribution of pharmacists within Australia's healthcare system.

The Foundation welcomes further engagement with Treasury and the Department in consideration of this proposal for funded inclusion in the 2026–27 Federal Budget.



Mission Plan & Flagship Initiatives 2026 – 2030

**Equity Care Onsite Pharmacists, *out from behind the counter*,
delivering wellness for priority populations**



Wellness Partners Foundation Ltd.



DATE ESTABLISHED WITH ACNC: 3/12/2024

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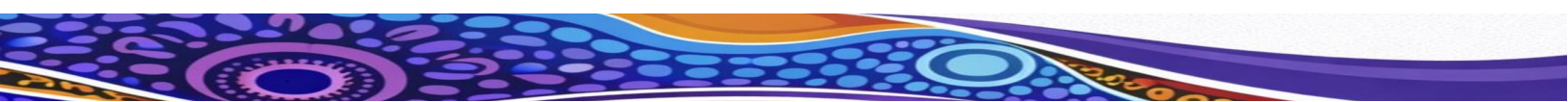
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1.0 SUMMARY

Wellness Partners Foundation is building a new model of equitable healthcare delivery by placing pharmacists **out from behind the counter** and embedding them directly within the communities where health inequity is most entrenched. This model recognises pharmacists as the most underutilised healthcare workforce in Australia and repositions them as community-embedded health-equity partners, improving access, continuity of care and outcomes for priority populations.

Through embedded **Equity Care Onsite Pharmacists (ECOPs)** and the **Wellness 10**, the Foundation delivers practical, place-based services that address medication continuity, health literacy, harm reduction and care navigation for priority populations often excluded from traditional models of healthcare. Rather than duplicating existing services, the Foundation works alongside health, care and community providers to strengthen access, close gaps and improve wellness.

The Foundation focuses on the places and populations where inequity is most entrenched, and where care delivered by pharmacists dispensing their trusted expertise out from behind the counter and embedded within communities can make the greatest difference.



2.0 MISSION, EQUITY AND PRIORITY POPULATION NEEDS

Wellness Partners Foundation was established in 2024 to address persistent health inequities experienced by priority populations who face structural, social, financial and systemic barriers to accessing timely, coordinated and appropriate healthcare. These inequities are most evident for people whose lives are shaped by lack of suitable housing, geographic isolation, ageing, disability, addiction, crisis, disrupted engagement or discrimination associated with mainstream health systems.

Across Australia, many priority populations experience fragmented care, poor continuity of medication management, low health literacy and limited access to trusted healthcare professionals at points of highest need. These challenges are often exacerbated during periods of transition or instability, where traditional healthcare models are poorly equipped to respond in flexible, place-based and trauma-informed ways.

The Foundation's first-of-its-kind approach is grounded in an equity-focused, community-embedded model centred on embedded Equity Care Onsite Pharmacists (ECOPs). ECOPs operate within the settings where unmet need is greatest for priority populations, working alongside existing providers to strengthen medication continuity, health literacy, harm reduction and coordinated care.

The Wellness 10 provides a structured and scalable framework through which ECOPs deliver pharmacist-enabled services aligned to priority population needs. The Wellness 10 supports an integrated approach to medication review, advice and knowledge broking, immunisation equity, harm reduction, addiction support, social prescribing, assistive technology, connected care and workforce development, tailored to the governance and service context of each setting.

Section 2 outlines the priority populations supported by the Foundation and the health and wellness disparities they experience, providing the context for the Wellness 10 and the ECOP model as a practical, place-based response to health inequity.



Wellness Partners Foundation

Wellness Partners Foundation seeks to address the disparity of health and wellness experienced by Australia's most vulnerable and at-risk individuals, including:

- Persons living in rural and remote areas
- Aboriginal and Torres Strait Islanders
- Older persons who require care
- Individuals with disability
- Persons experiencing homelessness
- People suffering from an addiction

• Persons in regional areas without conventional accommodation • Palliative care recipients • Persons navigating fragmented health services
• People experiencing crisis/emergency situations (e.g. DV) • Culturally and linguistically diverse persons • At-risk youth
• Incarcerated individuals • Refugees • LGBTQIA+ persons • Persons at risk of suicide • Pregnant and breastfeeding women

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2.1 Persons experiencing primary or secondary homelessness¹

- People experiencing homelessness have significantly higher rates of death and chronic illness compared with the general population.
- People who were homeless die an average of 22 to 33 years younger than those who are housed.
- 13% of people who experienced homelessness report experiencing a barrier to accessing health care, compared with 4.4% who had not experienced homelessness.
- People who are homeless experience higher rates of vaccine-preventable disease, including COVID-19, than the general population, and poorer associated health outcomes.
- Tobacco use in people experiencing homelessness is significantly higher (ranging between 57% and 82%) than the general population.
- 43% of the homeless population reported that they had alcohol and other drug use problems (a substantially higher rate than the general population).
- Prescription non-adherence in homeless and crisis accommodation groups is associated with increased emergency department admissions.
- Women and children leaving domestic violence often sleep rough (even after seeking help), and experience ongoing health risks and instability.



¹ Australian Institute of Health and Welfare (AIHW). *Australia's health 2022*. Canberra: AIHW; AIHW. *Health of people experiencing homelessness*. Canberra: AIHW, 2023; Fazel S, Geddes JR, Kushel M. *The health of homeless people in high-income countries: descriptive epidemiology, health consequences, and clinical and policy recommendations*. The Lancet. 2014.

