Pharmaceutical Society of Australia

Standard and guidelines for pharmacists providing a staged supply service for prescribed medicines

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Contents

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These guidelines are designed to provide advice or guidance to pharmacists on a range of issues, including appropriate and effective processes, desired behaviour or minimum standards of good practice, how duties and professional responsibilities may be best fulfilled, and expected outcomes.

PSA's guidelines are not definitive statements of correct procedure but will usually represent agreement by experts in the field. The guidelines do not set a prescribed course of action or a mandatory standard that pharmacists must adhere to.

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Guidelines for pharmacists providing a staged supply service for prescribed medicines

1. Introduction

1.1 Background

A review[1] commissioned under the Fourth Community Pharmacy Agreement confirmed that pharmacist involvement in providing prescribed medicines by staged supply is 'extensive and growing'. However, while staged supply of prescribed medicines was considered to offer potential health benefits to particular groups of consumers, its prevalence and the systems and practices by which it is provided were found to vary widely.

The existing variability in both the availability and form of staged supply was considered to adversely impact on the quality use of medicines[2] and equity of access to a staged supply service (hereafter referred to as 'the service') by consumers. Standardisation of processes into a 'nationally consistent' service was seen as being:[1]

- supportive of the National Mental Health Strategy[3] objective of ensuring that those affected by mental illness (directly and indirectly) have access to services that satisfy their needs;
- consistent with the aims of the National Drug Strategy[4] to reduce the incidence of harmful drug use and minimise the harmful effects of licit and illicit drug use;
- an effective means of enhancing access to the service and improving its quality and safety by promoting greater and more uniform participation by the profession; and
- important for facilitating future mapping of the prevalence of the service and for gathering the data necessary for further developing the service and evaluating its effectiveness for improving health outcomes.

1.2 Purpose of these guidelines

These guidelines are intended to provide advice and guidance to assist pharmacists to meet their professional responsibilities, exercise professional judgement and manage risks associated with delivering a staged supply service.

A concern raised in relation to the development of a nationally consistent service was that it may disadvantage some consumers by removing the capacity of pharmacists to use professional discretion in the way the service is delivered.[1] These guidelines are not intended to replace the use of professional discretion and judgement. As with all professional services, pharmacists should maintain sufficient flexibility in the way the service is delivered to accommodate, as far as is practicable, the needs of individual consumers.

It should be noted that these guidelines concentrate on the processes required for successful implementation and delivery of a staged supply service. They are not intended to provide required clinical information or to detail legislative requirements. Pharmacists providing a staged supply service are expected to comply with all relevant Commonwealth and state or territory legislation.

It is important for pharmacists to read these guidelines in conjunction with the *Professional Practice Standard: Staged Supply Service* and other relevant standards (Appendix 1) and guidelines (see Section 6: *Additional resource material*).

1.3 Scope of these guidelines

Staged supply of **opioid substitution therapy** (i.e. pharmacotherapy with methadone, buprenorphine and buprenorphine/naloxone combinations) is specifically **excluded** from the scope of these guidelines as pharmacotherapy requirements are specified in state or territory legislation. Pharmacists involved in providing opioid substitution therapy should refer to the legislation and guidelines applicable in their jurisdiction and to relevant national guidelines.[5]

While these guidelines have been developed to assist pharmacists providing a staged supply service for prescribed medicines, they may also provide some guidance for staged supply of non-prescription medicines where that is considered necessary or desirable.

Where staged supply requirements are specified in legislation, those requirements take precedence over the arrangements described in these guidelines.

The staged supply service described in these guidelines does not apply to staged supply of opioid substitution therapy.

Pharmacists should clarify any legislative requirements applicable to staged supply in the jurisdiction in which they practise.

2. Understanding staged supply

2.1 Terminology

Staged supply of prescribed medicines has been described as the process by which pharmacists supply medicine to a consumer in periodic instalments of less than the originally prescribed quantity at agreed intervals (e.g. daily or weekly). The balance of the prescribed quantity is held by the pharmacy to fulfil subsequent instalments.[1]

Staged supply occurs as part of a professional pharmacy service initiated by the pharmacist or at the request of the prescriber. It may also be initiated in response to a request from the consumer or their agent, or from another

health professional involved in the care of the consumer (e.g. case manager, mental health worker or community nurse). A staged supply service is a collaborative professional service involving teamwork and cooperation between the consumer/agent, the prescriber and/or other relevant healthcare professionals.

2.2 Rationale for staged supply

The provision of prescribed medicines in instalments has been suggested as part of a coordinated approach to assisting consumers who are at particular risk of medication misadventure or harm as a result of the intentional or accidental misuse of prescribed medicines, often because of mental illness or drug dependence. Staged supply is likely to be of particular benefit where the consumer is homeless or in sheltered accommodation where the possibility of theft and lack of refrigeration must be considered.[1]

Staged supply of prescribed medicines may also improve adherence to the prescribed medication treatment regimen and facilitate monitoring of adherence. If a staged supply service is initiated to assist adherence, the service may include the use of a Dose Administration Aid. This may be necessary where the consumer's capacity to manage the prescribed medication treatment regimen is compromised by impaired cognitive function (e.g. due to mental illness, intellectual disability or alcohol or drug ingestion).[1]

Staged supply has also been cited as an effective strategy for reducing diversion and illegal sale of prescribed medicines for non-therapeutic use. This activity is associated with specific types of prescription medicine which often have significant street value and for which there is a demand.[1]

2.3 Identifying potential service recipients

The clinical need for the service may be identified during the delivery of other services, such as a MedsCheck (also known as Medicines Use Review (MUR)) or Home Medicines Review (HMR).[1]

Clinically indicated staged supply may be identified through consideration of both consumer factors and the nature of the prescribed medicines. Staged supply of prescribed medicines may be indicated in circumstances where:

- the pharmacist or the prescriber perceive the consumer is unable to manage the prescribed medicine safely or appropriately because they are disoriented or confused;
- the pharmacist or the prescriber consider the consumer is at risk of, or there is a history of, deliberate self-harm or causing harm to others;
- there is considered to be a risk of, or there is a history of, intentional misuse or diversion of medicine;
- adherence with the intended treatment regimen is in doubt or there is a history of poor adherence;
- regulatory requirements dictate the use of staged supply (e.g. jurisdictional medication supply contracts or treatment orders).[1]

Staged supply services are currently used and should be considered for the following types of prescribed medicines:

- antipsychotics
- anxiolytics
- hypnotics and sedatives
- antidepressants
- opioid analgesics
- psychostimulants.

While the decision to provide a staged supply service involves a risk assessment of the interplay between consumer and drug factors, ***it is also a matter of professional judgement based on the duty of care pharmacists have to consumers***. This last consideration underpins many of the situations in which the service is likely to be initiated by a pharmacist.[1]

The supply of prescribed medicines in instalments at agreed intervals is of potential benefit for consumers at particular risk of harm, or of causing harm, through the misuse, abuse or diversion of medicine, often because of mental illness or drug dependence.

