

## Section 100 Pharmacy Arrangements PHC Remote Guideline

<b>Target Audience</b>	All Clinical Employees
<b>Jurisdiction</b>	Primary Health Care Remote CAHS; Primary Health Care Remote TEHS
<b>Jurisdiction Exclusions</b>	N/A
<b>Document Owner</b>	Kerrie Simpson Atlas Development Officer Primary Health Care Remote CAHS
<b>Approval Authority</b>	Chair Primary Health Care Executive CAHS; Primary Health Care Remote Safety and Quality Committee TEHS
<b>Author</b>	PHC Safety and Quality Team; Remote Health Pharmacy Group

The attributes in the above table will be auto-filled from the PGC System. Do not update in this document.

### Purpose

To provide an overview of the services provided by S100 contracted pharmacists to eligible Primary Health Care (PHC) remote health centres.

### Guideline

## 1. General Information

Special arrangements exist under the provisions of Section 100 (S100) of the [National Health Act 1953](#) to address identified barriers in accessing the [Pharmaceutical Benefits Scheme](#) (PBS) in remote regions of Australia.

Under the S100 arrangements, Primary Health Care (PHC) Remote clients in most communities are eligible to receive essential medicines which are currently listed in the PBS, at no [cost](#). Additionally, the S100 pharmacy support allowance funds a range of other pharmacy services to health services administering the funded pharmaceuticals. These include professional pharmacy advice to health centre staff and clients, site visits, education and medication management services.

Primary Health Care Remote engages the services of private pharmacies to supply S100 medicines and services to all applicable community health centres and clients on a contract basis. The private pharmacies supply applicable PBS listed medicines, both in bulk supply and as dispensed medicines against prescriptions. In providing services to PHC remote health centres the S100 Contracted Pharmacy must comply with the relevant professional standards guidelines, Northern Territory (NT) regulatory requirements and relevant NT Department of Health (DoH) and PHC policies and procedures.

Information in this item relates to:

[Supply of Medicines](#)

[Additional Pharmacy Services](#)

[Costs - Client and Health Centre](#)

[Section 100 Contract Management](#)

[Pharmacy Contact Details](#)

Other documents developed to guide health centre staff with pharmaceutical related processes are listed below in [Key Associated Documents](#).

It is important that this document is used in conjunction with [Pharmacy Ordering PHC Remote Guideline](#) which provides generic pharmacy ordering information for regional hospital and S100 contracted pharmacies.

## 2. Definitions

**Authorised Prescriber:** a medical officer, nurse practitioner or other health practitioner who is approved to issue a prescription under the [NT Medicines, Poisons and Therapeutic Goods Act](#) and issues the prescription in the course of practicing the person's health profession.

**Bulk supply:** medicines supplied to health centres as general stock (imprest), ie not dispensed to an individual client. This includes medicines for acute presentations and some medicines for managing chronic conditions, where immediate commencement is advantageous.

**Contract Manager:** acts as the point of contact between PHC and the contracted pharmacies for official purposes such as communication of departmental and other requirements, approving of new processes, or resolution of outstanding problems. Details will provided to S100 contracted pharmacies on commencement of the contract.

**Dose Administration Aids (DAA):** devices (including dosettes / blister packs / sachets) that divide medicines according to a prescribed dosing schedule. See [Dose Administration Aids PHC Remote Guideline](#) for details.

**Pharmaceutical Benefits Scheme (PBS):** a scheme through which the Australian Government subsidises the cost of essential prescription medicines.

**Section 100 (S100):** a section of the [National Health Act 1953](#) which allows for special supply arrangements to be made by the Minister for Health to ensure appropriate access to a pharmaceutical service to all Australians where general PBS mechanisms aren't easily applied. For PHC remote health centres S100 provisions relate to people "who are living in isolated areas." Pharmaceuticals provided under this scheme to PHC remote clients include all PBS listed medicines **with the exception** of Schedule 8, extemporaneous products (ie products that need to be manufactured at the pharmacy) AND Highly Specialised Drugs.