2.2 Individuals experiencing addiction²

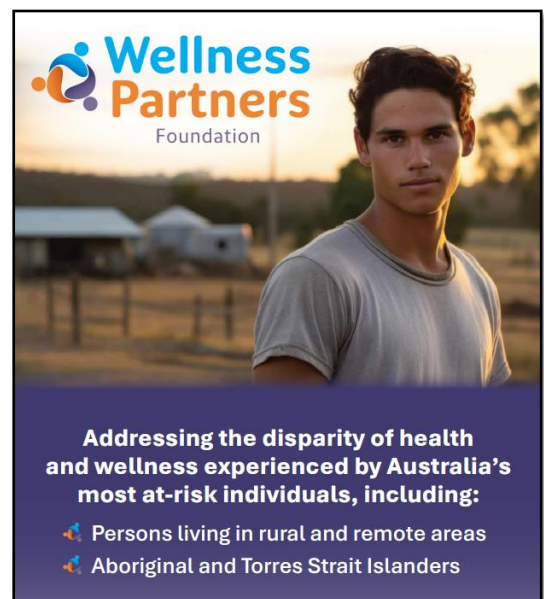
- Addiction disproportionately impacts at-risk cohorts, including individuals with mental illness, those experiencing homelessness, and Aboriginal and Torres Strait Islander peoples.
- Alcohol and drug-related harms are leading contributors to preventable illness, injury and death, particularly among socially disadvantaged and marginalised groups.
- Substance use disorders remain a significant health burden in Australia, with 1 in 20 Australians meeting criteria for a substance use disorder annually.
- Pharmacist and clinician-led harm reduction programs, including nicotine replacement therapy, opioid substitution programs, pill testing and medicinal cannabis oversight, improve treatment adherence and reduce overdose risk.
- Well-integrated harm reduction services reduce healthcare costs by preventing hospital admissions linked to overdose, infectious disease, and substance-related injury.
- Evidence links gambling harm with poor physical and mental health outcomes, including increased rates of depression, anxiety, substance use, and financial stress.
- Pharmacists can serve as discreet, stigma-free contact points, integrating harm reduction screening tools and education on gambling-related risks.



² Australian Institute of Health and Welfare (AIHW). Alcohol, tobacco and other drugs in Australia. Canberra: AIHW, 2023; Australian Government Department of Health and Aged Care. National Drug Strategy 2017–2026; Productivity Commission. Gambling. Inquiry Report No. 50.

2.3 Persons living in rural and remote areas³

- Experience higher rates of hospitalisations, deaths and injury.
- Have poorer access to, and use of, primary health care services.
- Men and women in Very Remote areas die 13.6 and 12.7 years earlier than those in Metropolitan areas.
- The burden of disease increases with increasing remoteness for coronary heart disease, type 2 diabetes, chronic kidney disease, lung conditions and suicide or self-inflicted injuries.
- Cardiovascular disease is 20% more prevalent in rural/remote Australians.
- 21.8% of males in outer regional and remote areas smoke daily, compared to 11.4% living in major cities.
- 1.3 million rural and remote Australians do not take their medicines at all or as intended adding an estimated \$2.03 billion to our annual health care costs.
- The likelihood of receiving a COVID or Flu vaccine is significantly lower for people living in outer regional and remote areas.



2.4 Aboriginal and Torres Strait Islander peoples⁴

- Life expectancy is 8-9 years shorter than non-Indigenous (and 12.4 years shorter for First Nations people in remote areas).
- The burden of disease is 2.3 times higher for First Peoples.
- Among First Nations people aged under 75, almost two-thirds (64%) of the fatal burden of disease was due to potentially avoidable deaths.
- The conditions contributing most to the gap in rates of potentially avoidable deaths between First Nations people and non-Indigenous Australians were coronary heart disease (26% of the gap in avoidable deaths), diabetes (18% of the gap) and chronic obstructive pulmonary disease (13% of the gap).

³ Australian Institute of Health and Welfare (AIHW). *Rural and remote health*. Canberra: AIHW, 2023; Department of Health and Aged Care. *Modified Monash Model – A classification system for remoteness*; Deloitte Access Economics. *Medication non-adherence in Australia: A \$7 billion problem*. 2018.

⁴ Australian Institute of Health and Welfare (AIHW). *Australia's health 2022: Indigenous health and wellbeing*; Australian Government. *Closing the Gap Report*; National Aboriginal Community Controlled Health Organisation (NACCHO). *Aboriginal Community Controlled Health*.

2.5 Older people receiving aged care⁵

- Over 95% of people living in aged care facilities have at least one problem with their medicines detected at the time of a medicines review; most have three problems.
- People aged 75+ are prescribed an average of 8 different medications, increasing risks of drug interactions, falls, and hospitalisation.
- 46% of all preventable hospitalisations are for people aged >65 years.
- The risk of serious illness or death from COVID-19 is higher in older people.
- Depression affects 10–15% of older Australians and is often underdiagnosed or misattributed to ageing.
- 86% of Australians aged 65+ live with at least one chronic condition, and nearly half have three or more.
- Falls are the leading cause of injury-related death in older Australians, and hospitalisation rates for falls are rising by ~3% each year.
- From age 65+ more than 50% of remaining life will be with a form of disability.
- Older persons are more vulnerable to social isolation, economic insecurity, inequities in access to care, and systemic neglect.
- Social isolation can increase health risks by the equivalent of smoking up to 15 cigarettes a day.



2.6 Individuals with disability receiving care⁶

- Life expectancy is shorter with mild intellectual disability (9.3 years), moderate disability (15.7 years) and severe intellectual disability (24.7 years).
- 31% of adults with disability report high or very high psychological distress.
- 14% of adults with disability smoke daily, compared to population ave. 9.1%.
- 8.3% adults with disability had sugary drinks daily, compared with 5.6% of those without disability.



