

29 October 2021

ScriptCheckSA Project Team
Drugs of Dependence Unit
Health Protection and Licensing Services
Department for Health and Wellbeing
PO Box 6
Rundle Mall
Adelaide SA 5000

Dear ScriptCheckSA Project Team,

RE: Feedback on changes to the Controlled Substances (Poisons) Regulations 2011 to mandate the use of ScriptCheckSA

The Society of Hospital Pharmacists of Australia (SHPA) is the national professional organisation for more than 5,200 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 has been a strong advocate for real-time prescription monitoring (RTPM) for many years, noting that it is a crucial investment to equip doctors and pharmacists with the necessary tools to detect, monitor and treat medicine misuse and abuse.

Mandating real-time prescription monitoring assists hospital pharmacists in identifying medicines for potential for abuse to be reviewed by the prescriber, developing accurate medication histories, avoiding delay administering in opioid-substitution therapies and contribute to seamless transitions of care across healthcare settings.

The SHPA's SA/NT Branch Committee commends the South Australian Government on progressing RTPM in South Australia in the form of ScriptCheckSA and welcomes the opportunity to provide comment on the proposed changes to the Controlled Substances (Poisons) Regulations 2011. In-principle, we support the changes to the Controlled Substances (Poisons) Regulations 2011 required to mandate the use of ScriptCheckSA.

SHPA has the following comments on ScriptCheck SA for consideration:

1. Connection to a Prescription Exchange Service (PES)

ScriptCheck SA must ensure interoperability with current hospital pharmacy software to support patient safety and health service efficiency. This will ensure the system does not create a setting where double-uploading and/or transcription is necessary.

From the hospital pharmacy sector's experience with implementing electronic medical records in hospitals, and uptake of the Federal Government's My Health Record, the lack of interoperability of these systems with dispensing and clinical software utilised by hospital pharmacy departments is a major barrier to meaningful implementation and success.

SHPA believes it is crucial to utilise a Prescription Exchange Service (PES) to interface with hospital dispensing and prescribing systems in real time to avoid workflow interruptions. Without an effective PES, data would need to be dual entered or rely upon manual upload. This is not a feasible option and would negatively impact the effectiveness of ScriptCheckSA. However, SHPA acknowledges that the majority of SA pharmacies are already connected to a PES and therefore, will not be largely affected by Regulation 35A(1)(b).

2. Monitored drug reporting frequency

Increasing the manual reporting frequency from monthly to fortnightly may place an additional burden on a significant number of prescribers using clinical software that does not have the capability to connect to a PES.

3. Exemptions for mandating ScriptCheckSA

Reporting:

SHPA SA/NT Branch Committee believes it is appropriate that supply of the medicines monitored by ScriptCheckSA, will be exempt for reporting if the patient is an inpatient, treated at an emergency department of a hospital, in a correctional institution, receiving palliative care or in an aged care facility.

Checking:

SHPA SA/NT Branch Committee suggests that it should be made mandatory that prescribers and pharmacists check the information available in ScriptCheckSA when prescribing or dispensing Schedule 8 medications. It should be recommended as best practice, however, not mandatory, to check against ScriptCheckSA for all other monitored Schedule 4 medicines,

4. Project Timelines

Given that ScriptCheckSA has been implemented successfully across South Australia since March 2021, SHPA SA/NT Branch Committee welcomes the mandating of ScriptCheckSA from April 2022. This timeline is consistent with the period of voluntary use in Victoria before the use of SafeScript was mandated in April 2020.

SHPA members have reported valuable and positive changes to their practice since implementation and welcome the mandatory use of ScriptCheckSA. If you have any queries or would like to discuss our submission further, please do not hesitate to contact Jerry Yik, Head of Policy and Advocacy on jyik@shpa.org.au.

Yours sincerely,

Jennifer Collins

Chair, SA/NT Branch Committee