Pharmaceutical Reform is being introduced in Tasmanian public hospitals from early 2011. It will improve the medication support services provided to hospital patients and staff, and improve the transfer of medication related information to community healthcare providers by:

- Delivering medication support services to all patients to meet national standards (APAC Guidelines). The APAC guidelines include activities such as timely admission medication history interviews, daily medication chart review and patient education.
- Providing access to the Pharmaceutical Benefits Scheme (PBS).

Public hospital patients will benefit from:

- More pharmacists in hospitals to provide patient education and discuss their medication needs.
- Better documentation of medication related information in the discharge summary provided to their GP and other community healthcare providers.
- One month’s supply of medicines (where required) on discharge or when attending as an outpatient. Previously on discharge, only a 3-5 day supply of medication was provided.

How it works:

- All medications required while patients are in hospital will continue to be provided free of charge.
- Doctors affiliated with public hospitals will be able to write PBS prescriptions on hospital specific stationery (which looks different to a community PBS prescription) for Medicare eligible hospital patients on discharge or those attending outpatient clinics.
- The standard PBS quantity will be prescribed, except where it is clinically appropriate to request a different amount.
- On discharge, the patient will be supplied with the medications they require.
- The patient contributes the standard PBS co-payment for each item. These payments will count towards their PBS Safety Net.
- Repeats for PBS items will not usually be ordered. Instead information will be sent to the patient’s GP who will consider continuation of treatment.
- Hospital pharmacies are not permitted to dispense community PBS prescriptions.

Key points for GPs:
- Pharmaceutical Reform is being introduced to improve patient care.
- Patients will receive up to one month’s supply of medication, or the PBS maximum quantity (where clinically appropriate), on discharge and following an outpatient appointment.
- This reduces the need for a patient to visit their GP straight after discharge just for the purpose of obtaining another prescription.
- Patients who require immediate follow-up care post-discharge (e.g. for drug monitoring) will still be directed to their GP.
- Hospital pharmacies will only provide a supply of what the patient needs, not everything they are taking.
- Repeats for PBS items will not usually be provided – patients will be advised to visit their GPs for ongoing care.

1 Australian Pharmaceutical Advisory Council. Guiding principles to achieve continuity in medication management. Canberra; Commonwealth of Australia: 2005