**Standard Drug List (SDL):** an agreed [list](#) of pharmaceuticals held in remote health centres throughout the NT. It contains mandatory pharmaceuticals which must be held in every health centre and non-mandatory or optional pharmaceuticals. See [Standard Drug List PHC Remote Guideline](#) for further information.

## 3. Responsibilities

### 3.1 S100 Contracted Pharmacy

- Supply medicines in accordance with the provisions of the NT [Medicines, Poisons and Therapeutic Goods Act \(MPTGA\), Regulations](#) and relevant professional practice standards when supplying medicines to remote health centres
- Supply medicines in accordance with current S100 contractual agreements
- Maintain clear lines of communication with clinical staff at health centres
- Provide a responsible, timely and regular service in response to health centre pharmaceutical orders, including:
  - dispense prescriptions in line with best practice guidelines and fulfill duty of care obligations to clients
  - bulk supply PBS and approved non-PBS pharmaceuticals listed on the [Standard Drug List](#)
  - liaise with regional hospital pharmacies in the supply of non-PBS medicines and other medicines excluded from the S100 contract

- supply non SDL listed PBS pharmaceuticals only where an approved local addition exists
- coordinate transportation of medicines to health centres, including a tracking process
- Liaise with health centre staff regarding health centre pharmaceutical orders including notification of transportation of medicines to the health centre
- Assist individual health centres establish pharmaceutical stock levels and maintain health centre pharmaceutical imprest lists
- Provide training / education to health centre staff on medicines management
- Provide guidance to health centre staff on:
  - the impact of pharmacy regulations and standards
  - issues related to the supply or use of medicines
- Provide an S100 Ordering Procedure Manual to each health centre
- Complete the Application for EHR Access ([PCIS](#) / [EACS](#)) and undertake appropriate training if not previously completed
- Conduct site visits at a minimum of six (6) monthly utilising the [S100 Pharmacist Site Visit Report Form](#)
- Ensure follow-up on any issues identified at the site visits in a timely manner
- Arrange travel and accommodation requirements for health centre visits
- Ensure permission and permits required for entry into Aboriginal land are obtained prior to site visits
- Provide S100 Quarterly Reports and ad hoc reports as requested to the Contract Manager
- Participate at the NT-wide PHC Pharmacy (Remote) Group meetings
- Participate in Contract Management meetings
- Participate, collaborate and share ideas with DoH to ensure quality and relevant accreditation requirements are met

### **3.2 Primary Health Care Manager (PHCM)**

- Ensure familiarity with S100 and non-S100 pharmacy ordering procedures
- Facilitate visits, training and other activities provided by contracted pharmacists
- Encourage clinical staff attendance at training sessions provided by pharmacists
- Ensure clear lines of communication are maintained between health centre staff and the pharmacist / pharmacy staff
- Provide feedback on S100 contracted pharmacy services
- Refer unresolved issues regarding contracted services to the regional Contract Manager

### **3.3 Health Centre Clinical Staff**

- Be aware of the differences between the Regional Hospital Pharmacies and the S100 Contracted Pharmacies in the supply of pharmaceuticals
- Utilise opportunities for training provided by pharmacists
- Adhere to procedures described in pharmacy ordering manuals provided by contracted pharmacists and in [Pharmacy Ordering PHC Remote Guideline](#)
- Provide feedback to the PHCM on the service provided by the S100 contracted pharmacy

### **3.4 Regional Hospital Pharmacy**

- Liaise with S100 contracted pharmacies in the supply of:
  - non-PBS medicines on the SDL and other medicines excluded from the S100 contract for individual clients, to the health centre
  - approved department funded client specific medicines

- non-PBS medicines and other medicines excluded from the S100 contract to the S100 contracted pharmacy for inclusion in client DAAs

### 3.5 Regional Section 100 Contract Manager

The Contract Managers for Central Australia Health Service and Top End Health Service will:

