

# Pharmacy Arrangements and Ordering PPHC Remote Clinical NT Health Guideline

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## Purpose

To provide an overview of the services provided by contracted pharmacists to eligible Primary and Public Health Care Central Australia (CA) and Barkly Regions and Population and Primary Health Care Big Rivers, East Arnhem and Top End Regions (hereafter referred to collectively as PPHC) remote health centres.

## Guideline

Medicines and related pharmaceutical items required for clients of Department of Health (DoH) PPHC remote health centres are ordered either by prescription for individual clients, or as bulk supply. Pharmacy services are mainly provided by contracted private pharmacies with exceptions provided by regional hospital pharmacies.

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, PPHC clients in most remote communities are eligible to receive essential medicines which are currently listed on the PBS, at no [cost](#). Additionally, the Indigenous Health Services Pharmacy Support Program (formerly known as 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.

PPHC engages the services of private pharmacies to supply medicines and services to all applicable community health centres and clients on a contract basis. The private pharmacies supply [PBS](#) listed medicines, medicines on the [Standard Drug List](#) and other medicines per contract arrangements, both in bulk

supply and on individual patient prescriptions. In providing services to PPHC remote health centres the contracted pharmacy must comply with the relevant professional standards guidelines, Northern Territory (NT) regulatory requirements and relevant NT Department of Health (DoH) and PPHC guidelines.

Information in this item relates to:

1. [Supply of Medicines](#)
2. [Ordering, Processing and Delivery Arrangements](#)
3. [Receiving Stock](#)
4. [Storage of Pharmaceutical Items](#)
5. [Additional Pharmacy Services](#)
6. [Returning Medicines to the Pharmacy](#)
7. [Section 100 Contract Management](#)
8. [Retention of Pharmaceutical Records](#)

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

## 1 Supply of Medicines

This section provides a brief overview of the services provided to eligible health centres by pharmacy services. The Primary Health Care Manager (PHCM) and clinical staff, especially those responsible for maintaining the [Drug Storage Room](#), must understand the roles of and differences between the Regional Hospital Pharmacies and the Contracted Pharmacies in the supply of pharmaceuticals.

### 1.1 Medicines Supplied by Regional Hospital Pharmacies

Medicines supplied by regional hospital pharmacies include:

- [Vaccines](#) listed on the National Immunisation Program (NIP).
- [Highly Specialised Drugs Program – \(Public Hospital\)](#): this includes medicines for the treatment of chronic conditions which, because of their clinical use and other special features, have restrictions on where they can be prescribed and supplied. In most cases, medical practitioners are required to undertake specific training or be affiliated with a specialised hospital unit.
- Hospital Funded Medicines: approved using the [Individual Patient Use \(IPU\) Non-Formulary Medicines NT Health Services Request Form](#).
- Some medicines to remote health clients who attend outpatient clinics or on discharge from hospital.

Regional pharmacies are based at Alice Springs Hospital, Gove District Hospital, Katherine Hospital and Royal Darwin Hospital.

### 1.2 Medicines Supplied by Contracted Pharmacies

#### 1.2.1 Bulk Supply for Drug Storage Room

Contracted pharmacists maintain a monthly supply cycle of bulk pharmaceuticals to eligible health centres. 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 [Standard Drug List Stock Management](#).

#### 1.2.2 Prescribed Medicines and Dose Administration Aids (DAA)

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

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

To access client health records, the contracted pharmacists will need to complete the Application for [PCIS User Access](#) and undertake appropriate training if not previously completed.

## 2 Ordering, Processing and Delivery Arrangements

Orders may be e-mailed to the appropriate pharmacy according to locally agreed processes. Where contracted pharmacies utilise specific ordering software, arrangements may vary for selected health centres. Pharmacy contact details are available in each health centre.