3. Establishing a staged supply service

3.1 Cost considerations

A service fee is not a mandatory component of delivering a staged supply service and pharmacists should determine if it is appropriate to charge a fee for the service.

When considering a fee for the staged supply service, pharmacists should take into account the individual consumer's circumstances and the required activities that are likely to incur a cost. These have been identified as including:[1]

- consultations with, counselling and follow-up monitoring of the consumer;
- consultation and communication with the prescriber and/or other relevant healthcare professionals;
- establishment and maintenance of client records and agreements;
- dispensing of the originally prescribed quantity and subsequent instalment repackaging, labelling and supply;
- labelling and storage of the balance of supply;
- discussion and management of client concerns or complaints;
- safe disposal of unused or unwanted medicine; and
- transfer of the balance of supply and personal information (with consent) to another provider.

In addition, costs may be incurred in undertaking or providing supporting activities (e.g. training staff and promoting the service).

3.2 Privacy and confidentiality

Pharmacists must respect and protect the consumer's right to privacy and confidentiality,[6] particularly in relation to information acquired in the course of providing professional services. This requirement relates not only to maintenance of personal privacy while the consumer or their agent is attending the pharmacy but also to the proper handling of their health records.

Consumer health records created to support the delivery of a staged supply service should be stored securely and accessed only by personnel authorised to do so. Storage and access arrangements should comply with relevant Commonwealth and state or territory legislation. Care should be taken to ensure that personal information in any form (including information on a prescription label) may not be viewed by other members of the public. The guiding principle is that breaches of privacy are possible where a consumer is either identified or identifiable from the information disclosed.

The protection of consumer privacy and confidentiality dictates that the consumer/agent must give consent for a third party to collect an instalment of their prescribed medicine. For example, where a consumer is unable to attend the pharmacy to collect an instalment, they must provide explicit advice to the pharmacy of the identity of the person they have authorised to collect the instalment on their behalf. A pharmacist supplying an instalment to a third party with the consent of the consumer/agent has an obligation to establish the identity of the third party before supplying the instalment.

3.3 Consultation area

Consultations with the consumer/agent regarding the staged supply service should be conducted in an area that provides privacy to the consumer. This includes discussions relating to the initiation of the staged supply service as well as those that occur at subsequent visits for the collection of staged supply instalments, counselling and supervised dosing. It would also be appropriate to use such an area in the event that a consumer raises a concern about some aspect of the staged supply service.

The provision of a separate consultation area is not an absolute requirement for provision of a staged supply service. However, its absence places a far greater burden on the pharmacist and involved support personnel to conduct themselves with the utmost care to assure consumer privacy and confidentiality.

All consultations with the consumer regarding the staged supply service should be conducted in an area that provides the consumer privacy and confidentiality.

Consumer health records should be stored and accessed in a manner that complies with relevant Commonwealth, state and territory legislative requirements.

3.4 Documentation and procedures

Effective documentation is essential to optimise service safety, quality and efficiency. Once pharmacists have decided to offer a staged supply service and determined the scope (and any limitations) of the service to be offered, it is important that they also clarify the way in which the service is to be delivered and the documentation needed to support its delivery. Key practice tools to assist in the delivery of a staged supply service are provided in Appendix 3.

Procedures that clearly establish responsibilities and accountabilities for various aspects of the service (e.g. which staff member may accept a new client) will be beneficial. Samples of documents to be completed when providing the service (e.g. *Staged supply service agreement* and *Staged supply record*) should be available in the pharmacy.

The pharmacy should also have an identified process for addressing consumer concerns about the service.[6] This process could form part of the quality improvement process for the staged supply service and may be an integral part of a regular formal process in which consumer feedback is sought (see Section 5: *Managing quality and safety*).

Documentation used in delivering a staged supply service should be systematically reviewed and updated. An initial review may be beneficial within the first few months of initiating the staged supply service, when adjustments may be warranted based on experience with delivering the service. Thereafter, reviews should be undertaken at regular intervals (e.g. annually) to ensure currency with contemporary practice. Ideally, the date of the most recent review should be annotated on the documents or in a review register maintained for that purpose.

Samples of documents to be completed during delivery of a staged supply service should be available to pharmacy personnel.

3.5 Staff responsibilities

Pharmacists have a professional responsibility to treat clients of the service[6] with respect, consideration and dignity, regardless of their health or financial status, cultural or linguistic background, age, gender or religion. They should also ensure that support personnel involved in the delivery of the service observe the same standards.

Support personnel should also understand the importance of maintaining consumer privacy and confidentiality. A confidentiality undertaking based on the requirements of the Australian Charter of Healthcare Rights[7] can be a useful adjunct for explaining this obligation and gaining the required commitment.

Prior to commencing a staged supply service, it is important to ensure that all pharmacy personnel:

- are informed about the general nature of the service;
- understand the responsibilities of the pharmacist in the delivery of the service;
- know where to find relevant supporting documents; and
- understand their role in relation to clients of the service.

Personnel with direct involvement in the service should have a clear understanding of their respective roles and responsibilities in relation to delivery of the service. This may be confirmed by a requirement to record that they have read and understood the relevant guidelines/documents or attended an education session on the staged supply service.

All pharmacy personnel should understand the need to treat clients of the service with consideration, respect and dignity.

3.6 Training requirements

To ensure that the staged supply service meets the service needs and preferences of clients, an integrated approach to training has been recommended. This approach ties the delivery of educational activities for all stakeholders (including pharmacists, pharmacy assistants, medical practitioners and case workers) to the implementation of a nationally consistent staged supply service.[1]

The training is intended to enhance the capacity of those involved in the delivery of a staged supply service to meet the needs of clients of the service, particularly those with mental illness or drug dependency, through:[1]

- building knowledge about mental illness;
- building knowledge about drug dependency and drug-seeking behaviours;
- improving skills for interacting with and responding to the therapeutic concerns of clients; and
- enhancing understanding of, and responsiveness to, the needs of clients of the service.

Consistent with consumers' right to receive healthcare services that are 'provided with professional care, skill and competence', pharmacists have a professional and legal obligation to work only within their area of competence.[6] As with any new service, pharmacists must first establish their competence to provide staged supply services, where 'competence' means that the individual 'possesses the required knowledge, skills and attributes sufficient to successfully and consistently perform a specific function or task to a desired standard'.[8]

The competencies expected of pharmacists providing a staged supply service are presented in the *Competency Standards: staged supply service* (see Appendix 2). Participation in service-specific training or mentoring from a colleague who is skilled and experienced in the delivery of a staged supply service are aids to building competence. Ultimately, pharmacists should make their own assessment of the adequacy of their capabilities for providing a staged supply service and undertake relevant training (e.g. Mental Health First Aid (MHFA) course)[9] to meet any identified learning needs. It is also the responsibility of pharmacist preceptors/mentors to ensure that intern pharmacists involved in the delivery of a staged supply service have received training relevant to the required competencies and the service.