⁵ Royal Commission into Aged Care Quality and Safety. *Final Report: Care, Dignity and Respect*. 2021; Australian Institute of Health and Welfare (AIHW). *Older Australians*; Australian Commission on Safety and Quality in Health Care. *Polypharmacy and medicines safety*.

⁶ Australian Institute of Health and Welfare (AIHW). *People with disability in Australia*. Canberra: AIHW, 2022; Australian Bureau of Statistics (ABS). *Disability, Ageing and Carers*.

2.7 People living in crisis, refuge and transitional accommodation⁷

- Across all crisis and transitional accommodation settings, medication non-adherence, fragmented care pathways and limited access to trusted healthcare professionals are consistently associated with poorer health.
- Individuals residing in crisis and refuge settings experience markedly higher rates of mental illness, trauma exposure and psychosocial distress, with comorbidity common for mental health, substance use and chronic disease.
- Smoking prevalence is strikingly higher among people living in crisis, refuge and transitional accommodation, often exceeding 50%, compared with around 10% in the general population, compounding other health inequities.
- Domestic and family violence remains a major public health issue in Australia, with around 1 in 4 women experiencing intimate partner violence and associated long-term health impacts including anxiety, trauma and chronic conditions.
- Women and children accessing domestic and family violence refuges frequently present with untreated or interrupted healthcare, including medication discontinuity, unmet preventive care and elevated risk of mental health deterioration.
- Nearly 2 in 5 women using crisis accommodation for DV had both a current mental health issue and problematic alcohol/drug use.
- People entering prison (and by extension those transitioning from custody into supported accommodation) have a substantially higher prevalence of chronic physical health conditions than the general population (especially for asthma: 27% Vs 11%; cardiovascular disease: 13% Vs 5.2%; and pulmonary disease: 7.8% Vs 1.9%).
- People transitioning from custodial or institutional settings experience high rates of medication interruption, contributing to avoidable emergency department presentations, hospitalisation and re-incarceration.
- At-risk young people in crisis accommodation experience poor continuity of care, low engagement with primary health services and elevated risk of vaccine-preventable disease and untreated mental health conditions.



⁷ Australian Institute of Health and Welfare (AIHW). Specialist homelessness services annual report; Australia's National Research Organisation for Women's Safety (ANROWS). Domestic and family violence in Australia; Australian Institute of Criminology. Drug use and offending; AIHW. The health of people in contact with the justice system.

2.8 Additional priority populations:

- At-risk youth
- Palliative care recipients and individuals suffering from a terminal illness
- Persons navigating transitions of care and fragmented health services
- Culturally and linguistically diverse persons
- Persons temporarily residing in regional areas without conventional accommodation
- Pregnant and breastfeeding women
- Refugees
- LGBTQIA+ persons
- Persons at risk of suicide.



3.0 THE WELLNESS 10 - Scope of Activities for Priority Populations

The WELLNESS 10 represent a set of scalable and evidence-informed program streams aligned to the Foundation's core capabilities and areas of pharmacist-led care for priority populations.



W1: \$0 Medications Access

Removing financial barriers to essential treatment by providing free medications to people experiencing homelessness and other forms of financial disadvantage.

W2: \$0 Wellness Items Access

Redirecting non-medicated wellness items through suitable pathways to reduce waste and enable equitable access to essential care items for priority populations.

W3: Medication Reviews

Medication reviews to enhance the safe and quality use of medicines.

W4: Health Literacy, Medication Advice and Knowledge Broking

Advice and counselling to strengthen health literacy among priority populations.

W5: Immunisation Equity

Vaccination stewardship activities to close the immunisation gap for priority populations.

W6: Harm Reduction and Addiction Support

Harm reduction and addiction support initiatives incorporating pharmacist counselling, risk screening and progressive models of care to promote safety, stability and pathways of support related to nicotine, cannabis, opioids, illicit substances and gambling.

W7: Social Prescribing

Social prescribing to link individuals to social, cultural, emotional and spiritual wellbeing programs that support connection, meaning and belonging.

W8: Connected Practitioner Care

Integrated, accessible and flexible practitioner-led services delivering health checks, diagnostics, prescribing, pathology testing and chronic disease management.

W9: Assistive Technology

Assistive technologies to remove barriers, enhance safety, support independence and improve wellness for at-risk individuals.


W10: Community-Connected Workforce Development

Skilling students, volunteers and workers to deliver trauma-informed and healing-aware care while operating at the top of their scope, alongside supporting people with lived experience to build skills for meaningful peer-support roles.

3.1 Persons experiencing primary or secondary homelessness

Persons experiencing primary or secondary homelessness face significant health risks and barriers to accessing timely, coordinated and place-appropriate healthcare. Through the Wellness 10, the Foundation delivers pharmacist-led, community-embedded services that provide \$0 access to essential treatment and supports continuity of care across outreach, shelter-based and community settings.