*Note: for ordering blood or blood related products, contact the regional hospital pathology department.*

### 2.1 Ordering from Regional Hospital Pharmacies

The following medicines are supplied by the regional hospital pharmacy and may be ordered by the processes described below:

- Bulk supply of vaccines listed on the National Immunisation Program (NIP) are ordered using the [Vaccine Order Form](#).
- COVID-19 Vaccines and consumables may be ordered using local ordering arrangements
- Medicines listed on the [Highly Specialised Drugs Program – \(Public Hospital\)](#): require a PBS HSD prescription in addition to the supply of a valid rural prescription. See [Prescriptions](#) for further details.  
*Note for CA and Barkly: the [Darbepoetin \(Aranesp\)](#) and [Methoxy Polyethylene Glyco-epoetin Beta \(Mircera\)](#) ASH Order Form must also be used in CA and Barkly to order these specific HSDs for clients with Chronic Kidney Disease.*
- Occasionally non-PBS / non-S100 medicines may be initiated in hospital and approved via the [Individual Patient Use \(IPU\) Non-Formulary Medicines NT Health Services Request Form](#) for outpatient supply. These hospital funded medicines may be ordered using an outpatient prescription or rural prescription.

### 2.2 Ordering from Contracted Pharmacies

PPHC Remote recommends that one staff member manages the drug storage room including the ordering of pharmaceutical stock from relevant pharmacies.

Each health centre is provided with an ordering procedure manual by the relevant contracted pharmacy. Staff responsible for ordering pharmaceutical items must use this manual in conjunction with the procedures described in this document. The contracted pharmacy also provides their contact details to be displayed in the Drug Storage Room.

#### 2.2.1 General Stock (imprest / bulk supply or non prescribed)

Most items listed on the [Standard Drug List](#) are ordered from the contracted pharmacy. The relevant pharmacy will provide Medicine Order forms to guide bulk supply ordering. Imprests for health centres are not identical and will vary according to approved local additions and local pharmaceutical usage.

#### 2.2.2 Prescribed Medicines

Prescribed medicines for individual clients are ordered from the contracted pharmacy using either a valid signed handwritten Rural Prescription or an electronically generated Rural Prescription which has been printed and signed by the Medical Practitioner. Note, further restrictions exist for some medicines such as [Schedule 8 Medicines](#) or [Highly Specialised Drugs](#) (HSD).

For the supply of medicines in an emergency, the [NT Medicines, Poisons and Therapeutic Goods Act](#) (MPTGA) 2012, Section 97 also permits a pharmacist to supply medicines on the verbal request of an authorised prescriber. The prescriber must then provide the prescription to the pharmacy within seven (7) days.

See the User Reference Guide [Ordering of Medications from Hospitals and Private Pharmacies](#) for information on how a Rural Prescription is generated by the prescriber when using the Electronic Health Record (EHR) system.

If the order includes items supplied by hospital pharmacies, the contracted pharmacy will forward the order for these medicines to the appropriate regional hospital pharmacy using the [Hospital Pharmacy Items Request PPHC Remote Form](#).

### 2.2.3 Dose Administration Aids (DAA)

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

Where a client is supplied with a DAA it must include all medicines whenever possible. Local arrangements exist to ensure that medicines supplied by Regional Hospital Pharmacies are provided to contracted pharmacies for inclusion in DAAs. Where this process may lead to a delay in supply of a DAA, this delay will be communicated to the requesting health centre by the contracted pharmacy. Where necessary, the supply of alternatives can be negotiated with the contracted pharmacy. See [Dose Administration Aids](#) for information on the initiation and ordering of DAAs (blister packs or sachets).