Training to support the implementation of a staged supply service will differ from that provided for opioid substitution therapy in that the latter service imposes different, and in some instances higher, demands on involved healthcare professionals. Pharmacists involved in the supply of opioid substitution therapy should consider whether they need additional training (e.g. in drug dependency/addiction care) to improve their ability to provide services that meet the needs of clients.

Participation in training relevant to staged supply services can enhance the capacity of involved personnel to deliver the service at the expected performance level.

4. Providing a staged supply service

4.1 Initiating the staged supply service

Staged supply of prescribed medicines will usually be initiated by the prescriber or the pharmacist but may also be initiated by the consumer or their agent, or by another healthcare professional. A *Staged supply service information sheet* may be a useful resource for explaining and promoting the service to prescribers, potential clients or client groups and to other local health service providers.

Prescribers usually request a staged supply service by annotating the prescription. Initiation of the service by the pharmacist or another healthcare professional or at the request of the consumer/agent should be communicated to the prescriber together with details of the service to be provided, unless agreed otherwise with the consumer/agent.

Communication with the prescriber at the time the service is initiated is not only a matter of professional courtesy but is also important for establishing the lines of communication required for ongoing management of the service. To ensure continuity of care, it is important for the pharmacist and prescriber to maintain open lines of communication and professional rapport throughout the period that a staged supply service is provided.

The pharmacist and consumer/agent should have a written record of their agreement for staged supply, with both parties keeping a copy of the record.[1] The written record may take the form of a *Staged supply service agreement* (see Section 4.2: *Consumer consent*). This agreement is a means of explicitly demonstrating the arrangements that are to apply to the staged supply service.

A staged supply service may be initiated by the prescriber, the pharmacist, the consumer/agent or another healthcare professional involved in the care of the consumer.

The prescriber should be informed of the initiation of a staged supply service and of the arrangements that will apply.

4.2 Consumer consent

As with other professional services, the success of the service will be influenced by the willingness of the consumer/agent to cooperate with the staged supply arrangements and their preparedness to provide the required personal information. A partnership of care where the consumer/agent is engaged and involved in making decisions about staged supply is likely to be most effective in delivering the desired health benefits.

Consumers have a right to participate in decision making and to make choices about their healthcare.[6] This is a right which should be protected and respected and is the basis for the obligation to gain the consumer's consent to their participation in the staged supply service. In some instances (e.g. under a treatment order) consumers may lack the capacity to grant consent and may have an authorised agent (e.g. a carer or case manager) who may do so on their behalf. A treatment order can override the need for consumer consent to participate in the service.

The process of gaining consent requires that the pharmacist openly and clearly communicates with the consumer/agent in a way they can understand.[6] Information should be provided about the nature of the staged supply service, the fee structure and the personal information to be collected and/or shared in order to deliver the service. Consumers/agents should also be advised of their right to withdraw their consent at any time, and of the arrangements that will apply should they choose to do so.

Pharmacists may choose to use a *Staged supply service information sheet* (see Appendix 3) to assist the process of gaining consumer consent. A *Staged supply service agreement* (see Appendix 3) may be used to document the informed consent and an undertaking by the consumer/agent to participate in and cooperate with the procedures required to deliver the service. Some pharmacists currently providing staged supply services are already using some form of written agreement with the consumer.[1]

A *Staged supply service agreement* should include the following:

- the name and contact details of the pharmacy providing the staged supply service;
- the name, address and telephone contact of the consumer/agent;
- the name and contact details of the prescriber (in some instances it may be desirable to clarify preferred contact details outside usual office hours to provide for timely contact if an unforeseen difficulty arises in the continuing care of consumers at particular risk of misadventure or harm);
- the prescribed medication and staged supply arrangements, including dosing times where relevant;
- a description of the service to be provided, including arrangements for take-away doses on public holidays and weekends, new prescription requirements, transfer to another service provider or discontinuation of the service;
- the arrangements to apply in the event of missed or lost doses;
- the period for which the balance of supply will be held by the pharmacy if service continuity is broken;
- any specific protocols or circumstances likely to affect communication with the prescriber (e.g. the need to confirm alternative supply arrangements during extended public holiday periods);
- a statement of the consumer's rights and responsibilities under the staged supply service;
- a clear statement of the fee for the service to the consumer and/or third party payer (if applicable);
- identification of the source of payment for the staged supply service; and
- signed confirmation that the pharmacist has advised the prescriber that a staged supply service is being initiated and of the date on which the pharmacist provided the advice.

Where a *Staged supply service agreement* is not used, it is recommended that the record retained for each client of the service includes the above information.

The undertaking requested of the consumer or their agent should encompass a commitment to:

- cooperate with and participate in required service delivery procedures;
- support service delivery through the provision of relevant personal information, such as a medication history and allergies;
- permit the release and/or exchange of personal information (including health information) with their prescriber and/or other healthcare professional involved in initiating the service;
- accept that pharmacy support personnel, who are bound by the same privacy and confidentiality requirements as the pharmacist, may assist with staged supply service delivery; and
- provide prompt advice of their intention or need to vary dosing arrangements, alter payment arrangements or discontinue the service.

In some circumstances where staged supply of prescribed medicines is clinically indicated, the consumer/agent may withhold or withdraw their consent. In these situations, the desired outcomes of treatment, alternative treatment options and the safety of the consumer and members of the public will influence the choice of therapeutic regimen used for ongoing clinical management. Pharmacists should communicate with the prescriber as soon as they become aware of circumstances of this type to discuss therapeutic management options and consider whether referral for clinical review is indicated.

The pharmacist should obtain the consent of the consumer or their authorised agent to their participation in a staged supply service.

If the service is clinically indicated but consumer consent is withheld or withdrawn, pharmacists should consider the need for clinical review by the prescriber.

The agreed arrangements under which the staged supply service will operate should be documented in a written agreement.

4.3 Gathering consumer information

The principle upon which the consumer's personal information is gathered is that only that information required to safely and effectively deliver the staged supply service will be collected. Apart from the detail described in the *Staged supply service agreement*, pharmacists should generally have access to information on current prescribed and over-the-counter (OTC) medicines, any complementary and alternative medicines (CAMs) being taken by the consumer and any previously experienced allergies or adverse drug reactions. If the information is not already available within the pharmacy, the consumer should be asked to give their consent to the transfer of their information from another pharmacy or their doctor.

In order to build and sustain consumer trust and confidence in the staged supply service and the service provider, effort should be made throughout the process of gathering personal information to explain the need for the information and reassure the consumer that their privacy will be protected.

The staged supply service should be provided in the context of the consumer's current medication treatment, known allergies and previous adverse drug reactions.