	Persons experiencing primary or secondary homelessness
W1: \$0 Medications Access	✓ Provision of \$0 essential medications to individuals experiencing homelessness, including access to free PBS medicines through the Australian Government's Medication Program for Homeless People.
W2: \$0 Wellness Items Access	✓ Provision of \$0 essential wellness items via the WISE Choice™ initiative to persons at risk of or experiencing homelessness.
W3: Medication Reviews	✓ Pharmacist-led medication review services delivered to individuals experiencing primary or secondary homelessness, utilising outreach, flexible and community-based settings to support the safe and quality use of medicines.
W4: Health Literacy, Medication Advice and Knowledge Broking	✓ Low-barrier education and medication advice delivered through outreach-friendly and place-neutral engagement, supporting people experiencing homelessness and those who assist them to effectively receive medicines and health information.
W5: Immunisation Equity	✓ Provision of National Immunisation Program vaccinations to individuals experiencing homelessness, administered through outreach, shelter-based and community-embedded settings to support equitable and zero-barrier access.
W6: Harm Reduction and Addiction Support	✓ Harm reduction and addiction support delivered through outreach and community-embedded settings, supporting people experiencing homelessness with overdose prevention education, medication safety, non-judgemental counselling, access to naloxone, and active connection to alcohol, other drug and behavioural addiction services where appropriate.
W7: Social Prescribing	✓ Social prescribing services to individuals at risk of or experiencing homelessness, supporting coordinated access to community-based social and wellness supports.
W8: Connected Practitioner Care	✓ Connected practitioner care delivered to homeless individuals, providing integrated access to health checks, diagnostics, prescribing, pathology testing and chronic disease management through coordinated, pharmacist-enabled care models, with bulk-billed telehealth utilised where appropriate to overcome access barriers.
W9: Assistive Technology	✓ Provision of assistive technologies to individuals experiencing homelessness and their surrounding support networks, including the BuddyBox™ smart pill box system, to enhance medication storage safety, enable pharmacist-led adherence oversight, and strengthen clinical monitoring across community-based and outreach settings.
W10: Community-Connected Workforce Development	✓ Delivery of community-connected workforce development initiatives within homelessness service settings, building the capability of lived-experience participants, students, volunteers and workers to provide trauma-informed, healing-aware and culturally safe support.

3.2 Individuals experiencing addiction

Individuals experiencing addiction face heightened health risks and barriers to accessing timely, coordinated and non-judgemental care. Through the Wellness 10, the Foundation delivers pharmacist-led, trauma-informed and healing-aware services that prioritise harm reduction, access to essential treatment and continuity of care across addiction-facing and outreach settings.




	<h3>Individuals experiencing addiction</h3>
W1: \$0 Medications Access	✓ Provision of \$0 essential medications to individuals experiencing addiction who face financial barriers, enabling access to necessary treatment, supporting harm reduction therapy and discussions, and promoting continuity of care through new and ongoing pharmacist-led engagement.
W2: \$0 Wellness Items Access	✓ Provision of \$0 essential wellness items via the WISE Choice™ initiative to individuals experiencing addiction who experience financial barriers to accessing care products.
W3: Medication Reviews	✓ Medication review services for individuals experiencing addiction, utilising flexible, outreach and community settings to support medication safety and harm reduction.
W4: Health Literacy, Medication Advice and Knowledge Broking	✓ Pharmacist-led education and medication advice supporting individuals experiencing addiction to better understand medicines, reduce risk related to polysubstance use, and navigate health information effectively via a knowledge broker pharmacist within community, outreach and treatment settings.
W5: Immunisation Equity	✓ Provision of National Immunisation Program vaccinations to individuals experiencing addiction, administered through addiction-facing services, outreach and community-embedded settings to support equitable access and reduce barriers to immunisation.
W6: Harm Reduction and Addiction Support	✓ Harm reduction and addiction support delivered within addiction-facing and community settings, incorporating overdose risk assessment and prevention, naloxone access, safer use education, polysubstance risk reduction, medication safety stewardship, and coordinated engagement with alcohol, other drug, mental health and social support services.
W7: Social Prescribing	✓ Social prescribing delivered to individuals experiencing addiction, providing active engagement and care navigation to connect people with community-based social, cultural, emotional and spiritual wellness supports that complement addiction, mental health and recovery-oriented services.
W8: Connected Practitioner Care	✓ Delivery of connected practitioner care to individuals experiencing addiction, supporting coordinated access to health services through pharmacist-enabled care models with a focus on harm reduction and activation or continuity of treatment.
W9: Assistive Technology	✓ Provision of the BuddyBox™ to individuals experiencing addiction to support addiction medicine adherence and oversight, continuity of care and harm reduction.
W10: Community-Connected Workforce Development	✓ Workforce development initiatives within addiction-facing settings, supporting the capability of lived-experience participants, volunteers, and workers to provide trauma-informed and healing-aware support to individuals experiencing addiction.

3.3 Persons living in rural and remote areas

Persons living in rural and remote areas experience persistent health inequities and barriers to accessing timely, coordinated and locally available healthcare. Through the Wellness 10, the Foundation delivers pharmacist-led, community-embedded services that improve equitable access to essential treatment, support continuity of care and strengthen integrated service delivery across rural and remote settings.



	<h3>Persons living in rural and remote areas</h3>
W1: \$0 Medications Access	<ul style="list-style-type: none"> ✓ Provision of \$0 essential medications to individuals living in rural and remote (MMM 3-7) locations who experience financial access barriers to treatment.
W2: \$0 Wellness Items Access	<ul style="list-style-type: none"> ✓ Provision of \$0 essential wellness items via the WISE Choice™ initiative to persons living in rural and remote areas who experience financial access barriers.
W3: Medication Reviews	<ul style="list-style-type: none"> ✓ Residential Medication Management Review (RMMR) services for aged care residents receiving care in rural and remote (MMM 3-7) locations. ✓ Home Medication Reviews (HMR) service provision for MMM 3-7 located Australians.
W4: Health Literacy, Medication Advice and Knowledge Broking	<ul style="list-style-type: none"> ✓ Education and medication advice delivered through flexible and place-neutral engagement, supporting people in rural and remote areas to improve health literacy and safely navigate medicines and health information despite geographic barriers.
W5: Immunisation Equity	<ul style="list-style-type: none"> ✓ Administration of National Immunisation Program vaccinations to those residing in rural and remote locations, including outreach and community-based delivery models.
W6: Harm Reduction and Addiction Support	<ul style="list-style-type: none"> ✓ Harm reduction and addiction support delivered in rural and remote communities (MMM 3-7), incorporating overdose prevention education, naloxone access, medication safety stewardship, non-judgemental counselling, and supported pathways to alcohol, other drug, gambling and specialist services where required.
W7: Social Prescribing	<ul style="list-style-type: none"> ✓ Social prescribing services in rural and remote (MMM 3-7) locations, enabling coordinated access to community-based social, cultural, emotional and spiritual wellness supports through ongoing engagement and follow-up.
W8: Connected Practitioner Care	<ul style="list-style-type: none"> ✓ Connected practitioner care delivered to individuals residing in rural and remote (MMM 3-7) locations, providing integrated access to health checks, diagnostics, prescribing, pathology testing and chronic disease management through coordinated, pharmacist-enabled care models.
W9: Assistive Technology	<ul style="list-style-type: none"> ✓ Provision of assistive technologies to individuals and surrounding care networks in rural and remote (MMM 3-7) locations, including the BuddyBox™ smart pill box, to enhance medication safety, enable adherence oversight by a pharmacist and strengthen clinical monitoring across rural and remote care settings.
W10: Community-Connected Workforce Development	<ul style="list-style-type: none"> ✓ Community-connected workforce development delivered in rural locations, skilling persons with lived experience, students, volunteers and existing workers to deliver trauma-informed, healing-aware and culturally safe support to priority populations.