### 2.2.4 Routine Orders

<b>Ordering</b>	It is recommended that health centres submit routine orders (imprest and client prescriptions) once a month. Alternative ordering arrangements may be negotiated with the contracted pharmacy if necessary, depending on health centre storage facilities, size and location and availability of transport. Staff must be mindful of the loading timetables of transport companies when preparing pharmacy orders. Good ordering practices will ensure judicious stock management yet minimise the need to place urgent orders. Also see <a href="#">Standard Drug List Stock Management PHC Remote Guideline</a> .
<b>Processing and Delivery</b>	Routine orders (imprest and client prescriptions) will be processed and dispatched within five (5) working days of the order being received. The Primary Health Care Manager (PHCM) / delegate should ensure the pharmacy understands the preferred transport arrangement for delivery of medicines to the health centre. Pharmacy orders are generally dispatched using the most efficient and appropriate service available, including departmental vehicles and commercial air, sea or road services. When delivery arrangements need to differ from the routine practice for the health centre, instructions for alternative arrangements should be clearly written on the order form or prescription. See <a href="#">Schedule 8 and Restricted Schedule 4 Medicines PPHC NT Health Guideline</a> for details of specific packaging, delivery and receipt arrangement required for S8 and RS4 medicines respectively.

### 2.2.5 Urgent Orders

<b>Ordering</b>	<p>Contracted pharmacies will accept urgent orders. However, the additional load placed on pharmacies to attend to urgent orders significantly imposes on the processing and timely delivery of routine orders and must be kept to a minimum. Also, additional transport costs may be incurred where urgent orders are filled.</p> <p>Orders should be notated as urgent and phone contact made with the supplying pharmacy when submitting urgent orders. Acceptable reasons for placing urgent orders are limited to:</p> <ul style="list-style-type: none"> <li>- Restocking emergency medicines where they have been used (this particularly applies to those medicines where cost or infrequent use dictates that low quantities of stock are routinely held)</li> <li>- Replacing large volumes of stock that have been unexpectedly used (in irregular events such as multi trauma management, epidemics, unforeseen population influx, eg cultural business)</li> <li>- Newly prescribed medicines where imprest stock is not available and prompt commencement of therapy is warranted</li> <li>- Other scenarios where discussion occurs with the Pharmacy and agreement is made to supply on an urgent basis</li> </ul>
<b>Processing and Delivery</b>	<p>Contract requirements are that contracted pharmacies will dispatch urgent orders within two (2) working days, with delivery by the most expedient arrangement. This may be using routine transport mechanisms or in some cases may be piggybacked on NT Health air charters and Retrieval Services flights. Please note use of these air charter / Retrieval Services flights are not to be utilised as a regular delivery mechanism.</p> <p><i>Note: for both routine and urgent orders, delivery times may vary due to transport mechanisms, adverse weather conditions or other problems beyond the control of the supplier.</i></p>

## 2.3 Ordering – Special Arrangements

### 2.3.1 Orders for Planned Variations to Routine Orders

Larger pharmaceutical orders may be required for:

- Planned events such as vaccination or trachoma campaigns must be placed in time to allow for normal processing and transport.
- Seasonal variations such as cyclone preparation or wet season.
- Other known disruptions to routine transport / delivery mechanisms which may delay receipt of supplies.

An explanation for the order is required and will facilitate appropriate attention to the order.

### 2.3.2 Orders for Non-Standard Medicines

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

Staff may propose the addition of a medicine to the bulk supply of pharmaceutical stock routinely held at a given health centre. After checking that the medicine is not already on the [Standard Drug List](#), the Non-Standard Medicine Local Addition process may be followed. Alternatively, recommendations may be made for the NT PPHC Remote Medicines Group to consider amendments to the SDL. A [PHC Remote Medicines Group Referral Form](#) may be used for this.

If a non-standard medicine is required for a client, the Client Specific Department Funded Medicine Request process for a client may be considered. Options for non-standard medicines supply include:

<a href="#">Non-Standard Medicine Local Addition Form</a>	<p>a request needs to be completed and forwarded for approval. If approved, arrangements will be made with the relevant pharmacy and the item will be added to the relevant order form.</p> <p>a Non-Standard Medicine Local Addition request must not be made to propose ordering medicine for an individual client, but for items to be held as general pharmaceutical stock. A prescription is the appropriate mechanism for ordering medicines for individual clients.</p>
<a href="#">Client Specific Department Funded Medicine Request Form</a>	<p>all sections of the form must be completed. The form is sent to the regional Director of Medical Services (DMS) for PPHC services for approval. The DMS will communicate the approval to the PPHC Remote Pharmacist to process the request to the health centre and relevant pharmacy. Treatments costing \$5000 per year or above must also be approved by the relevant General Manager. Approval is valid for the period specified on the approval form. A new approval will be required if the client is to continue on the medicine for a longer duration.</p>
Private arrangement with the contracted pharmacy or pharmacy of choice	<p>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.</p>