4.4 Dispensing and record keeping

Dispensing undertaken in a staged supply service should comply with legislative requirements, including, where relevant, those applicable to controlled drugs. Pharmacists should also observe relevant professional conventions for dispensing prescribed medicines. Dispensing should be conducted in a clean and tidy work area and care should be exercised in ensuring correct product selection, appropriate packaging and unambiguous and legible labelling. Where dosing is to be supervised in the pharmacy, the medicine may be provided in a suitable container and the dose confirmed on the supply record. Pharmacists should seek further guidance on dispensing requirements by accessing relevant legislation in the jurisdiction in which they are practising and from national professional guidelines (see Section 6: *Additional resource material*).

To ensure accuracy in product selection and labelling and to minimise error, the dispensing process should include checking procedures of the type recommended in the *Guide to good dispensing.*[10] This includes steps such as checking the prescription details, confirming computer input, checking the selected product by barcode scanning, and checking the label and product against the original prescription.

Verification of the identity of the person receiving the dispensed medicines is an important final check within the dispensing process. Where the consumer/agent is not known to the pharmacist, verification of their identity may be achieved through processes such as a verbal check of the name and address of the consumer/agent, use of other pharmacy personnel to verify the identity of the consumer, or use of photo identification which confirms the consumer's name and address. If a decision is taken, in consultation with the consumer/agent, to require presentation of photo identification at any visit to the pharmacy, sighting of the photo identification should be recorded.

The dispensing pharmacy must have systems that provide for the accurate and timely recording of each quantity dispensed and supplied under the staged supply service. This may be achieved through use of a *Staged supply record* or its electronic equivalent. The detail to be recorded should include the quantity supplied, the date and time of supply and the signature of the supplying pharmacist. Allowance should also be made to accommodate written confirmation by the consumer/agent of the date and time of receipt of each dose/instalment. This is of benefit where supply is disputed, provides a complete record for situations where there are changes in pharmacy personnel (e.g. locum pharmacists, extended-hours pharmacies with numerous pharmacists) and provides an audit trail for assessing consumer adherence to the staged supply arrangements. The specific detail recorded on the *Staged supply record* and the period for which these records are retained should comply with legislative requirements in the jurisdiction of practice.

The balance of the dispensed supply should be stored securely in the pharmacy in a manner that complies with legislative requirements. Each consumer's supply must be separated from all others by storing it in a clearly labelled outer container. All containers and dispensed quantities must be stored away from public view and in such a way as to protect consumer privacy.

The documentation maintained to support the delivery of a staged supply service is an important source of information on key events, actions and communications that occur during service delivery. It is also a key resource for supporting continuity of care for the consumer. It is therefore important for relevant information to be recorded in the communication record section of the *Staged supply record*. As well as recording key communications with the consumer, prescriber and other relevant healthcare professionals (see sections 4.5 and 4.6), records of instances in which the consumer does not present to collect or take a medicine provided under staged supply should also be maintained. In these situations, any attempts made to contact the consumer/agent and the outcome should always be documented.

Dispensing procedures should be consistent with professional conventions and comply with legislative requirements in the jurisdiction of practice.

Staged supply records should show the quantity supplied, the date and time of supply, the signature of the supplying pharmacist and confirmation by the consumer of receipt of the instalment/dose.

4.5 Communication and follow-up with the consumer/agent

The pharmacist's counselling and advice are important for informing the consumer about the medicine and the service and for providing consistent health messages that may serve as a valuable reinforcement for the consumer's continued participation in the staged supply service (see Section 6*: Additional resource materials* for relevant professional guidelines). Ideally, counselling and dosing should be conducted in an area that provides the consumer privacy, and pharmacists should take all reasonable steps to ensure that the consumer's privacy and confidentiality are protected (see Section 3.3: *Consultation area).*

It may be appropriate to establish a reminder system to provide back-up to the consumer's efforts to remember when staged supply instalments are to be collected or when a new prescription is needed. This may consist of a telephone call, text message, email, fax or appointment card, depending on the consumer's preference, the resources available to support the service and the interval at which instalments are due.

Where difficulties are experienced in sustaining the staged supply service (e.g. frequent missed instalments/doses, withdrawal of consent), communication with the prescriber may be appropriate to discuss therapeutic management options (see Section 4.2: *Consumer consent*). During the course of providing a staged supply service, the consumer may be assessed as being in need of additional professional services (e.g. a Home Medicines Review) or replacement professional services (e.g. a Dose Administration Aids Service). In those circumstances the pharmacist should explain the identified need to the consumer/agent and take agreed actions to initiate the required services.

Where a consumer comments or complains about an aspect of the staged supply service, their concerns should be dealt with promptly.[6] They should also be advised of any changes or corrective actions. The document *Procedure to follow*

in case of a dispensing error[11] provides useful guidance on actions and processes to follow if a complaint is received or a dispensing error occurs. It advises of the approach that should be taken with the consumer/agent, the nature of the follow-up and the documentation that should be created and retained. If an error or adverse event occurs, additional procedural guidance is available in the *National open disclosure standard*.[12] This includes expressing regret at the occurrence, keeping the consumer informed of investigative action and advising them of actions taken to avoid recurrence.

The provision of counselling is integral to the staged supply process and should be offered in a manner consistent with professional conventions.

A careful and systematic approach should be adopted for handling complaints, errors or adverse events if they occur during provision of a staged supply service.

4.6 Communication with the prescriber

The pharmacist and prescriber share responsibility for maintaining open channels of communication during the provision of a staged supply service. While professional judgment will be exercised in determining when contact with the prescriber is needed, pharmacists are likely to need to contact them where:

- further health information is needed to safely deliver the staged supply service;
- the pharmacist or the consumer/agent perceives there is a need to amend the staged supply arrangements;
- circumstances indicate clinical review may be needed (e.g. significant changes in behaviour or appearance, non-adherence, suspected alcohol abuse or drug misuse);
- more than one sequential instalment has been missed or 'lost'; or
- a single instalment has been missed or 'lost' on multiple occasions.

Clinical review by the prescriber may be an effective means of reinforcing to the consumer/agent the value of continuing with the staged supply service. However, it may also result in a decision to discontinue the service.

4.7 Discontinuation of the staged supply service

Careful consideration is needed before a decision is taken to discontinue a clinically indicated staged supply service. Circumstances that may warrant consideration by the pharmacist and/or prescriber of the service being discontinued include the following:

- The consumer fails to make reasonable efforts to cooperate with the staged supply arrangements (e.g. frequent or extended breaks in participation or frequent 'loss' of instalments).
- The consumer's behaviour and/or communications with pharmacy personnel and/or other clients of the pharmacy are disruptive to the normal operation of the pharmacy.
- A barrier to service delivery is created by ongoing complaints about the service from the consumer/agent that are considered by the pharmacy personnel to be petty and/or vexatious.
- The consumer's dealings with the pharmacist or other pharmacy personnel are found to be dishonest.
- Ongoing provision of a staged supply service is considered by any party to be futile or of no benefit to the consumer.

