Fact Sheet for Hospital Nursing Staff

Nursing staff play an important role in the transition to the Pharmaceutical Benefits Scheme (PBS) in Tasmanian public hospitals. Nursing staff can contribute by:

• Highlighting the benefits of the PBS (more broadly Pharmaceutical Reform) to patients.
• Answering straightforward questions that a patient may have about the PBS in public hospitals, such as the patient co-payment.
• Referring complex questions to a pharmacist.
• Distributing information leaflets to patients.
• Considering the PBS in discharge planning and outpatient appointment sequencing.
• Adjusting any policies or procedures to be consistent with PBS requirements.

**Pharmaceutical Reform**

Pharmaceutical Reform in public hospitals will provide:

• All patients with additional medication management services as outlined in the national standards - Australian Pharmaceutical Advisory Council (APAC) Guidelines.
• Access to the PBS.

**The Pharmaceutical Benefits Scheme**

The PBS is a national subsidy program administered by Medicare Australia which provides more affordable medications. Medications that are listed on the “PBS Schedule” are eligible for subsidy. The “PBS Schedule” is updated with new items regularly.

**PBS eligibility in a public hospital**

PBS prescriptions may be written for Medicare eligible patients:

• At discharge.
• When attending an outpatient clinic.
• When receiving public day admitted chemotherapy*.

*Treatment that includes intravenous chemotherapy (CPAP) will not be included in the initial rollout.

**Prescription forms**

Prescription forms that better suit the hospital setting are provided by Medicare Australia, and will replace the existing prescription forms used within the hospital.

The prescription is in triplicate and local hospital policy should be followed on how these copies are used.

**Collection of patient entitlement details**

Entitlement details will be collected by staff responsible for registering and confirming patient information in iPM. If a patient offers these details to another member of staff, local policy must be followed to ensure these details are entered into iPM in a timely fashion.

**Patient contributions**

The patient will be assisted by their hospital pharmacist to determine which medications they require, taking into account any supplies they have at home. On discharge, the patient will contribute a co-payment for each medication they need.

They will receive up to a month’s supply of medication, instead of the smaller quantities that are supplied at present.

This co-payment is applied in the same manner as in the community and contributes to their PBS Safety Net tally (a system designed to assist those who have high medication usage).

The PBS co-payment for 2010 is:

• $5.40 per item for a patient with a concession card or DVA entitlement (Safety Net Threshold $324 per calendar year).
• Up to $33.30 per item for general patients (Safety Net Threshold $1,281.30 per calendar year).
Outpatient items and non-PBS items available on the hospital formulary will still be supplied by the hospital and attract a similar co-payment for a full month’s supply.

Patients who are ineligible for the PBS will be charged “non-PBS” prices as determined by the hospital.

All **inpatient** medications continue to be funded by the hospital and patients do not contribute to this cost.

**Payment options**

- Payment **will not** be accepted by any clinical staff.
- Payments can be made at the hospital cashier as the patient leaves, or paid later at Service Tasmania, Australia Post, online or by phone using the invoice provided.
- If a patient is unable to pay for their medications, they should speak to the hospital finance department.

**Discharge planning and PBS prescriptions**

Discharge planning must allow enough time for the patient’s medication to be dispensed and for other documents to be created (e.g. a medication list).

- Patients will receive up to a month’s supply of medication so will not need to see their GP within 5-7 days of discharge for the purpose of obtaining prescriptions.
- Repeat prescriptions will not generally be issued at discharge.
- Doctors may prescribe less than the maximum quantity if the patient needs to be reviewed by their GP soon after discharge.

**Hospital generated PBS prescriptions should be dispensed at the hospital pharmacy.**

This ensures a review by a pharmacist who is familiar with the patient and an important check against the patient’s medication history and inpatient medications.

Local policy outlines any circumstances where it may be appropriate for the prescription to be taken to a local pharmacy.

Hospital PBS prescriptions can only be written for hospital patients.

**All the medications that a patient is taking at discharge should be included on the PBS prescription.**

This helps to generate an accurate medication list and discharge summary.

Only those items that a patient requires will be supplied.

**Where to find more information?**

DHHS intranet
Email: pharmaceuticalreform@dhhs.tas.gov.au

<table>
<thead>
<tr>
<th><strong>Key Points</strong></th>
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<tbody>
<tr>
<td>✅ New prescription forms will be used.</td>
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<td>✅ Patients will receive up to a month’s supply of medication on discharge and through an outpatient prescription.</td>
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<td>✅ A standard co-payment is charged and there are a number of payment options.</td>
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<td>✅ Nurses can assist by answering simple patient enquiries and supporting the new processes associated with PBS prescribing.</td>
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<tr>
<th><strong>Pharmaceutical Reform Team Members:</strong></th>
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