

## **Supply of Pharmaceuticals and Medical Supplies Procedure**

Effective: 03 November 2020

## 1. Guiding Principles

In general, pharmaceuticals and other medical supplies should not be supplied to outpatients of the Great Southern Mental Health Service (GSMHS) however pharmaceuticals may be supplied to disadvantaged patients, where specific criteria are met and approval granted by the Clinical Director or Team Manager.

This practice is supported by the WA Country Health Service (WACHS) <u>Supply of Non-PBS Pharmaceutical or Other Medical Supplies to WACHS Outpatients Policy</u> the approval for which is required from the WACHS Great Southern Medical Director after prior approval from the Clinical Director, GSMHS.

This procedure outlines the criteria and approval processes required to by GSMHS to authorise co-payments for PBS pharmaceuticals, escalate approval for non-PBS pharmaceuticals, or pay for other medical supplies for disadvantaged patients of the service.

If the criteria and approval process below is met, the pharmaceuticals and/or medical supplies are to be supplied via agreed upon local protocols (e.g. patient's choice of pharmacy with invoice sent to GSMHS or via WACHS Great Southern Pharmacy and costed to relevant mental health department).

#### 2. Procedure

#### 2.1. Criteria

- The pharmaceuticals/supplies are essential to the psychiatric treatment of the patient.
- The pharmaceuticals form part of the treatment the person is receiving under the <u>WA Mental Health Act 2014</u> and/or disadvantage is substantiated.
- The severity of symptoms of the patient's condition or their age prevents them from accessing employment and/or effectively managing their finances to enable payment for the pharmaceuticals from their own resources.
- A plan is in place to treat and stabilize the patient's symptoms and/or develop processes to assist them to manage their finances in the longer term.
- Provision of pharmaceuticals is to be limited to psycho-pharmaceuticals unless there are exceptional circumstances that have prior approval from the Clinical Director or the Regional Manager.
- Provision of other medical supplies (unrelated to psychiatric treatment) is to be limited to exceptional circumstances which place the patient's health at risk, and which have prior approval from the Regional Manager.
- Use of the cheapest generic brand medicine is to be supplied.

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## **Depot Medication**

- Is to be paid for if GSMHS is requiring the patient to receive depot i.e. under Community Treatment Order (CTO).
- Is to be paid for if patient has health care card and the treating clinician judges this payment for medication to be appropriate.
- A once-off application form is required to be completed in these instances rather than the six (6) month approvals process.

## 2.2. Approval process

- 1. Approvals are to be granted for a maximum of six (6) months (with the exception of depot medications as above) using a Welfare application form which can be accessed via the Administration Assistant. This form is to be approved by the Clinical Director, GSMHS or Team Manager.
- 2. If an extension is required, the Treating Psychiatrist or Team Manager is required to consult with the Clinical Director for approval and co-signing of the approval form.
- If the medication required is non-PBS, approval is required in the first instance by the Clinical Director GSMHS and secondly by the WACHS GS Medical Director.
- 4. A copy of the signed form is to be saved within the corporate filing system and the original kept in the client's medical record.

## 3. Definitions

Non-PBS Pharmaceuticals	Drugs where the drug or supply is not available under any scheme e.g. PBS, Silver Chain programs, Stoma Appliance Scheme.
PBS	PBS Schedule lists all of the medicines available to be dispensed to patients and a Government-subsidised price. The PBS Schedule is part of the wider Pharmaceutical Benefits Scheme managed by Department of Health and administered by Department of Human Services. The scheme is available to all Australian residents who hold a current Medicare card.

## 4. Roles and Responsibilities

#### **Treating Psychiatrist**

- To assess whether patients meet the criteria for the supply of pharmaceuticals or medical supplies in conjunction with the case manager.
- To seek approval from the Team Manager for up to a six (6) month supply of pharmaceuticals or medical supplies.
- Supply the Team Manager with a copy of the approval form (see <u>Appendix 1</u>) for approval and entering onto the register.
- To seek approval via the Clinical Director for the supply of pharmaceuticals or medical supplies that exceeds six (6) months.