In addition, the consumer may choose to withdraw their consent and discontinue participation in the staged supply service (see Section 4.2: *Consumer consent*). Other than if the prescriber discontinues the service, the pharmacist should communicate the discontinuation of service to the prescriber to allow for prompt review of therapeutic goals and outcomes and consideration of the most appropriate therapeutic management option. If the consumer/agent does not consent to this communication, professional judgment regarding the individual situation should be used in determining the actions to be taken and the advice to be given to the consumer/agent.

Consistent with usual practice, the originally prescribed and dispensed quantity of medicine should be regarded as the property of the consumer. If the staged supply was initiated by the pharmacist, the consumer/agent or another health professional and treatment with the prescribed medicine is to continue, the balance of supply may generally be returned to the consumer/agent if the service is discontinued. However, if the staged supply service was initiated by the prescriber, is to be discontinued by the pharmacist or at the request of the consumer/agent ***but treatment with the medicine is to continue,*** the balance of the supply held in the pharmacy may only be returned to the consumer where discussion of the risks with the prescriber indicates this is appropriate. If it is considered likely that the consumer or the public may be at risk of harm, the pharmacist and prescriber will need to discuss the process by which care can continue. If return of the balance of supply is placed at the discretion of the pharmacist, a professional judgment as to the level of risk posed to the consumer and the public must be made by the pharmacist, and appropriate action taken.

If the staged supply service is discontinued and ***treatment with the staged supply medicine is discontinued by the prescriber,*** the balance of the supply held in the pharmacy should be safely destroyed with the consent of the consumer. If the consumer cannot be contacted via the contact details advised when the service was initiated, the balance of supply may be destroyed after the interval specified in the *Staged supply service agreement*. Where consent for destruction is withheld by the consumer and a request is made for the balance to be returned to them, pharmacists should advise the consumer that they are under a legal obligation to supply the medicine only as authorised on the prescription (i.e. only under the now discontinued staged supply arrangement) and that no alternative authorisation has been given.

The reason for discontinuation of a staged supply service, the nature of any communications with the prescriber, and actions taken in relation to the balance of supply should be recorded on the *Staged supply record* and the record cancelled and filed.

Careful consideration of consumer and public safety and sound professional judgement are needed if circumstances arise which indicate that discontinuation of the staged supply service may be warranted.

4.8 Transfer of service

Consumers/agents may seek to transfer their staged supply service to another provider on a temporary or permanent basis. While at times a change of this type will reflect the personal preference of the consumer/agent, it may also be the result of a change in personal circumstances or geographical relocation. Whatever the reason, pharmacists should make all reasonable effort to support this type of request and facilitate the change in a timely manner. However, consumers/agents are obligated to provide reasonable notice of the desired transfer to ensure that there is sufficient time for the relevant authorisations and transfers to be arranged. For example, if the staged supply service involved supply of a controlled drug, the recipient pharmacy will require appropriate authorisations to continue the supply and the transfer of medicine may only be undertaken by a carrier licensed to transport narcotics.

The cost implications for the pharmacy from which the service is being relocated should be discussed at the time of receiving the request and will already have been highlighted if a *Staged supply service agreement* has been used. However, the pharmacy cannot be held responsible for the fees for the staged supply service at the recipient pharmacy, or for any costs incurred to the consumer/agent by the recipient pharmacy establishing a new client record. These are matters to be resolved in the agreement between the consumer/agent and the recipient pharmacy.

Where a staged supply service is being transferred, both pharmacies share responsibility for ensuring continuity of care and working together with the prescriber and consumer/agent to put appropriate arrangements in place. The pharmacy from which the service is relocating should advise the prescriber of the requested change and the date on which it is to take effect, document the change and the date of advice to the prescriber on the *Staged supply record* and annotate (temporary transfers) or cancel and file (permanent transfers) the record as appropriate. The pharmacy should also inform the consumer/agent of the required processes, keep them advised of progress and advise them of applicable timeframes for achieving the requested change.

5. Managing quality and safety

Consumers have a right to receive safe, high-quality health services.[6] To ensure that the staged supply service meets the safety and quality standards expected by consumers and the profession, pharmacists should integrate procedures for quality control and/or quality assurance into the service from the time of its inception.

Key strategic approaches to improving quality include the following:[13]

1. **Building partnerships of care with consumers** promotes a more informed consumer and better communication channels. Quality improvement initiatives based on the existence of a partnership of care include consumer satisfaction surveys and reporting of 'near miss' events.
2. **Continuous quality improvement** involves ongoing monitoring of professional practice to identify opportunities for improvement. Examples include self-assessment or peer assessment of practice against *Professional Practice Standards*, review of compliance with established policies and procedures, and amendment of policies and procedures based on assessments of concerns raised by consumers (see Section 3.4: *Documentation and procedures*).
3. **System review and redesign** is a process of reducing system dependence on human capacities such as memory and vigilance and applying change concepts such as simplification, standardisation and automation. Examples include reviews of policies and procedures to reduce 'handovers' or duplication of effort.

A variety of quality improvement and quality assurance activities should be integrated into the staged supply service to ensure that regular action is taken to monitor and improve the quality of the service provided. By using a variety of strategies, pharmacists will be able to review the key aspects of how the staged supply service is being delivered and received.

6. Additional resource material

Pharmacy Guild of Australia. Quality Care Pharmacy Program (QCPP) Staged supply template (T2F); Staged supply procedure (P2K). At: www.qcpp.com

Pharmaceutical Society of Australia. Dispensing practice guidelines. At: www.psa.org.au

Pharmacy Board of Australia. Guidelines for dispensing of medicines. At: www.pharmacyboard.gov.au/Codes-and-Guidelines.aspx

Pharmaceutical Society of Australia. Guidelines for pharmacists on providing medicines information to patients. At: www.psa.org.au

Pharmaceutical Society of Australia. Dose administration aids service—guidelines and standards for pharmacists. At: www.psa.org.au

Pharmacy Board of Australia. Guidelines on specialised supply arrangements. At: www.pharmacyboard.gov.au/Codes-and-Guidelines.aspx

Pharmaceutical Society of Australia. Addiction care Essential CPE. Canberra: PSA; August 2008.

Pharmaceutical Society of Australia. Code of Ethics for Pharmacists. Available at: www.psa.org.au (Currently in consultation phase).

