

# Pharmaceutical Reforms in SA Public Hospitals

The South Australian Government has accepted a Commonwealth offer to participate in a process of pharmaceutical reforms in public hospitals.

The reforms comprise a dual outcome:

- > Access to medicines via the Pharmaceutical Benefits Scheme (PBS) for:
  - > patients on discharge
  - > patients attending outpatient clinics
  - > a range of cancer chemotherapy drugs for day patients and outpatients.
- > Implementation of the Australian Pharmaceutical Advisory Council's (APAC) guiding principles to achieve continuity in medication management

## Key Objectives

The key objectives of the reforms are to improve:

- > equity of access to medication for patients regardless of their place of care – public hospital, private hospital or community sector, and
- > safety and quality of medication management, including a smooth transition between hospital and community based care.

The reforms will be implemented in the major metropolitan public hospitals in a staged process beginning in the latter part of 2008.

South Australian implementation follows the successful uptake of the reforms interstate, commencing with Victoria in 2001, followed by Queensland, Western Australia, the Northern Territory and Tasmania.

## Continuity of Care

Implementation of the APAC guiding principles will see hospital pharmacists more involved with medication management including review of medication at admission, throughout the episode of care and prior to discharge.

Patients will receive 30 days' supply of medication on discharge instead of 4-7 days as is current practice. This will allow them to make arrangements to

visit their general practitioner and community pharmacy at a more convenient time after leaving hospital.

## Hospital PBS

Hospital prescribers in participating public hospitals will be able to write PBS prescriptions and hospital pharmacies will be given approval to dispense and claim reimbursement for PBS items.

This approval limits them to dispensing hospital PBS prescriptions only.

Public hospital pharmacies will provide the same quantity of medication for the same cost as a community pharmacy.

## Hospital PBS Prescriptions

Registered prescribers employed by participating public hospitals will be able to write PBS prescriptions for all patients attending outpatient clinics, on discharge from hospital and when receiving chemotherapy as day-admitted patients or as outpatients.

Hospital prescribers will only be prescribing medication that the patient requires an immediate supply of, not everything they are taking.

Hospital PBS prescriptions may be dispensed by community pharmacists, but hospitals are not permitted to dispense community PBS prescriptions.



# Fact sheet for community pharmacists

An approved hospital PBS prescription form must be used – it is different from community PBS prescription forms. To see an example of the hospital prescription, visit the pharmaceutical reforms page on the web site:

[www.sahealth.sa.gov.au/pbs](http://www.sahealth.sa.gov.au/pbs)

Hospital prescription forms comprise three copies:

- > The top copy is for the patient and/or pharmacist and can be used as the attachment for repeat authorisations.
- > The second copy is to be sent to Medicare Australia with the claim.
- > The third copy is for filing in the patient's medical record at the hospital.

Up to ten items can be written on a hospital PBS prescription; including non-PBS medicines. Items requiring authority approval do not need to be written on a separate authority prescription form, but the approval number must be written in the column provided.

Hospitals will have their own pre-printed prescription forms that include hospital name and provider number.

Prescriber details, including name, contact details and prescriber number, need to be filled in by the prescriber and the prescription must comply with State and Commonwealth requirements.

The patient's name must be confirmed in the prescriber's own handwriting if a patient sticker is affixed to the form.

If an item is marked 'N' or 'No' under the supply column, this means the item is listed for information only and is not to be dispensed.

Repeats for PBS items will not usually be ordered. Instead information will be

sent to the patient's general practitioner for continuation of treatment. If a repeat is ordered, it should be processed in the same manner as a community PBS prescription.

The patient, or their agent, must sign and date for receipt of the items.

Hospital PBS prescriptions can be claimed with community prescriptions in the usual manner with items numbered, and claim stickers affixed to the prescription.

As previously, all items that patients have paid for at a hospital pharmacy, count towards the joint Commonwealth /State Safety Net.

## Key Points for Community Pharmacists

- > The reforms are being implemented to improve patient care.
- > The hospital PBS prescription form may not be pre-printed with individual prescriber details – check the prescriber has written name and contact details (e.g. pager number), and prescriber number.
- > The hospital PBS prescription form is different from the community forms, but the top copy can be used for repeat authorisations.
- > Up to ten items can be written on the forms and can include PBS benefits (including authority items), controlled drugs and non-PBS items.
- > Hospital pharmacies cannot dispense community PBS prescriptions.
- > For problems with an individual prescription please contact the prescriber.

## For more information

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