3.4 Aboriginal and Torres Strait Islander peoples

Aboriginal and Torres Strait Islander peoples experience enduring health inequities and barriers to accessing timely, coordinated and culturally appropriate healthcare. Through the Wellness 10, the Foundation delivers pharmacist-led, community-embedded services in partnership with Aboriginal Community Controlled Health Organisations, supporting access to essential treatment, continuity of care, trauma-informed practice and integrated service delivery.




	<h3>Aboriginal and Torres Strait Islander peoples</h3>
W1: \$0 Medications Access	<ul style="list-style-type: none"> ✓ Provision of \$0 essential medications for Aboriginal and Torres Strait Islander peoples, recognising access to free PBS medicines through s100 arrangements.
W2: \$0 Wellness Items Access	<ul style="list-style-type: none"> ✓ Provision of \$0 essential wellness items via the WISE Choice™ initiative to First Peoples who experience financial access barriers.
W3: Medication Reviews	<ul style="list-style-type: none"> ✓ Culturally safe medication review services delivered to First Nations peoples across home, community and aged care settings, designed and delivered in partnership with ACCHOs, Aboriginal Health Services and local communities, and provided through flexible models that support relationship-based care.
W4: Health Literacy, Medication Advice and Knowledge Broking	<ul style="list-style-type: none"> ✓ Culturally safe and trauma-informed education and medication advice supporting First Peoples to strengthen health literacy and understanding of medicines, delivered in partnership with trusted community and care settings.
W5: Immunisation Equity	<ul style="list-style-type: none"> ✓ Administration of National Immunisation Program vaccinations to First Peoples, delivered through culturally safe, community-embedded and outreach models in partnership with ACCHOs and locally trusted services.
W6: Harm Reduction and Addiction Support	<ul style="list-style-type: none"> ✓ Culturally safe and trauma-informed, pharmacist-led harm reduction and addiction support delivered in partnership with ACCHOs and existing alcohol and other drug services, supporting overdose prevention, naloxone access, medication safety and choice-based, non-judgemental pathways of care for First Peoples.
W7: Social Prescribing	<ul style="list-style-type: none"> ✓ Social prescribing for First Peoples, supporting choice-based engagement and coordinated access to community-led social, cultural, spiritual and emotional wellness supports through partnership with ACCHOs and locally trusted services.
W8: Connected Practitioner Care	<ul style="list-style-type: none"> ✓ Connected practitioner care for First Nations peoples, enabling coordinated access to diagnostics, prescribing and chronic disease management through pharmacist-enabled care models in partnership with ACCHOs and existing services.
W9: Assistive Technology	<ul style="list-style-type: none"> ✓ Provision of the BuddyBox™ to Aboriginal and Torres Strait Islander peoples and care networks, enabling pharmacist-led adherence support and continuity of care in partnership with ACCHOs and existing services.
W10: Community-Connected Workforce Development	<ul style="list-style-type: none"> ✓ Culturally safe and community-connected workforce development delivered in partnership with ACCHOs and local communities, strengthening the capability of lived-experience participants, students, volunteers and workers to support Aboriginal and Torres Strait Islander peoples.

3.5 Older people receiving aged care

Older people receiving aged care often have complex health and medication needs that require coordinated, high-quality clinical care. Through the Wellness 10, the Foundation delivers embedded and pharmacist-enabled services that complement existing aged care services, strengthening the safe and quality use of medications across home-based and residential aged care settings.