7. Glossary of terms

Term	Definition	Source
Adherence	A qualitative measure of the extent to which a consumer's behaviour corresponds with recommendations agreed with a healthcare professional, ideally through a concordant approach.	1
Adverse drug reaction	Any response to a drug that is noxious and unintended, and that occurs at doses normally used in man for prophylaxis, for diagnosis or therapy for disease, or for modification of physiological function.	2
Consent	Permission granted voluntarily by a consumer or individual who has been adequately informed and has the capacity to understand, provide and communicate their consent.	3
Consumer	A person who uses or is a potential user of health services, including their family and carers.	1
Counselling	A two-way communication process between the pharmacist and the consumer in which the pharmacist ascertains the needs of the consumer and provides him or her with the information required to safely and effectively administer medicines and/or use therapeutic devices.	4
Dose administration aid	Sealed, tamper-evident devices that allow individual doses to be packaged according to the prescribed dose schedule.	5
Staged supply	The process by which pharmacists supply medicines to consumers in periodic instalments of less than the total required or prescribed quantity at agreed intervals.	6

Source documents

1. Australian Pharmaceutical Advisory Council. Guiding principles to achieve continuity of care in medication management. Jul 2005. At: www.health.gov.au/internet/main/publishing.nsf/Content/41832D79CFCB23CA25738E001B94C2/$File/guiding.pdf
2. Society of Hospital Pharmacists of Australia. Definitions for hospital pharmacy services. Practice standards and definitions. Melbourne: SHPA; 1996.
3. Pharmaceutical Society of Australia. Professional practice and the Privacy Act. PSA; 2001.
4. Pharmaceutical Society of Australia. Professional Practice Standards, version 4. At: www.psa.org.au/site.php?id=6040
5. Pharmaceutical Society of Australia. Dose administration aids service. Guidelines and standards for pharmacists. Canberra: PSA; Jul 2007. At: www.psa.org.au/site.php?id=2065
6. Adapted from: Nova Public Policy. Review of the staged supply of PBS medicines. 2 Feb 2010.

Appendix 1: Professional Practice Standard: Staged Supply Service

Standard

The pharmacist provides a staged supply service to improve medication management, adherence and health outcomes for consumers at particular risk of harm, or of causing harm, often because of mental illness or drug dependence.

Scope of this standard

- This standard is an objective statement of the minimum requirements necessary to ensure that a staged supply service is delivered to the expected performance level. It focuses on the systems and processes pharmacists should use to deliver this professional service and provides a measure against which self-assessment and performance improvement may occur.
- This standard should be read in conjunction with the *Guidelines for pharmacists providing a staged supply service for prescribed medicines*, as those guidelines provide further clarification of the requirements of the standard.
- Staged supply of a prescribed medicine as part of opioid substitution therapy is specifically **excluded** from the scope of this standard.
- Legislative requirements are not covered in the standard. Pharmacists must comply with all Commonwealth and state or territory legislation relevant to the delivery of a staged supply service.
- This standard is to be applied in conjunction with the following relevant Professional Practice Standards:
  - Standard 1: Fundamental Pharmacy Practice
  - Standard 3: Counselling
  - Standard 5: Dispensing.

In some instances, Standard 2: Managing Pharmacy Practice and Standard 7: Dose Administration Aids Service may also be relevant for a staged supply service.

Indicators	Self check: Yes/No/NA	Resources
Criterion 1: The pharmacist provides staged supply of prescribed medicines as a professional pharmacy service		
1. Regularly reviews the systems and documentation required to deliver the service		• State/territory legislation controlling medicines, drugs, poisons and controlled substances. • Pharmaceutical Society of Australia. Dispensing practice guidelines. At: www.psa.org.au • Pharmacy Board of Australia. Guidelines for dispensing of medicines. At: www.pharmacyboard.gov.au/Codes-and-Guidelines.aspx • The Pharmacy Guild of Australia. Quality Care Pharmacy Program (QCPP). Staged supply template (T2F); Staged supply procedure (P2K). At: www.qcpp.com
2. Facilitates access to relevant training for all personnel involved in delivery of the service		
3. Ensures that involved personnel understand the service and their roles and responsibilities in its delivery		
4. Ensures that dispensing and labelling of instalments comply with legislative requirements and are consistent with professional conventions		
5. Applies quality assurance measures to improve the safety and quality of the service		
Criterion 2: The pharmacist delivers a staged supply service as clinically indicated		
1. Responds to requests for the service from consumers/agents, prescribers and/or other healthcare professionals		• Pharmaceutical Society of Australia. Guidelines for pharmacists providing a staged supply service for prescribed medicines. At: www.psa.org.au
2. Identifies consumers for whom staged supply of particular types of prescribed medicines is of potential benefit		
3. Assesses the likely benefit of the service for individual consumers for whom it may be clinically indicated		
Criterion 3: The pharmacist delivers and promotes a collaborative staged supply service		
1. Explains the nature and scope of the service to prescribers, consumers/agents and consumer groups for whom the service is likely to be of potential benefit		• Pharmaceutical Society of Australia. Guidelines for pharmacists providing a staged supply service for prescribed medicines; Appendix 3: Practice tools. At: www.psa.org.au • The Pharmacy Guild of Australia. Quality Care Pharmacy Program (QCPP). Interprofessional collaboration template (T2E); Interprofessional collaboration (P2I). At: www.qcpp.com • The Commonwealth *Privacy Act 1988* and relevant state/territory privacy legislation.
2. Ensures that agreement is reached with the consumer/agent on key aspects of how the service will be delivered		
3. Communicates with the prescriber and/or other relevant healthcare professionals at the time the service is initiated and thereafter as agreed by them and the consumer/agent		
4. Responds to feedback on the service from participating consumers, prescribers and other healthcare professionals		

Indicators	Self check: Yes/No/NA	Resources
Criterion 4: The pharmacist ensures that the staged supply service meets the needs of consumers		
1. Secures consent of the consumer/agent for participation in, and cooperation with, the systems and procedures required to deliver the service		• Australian Commission on Safety and Quality in Healthcare. Australian charter of healthcare rights. At: www.safetyandquality.gov.au • Pharmacy Board of Australia. Code of conduct for registered health practitioners. At: www.pharmacyboard.gov.au/Codes-and-Guidelines.aspx • Pharmaceutical Society of Australia. Consumer Medicines Information and the pharmacist. At: www.psa.org.au • Pharmaceutical Society of Australia. Guidelines for pharmacists on providing medicines information to patients. At: www.psa.org.au • The Commonwealth *Privacy Act 1988* and relevant state/territory privacy legislation.
2. Takes all reasonable steps to ensure that consumer privacy and confidentiality are maintained		
3. Establishes the identity of the consumer/agent or an authorised third party prior to issuing an instalment		
4. Provides medicines and health information to the consumer/agent consistent with their needs and in a manner they can understand		
5. Takes all reasonable steps to support requests for temporary or permanent change in, or transfer of, the staged supply service		
Criterion 5: The pharmacist assesses the value of and/or ongoing need for a staged supply service and/or other professional services		
1. Identifies and facilitates access to additional or alternative professional pharmacy services that may be of value for improving the healthcare of the consumer		• Pharmaceutical Society of Australia. Dose administration aids service. [guidelines and standards]. At: www.psa.org.au • Pharmaceutical Society of Australia. Medication profiling service. [guidelines and standards]. At: www.psa.org.au • Pharmaceutical Society of Australia. Guidelines for pharmacists providing Home Medicines Review Services. At: www.psa.org.au
2. Identifies circumstances that may warrant discontinuation of the staged supply service		
Criterion 6: The pharmacist considers continuity of care and the safety of the consumer and the public where the service is to be discontinued		
1. Initiates a review of consumer cooperation with, and adherence to, systems and procedures of a staged supply service when indicated		• The National Return and Disposal of Unwanted Medicines Limited. Returning Unwanted Medicines (RUM). At: www.returnmed.com.au • State/territory legislation for destruction of controlled drugs.
2. Advises the prescriber where the service is to be discontinued (other than if discontinued by the prescriber)		
3. Assesses the risk associated with return of the balance of the medicine supply to the consumer		
4. Safely and legally disposes of unused medicines where return of the balance of supply to the consumer is considered unsafe and/or undesirable		
5. Refers the consumer back to the prescriber where staged supply is to be discontinued and clinical review is indicated		

