Pharmaceutical Benefits Scheme
Hospital Access Program

Hospital PBS & Community PBS are different!

PBS Fact Sheet Number 3 – General Practitioners

Improving access to the Pharmaceutical Benefit Scheme for patients of public hospitals in Queensland – a part of the Pharmaceutical Reform Agenda.

Background to hospital PBS

Approved doctors, dentists and nurse practitioners in approved Queensland public hospitals are able to write hospital PBS prescriptions for admitted patients at discharge, public chemotherapy day patients and public outpatients.

Pharmacists in both public hospital and private (community) pharmacies can dispense these prescriptions and claim reimbursement from Medicare Australia for the cost of these medicines. (Items supplied by nursing staff cannot be claimed)

The saving to Queensland Health is to be channelled into improving the continuity of medicines management in the transition between hospital and home.

The PBS Access Program has been adopted in all Queensland Health hospitals that employ pharmacists.

How does this impact on GP/ community treatment?

- Patients attending as public outpatients or being discharged after an inpatient admission, may be prescribed up to the maximum PBS quantity of any medicines that are needed as a result of this episode of care.
- Hospital doctors should only prescribe items to outpatients that are required for the treatment of the condition for which the patient has been referred to the hospital.
- In some cases a PBS quantity of other chronic PBS medication may also be provided to discharged patients but this not the general rule.
- This removes the need for discharged patients to make a GP appointment within a few days of leaving hospital simply for a prescription to continue the medication started in hospital. The risk of running out of medication is also reduced.
- For discharged patients a discharge summary will be sent to the GP within a few days (via Electronic Discharge Summary where available). This summary includes details of any changes to the medication profile that were made at the hospital.
- For outpatients this information continues to be sent through the normal reply to the original referral letter.
- In most cases GPs will be expected to prescribe the continuing PBS listed medication until the patient is recalled, or requires further referral to, a specialist outpatient clinic.
- Exceptions to this will be where a patient needs to attend the hospital regularly for other treatment or monitoring (eg: dialysis, chemotherapy), or where they are also prescribed one or more items that are not available through the PBS (eg; s100 Highly Specialised Drugs and certain chronic pain medicines).
• Where the prescription is for a PBS listed item that requires telephone authority, the hospital prescriber should not request repeats, so that the GP does not encounter difficulties in obtaining authority approval for the ongoing supply.
• Although hospital pharmacists can make claims for hospital prescribed PBS items through Medicare Australia, they should not dispense prescriptions written by GPs on private PBS prescription forms (except in an emergency).

Continuity of medication management between hospital and community

Access to the PBS reimbursement is subject to public hospitals implementing the Australian Pharmaceutical Advisory Council (APAC) ‘Guiding Principles to achieve continuity in medication management’ (2005)
These principles are designed to improve communication between the hospital and community sectors and initiatives such as the Electronic Discharge System (EDS) have been developed to facilitate this.

Continuity at admission to hospital

Principle 4 states that

“An accurate and complete medication history should be obtained and documented at the time of presentation or admission, or as early as possible in the episode of care.

Sufficient information should be sought to inform decisions for the safe, effective and timely care and treatment of consumers (this includes information about prescription and non-prescription medicines, including complementary health care products). This information will form a basis for future decisions about therapy and should be confirmed with the consumer and where appropriate his/her health care professionals”.

To facilitate this, patients should bring to hospital,

- A list of their current medications, doses and the reasons for them. If a list is not available the patient should bring the medication in the containers supplied by their pharmacist.

Patients should also bring their,

- Current ‘Medicare Card’
- Current Pharmaceutical Benefits Concession card, if they have one (other names for this card are: Concession card, Centrelink card, DVA card)
- Safety Net Entitlement card, if applicable

If you have any general queries about this program please call
Medication Services Queensland on 07 3131 6556