### 2.3.3 Incomplete Order / Under-Supply of Stock / Back Orders

Where an order is incomplete, health centres will be notified by the relevant pharmacy using either the:

- [Hospital Pharmacy Items Request Form](#) which indicates that a medicine that must be supplied by the hospital pharmacy was requested from the contracted pharmacy and is forwarded to the hospital pharmacy for supply.
- [Pharmacy Items not Available Form](#) which indicates that the item is not available from the manufacturer and contains an estimated timeframe for delivery where possible.
- Alternate local pharmacy system.

Where notation is not included, contact the relevant pharmacy to discuss the discrepancy.

Where an accidental undersupply has occurred but is documented as supplied, do not sign the delivery documentation, but contact the relevant pharmacy to discuss the discrepancy.

### 2.3.4 Back Orders

Contracted pharmacies and Gove District Hospital and Gove Chem will generate back orders where an item they supply is not available. It is not necessary to re-order. If back orders are not received within a reasonable time frame as indicated on the Item Not Available Form, contact the relevant pharmacy.

Other Regional hospital pharmacies *do not* generate back orders. The item will need to be reordered after the estimated date of availability indicated on the Item Not Available Form.

## 3 Receiving Stock

When pharmaceutical supplies are delivered to the health centre, the person signing the receipt of the delivery must check the consignment note against the number of items that are delivered. These items must be placed in the [Drug Storage Room](#). If access to the Drug Storage Room is not possible, the items can be held in a secure area not accessed by the public but should be moved to the Drug Storage Room as soon as possible. Also see the Information Sheet - [Protocol for Receiving a Pharmacy Order](#).

When unpacking pharmacy orders, items must be checked:

- Against the order form / packing slip on delivery.
- Expiry date of stock.
- For viability of stock where packing may be damaged.
- Maintenance of cold chain where appropriate.

Note: If discrepancies are noted, check the [Pharmacy Items Not Available Form](#) and/or the [Hospital Pharmacy Items Request Form](#). If the item is not listed, contact the supplying pharmacy as soon as practicable.

When unpacking items into the Drug Storage Room, stock should be:

- Rotated and items with the longest expiry date placed at the rear.
- Placed against the correct name tag on the shelf.

Where deliveries are not made directly to the health centre, every effort must be made to collect the order from the delivery point to ensure that pharmaceuticals are not subject to prolonged heat exposure. When orders for S8 / RS4 medicines are expected, staff must ensure that someone is at the delivery point to collect the medicines as soon as they arrive. Check local procedures for collecting goods from airstrips, barges or other delivery points.

## 4 Storage of Pharmaceutical Items

Pharmaceutical supplies must be moved to the drug storage room as soon as they arrive and be unpacked as soon as practicable. Storage systems are discussed in [Drug Storage Room Standards](#).

### 4.1 Medicines Delivery and Receipt Notifications

**Tracking System:** Pharmacies will use an order tracking system to notify the health centre via their nominated generic health centre e-mail address/es when pharmaceutical orders are 'received', 'ready for dispatch / collection', and when they are 'collected / dispatched' from the Pharmacy.

Health centres must notify the Pharmacy when medicines are received at the health centre by replying to the 'collected / dispatched' e-mail from the Pharmacy.

**Schedule 8 and Restricted Schedule 4 Medicine Delivery Notification:** In addition to the above tracking system, a [Delivery Notification Form](#) will be included with all incoming S8 and RS4 medicines. The Delivery Notification Form needs to be signed to confirm that the medicines were received and a copy of the signed Delivery Notification Form must be returned to the dispatching Pharmacy upon receipt of the order and within 24 hours. See [Schedule 8 and Restricted Schedule 4 Medicines PPHC NT Health Guideline](#) for further details on documenting the receipt of S8 and RS4 medicines.