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## **Team Manager**

- To assess whether patients meet the criteria for the supply of pharmaceuticals or medical supplies in conjunction with the case manager.
- To approve up to a six (6) month supply of pharmaceuticals or medical supplies and keep a copy of the approval form (see <u>Appendix 1</u>) for entering onto the register.
- To seek approval via the Clinical Director for the supply of pharmaceuticals or medical supplies that exceeds six months.

#### **Clinical Director**

- To ensure that Treating Psychiatrists work within the criteria outlined in this procedure.
- To assess and approve applications for supplies that exceeds six (6) months.

## Case Manager

- To liaise with the Treating Psychiatrist or the Team Manager if recommending that a patient be supplied with pharmaceuticals or medical supplies to ensure that the criteria for approval is met.
- Initiating review of arrangements and making a recommendation for continuation or cessation of supply, within the six month approval timeframe.

## 5. Compliance

Failure to comply with this policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the <a href="Integrity Policy Framework">Integrity Policy Framework</a> issued pursuant to section 26 of the <a href="Health Services Act 2016">Health Services Act 2016</a> (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

## 6. Records Management

All WACHS clinical records must be managed in accordance with <u>Health Record</u> Management Policy.

#### 7. Evaluation

Monitoring of compliance with this document is to be carried out by GSMHS budget management and incurring of expenses as part of monthly finance processes.

This procedure is to be reviewed every two (2) years.

## 8. Standards

National Safety and Quality Health Care Standards. 4.1. 4.2, 4.3, 4.5, 4.15 National Standards for Mental Health Services. 10.5.6, 10.5.7, 10.5.10

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## 9. Legislation

WA Mental Health Act 2014

## 10. Related Policy Documents

WACHS <u>Supply of Non-PBS Pharmaceutical or Other Medical Supplies to WACHS</u>
<u>Outpatients Policy</u>

## 11. Policy Framework

Mental Health

## 12. Appendices

Appendix 1 - Application for Supply of Pharmaceutical or Medical Supplies Form

# This document can be made available in alternative formats on request for a person with a disability

Contact:	A/Manager Great Southern Mental Health Service (M. Wells)		
Directorate:	Mental Health	TRIM Record #	ED-CO-13-15407
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WACHS Great Southern Mental Health Service Supply of Pharmaceuticals and Medical Supplies Procedure

# **Appendix 1**

Great Southern	[affix p	patient sticker if available]				
Community Mental Health Services  APPLICATION FOR SUPPLY OF	Patient Name:					
PHARMACEUTICAL OR MEDICAL SUPPLIES FORM	DOB:					
NAME OF STAFF MEMBER:	DATE OF APP	DATE OF APPLICATION:				
DATIONAL E FOR ARRUGATION						
RATIONALE FOR APPLICATION  Provide details of pharmaceuticals or medic	al sunnlies regu	ired:				
Trovide details of pharmaceuticals of medic	ai supplies requ	ii Gu.				
Provide rationale for supply:						
Please put a commencement and expiry date for each medication/item listed.						
, , ,		odion/item iisted.				
DATE OF COMMENCEMENT OF SUPPLY	:					
DATE OF EXPIRY OF SUPPLY:						
Applicant's signature:		Date:				
TREATING PSYCHIATRIST OR MANAGE	R SIGN OFF					
Signature:		Date:				
Name						
Name:	Supported $\square$					
Application Supported ☐ Application Not Supported ☐ Comments						
Comments						
APPROVALS OVER SIX MONTHS - CLIN	ICAL DIRECTO	R APPROVAL				
Name:		Application supported				
		Application not supported				
Signature:		Date:				
Comments from Clinical Director:						
Date for review of supply:						
2 п						

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