 <p>WELLNESS Wise, community-embedded pharmacist-led care</p>	<h2>Older people receiving aged care</h2>
W1: \$0 Medications Access	<ul style="list-style-type: none"> ✓ Delivered where financial barriers are present, subject to local eligibility pathways.
W2: \$0 Wellness Items Access	<ul style="list-style-type: none"> ✓ Coordination and stewardship of wellness items within aged care settings, including the use of residential facilities as trusted WISE bin distribution points for WISE Choice™ wellness items supporting other priority populations.
W3: Medication Reviews	<ul style="list-style-type: none"> ✓ Residential Medication Management Review (RMMR) services for aged care residents, supporting clinical governance and safe and quality use of medicines. ✓ Home Medication Review (HMR) services for community care recipients, supporting medication adherence and safe and quality use of medicines.
W4: Health Literacy, Medication Advice and Knowledge Broking	<ul style="list-style-type: none"> ✓ Education and medication advice supporting older people receiving aged care, and those who care for them, to improve health literacy and empower informed medication decision-making and dignity of risk. ✓ Implementation of a quarterly BIG MAC™ (Better Integrated Governance Medication Advisory Committee), a sector-level medication governance forum.
W5: Immunisation Equity	<ul style="list-style-type: none"> ✓ Administration of National Immunisation Program and recommended vaccinations to older people and their carers across home care and residential care settings.
W6: Harm Reduction and Addiction Support	<ul style="list-style-type: none"> ✓ Harm reduction and medication safety support for older people receiving aged care, focusing on reducing polypharmacy risks, adverse drug events, falls, and medicine-related dependence associated with high-risk medication use.
W7: Social Prescribing	<ul style="list-style-type: none"> ✓ Social prescribing for older people receiving aged care, enabling coordinated access to community, social, emotional and spiritual wellbeing supports.
W8: Connected Practitioner Care	<ul style="list-style-type: none"> ✓ Connected, practitioner-led care supporting older people receiving aged care through integrated health assessment, prescribing, diagnostics and ongoing clinical oversight delivered within and alongside aged care settings.
W9: Assistive Technology	<ul style="list-style-type: none"> ✓ Provision of the BuddyBox™ smart medication management system to support the safe and quality use of medicines, enhance care recipient independence and dignity, strengthen medication governance, and enable pharmacist-led clinical oversight across residential and home-based aged care environments. ✓ The BuddyBox™ supports the clinical care that home and residential care providers deliver through improved medication management workflows, enhanced monitoring and data-insights aligned with the Quality Standards.
W10: Community-Connected Workforce Development	<ul style="list-style-type: none"> ✓ Workforce development to support students, volunteers, existing care workers and health professionals, to deliver trauma-informed, healing-aware and culturally safe care while operating at the top of their scope.

3.6 Individuals with disability receiving care

Individuals with disability receiving care often require coordinated, medication-aware support delivered in partnership with trusted care providers within supported living environments. Through the Wellness 10, the Foundation delivers pharmacist-enabled, community-embedded services that strengthen medication management, support clinical care and enhance quality, safety and dignity within disability support settings.




Individuals with disability receiving care

W1: \$0 Medications Access	✓ Delivered where financial barriers are present, subject to local eligibility pathways.
W2: \$0 Wellness Items Access	✓ Stock management and distribution activities for wellness items via supported employment pathways, aligned to the Belonging Beyond Barriers™ initiative.
W3: Medication Reviews	✓ Home Medication Review (HMR) services delivered to individuals with disability receiving care in community and supported living settings, strengthening quality use of medicines in partnership with disability support providers.
W4: Health Literacy, Medication Advice and Knowledge Broking	✓ Accessible education and medication advice supporting individuals with disability and their support networks to strengthen health literacy and navigate medicines and health information safely and confidently.
W5: Immunisation Equity	✓ Administration of vaccinations to individuals with disability receiving care, including pharmacist-led vaccination delivery within disability care homes.
W6: Harm Reduction and Addiction Support	✓ Harm reduction and medication safety support for individuals with disability receiving care, focusing on identifying and reducing medication-related risks, preventable harm and medicine dependence in partnership with support services.
W7: Social Prescribing	✓ Social prescribing for individuals with disability receiving care, enabling coordinated access to community, social, spiritual and emotional wellbeing supports that complement existing disability support and care services.
W8: Connected Practitioner Care	✓ Practitioner-led care supporting people with disability through integrated health assessment, prescribing, diagnostics and ongoing clinical oversight delivered within and alongside disability care and associated support settings.
W9: Assistive Technology	<ul style="list-style-type: none"> ✓ Provision of the BuddyBox™ smart pill system to support quality use of medicines for individuals with disability receiving care, enhance independence and dignity, strengthen medication governance, and enable pharmacist-led clinical oversight across supported living environments. ✓ BuddyBox™ supports disability care providers through improved medication management workflows, enhanced monitoring and data-informed oversight aligned with safeguarding, quality and safety requirements.
W10: Community-Connected Workforce Development	✓ Workforce development to support students, volunteers, existing disability care workers and health professionals, to deliver high-quality care and support, while operating at the top of their scope.

3.7 People living in crisis, refuge and transitional accommodation

People living in crisis, refuge and transitional accommodation often experience acute disruption to healthcare access and medication continuity during periods of heightened risk, instability and transition. Through the Wellness 10, the Foundation's pharmacists deliver trauma-informed, healing-aware, and place-based services that support medication continuity, health literacy, harm reduction and coordinated care within refuge, crisis and transitional accommodation settings.