If S8 / RS4 medicines have gone missing, contact the pharmacy and District Manager / Manager On-Call immediately. The staff member identifying the incident must complete an incident report via the RiskMan system within 24 hours. See [Schedule 8 and Restricted Schedule 4 Medicines PPHC NT Health Guideline](#) for managing discrepancies in S8 and RS4 medicines. Also see [Reporting Medication Incidents](#).

## 5 Additional Pharmacy Services

### 5.1 Health Centre Site Visits

A suitably qualified and experienced pharmacist will visit each health centre at least once in each six-month period on a schedule and work plan agreed in consultation with the PHCM and Senior Pharmacists PPHC. 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 PPHC 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.
- Provide community education about medicines as requested by the PHCM.
- The [Drug Storage Room PHC Remote Audit](#) must be completed for each visit and dispatched within five (5) working days to personnel specified on the form. See [Pharmacy Audits](#).
- Follow-up issues identified at the site visits in a timely manner or ensure they are recorded on the Audit for the relevant staff to address.

#### 5.1.1 Medicines Management Audit

The contracted pharmacist will assess whether medicines are managed in accordance with the [NT MPTGA 2012](#) and other medicine management guidelines and will provide staff with professional advice and guidance. See [Pharmacy Audits](#) and [Drug Storage Room PHC Remote Audit](#) for further information.

#### 5.1.2 Provision of Inservice / Training

Education sessions may be held during health centre visits if time and health centre workload allows this to occur. 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 2012*, 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 clinicians.

#### 5.1.3 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 EHR.
- 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, Program Variations (also known as Prior Approval) to conduct the HMR interview in an alternative location must be obtained. For further information see [Home Medicines Review](#).

#### 5.1.4 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.

## 6 Returning Medicines to the Pharmacy

Once supplied, medicines cannot be returned to pharmacies for re-use. This is due to the pharmacies' inability to guarantee that medicines have been stored according to the manufacturers recommendation once it has left the pharmacy, and PBS funding provisions. See [Return of Unwanted Medicines](#) for details of returning unwanted medicines, including [S8 and RS4 medicines](#), excess viable pharmaceutical stock and expired or compromised medicines.

## 7 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.

The Contract Manager acts as the point of contact between PPHC and the contracted pharmacies for official purposes such as:

- Communication of departmental and other requirements.
- Approving of new processes.
- Resolution of outstanding problems.
- Ensuring compliance of the contracted pharmacy against contract requirements.
- Review and approval of Indigenous Health Services Pharmacy Support Program paperwork.
- Maintain adequate records (paper and electronic) of relevant communication interactions with the contracted pharmacy.

The Senior Pharmacist PPHC also acts as the point of contact between PPHC and the contracted pharmacies to provide operational support, including:

- Communicates PPHC medicines management processes and notifications to all parties as relevant.
- Provides feedback to health centres and contracted pharmacy services as required.
- Refers unresolved issues regarding contracted services to the regional Contract Manager.
- Participates in contract management meetings.

### 7.1 Contract Management Meetings

Contract management meetings will be held on a regular basis. Feedback will be sought from remote health centres receiving contracted pharmacy services, clients, 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.

## 7.2 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 Key Performance Indicators (KPIs). The template is available from the regional Contract Manager.

## 7.3 Site Visit Reports

[Drug Storage Room PHC Remote Audits](#) are due within five (5) working days following the visit to the health centre. See [Health Centre Site Visits](#) and [Pharmacy Audits](#) for further information.

# 8 Retention of Pharmaceutical Records

Contracted pharmacies must maintain records according to the NT [MPTGA 2012](#) and relevant National legislation.

