

Standard Drug List Stock Management PHC Remote Guideline

Target Audience	All Clinical Employees
Jurisdiction	Primary Health Care Remote CAHS; Primary Health Care Remote TEHS
Jurisdiction Exclusions	N/A
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Purpose

To provide a Primary Health Care Remote guideline to advise clinical staff on Standard Drug List medicines stock management in remote health centres.

Guideline

1. General Information

Medicines administration and supply forms a key part of the core business of remote Primary Health Care (PHC) health centres. Effective medicines stock management is integral to ensuring uninterrupted supply of essential acute and chronic medicines, while reducing medicines cost and wastage. This procedure provides the practical direction for [Standard Drug List](#) (SDL) medicines stock management in PHC remote health centres.

2. Procedure

2.1 Setting Maximum and Minimum Stock Levels

- The S100 Pharmacy will provide initial and updated shelf labels for SDL items
- The [Section 100 Pharmacy](#) and Senior PHC Pharmacists will provide a stock usage / order quantity report to each health centre for S100 and regional hospital supply respectively. The average order quantity for each item, along with the agreed order cycle period, should be used to set the initial [maximum stock level](#) for each [SDL](#) item.
- Pre-determined variation in the usage of [SDL](#) items should be taken into account when setting levels and the maximum stock level should be set to accommodate this. For example, some health centres which have limited access during the wet season may need higher maximum levels compared to other health centres to ensure continued supply of medicines during these periods.
- The [minimum stock level](#) must take into account the average usage of the item and the anticipated (maximum) amount of time between placing an order to receiving stock

- The recommended minimum stock level is 4-6 weeks and maximum stock level is 8-12 weeks (these may be increased for health centres which have irregular delivery schedules or are at risk of reduced access during the wet season)
- For [emergency medicines](#) health centres should stock sufficient doses to provide treatment for at least 48 hours for two clients on the shelf

2.2 Displaying Maximum and Minimum Stock Levels

- Maximum and minimum stock levels must be displayed on the shelf label and the S100 Pharmacy order form
- If a 'bulk store' or 'overflow store' is required for any SDL medicines then this must also be displayed on the shelf label for that medicine, including the location of the bulk store. Health centres are encouraged to only have one standard 'bulk store' area to minimise confusion about existing stock levels.
- [Emergency medicines](#) need to be flagged as such to ensure there is always sufficient stock on the shelf

2.3 Reviewing and Adjusting Maximum and Minimum Stock Levels

- The stock levels should be adjusted on an as-needed basis to ensure the health centre continues to maintain sufficient stock of all mandatory SDL items at all times. Items which are requiring frequent top-up orders should have their stock levels reviewed. The S100 Pharmacy will advise PHC staff regarding any stock level adjustments.
- The [Section 100 Pharmacy](#) and Senior PHC Pharmacists provides six monthly stock usage / order quantity reports to each health centre for S100 and regional hospital supply respectively and this should be utilised to review and adjust stock levels for each SDL item.
- Each health centre must maintain a record of all SDL items that are discarded using the [Record for Return of Unwanted Medicines \(RUM\) - Standard Drug List Medicines Only Form](#). This record must be reconciled every six months against the usage / order quantity reports and the stock levels must be adjusted accordingly. See [Return of Unwanted Medicines PHC Remote Guideline](#) for processes related to this form.

2.4 Ordering Standard Drug List Medicines

- Order quantities for [SDL](#) medicines must be based on the [maximum](#) and [minimum](#) stock levels displayed on the shelf labels
- Order quantities for each SDL item should be placed to ensure the stock level of that item is returned to its maximum stock level
- If a bulk store of an SDL item is maintained then this will also be documented on its shelf label, and this must also be considered in determining the required order quantity for that item

See [Pharmacy Ordering](#) for further details.

2.5 Frequency and Timing of Order Placement

2.5.1 Regular Monthly Orders

Health centres are to place regular monthly orders on a schedule agreed to with the [Section 100](#) and [Regional Hospital](#) Pharmacies. This will allow the pharmacy workload to be spread across the month and minimise turn around times for orders.

2.5.2 Top-Up Orders

Health centres must have a system for identifying items which are at or below the minimum stock level and may run out before the next monthly order due to higher than normal use. This must identify items **BEFORE** they reach zero to minimise the need for urgent deliveries. Top-Up orders will be dispatched by routine transport arrangements. Refer to [Pharmacy Ordering](#) for details regarding Urgent Orders.

Recommended methods for creating a top up order for items that are below minimum stock levels are:

- do a regular (weekly / fortnightly) check of medicines, or
- create a list as items are used which leaves the stock level at or below the minimum level

If the top-up orders are routinely identifying items which are running out before the regular monthly order then the stock levels for these items should be reviewed.

Compliance

Audit and report on stock management via the S100 Pharmacist Site Visit Report Form completed six (6) monthly	S100 Pharmacist (during site visits)
Review the stock management component of the S100 Pharmacist Site Visit Report and amend practice as appropriate	Primary Health Care Manager District Manager Senior Pharmacist PHC CAHS and TEHS
Completion of the Record for Return of Unwanted Medicines (RUM) - Standard Drug List Medicines Only Form when returning unwanted SDL Medicines is monitored and reconciled to adjust minimum / maximum medicine levels.	Primary Health Care Manager S100 Pharmacist (during site visits) Senior Pharmacist PHC CAHS and TEHS

Document Quality Assurance

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

Key Associated Documents

Forms	Hospital Pharmacy Order PHC Remote Form S8 and RS4 Medicines from Hospital Pharmacy Order PHC Remote Form Record for Return of Unwanted Medicines (RUM) - Standard Drug List Medicines Only PHC Remote Form
Key Legislation, By-Laws, Standards, Delegations, Aligned & Supporting Documents	Pharmacy Ordering PHC Remote Guideline Regional Hospital Pharmacies PHC Remote Guideline Return of Unwanted Medicines PHC Remote Guideline Section 100 Pharmacy Arrangements PHC Remote Guideline Standard Drug List PHC Remote Guideline Standard Drug List PHC Remote Master Document

	Records Disposal Schedule Pharmacy Services Department of Health Disposal Schedule No. 2015/22 1.8.3
References	As above

Definitions

Preferred Term	Description
Emergency Medicines:	for the purpose of this document includes medicines listed in Emergency Kits and other medicines which while used infrequently may be required urgently, such as IV anti-epileptics, IV antivirals, IV antiarrhythmic, etc.
Maximum Stock Level:	the maximum amount of that item that the health centre should hold to provide sufficient supplies for use without overstocking.
Minimum Stock Level:	the minimum amount of that item that the health centre can accommodate, without exhausting supply, before an order is required to replenish stock.
Standard Drug List (SDL):	an agreed list of pharmaceuticals held in PHC remote health centres throughout the NT. It contains mandatory pharmaceuticals which must be held in every health centre as well as optional pharmaceuticals. See Standard Drug List .

Evidence Table

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