	<h3 style="text-align: center;">People living in crisis, refuge and transitional accommodation</h3>
W1: \$0 Medications Access	<ul style="list-style-type: none"> ✓ Provision of \$0 essential medications for people living in crisis, refuge and transitional accommodation, including access to free PBS medicine if eligible.
W2: \$0 Wellness Items Access	<ul style="list-style-type: none"> ✓ Provision of \$0 essential wellness items via the WISE Choice™ initiative to those living in crisis and transitional accommodation who experience financial access barriers.
W3: Medication Reviews	<ul style="list-style-type: none"> ✓ Medication review services delivered within crisis, refuge and transitional accommodation settings, supporting medication reconciliation, continuity and safe use of medicines for individuals experiencing disrupted care, recent transition or acute psychosocial stress.
W4: Health Literacy, Medication Advice and Knowledge Broking	<ul style="list-style-type: none"> ✓ Education and medication advice delivered through low-barrier, flexible engagement, supporting people living in crisis or transitional accommodation to understand medicines and navigate health information during periods of instability.
W5: Immunisation Equity	<ul style="list-style-type: none"> ✓ Administration of National Immunisation Program and recommended vaccinations within crisis, refuge and transitional accommodation settings, supporting immunisation stewardship, equitable access and continuity of preventive care.
W6: Harm Reduction and Addiction Support	<ul style="list-style-type: none"> ✓ Harm reduction and addiction support delivered within crisis and transitional settings, supporting medication safety, overdose prevention education and naloxone access, non-judgemental engagement, and coordinated pathways to alcohol, other drug, mental health and social support services.
W7: Social Prescribing	<ul style="list-style-type: none"> ✓ Social prescribing enabling coordinated access to community, cultural, emotional and spiritual wellbeing supports that promote recovery, stability and reconnection during periods of transition.
W8: Connected Practitioner Care	<ul style="list-style-type: none"> ✓ Connected practitioner care supporting people living in crisis, refuge and transitional accommodation, strengthening coordination across pharmacy, general practice, hospitals and specialist services to support medication continuity and safe transitions between care and accommodation settings.
W9: Assistive Technology	<ul style="list-style-type: none"> ✓ Provision of the BuddyBox™ smart medication management system to support medication continuity, adherence oversight, urgent use medication access and coordinated care within crisis and transitional accommodation environments.
W10: Community-Connected Workforce Development	<ul style="list-style-type: none"> ✓ Workforce development to support existing workers to deliver trauma-informed, healing-aware and culturally safe care, while enabling workforce pathways into peer support roles for those with lived-experience.

4.0 TURNING STRATEGY INTO DELIVERY: FLAGSHIP INITIATIVES

Wellness Partners Foundation delivers the Wellness 10 through a set of enabling frameworks and flagship initiatives that translate strategy into practical, scalable and place-based action. These frameworks and initiatives are not additional service streams; rather, they are the mechanisms through which embedded Equity Care Onsite Pharmacists (ECOPs) activate the Wellness 10 across diverse care and community settings.

Together, they provide the structure, governance and delivery pathways that enable pharmacists to work beyond traditional models, strengthen continuity of care, reduce fragmentation, and support equitable access for priority populations. Each initiative is designed to integrate with existing services, respond to local context, and support partners to achieve shared objectives without duplication or displacement.

Through its embedded pharmacist workforce, mobile outreach capability and place-based partnerships, the Foundation also establishes continuity of care capacity that can be leveraged during periods of system disruption or stress.



4.1 Belonging Beyond Barriers™

Belonging Beyond Barriers™ is an enabling framework that supports the intentional, safe and structured connection of priority populations through shared purpose. It recognises that social isolation, fragmentation and exclusion are key drivers of poor health outcomes, and that belonging, contribution and meaningful connection are powerful protective factors for wellness.



Rather than operating as a standalone program, Belonging Beyond Barriers provides a delivery lens through which the Wellness 10 can be implemented in ways that move beyond siloed service models. It enables partners to co-design opportunities where different priority populations, support services and care settings come together in mutually beneficial ways.

Under this framework, collaboration is always opt-in, partner-led and appropriately governed. Activities are structured to ensure dignity, consent, safeguarding and role clarity, with ECOPs acting as trusted facilitators rather than owners of the interaction.



Examples include supported employment pathways, intergenerational engagement, and shared contribution models within community hubs, pharmacies and care settings.

Belonging Beyond Barriers strengthens the Foundation's equity mission by embedding connection and shared purpose into service delivery, while respecting the autonomy, safety and lived experience of all participants. It underpins multiple Wellness 10 streams, particularly Social Prescribing (W7), Workforce Development (W10), Health Literacy (W4) and \$0 non-medicated wellness items access (W2).

4.2 WISE Choice™

WISE Choice™ is a flagship sustainability and equity initiative that ensures usable, non-medicated wellness items are put to purpose wisely. It reduces environmental waste while enabling dignified, free access to essential wellness items for priority populations through trusted pharmacist-led engagement.



Across Australia, large volumes of usable wellness items are discarded by pharmacies, aged care facilities, hospitals and clinics, while many individuals experiencing homelessness, financial hardship or health inequity face significant barriers to accessing those same items. WISE Choice addresses this by creating a governed pathway for redistribution that aligns sustainability with health equity.

Participating healthcare sites collect eligible wellness items through pharmacist-governed WISE Choice bins. Items are transferred to partner pharmacies co-located within community support hubs, where ECOPs serve individuals to make informed choices and access essential items at no cost. Engagement



occurs in a setting that prioritises dignity, respect and trust, often serving as an entry point for broader healthcare discussions and support.

WISE Choice supports people experiencing homelessness and others facing financial or access barriers, with access coordinated through community partners to ensure safety and appropriateness. The initiative directly enables W2 (\$0 Wellness Items) and also supports W2 (Health Literacy), W7 (Social Prescribing) and W10 (Workforce Development, when combined with Belonging Beyond Barriers) by creating meaningful engagement opportunities within community settings.

4.3 Wise CALL™

Wise CALL™ is a low-barrier, pharmacist-led knowledge broking and tele-advice service designed to provide timely, trusted access to pharmacist expertise for priority populations and the people who support them. It extends the reach of ECOPs beyond physical sites, enabling continuity of care across settings, transitions and periods of instability.



Many priority populations have trouble accessing healthcare advice, particularly outside standard service hours, during transitions between care settings, and periods of personal crisis or hardship. Wise CALL addresses this gap by offering convenient, confidential and responsive access to pharmacist support, delivered through trauma-informed and healing-aware knowledge broker pharmacists.