For NT Health, under the NT MPTGA 2012 all records on the prescribing and supply of scheduled substances (such as rural prescriptions, orders, invoices, receipts, delivery dockets, etc) are required to be retained for the period of time specified in the [Records Disposal Schedule Pharmacy Services Department of Health Disposal Schedule No. 2015/22](#). Generally this will be for a period of two (2) years after the last date of entry. Further conditions apply for S8 and RS4 medicines, this retention is only applicable to records related to distribution of pharmaceuticals.

Authorisation for the destruction of records must be sought by the PHCM / delegate by:

- Contacting [DoH.CorpInfoServices@nt.gov.au](mailto:DoH.CorpInfoServices@nt.gov.au) to request the *Notification of Destruction of Records – NT Public Sector Organisations template*. At a minimum, details provided on the template should include:
  - Health centre name, e.g. Maningrida Health Centre.
  - Type of document e.g. invoice, prescriptions.
  - Date range e.g. 01/05/2019 – 05/05/2020.
- E-mailing the completed *Notification of Destruction of Records – NT Public Sector Organisations template* to the District Manager (Level 4 [Financial Delegate](#)) for approval.
- Returning the completed *Notification of Destruction of Records – NT Public Sector Organisations template* to [DoH.CorpInfoServices@nt.gov.au](mailto:DoH.CorpInfoServices@nt.gov.au) for final approval and permission for destruction at the health centre.

Following approval, destruction may only be done using cross cut shredder, otherwise the records with the approvals are to be sent to the relevant District Manager in the regional centre for destruction.

Quality Assurance		
	Method	Responsibility
Implementation	Document will be accessible via the Policy Guidelines Centre Remote Health Atlas website	PGC Administrators Atlas Development Officer PPHC Remote and Library ePublications
Review	Document is to be reviewed within three years, or as changes in practice occur	Senior Pharmacist Primary and Public Health Care Senior Pharmacist Population and Primary Health Care
Evaluation	Evaluation will be ongoing and informal, based on feedback.	Senior Pharmacist Primary and Public Health Care Senior Pharmacist Population and Primary Health Care
Compliance	Monitor feedback from Pharmacies and health centres re pharmacy processes  Discussion at regular Contract meetings  Review of Quarterly Report and Drug Storage Room Audit	Senior Pharmacist Primary and Public Health Care Senior Pharmacist Population and Primary Health Care Contract Manager  Relevant PPHC Managers Senior Pharmacist Primary and Public Health Care Senior Pharmacist Population and Primary Health Care

Key Associated Documents	
Key Legislation, By-Laws, Standards, Delegations, Aligned & Supporting Documents	<a href="#">Client Specific Department Funded Medicines Request PHC Remote Form</a> Contracted Pharmacy Order forms – <i>available from relevant contracted pharmacy</i> <a href="#">Darbepoetin (Aranesp) and Methoxy Polyethylene Glyco-epoetin Beta (Mircera) ASH Order Form</a> (CAHS Only) <a href="#">Drug Storage Room PHC Remote Audit</a> Hospital Pharmacy Order PPHC Remote Form <a href="#">Hospital Pharmacy Items Request PPHC Remote Form</a> <a href="#">Non-Standard Medicine Local Addition PHC Remote Form</a> <a href="#">NT PHC Remote Medicines Group Referral Form</a> <a href="#">Pharmacy Items Not Available PHC Remote Form</a> <a href="#">Primary Care Information System (PCIS) User Access Form</a> - <i>also available on Remote Health Atlas website Health Record Applications Forms page</i> Rural Prescription Form (Cat No #100736), ONLY to be used in the event of outages, available from Stores RiskMan down time form, ONLY to be used in the event of outages, available from RiskMan website <a href="#">S8 and RS4 Medicines Delivery Notification PHC Remote Form</a> <a href="#">Vaccine Order Form</a> <a href="#">Dose Administration Aids PHC Remote Guideline</a>

