



Pharmaceutical Reform in South Australian Public Hospitals

Frequently Asked Questions – Consumer Information



**Government
of South Australia**

SA Health

Pharmaceutical Reform in South Australian Public Hospitals

Information for Consumers

Returning home from hospital can be a difficult time for patients. The pharmaceutical reforms are designed to make it easier, safer and fairer for public hospital patients to access appropriate quantities of the medications they require. Pharmaceutical Benefits Scheme (PBS) medications will be available to patients on discharge from hospital and to outpatients. The reforms also allow public hospitals to access a range of chemotherapy medications for day-admitted patients and outpatients.

Major components of the reforms:

- > Access to PBS for all public hospital patients on discharge and outpatients. Patients will be issued with up to one month's supply of medication.
- > Access to Chemotherapy PBS for day-admitted patients and outpatients.
- > Implementation of the Australian Pharmaceutical Advisory Council's guiding principles to achieve continuity in medication management.

Background:

Access to the PBS

Hospitals that take up the reforms will be able to prescribe PBS medications for all non-admitted patients and patients on discharge. Medications for inpatients are not included in the reforms and will continue to be the responsibility of the hospital.

The Pharmaceutical Benefits Scheme

The Commonwealth Government established the PBS in 1948 with the aim of improving the health of Australians by ensuring they have access to necessary and lifesaving medications at an affordable price.

Most PBS medicines cost the government much more than the price you pay. Some cost many hundreds of dollars, but because of the subsidy, you pay much less. The Commonwealth Government pays the difference between the cost of the drug and the amount you pay at the pharmacy.

Appropriate Quantities of Medication

Under the old system, you were discharged from hospital with only a few days' supply of medication, which meant you would need to visit your doctor within that time to obtain a PBS prescription for more medications.

Under the new system, you will receive up to one month's supply (or a course if an antibiotic is needed) of medication when you are discharged and when you attend as an outpatient. You will now be able to choose to visit your GP at a more convenient time.

Frequently Asked Questions:

Q: Am I eligible?

To be eligible to receive the benefits of these reforms, you need to hold a Medicare card, and be a patient on discharge from a public hospital or an outpatient. You will need to present your Medicare card to the hospital pharmacy or have it recorded when you are admitted to hospital to prove you are eligible for the PBS subsidy.

Access to the PBS is also available for the citizens of those countries with which Australia has a Reciprocal Health Care Agreement.

Improving Patient Care

Some reasons for problems with medications and re-admission to hospital include:

- > taking too much or too little medicine
- > mixing different brands of the same medicine
- > running out of medication.

By simplifying the process and having one scheme that applies to GP's patients, private hospital patients, and public hospital patients on discharge, there should be less confusion, less chance of medication error and fewer re-admissions to hospital relating to medication problems.

Q: Will it cost more to get my prescription dispensed at a hospital?

No, having your PBS prescription dispensed at the hospital pharmacy will cost about the same as if you went to your local pharmacy.

You will now have to pay for your discharge medications – where previously you received a few days' supply for no charge, you will now receive the PBS quantity. If you have sufficient medication at home, then you will not need to have more dispensed on discharge – **the choice will be yours.**

Q: How much will it cost to get my prescription filled?

Patient co-payments can be found on the [PBS website](#).

General patients pay up to the maximum amount of the co-payment toward the cost of each PBS medicine. The Commonwealth Government pays the rest.

Concession card holders (issued by Centrelink or a DVA Repatriation Health card) pay a [co-payment](#) towards the cost of each PBS medicine.

Some medicines attract extra charges that are paid by the patient. These include Brand Price Premiums, Special Patient Contributions and Therapeutic Group Premiums.

Q: Will I need to bring cash to hospital to get my medication?

No, you may choose to pay by credit card or cheque, or ask a family member to bring money when they come to collect you from hospital.

In all cases, it will be necessary for you to have your Medicare Card, Concession Card and Safety Net Card (if applicable) when going to hospital.

Q: Can I get the prescription written by my GP filled at a public hospital?

No, hospitals are not able to dispense prescriptions written by GPs. They are able to dispense Hospital PBS prescriptions written by any other participating hospital.

Q: Does the Safety Net apply to hospital PBS prescriptions?

Yes, the PBS Safety Net will continue to protect you and your family financially if you need a lot of medication in a calendar year. Pharmacists can give you a form on which you record your medicines. Once you and your family reach the Safety Net threshold, you can apply for a Safety Net Card and your PBS medicines will be cheaper or free for the rest of the year.

A family can include:

- > a spouse or de facto spouse
- > children under 16 in your care
- > full-time dependent students under 25.

General Patients: When you and your family have a record of spending the amount of the general [Safety Net Threshold](#) on PBS medicines (and non-PBS medicines from a hospital pharmacy) in a calendar year, you are entitled to further PBS medicines at the [concession co-payment](#) for each medicine for the rest of the calendar year.

Concession Card Holders: When you and your family have a record of spending the concession [Safety Net Threshold](#) on PBS medicines (and non-PBS medicines from a hospital pharmacy) in a calendar year, you are entitled to further PBS medicines free for the remainder of that year.

Joint Safety Net: In public hospitals the Joint Safety Net will still apply. This means that non-PBS items can be added to your safety net card up to the equivalent of the relevant patient [co-payment](#). This scheme is only available if your medicines are dispensed in the hospital.

Q: What are the APAC Guiding Principles?

An essential part of the pharmaceutical reforms is the implementation of the Australian Pharmaceutical Advisory Council's guiding principles to achieve continuity in medication management.

The guidelines represent what is considered best practice in patient care and are intended to assist hospitals in ensuring continuity of medication management through hospital admission, treatment and after discharge.

The principles include:

- > development and coordination of a medication discharge plan for each patient
- > taking an accurate medication history
- > evaluation of current medication on admission
- > development of a treatment and discharge plan relating to probable medication management, in consultation with the patient and/or carer
- > pre-discharge medication review
- > provision of information to the patient including Consumer Medicine Information, medication record, patient/carer plan, and information on the availability of medication
- > provision of patient information regarding admission, medication changes and arrangements for follow-up to health care provider(s) nominated by the patient.

Implementation of the guiding principles will help to ensure that you leave hospital with a better understanding of your medications and that a copy of your discharge

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treatment and medication information will be sent to your GP before your next visit. This means the doctor will have up-to-date information, improving your overall care.



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