- Ensure compliance of the contracted pharmacy against contract requirements
- Review S100 Support Allowance paperwork
- Maintain adequate records (paper and electronic) of relevant communication interactions with the contracted pharmacy
- Seek feedback on contracted pharmacy performance from stakeholders and clients
- Coordinate regular, and as required, [Contract Management](#) meetings with the contracted pharmacy and record the outcomes
- Resolve any disputes and performance management issues where referred
- Provide regular performance summary reports to the General Manager

### 3.6 Primary Health Care Pharmacist

- Liaise with S100 contracted pharmacies / regional hospital pharmacies as required
- Communicate PHC medicines management processes and notifications to all parties as relevant
- Provide advice as requested by S100 Contract Manager
- Provide feedback on S100 contracted pharmacy services
- Refer unresolved issues regarding contracted services to the regional Contract Manager
- Participate in Contract Management meetings

## 4. Procedure

S100 contracted pharmacies provide medicines listed under the [PBS](#) and the [Standard Drug List](#) to eligible health centres.

### 4.1 Supply of Medicines

This section provides a brief overview of the services provided to eligible health centres by S100 contracted pharmacists. [Pharmacy Ordering](#) provides detailed information on the ordering process.

#### 4.1.1 Bulk Supply for Drug Storage Room

Contracted pharmacists maintain a monthly supply cycle of bulk pharmaceuticals to eligible health centres. S100 Pharmacy Order forms, based on the [Standard Drug List](#) and tailored to individual health centre usage, are provided to health centres for ordering purposes. Also see [SDL Stock Management](#).

#### 4.1.2 Prescribed Medicines and Dose Administration Aids

Contracted pharmacists dispense medicines prescribed for individual clients from signed prescriptions and provide [DAA](#) if these are ordered by the prescriber after discussion with the client.

##### Prescribed Medicines

Prescribed medicines for individual clients are ordered from the S100 contracted pharmacy using either a signed handwritten rural prescription or a PCIS generated rural prescription which has been printed and signed by an [authorised prescriber](#).

When subsequent medicines are required, these can be ordered from the S100 contracted pharmacy. See the S100 Pharmacies Pharmacy Ordering Manual for ordering procedures.

## Dose Administration Aids

When a client is assessed as requiring a [DAA](#), and has agreed to this, the [authorised prescriber](#) must include this notation on the rural prescription to receive the initial DAA supply.

When subsequent DAAs are required for a client, these will be supplied by the S100 contracted pharmacy when ordered by the health centre. See the S100 Pharmacies Pharmacy Ordering Manual for ordering procedures.

Local arrangements exist, to ensure that non S100 Medicines are provided by Regional Hospital Pharmacies to S100 contracted pharmacies for inclusion in DAAs.

### 4.1.3 Processing and Delivery Arrangements

Contracted pharmacists supply or dispense medicines within seven (7) working days of the order being received. Pharmaceutical orders are generally dispatched using the most efficient and appropriate commercial transportation service available. This information is available from the S100 pharmacy.

Urgent orders are dispatched within two days. See [Pharmacy Ordering](#) Section 4.1.2 for information regarding acceptable reasons for placing an urgent order.

## 4.2 Additional Pharmacy Services

### 4.2.1 Health Centre Site Visits

The Contractor, at their own cost, shall arrange for a suitably qualified and experienced pharmacist to visit each health centre at least once in each six-month period on a schedule agreed in advance with the PHCM. The pharmacist must be present for a suitable amount of time to undertake the following activities in collaboration with staff at each health centre:

- Inspect all pharmaceutical storage locations in accordance with legislative, DoH and PHC requirements
- Review medicines for condition of stock, expiry dates, compliance against the [SDL](#), stock levels and ordering processes
- Audit compliance of medicines documentation, including S8 and RS4 registers
- Provide education and professional development relevant to the needs of health centre staff
- Provide review of medicines and individual client counselling as requested
- The [S100 Pharmacist Site Visit Report Form](#) must be completed for each visit and dispatched within five (5) working days to personnel specified on the form. See [Pharmacy Audits](#).

