The Royal Australian & New Zealand College of Psychiatrists

Your Health in Mind

Queensland Branch

15 February 2023

Professor Keith McNeil
Chief Medical Officer
Queensland Department of Health
15 Butterfield Street
Herston QLD 4006

Via email to: keith.mcneil@health.qld.gov.au
CC: MMU@health.qld.gov.au

Dear Professor McNeil

Consultation on QScript look-up and Monitored Medicines Standard requirements

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) Queensland Branch, and the Queensland Branch of the Faculty of Addiction Psychiatry welcome the opportunity to provide feedback to the consultation on QScript look-up and Monitored Medicines Standard requirements.

The Queensland Branch of the Faculty of Addiction Psychiatry represents addiction psychiatrists and trainees working in alcohol and drug services across the state, and mental health services in both the public and private sectors across Queensland.

The introduction of QScript is warmly welcomed and, with a suite of other related measures, is expected to help improve patient safety and reduce adverse outcomes. We also warmly welcome a planned review of the effects of the implementation of QScript and look forward to seeing the publication of the review in due course.

Prior to the initial implementation, the Queensland Branch of the Faculty of Addiction Psychiatry provided feedback on QScript based on the following three concerns:

- the reported end to the Senior Advisors' roles within the Monitored Medicines Unit (MMU) and the winding up of the 13 S8 INFO Enquiry line
- allowing alcohol and other drugs (AOD) nursing staff access to QScript
- wet signatures required for the Queensland Opioid Treatment Program (QOTP) Written Instructions.

We are pleased that the last point highlighted above did not eventuate but continue to have concerns about items one and two above.

We are pleased to note that the implementation of mandatory checking was delayed, giving services and clinicians time to become accustomed to the QScript system.

We have not seen a sudden large uptick in referrals to alcohol and other drugs services (AODS) with the implementation of QScript, but a slower and subtler increase cannot be ruled out as a contributor to the increasing strain on current AODS and QOTP service capacity.

We do remain concerned about the lack of an equivalent or replacement to the Senior Advisors' roles within the MMU.

This particularly relates to a point of contact for AOD services to report concerning patterns noted in clients' QScript records that may relate to particular pharmacies or prescribers. There is currently no avenue to report these concerns to a central unit that can monitor for wider patterns and take an educational approach to the practitioners involved. Most concerns raised would be unlikely to threshold a requirement for a formal, disciplinary, regulatory response on their own, but there is no lower-level reporting option and there appears to be no one collating multiple lower-level reports on individual practitioners that might indicate a larger problem.

The ongoing lack of access for nursing staff to QScript records continues to limit the abilities of services to deliver timely, efficient care to patients with AOD problems in multiple settings. In AODS this is of particular concern in AOD Consultation Liaison (CL) services, Drug and Alcohol Brief Intervention Team (DABIT) and Queensland Opioid Treatment Program (QOTP) services. It is not realistic to expect AOD nurses in DABIT services for example, to be required to ask emergency department medical staff to consult QScript on their behalf before they are able to provide appropriate advice to the patient or treating team. This leads to a reduction in the information available to clinicians and impedes the ability of non-medical AOD clinicians to deliver quality patient care in acute services.

Administrative requirements of QScript

The current wording of the Monitored Medicines Standard (MMS) is that a prescriber must document *their* initial and updated clinical assessment. This does not appear to allow for clinicians working in teams to base prescribing decisions upon assessments by other clinicians within the team. We recommend the review consider rewording the MMS section in part 2 to clarify that team-based assessments are included in the phrase *"A prescriber…must document their initial and ongoing clinical assessments…".*

There seem to be many people with multiple records within QScript. Many of these seem to relate to data migration from QOTP, where the address is unstated. The necessity of checking multiple entries within QScript adds to the workflow impacts of the system. The current system for reporting possible duplicates is also cumbersome – a free text email.[1]

The Queensland Branch of the Faculty of Addiction Psychiatry also emphasises that hospital pharmacy dispensing is inconsistently recorded in QScript. This has been noted by regional and rural prescribers to be of relevance where patients on Treatment Authorities are dispensed significant quantities of benzodiazepines and/or quetiapine, direct from the hospital. This can lead to inadvertent duplicate prescribing by community prescribers.

