16 February 2021

Ross Smith
Deputy Secretary
Policy, Purchasing, Performance and Reform
TAS Department of Health
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Dear Mr Smith,

RE: Poisons Act 1971 and Real Time Prescription Monitoring Consultation

Thank you for your letter seeking SHPA's feedback on legislative changes required to facilitate the Tasmanian implementation of the nationally consistent Real Time Prescription Monitoring (RTPM) system, and on the list of additional monitored medicines to be included in the Tasmanian implementation.

The Society of Hospital Pharmacists of Australia is the national professional organisation for more than 5,000 pharmacists, pharmacists in training, pharmacy technicians and associates working across Australia's health system. SHPA is committed to facilitating the safe and effective use of medicines, which is the core business of pharmacists, especially in hospitals. SHPA is aware of the public health issues arising from abuse and misuse of controlled medicines and is committed to supporting any measures implemented to reduce patient harm including, in principle, the implementation of a nationally consistent RTPM system.

The SHPA Tasmanian Branch Committee members have the following responses to the consultation questions posed.

Consultation question 1

Does your organisation have any views on amendments to the Poisons Act 1971 to require prescribers and pharmacists to use a nationally consistent RTPM system?

SHPA's TAS Branch Committee supports in principle a nationwide RTPM system, and supports the proposed amendment to the Poisons Act 1971 that will allow for interjurisdictional information sharing of monitored medicines prescribing and dispensing events.

The SHPA TAS Branch Committee also supports the proposed amendments to the Poisons Act 1971 that will require mandatory use of the system by prescribers and pharmacists but does not support the immediate introduction of this requirement into the hospital setting.

The public hospitals face barriers to adoption of RTPM that do not exist in the General Practice and Community Pharmacy setting, particularly relating to integration with ICT systems used in public hospitals. Whilst in community settings (and to a large extent, private hospitals) it is common to use 'off the shelf' dispensing software that integrate with the national Prescription Exchange Service (PES), these systems do not exist within Tasmania's public hospitals. The public hospital pharmacies are reliant on the iPharmacy dispensing system, and the HCS Clinical Suite for prescribing, which are not used outside of the Tasmanian public hospitals. In addition, the public hospitals have no integration with a PES, which is a requirement for transmission of prescribing and dispensing information to a PES. Unless these barriers are addressed, it will be impossible for public hospital dispensing data to be uploaded to the RTPM system.

In formulating this response, a representative of THS Statewide Hospital Pharmacy has been asked to provide specific comment on the steps required for transmission of dispensing data to a PES. The THS representative advised that "*implementing a PES is a significant project, likely to require an additional $250k or possibly more, and likely to take 12 months*".

SHPA Tas Branch Committee recommend that the Department of Health liaise with THS Statewide Hospital Pharmacy and DoH Chief Information Officer to determine the practicality and budget allocation required for integrating the DoH/THS iPharmacy system with the national RTPM system.

Beyond the minimum step of transmission of dispensing transactions to the national RTPM, the changes to the regulations describe mandating that prescribers and pharmacists must access the RTPM system prior to prescribing/dispensing. Again, SHPA Tas Branch Committee supports this in principle but draws to your attention the impact on hospital prescriber and pharmacist productivity should the systems not be in place to support this efficiently.

This is further compounded by existing clinical workflow processes in hospitals that enhance patient safety, where typically a clinical pharmacist who works on hospital wards at the patient's bedside, reviews the prescription before approving for it to be dispensed by the dispensing pharmacist. This separation of clinical review and dispensing does not exist in the primary care setting. In Victorian hospitals that have had to implement their RTPM system (SafeScript), many additional manual administrative processes have been required due to lack of integration with iPharmacy, and the requirement for clinical documentation that the clinical pharmacist has checked SafeScript, such that the dispensing pharmacist does not repeat this check unnecessarily.

SHPA Tas Branch Committee recommends that these regulatory changes be made mandatory only if the following are in place:

- Integration between the RTPM system and HCS Clinical Suite, to allow medical staff to view the RTPM as part of their prescribing workflow.
- Integration between the RTPM system and iPharmacy using the 'traffic light' system for receiving notifications, which we understand is currently being implemented in Victorian health services that use iPharmacy.

Amending the legislation to mandate use of the RTPM system prior to full integration with hospital pharmacy software will have a significant impact on the workflow of both doctors and pharmacists. Experience from other jurisdictions with non-integrated RTPM systems show that it requires individual sign-in and use of multiple systems. This adds several administratively burdensome and manual steps to the medicines dispensing workflow.

Finally, the committee notes that inpatient charting and administration of monitored medicines is exempt from recording in Victoria's RTPM system (SafeScript) and seeks assurance that this exemption will be applied in Tasmanian hospitals. Inpatient medication charting and administration does not involve formal 'prescribing' or 'dispensing' actions under the Poisons Act, but is often referred to using these terms. It would not be possible for charting and administration events to be transmitted to a PES, nor would it be practical for prescribing staff to refer to the RTPM prior to charting analgesia for an acute inpatient, and the committee notes that these circumstances are already exempt from other legislative requirements that are targeted at preventing inappropriate ongoing prescribing and supply.

Consultation question 2

Does your organisation endorse the inclusion of the additional medicines and classes of medicines proposed in Table 1 for monitoring in Tasmania's implementation of the national RTPM system to support national consistency?

If your organisation does not endorse the inclusion of any specific additional medicines and/or classes of medicines, please provide detailed feedback regarding this.

SHPA's TAS Branch Committee endorses the inclusion of benzodiazepines and Z-drugs as additional classes of medication for inclusion in Tasmania's implementation of the national RTPM system, as supported by literature that RTPM is a legitimate harm reduction strategy for these medicines.

However, committee members are concerned that there is a lack of sufficient evidence to support the inclusion of gabapentin and pregabalin in the list of monitored medications. Whilst they may be considered high-risk medications, there is no evidence to suggest that monitoring them through a RTPM system will impact on avoidable overdoses or deaths. In the absence of evidence of benefit, consideration should be given to the significant workload impost on clinical staff. Further, there are concerns that such a move may result in adverse outcomes by establishing a regulatory equivalency with narcotic analgesics and thus unintentionally impacting prescribing patterns towards opioids. It is recommended that Tasmania take a cautious approach and await evidence from the Victorian program, which includes these medications, before including them in the list of monitored medications.

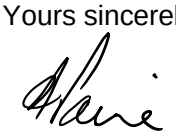
The TAS Branch Committee urges the Tasmanian Government to seek further advice on the inclusion of olanzapine and quetiapine for monitoring in Tasmania's implementation of the national RTPM system. These two antipsychotic medications are routinely used to treat schizophrenia and other mental health disorders. Mental health patients already face stigma – both real and perceived – due to their conditions and medicines use. Should these medications be monitored, it may impact a vulnerable cohort of patients' belief and right to have their medical history protected, or their willingness to be treated with these medicines in the first instance. The Mental Health Council of Tasmania, Advocacy Tasmania, and RANZCP should be consulted given the risks to patient care from the inclusion of these two medications.

Additional comments

As noted in the response to question one, the financial cost of implementing a national RTPM system in Tasmanian public hospitals should be considered by the Tasmanian government. Funding must be calculated and allocated before roll-out, as the cost of full software integration may have significant impact on project timelines and/or staffing resources.

If you have any queries or would like to discuss our submission further, please do not hesitate to contact Johanna de Wever, General Manager, Advocacy and Leadership on jdewever@shpa.org.au.

Yours sincerely,



Michelle Paine

TAS Branch Chair