Key Associated Documents	
	<p> <a href="#">Drug Storage Room Standards PHC Remote Guideline</a>  <a href="#">Management On-Call PHC Remote CAHS Guideline</a>  <a href="#">Pharmacy Audits PHC Remote Guideline</a>  <a href="#">Prescriptions PHC Remote Guidelines</a>  <a href="#">Reporting Medication Incidents PHC Remote Guideline</a>  <a href="#">Return of Unwanted Medicines PHC Remote Guideline</a>  <a href="#">Schedule 8 and Restricted Schedule 4 Medicines PPHC NT Health Guideline</a>  <a href="#">Section 250 NT MPTGA PPHC Remote NT Health Guideline</a>  <a href="#">Standard Drug List PHC Remote Guideline</a>  <a href="#">Standard Drug List Stock Management PHC Remote Guideline</a>  <a href="#">Standard Reference List PHC Remote Guideline</a>  <a href="#">Vaccines PHC Remote Guideline</a> </p> <p>Information Sheets:</p> <p> <a href="#">Standard Drug List PPHC Remote NT Health Master Document</a>  <a href="#">Protocol for Receiving a Pharmacy Order PHC Remote</a>  <a href="#">Return or Disposal of Unwanted or Expired S8 and RS4 Medicines PHC Information Sheet</a> </p> <p> <a href="#">NT Medicines, Poisons and Therapeutic Goods Act 2012 and Regulations 2014</a>  <a href="#">NT Health Practitioners Act 2004</a>  <a href="#">National Health Act 1953</a>  <a href="#">National Health (Pharmaceutical Benefits) Regulations 1960</a>  <a href="#">NT Hospital Formulary</a>  <a href="#">NT Medicines Management Framework</a>  <a href="#">Pharmaceutical Benefits Scheme</a> </p> <p> <a href="#">Aboriginal Health Services and the Pharmaceutical Benefits Scheme</a>  <a href="#">PBS Schedule</a> (search website)  <a href="#">Prescribing Medicines - Information for PBS Prescribers</a>: provides information re PBS Prescription Forms and see <i>Improving the capacity of the PBS to meet particular Aboriginal and Torres Strait Islander health needs</i> </p> <p> <a href="#">Pharmaceutical Society of Australia</a>  <a href="#">Quality Medication Use in Aboriginal Communities</a>  <a href="#">Guide to providing Pharmacy Services to Aboriginal and Torres Strait Islander people</a>  <a href="#">Professional Practice Standards</a> (also available via the 'Supporting practice' tab) </p>
References	As Above

## Definitions, Acronyms and Alternative Search Terms

Term	Description
<b>Bulk supply</b>	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.
<b>Contract Manager</b>	acts as the point of contact between PPHC 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 be provided to contracted pharmacies on commencement of the contract.
<b>Dose Administration Aids (DAA)</b>	A DAA is a well-sealed device or packaging system that allows for organising doses of medicine according to the time of administration. <sup>3</sup> There are essentially three types of DAAs used in the remote health context: sachets, blister packs and dosettes. See <a href="#">Dose Administration Aids</a> for details. <sup>3</sup> see Pharmaceutical Society of Australia, Professional Practice Standards Version 5   2017, p 90. See Standard 15 <a href="#">Dose Administration Aids Service</a> .
<b>Drug Storage Room</b>	The dedicated room where medicines are kept in the health centre. In accordance with the NT <a href="#">Health Practitioners Act 2004</a> (clause 1 and 10 of schedule 7) 'pharmacy' is a protected term so the use of this term is limited to premises or the part of premises in which a pharmacy business is carried out.
<b>Pharmaceutical Benefits Scheme (PBS)</b>	A scheme through which the Australian Government subsidises the cost of prescription medicines.
<b>Standard Drug List (SDL)</b>	an agreed <a href="#">list</a> 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 <a href="#">Standard Drug List PHC Remote Guideline</a> for further information.

## Evidence

Reference	Method	Evidence Level (I-V)	Summary of Recommendation from this Reference
N/A	N/A	N/A	N/A

## National Safety and Quality Health Service Standards

							
Clinical Governance	Partnering with Consumers	Preventing and Controlling Healthcare Associated Infection	Medication Safety	Comprehensive Care	Communicating for Safety	Blood Management	Recognising & Responding to Acute Deterioration
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>