### Medicines Management Audit

The contracted pharmacist will assess whether medicines are managed in accordance with the [NT MPTGA](#) and other medicine management guidelines and will provide staff with professional advice and guidance. See [Pharmacy Audits](#) and [S100 Pharmacist Site Visit Report Form](#) for further information.

### Provision of Inservice / Training

Education sessions are held during health centre visits. Topics for education sessions should be decided in consultation with the PHCM and health centre staff and may include:

- ordering procedures
- information on relevant aspects of the [NT MPTGA](#), including the possession and supply of medicines by nurses and ATSIHPs under [Section 250 NT MPTGA](#)
- information on client counselling
- use of DAAs
- medicine information, in particular on commonly used or new medicines relevant to PHC Remote clinicians

## Client Medication Reviews

Pharmacists may perform client medication reviews as part of their site visits, either initiated by themselves or by referral from health centre staff. Ideally this should be arranged before the visit.

Client medication reviews and counselling may comprise:

- a review of the client's medication profile, current scripts and Electronic Health Record.
- a Home Medicines Review (HMR). This is a comprehensive medication review conducted by an accredited pharmacist in the client's home. Ideally this should be conducted with an ATSIHP, Interpreter or other appropriate cultural brokerage. The client interview must occur face-to-face at the client's home except in the following circumstances: for client cultural reasons; or because of pharmacist safety concerns relating to being inside the client's home.

If either circumstance applies, [prior approval](#) to conduct the HMR interview in an alternative location must be obtained. For further information see [Home Medicines Review](#).

## Resource

The resource '[Guide to providing pharmacy services to Aboriginal and Torres Strait Islander people](#)' developed by the [Pharmaceutical Society of Australia](#) provides valuable information for pharmacists visiting remote health centres and engaging with Aboriginal and Torres Strait Islander people and communities.

### 4.2.2 Procedure Manual - Ordering

Each health centre is provided with an ordering procedure manual by the relevant S100 pharmacy service provider. Staff responsible for ordering pharmaceuticals must use this manual in conjunction with the procedures described in [Pharmacy Ordering](#) and this document.

## 4.3 Provision of Medicines to Clients

Clients living in the community receive all essential medicines free of charge. These include S100 medicines and those non-PBS items listed on the SDL.

Non-PBS medicines that are not listed on the SDL may be provided:

- to the client at no cost if prior approval is obtained. These medicines are supplied by the regional hospital pharmacy See [Supply of Non PBS S100 Medicines PHC Remote Information Sheet](#) for further details.
- by private arrangement with the S100 contracted pharmacy or pharmacy of their choice. Delivery and billing options need to be negotiated between the client and the providing pharmacy. Health centres may act as conduits for ordering and delivery purposes but do not handle monies in this regard.

## 4.4 Section 100 Contract Management

The contracted service is tendered on a three (3) yearly cycle. A number of different registered pharmacies are engaged to cover the breadth of all Departmental remote health centres. Once appointed by a tender panel, the contract is managed by the regional Contract Manager who is required to implement a Contractor Performance Reporting System under [Procurement Direction](#) PO12 'Contract Management'. Documentation related to contract management must be retained for three years by the regional contract manager. Also refer to the model terms of reference for information (available from regional contract manager).

The Contract Manager acts as the point of contact between PHC Remote and the contracted pharmacies for official purposes such as communication of departmental and other requirements, approving of new processes, or resolution of outstanding problems. See [responsibilities](#) as detailed above.

#### 4.4.1 Contract Management meetings

Contract management meetings will be held on a regular basis. Feedback will be sought from remote health centres receiving S100 contracted services, regional hospital pharmacies and others as required. The contracted pharmacy will also have the opportunity to provide feedback in these meetings. The regional contract manager is responsible for organising these meetings.

#### 4.4.2 Quarterly Reports

Quarterly Routine Reports are due 10 working days after the end of each quarter and should be sent to the regional contract manager. Reports include information related to supply of DAAs, individually dispensed medicines and bulk supply items, costs associated with medicines supply, and order and dispatch KPIs. The template is available from the regional contract manager.