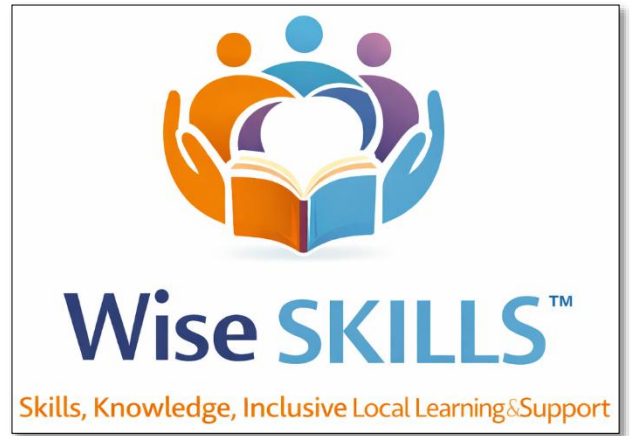
Wise CALL supports medication advice, health literacy, harm reduction guidance and care navigation. It is designed to complement existing services (in addition to Telstra's free public payphone network), providing an accessible point of connection that can prevent escalation, reduce fragmentation and strengthen continuity of care.



The service supports multiple priority populations, including people experiencing homelessness, addiction, rural and remote isolation and crisis accommodation. Wise CALL directly enables W4 (Medication Advice and Health Literacy), W7 (Social Prescribing) and W8 (Connected Practitioner Care), and acts as a critical continuity mechanism within the Foundation's embedded ECOP care delivery model.

4.4 Wise SKILLS™

Wise SKILLS™ is the Foundation's capability and workforce development initiative, designed to build confidence, knowledge and skills across priority populations, support networks and care workforces. It enables pharmacists, lived-experience participants, students, volunteers and workers to operate confidently and appropriately within complex care environments.



Many care and community settings lack consistent access to relevant education and training, particularly where staff turnover is high or where workers support individuals with complex health and social needs. Wise SKILLS responds to this gap by delivering structured, place-appropriate, pharmacist-led education directly within the settings where care and support is provided.

Education is tailored to local context and audience, supporting health literacy, medication safety, harm reduction, trauma-informed practice and coordinated care.



Uniquely, Wise SKILLS identifies and supports at-risk individuals with lived-experience to develop practical skills that enable them to contribute to peer-support roles within their communities, and to explore pathways toward further training or employment where appropriate.

Wise SKILLS™ underpins W10 (Community-Connected Workforce Development) and correlates with W4 (Medication Advice and Health Literacy) and W7 (Social Prescribing). The initiative also strengthens the delivery of multiple other Wellness 10 streams by building capability across systems, not just within individual roles.

4.5 Wise MOBILE™

Wise MOBILE™ is the Foundation's pharmacist-led medicines outreach initiative, designed to overcome geographic, access and system barriers that prevent many priority populations from engaging in ongoing healthcare. It enables delivery of the Wellness 10 in settings where fixed-location services alone cannot effectively reach or support priority populations.



For many individuals, continuity of care is disrupted by homelessness, mobility limitations, crisis, social exclusion, or transitions between care settings. While permanent Wellness Partner pharmacies and embedded Equity Care Onsite Pharmacists (ECOPs) provide trusted and stable access points, some communities remain outside the practical reach of

bricks-and-mortar services. Wise MOBILE addresses this gap by taking pharmacist-led care directly to people in the places they already feel safe, seen and supported.

Aligned with the Wellness 10 framework, Wise MOBILE is location-agnostic and supports place-appropriate medication reviews, continuity of treatment supply, health literacy, immunisation equity, harm reduction, addiction support, social prescribing, and coordinated practitioner care. Outreach activities are designed not only to meet immediate needs, but to actively rebuild trust and reconnect individuals with ongoing local healthcare pathways.

Wise MOBILE operates in addition to, and in direct support of, the Foundation's permanent and embedded service models. It strengthens the overall service ecosystem by extending reach into environments where stigma, judgement or logistical barriers would otherwise prevent engagement.



Through Wise MOBILE, the Foundation delivers equitable, trauma-informed and person-centred pharmacist care beyond traditional settings, ensuring access to medicines and wellness support is responsive, dignified and available regardless of location, circumstance or financial capacity.

5.0 PARTNERING FOR IMPACT: AN EMBEDDED MODEL FOR EQUITY

Wellness Partners Foundation delivers health equity through partnerships that embed Equity Care Onsite Pharmacists (ECOPs) directly within community and care settings. This embedded model enables pharmacists to work out from behind the counter, delivering practical, place-based care where it is most needed.

Rather than creating parallel services, the Foundation integrates pharmacists into existing environments including aged care, disability support, rural and remote services, addiction-facing services, and crisis and transitional accommodation settings. ECOPs operate within established governance and teams, strengthening continuity of care without duplication or displacement.

For partners, this model adds immediate clinical capacity without the burden of new infrastructure or workforce recruitment. Embedded pharmacists support medication safety, health literacy, harm reduction and care coordination in ways that align with local priorities, respond to community context and reduce pressure on overstretched systems.

Through the Wellness 10, partnerships also enable shared capability building, strengthening medication governance, workforce capacity and system resilience, while creating pathways for people with lived experience to contribute meaningfully to peer support roles.

The Foundation's community partners enable Equity Care Onsite Pharmacists to work **out from behind the counter**, embedding continuity, safety and access where inequity is most entrenched. This is a practical care model that strengthens local systems, reduces downstream costs and avoidable escalation, and delivers measurable, place-based impact for priority populations.



Wellness Partners Foundation

Driving Health Equity, Delivering Impact.

- ✓ Leverage Australia's largest pharmacist workforce
- ✓ Equity Care Onsite Pharmacist embedded care model
- ✓ Shovel-ready and piloted programs aligned to national priorities
- ✓ Scalable clinical and care models with national reach
- ✓ Transparent measurement, reporting and governance