Indicators	Self check: Yes/No/NA	Resources
Criterion 7: The pharmacist maintains and retains accurate and complete records/documentation of the staged supply services provided		
1. Maintains the currency of the consumer's medication history, allergies and adverse drug reactions		• Pharmaceutical Society of Australia. Guidelines for pharmacists providing a staged supply service for prescribed medicines, Appendix 3: Practice tools. At: www.psa.org.au
2. Maintains and retains a *Staged supply record* that details all quantities supplied		
3. Documents key communications, observations, events and actions in the communications record section of the *Staged supply record*		
4. Retains the original copy of the *Staged supply service agreement*		

Appendix 2: Competency Standards: staged supply service

The competency standards[8] required for delivering a staged supply service for prescribed medicines.

Domain	Standards	Elements	Performance criteria
1 – Professional and ethical practice*	All	All	All
2 – Communication, collaboration and self-management*	All	All	All
4 – Review and supply prescribed medicines	All	All	All
7 – Promote and contribute to optimal use of medicines	7.1	1	1, 3–5
		2	All
		3	1 and 2, 4–6
		4	All
	7.2	1	All
		2	All
		3	1–3, 6 and 7
		4	All

* Domain standards are applicable to all professional services.

Appendix 3: Staged supply service practice tools

Staged supply service information sheet

This information sheet can be used when promoting the staged supply service to consumers, prescribers or both. This sheet outlines the details of the staged supply service and how it can benefit consumers. Also included are lists of frequently asked questions, which provide further information on special situations which may occur within the staged supply service.

A staged supply service refers to the situation in which a pharmacist will dispense and supply medicines to the consumer in instalments (e.g. daily, every second day, weekly, fortnightly or as otherwise arranged). Staged supply services can be initiated by the prescriber, other healthcare professionals, the pharmacist or the consumer/agent and are likely to benefit people who:

- have difficulty remembering to take their medicines;
- are taking a medicine which may accidentally or deliberately be misused or over-used and cause harm;
- are taking a medicine where there is a risk of misuse, abuse or diversion; or
- are confused about when and how they should be taking their medicines.

Pharmacists will dispense the prescribed quantity of medicines and supply the required doses to the consumer/agent. The balance of the prescribed quantity will be stored securely in the pharmacy until the next supply is due. The pharmacy may have reminder options for when the next supply is due or when the prescribed quantity is running out.

As part of the staged supply service, consumers/agents and pharmacists will be asked to sign an agreement outlining the terms of the service, including:

- how often medicines will be collected;
- what medicines will be supplied under the staged supply service and the quantity to be supplied;
- the procedure to be followed in the event of missed/lost doses;
- consent for the pharmacist to discuss matters relating to the consumer's care with the prescriber and/or other healthcare professionals;
- details of termination of the service;
- fees for the service; and
- a system for recording receipt of supply.

Record of supply

At each supply, the consumer and the pharmacist will be asked to sign a *Staged supply record* which will list the date, time and number of tablets supplied. In the event of any disputes over supply, this form will be used to confirm whether supply has occurred. The pharmacist may also record notes about payment arrangements, communication and prescription requests on the *Staged supply record*.

Third-party collection of doses

Medicines must be collected by the consumer unless prior arrangement has been made with the pharmacy. When such arrangements occur, the consumer should phone the pharmacy with the name and address of the person who will be collecting the dose. The consumer should provide the third party with a signed, written request, which the third party will present to the pharmacy when they collect the dose. The pharmacist must be able to confirm the identity of the third party.

Frequently asked questions

Consumer questions:

What happens if I go away on holidays?

You should give the pharmacy as much notice as possible so that alternative arrangements can be made. These arrangements could include contacting the doctor so that your medicine can be transferred to another pharmacy or you can be given additional supplies to last the holiday period.

What if I move away?

The pharmacy will make every effort to support you in making arrangements with a new doctor/pharmacy.

What if I can't get to the pharmacy?

You should contact the pharmacy as soon as possible to see whether alternative arrangements can be made.

What if the pharmacy is closed?

It is your responsibility to be aware of the opening hours of the pharmacy on the days you are due to collect your medicines.

What if I want to stop the service?

You should contact the pharmacy to let them know you want to stop the service so you can discuss the options with the pharmacist.

Why do I need to sign a form?

The form is an agreement between you and the pharmacist and outlines all the terms of the service so there is no confusion. You will be given a copy of the form to refer back to.

Prescriber questions:

How do I initiate the service?

Please notify the pharmacy in writing.

What information will the pharmacy need from me?

The pharmacy will need patient details, medicine details, dosing schedules and prescriptions.

In what circumstances will the patient be referred back to me?

The patient will be referred back to you if they regularly miss their doses, there are issues related to their safety, there is conflict, their circumstances change, or they require a new prescription.

Will I be notified if my patients are accessing this service?

Yes, unless otherwise agreed with the patient.

What happens if the patient fails to pick up their medicines?

The pharmacist may contact you.

What are the arrangements for organising new prescriptions?

It is the patient's responsibility to organise new prescriptions; the pharmacist will work with the patient to help them to remember when a new prescription is needed.

Can I arrange for a specific pharmacy to provide the service?

Yes, in consultation with the patient and the pharmacy.

What happens if I change the patient's medicine?

Please notify the pharmacy in writing of any changes as soon as possible.

<<Pharmacy Name>> <<Pharmacy Address>> <<Pharmacy Phone Number>>

Staged supply service agreement

This template *Staged supply service agreement* can be used to record the details of the staged supply service with a consumer. When initiating a staged supply service with a consumer, fill in the details on this form based on the staged supply arrangements which apply to the consumer and ensure that the consumer/agent understands the arrangements for the service. Both the pharmacist and the consumer/agent should sign the form. It is preferable to print and fill in two copies of the form so that one can be retained by the consumer/agent and one can be retained by the pharmacist. If required, a copy can also be forwarded to the prescriber.