#### 4.4.3 Site Visit Reports

[S100 Pharmacist Site Visit Reports](#) are due within five (5) working days following the visit to the health centre. See [4.2.1 Health Centre Site Visits](#) and [Pharmacy Audits](#) for further information.

### 4.5 Retention of Pharmaceutical Records

Under the [NT MPTGA](#) all records listing pharmaceuticals such as rural prescriptions, orders, invoices, receipts, delivery dockets, etc are required to be retained for 2 years after the date of the last entry in the record. Additional PHC Remote requirements also exist for [Restricted Schedule 4 Medicines](#).

### 4.6 S100 Pharmacy Contact details

Will be provided to each health centre on commencement of the contract. They can also be obtained from the PHC pharmacist.

#### Document Quality Assurance

	Method	Responsibility
<b>Implementation</b>	Document will be accessible via the Policy Guidelines Centre and Remote Health Atlas	Health Policy Guidelines Program
<b>Review</b>	Document is to be reviewed within three years, or as changes in practice occur	PHC Pharmacists, Primary Health Care CAHS and TEHS
<b>Evaluation</b>	Evaluation will be ongoing and informal, based on feedback.	PHC Pharmacists, Primary Health Care CAHS and TEHS

#### Key Associated Documents

<b>Forms</b>	<p>S100 Pharmacy Order forms – available from relevant contracted pharmacy</p> <p><a href="#">S100 Pharmacist Site Visit Report Form</a></p> <p><a href="#">East Arnhem Communicare System (EACS) User Access and WebClient Form</a></p> <p><a href="#">Primary Care Information System (PCIS) User Access and WebClient Form</a></p>
--------------	---

	(EHR User Access Forms also available on Remote Health Atlas Health Record Applications Forms page)
Key Legislation, By-Laws, Standards, Delegations, Aligned & Supporting Documents	<p><a href="#">Dose Administration Aids PHC Remote Guideline</a></p> <p><a href="#">Pharmacy Ordering PHC Remote Guideline</a></p> <p><a href="#">Pharmacy Audits PHC Remote Guideline</a></p> <p><a href="#">Prescriptions PHC Remote Guidelines</a></p> <p><a href="#">Regional Hospital Pharmacies PHC Remote Guideline</a></p> <p><a href="#">Schedule 8 and Restricted Schedule 4 Medicines PHC Remote Guideline</a></p> <p><a href="#">Section 250 NT MPTGA PHC Remote Guideline</a></p> <p><a href="#">Standard Drug List PHC Remote Guideline</a></p> <p><a href="#">Standard Drug List Stock Management PHC Remote Guideline</a></p> <p><a href="#">Standard Reference List PHC Remote Guideline</a></p> <p><a href="#">Standard Drug List PHC Remote Master Document</a></p> <p><a href="#">NT Medicines, Poisons and Therapeutic Goods Act and Regulations</a></p> <p><a href="#">National Health Act 1953</a></p> <p><a href="#">National Health (Pharmaceutical Benefits) Regulations 1960</a></p> <p><a href="#">NT Therapeutic Goods and Cosmetics Act</a></p> <p><a href="#">NT Hospital Formulary (intranet)</a></p> <p><a href="#">Pharmaceutical Benefits Scheme</a></p> <p><a href="#">Aboriginal Health Services and the Pharmaceutical Benefits Scheme</a></p> <p><a href="#">Prescribing Medicines – Information for PBS Prescribers</a> – see Improving the capacity of the PBS to meet particular Aboriginal and Torres Strait Islander health needs</p> <p><a href="#">Quality Medication Use in Aboriginal Communities</a></p> <p><a href="#">Pharmaceutical Society of Australia</a></p> <p><a href="#">Guide to providing Pharmacy Services to Aboriginal and Torres Strait Islander people</a></p> <p><a href="#">Professional Practice Standards</a> (also available via the 'Supporting practice' tab)</p>
References	As above

**Evidence Table**

Reference	Method	Evidence level (I-V)	Summary of recommendation from this reference
N/A	N/A	N/A	N/A