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 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.
- safety and quality of medication management, including a smooth transition between hospital and community based care.

### Hospital PBS

Hospital prescribers (including interns) in participating public hospitals will be able to write PBS prescriptions for eligible patients, which may be dispensed by the hospital pharmacy. Hospital pharmacies will be given approval to claim reimbursement for PBS items and will provide the same quantity of medication for the same cost as a community pharmacy.

### Safer Care

By using the same pharmaceutical scheme as in the community – the PBS – there should be less confusion for patients and more help in preventing health problems due to under-use and over-use of medicines.

Patients will receive 30 days’ supply of medication on discharge instead of 4-7 days as is current practice. This means patients will be able to choose a convenient time to visit their general practitioner (GP) after leaving hospital, and there will be sufficient time for the discharge summary to reach the GP, thus improving continuity of care.

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

### Continuity of Care

Hospitals will introduce new ways to make sure patients leave hospital with a better understanding of the medicines they take.

By implementing the APAC guiding principles to achieve continuity in medication management, hospital staff will be required to:

- Document a complete and accurate medication history at the time of admission or as early as possible in the episode of care.
- Assess current patient medication management and conduct medication review throughout the episode of care.
- Develop a medication action plan in consultation with patients.
- Review discharge medication requirements prior to the time of discharge and provide an adequate quantity of medication to
Fact sheet for hospital staff

Key Points for Hospital Staff

> The reforms are being implemented to improve patient care.
> Hospitals will be able to provide more timely access to new medications, including chemotherapy, once listed on the PBS.
> The quantity and cost of medications supplied on a hospital PBS prescription will be the same as for a community PBS prescription.
> All medications used by patients while in hospital will continue to be provided without charge.

Hospital PBS Prescription Form

> Prescriptions will change to an approved hospital PBS prescription form – 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

> Up to ten items can be written on a hospital PBS prescription; including non-PBS medicines.
> Hospital PBS prescription forms comprise three copies:
  > The top copy is for the patient or pharmacist.
  > The second copy is the Medicare Australia copy.
  > The third copy forms part of the patient history and is for filing in the patient’s medical record at the hospital.
> Hospital PBS prescriptions may be dispensed by community pharmacists, but hospitals are not permitted to dispense community PBS prescriptions.