Name: _____ Carer name (if applicable): _____

Street address: _____

State: _____ Postcode: _____

Home phone: _____ Mobile phone: _____

Work phone: _____ Fax: _____

Email: _____

Emergency contact: _____

Doctor: _____

Dr address: _____

Dr phone: _____ After-hours Dr phone: _____

Service requested by: ☐ Doctor ☐ Pharmacist ☐ Consumer ☐ Carer ☐ Other (specify): _____

Medicine name	Dosage (including time if required)	Collection frequency (include arrangements for weekends/public holidays in 'other' if applicable)
		☐ Daily ☐ Alt Days ☐ Weekly ☐ Fortnightly ☐ Other (specify) _____
		☐ Daily ☐ Alt Days ☐ Weekly ☐ Fortnightly ☐ Other (specify) _____
		☐ Daily ☐ Alt Days ☐ Weekly ☐ Fortnightly ☐ Other (specify) _____

Procedure to be followed in the event of missed doses

If you miss _____ days supply, the pharmacy will _____

Other arrangements for missed doses: _____

_____

Fee for service

A fee of _____ will be charged (frequency) _____

Other payment details: _____

_____

<<Pharmacy Name>> <<Pharmacy Address>> <<Pharmacy Phone Number>>

Storage of medicines

Your medicines will be kept separate from other people's medicines. If you don't collect your medicines for a period of _____ the medicines will be deemed unwanted and disposed of.

Termination of the service

The pharmacy reserves the right to terminate the delivery of the service to the consumer/agent where the terms of this agreement have not been met. If the service has been initiated by the prescriber, the prescriber will be contacted to discuss continuity of care and arrangements for the balance of supply of medicine.

Pharmacy responsibility	Consumer/agent responsibility
The pharmacy will: • communicate with the prescriber when required; • ensure that all records are accessed only by authorised personnel; • retain the dispensed medicines in the pharmacy in a secure location; • sign the *Staged supply record* each time a supply is collected; • advise you when the dispensed quantity is running out; • let you know if the terms of the service change; and • advise you if the service is to be discontinued.	You will be required to: • consent to the pharmacist communicating with the prescriber when required; • provide information to the pharmacy when requested (e.g. medication history, allergies); • agree to leave dispensed medicines in the care of the pharmacy; • ensure that a valid prescription is available for subsequent dispensing of medicines; • sign the *Staged supply record* each time a supply is collected; • advise the pharmacy in a timely manner if third party payment arrangements change; • advise the pharmacy as early as possible if travel or transfer arrangements need to be made; and • advise the pharmacy in a timely manner if the service is to be discontinued.

The prescriber has been notified about the service: ☐ Yes ☐ No Date: _____/_____/_____

I have read and understand the *Staged supply service information sheet* ☐

By signing this form I consent to participate in the staged supply service according to the terms outlined above.

Pharmacist signature	Consumer/agent signature
_____	_____
Pharmacist name _____	Consumer/agent name_____
Date _____	Date _____

Staged supply record (multiple medicines)

This template *Staged supply record* consists of three parts. Part 1 of the template can be used where the consumer has more than one medicine being supplied to them under staged supply arrangements. Part 2 of the template can be used where the consumer has only one medicine being supplied under staged supply arrangements. Regardless of whether the multiple medicines or the single medicine version of the template is used, they should be used together with Part 3 of the template, which is the communication record. The communication record should be attached to Part 1 or Part 2 of the *Staged supply record* and used to record communications with the prescriber, other healthcare professionals or the consumer. Communications should be recorded in chronological order.

Name: _____

Phone: _____

Address: _____

Prescriber: _____ Start date: _____

Payment details: (e.g. $5.00 staged supply fee to be paid on each supply, excluding first supply after dispensing each prescription. Payment to be made prior to supply.)

_____

_____

_____

Agreement details: (e.g. Medicines to be dosed in the pharmacy. Take-away dose permitted if agent collects medicine. To be supplied daily. Take-away doses permitted to cover days pharmacy is closed.)

_____

_____

_____

Affix dispensing labels here:

Date	Time	Medicine 1			Medicine 2			Medicine 3			Pharmacist signature	Consumer signature	Notes
		No. days	No. tabs	Balance	No. days	No. tabs	Balance	No. days	No. tabs	Balance			
Carried forward				9			20			20			
08/02/2011	10.00	1	3	6	1	2	18	5	5	15			

Staged supply record (single medicine)

Name: _____ Phone: _____

Address: _____

_____

Start date: _____ Prescriber: _____

Payment details: _____

Medicine: _____

Dose: _____

Supply interval: _____

Agreement details: _____

Affix copy of dispensing label here:

Date	Time	Medicine			Pharmacist signature	Consumer signature	Notes, e.g. payment due, script exp, doctor contact
		No. days	No. tabs	Balance			
Carried forward				**9**			
08/02/2011	10.00	1	3	6	PG		

Staged supply communication record

Consumer name:_____ Consumer phone: _____

Address: _____

_____

Start date: _____ Prescriber: _____

Payment details: _____

Agreement details: _____

Supply interval: _____

Date	Time	Communication with	Communication/observations	Action taken	Pharmacist

Affix copy of dispensing label/s:

References

1 Nova Public Policy. Review of the staged supply of PBS medicines. 2 Feb 2010. At: www.health.gov.au/internet/main/publishing.nsf/content/pharmacy-4cpa-reviews/
2 National Medicines Policy: Quality use of medicines. Summary information. At: www.health.gov.au/internet/main/publishing.nsf/Content/nmp-quality.htm
3 Australian Government Department of Health and Ageing. National Mental Health Strategy. At: www.health.gov.au/mentalhealth
4 Australian Government. National Drug Strategy. At: www.nationaldrugstrategy.gov.au
5 Pharmaceutical Society of Australia. Guidelines for pharmacists providing opioid pharmacotherapy services. At: www.psa.org.au
6 Pharmacy Board of Australia. Code of conduct for registered health practitioners. At: www.pharmacyboard.gov.au/Codes-and-Guidleines.aspx
7 Australian Commission on Safety and Quality in Healthcare. Australian charter of healthcare rights. At: www.safetyandquality.gov.au
8 Pharmaceutical Society of Australia. National competency standards framework for pharmacists in Australia 2010. Canberra: PSA; Nov 2010.
9 Mental health first aid program. At: www.mhfa.com.au
10 Pharmaceutical Defence Limited. Guide to good dispensing. At: www.pdl.org.au/publications/
11 Pharmaceutical Defence Limited. Procedure to follow in case of a dispensing error. At: www.pdl.org.au/publications
12 Australian Commission on Safety and Quality in Healthcare. National open disclosure standard. At: www.safetyandquality.org/articles/action/opendiscl.pdf
13 Pharmaceutical Society of Australia. Guidelines for managing pharmacy systems for quality and safety. Canberra: PSA; Nov 2002.

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