The Queensland Branch of the Faculty of Addiction Psychiatry is aware that very recently many prescribers received an email, likely part of a bulk email to prescribers, alerting them to breaches of the requirement for mandatory checking of QScript. It is unclear how this has been assessed or what criteria have been applied. We are particularly concerned if this is a

[1] "Free text" is a term from computer science and database / form design to imply the user can type whatever text they wish rather than having to choose from predefined options. It is notoriously cumbersome to process for automated systems and usually requires human interpretation.

prelude to disciplinary action, where the spirit rather than the letter of the regulations has been followed. It is unclear for example, if a breach of the *Medicines and Poisons Act 2019* (MPA) would be triggered if a patient is seen and QScript is checked one day, but the prescription is written the following day.

Also, of concern to the Queensland Branch of the Faculty of Addiction Psychiatry, are implications for large QOTP clinics where QScript is checked when the client is reviewed rather than when the QOTP prescription is continued, which may occur as part of a large batch process. We are further concerned that this action may have an adverse and unintended effect of discouraging new private prescribers and GPs to take on QOTP work at a time of heightened demand for services with reduced system capacity.

Time requirements of QScript

We welcome plans to introduce a coherent, integrated national implementation of real-time prescription monitoring (RTPM), as this will be of particular assistance to practitioners working near state borders. Currently clinicians in these areas report needing to register with multiple systems in different jurisdictions, where this is permitted, and then duplicate work by consulting all the systems prior to completing a proper clinical assessment.

There is a concern however with the MPA requirement for a relevant practitioner to check QScript ***before*** dealing with a patient unless exempt, or with a reasonable excuse. As with any IT system there are often times when the QScript portal is temporarily inaccessible, or slow to respond. These “outages” can be brief and sometimes confined to individual computers. In busy clinical settings, like general practice or private psychiatric practice, even brief delays caused by these outages can have significant impacts on workflows and capacity. If longer appointments are then required to accommodate these IT outages, there may be cost implications for patients.

Information on the Queensland Opioid Treatment Program

The existing user interface in the QScript portal makes information on QOTP registration easy to overlook. This is particularly relevant for people treated with long-acting buprenorphine injections, where there is seldom a dispensing record in QScript. The section on QOTP registration is on a separate tab in a subsection that has to be deliberately expanded to see if there is any relevant information. The information contained in this section is not displayed in a manner that makes it visually obvious if a person is currently on QOTP.

In addition, there appears to be incomplete capture of prescribed cannabis in QScript, despite cannabis being classified as Schedule 8 medications in Queensland.

The Queensland Branch of the Faculty of Addiction Psychiatry submits that there seems to be considerable inconsistency in the recording of QOTP dispensing records in QScript. Some pharmacies do not seem to be entering dispensing at all, others are entering every daily dose dispensed. This makes deciphering the current pattern of dispensing challenging. Related to the point about duplicate entries above, sometimes the QOTP dispensing is under a different patient entry to the QOTP approval. This can make it appear that patients are dispensed QOTP medications without registration or that people are not being dispensed medications at all.

The removal of the *Drugs of Dependence Unit / Medicine, Regulation & Quality / Monitored Medicines Unit* has also abolished their old function of regulating QOTP prescribers. Queensland Health would be aware of the current issues in Southeast Queensland with abrupt loss of two QOTP prescribers caring for large patient numbers and no provision for ongoing clinical care for these patients.

Requirement to establish a Joint Prescribing Plan (JPP)

The requirement to establish a JPP prior to prescribing does not seem to be followed in the majority of instances. The intent to limit high risk co-prescribing is clear, but the logistical burden for practitioners is also considerable. In addition, this provision is likely to necessitate two appointments for the patient with the practitioner, first for the assessment and then secondly to initiate treatment after the JPP has been established. This is an excessive use of practitioners' and patients' time and likely incurs additional expenses for the patient.

We recommend the review consider if the requirement for a JPP should be limited to ongoing prescription of a monitored medicine (for example more than two weeks treatment). This would remove the excessive regulatory burden for short term treatment of brief conditions, whilst still mitigating the risks of long-term co-prescription of multiple monitored medicines.

Additional Recommendations

In addition, the Queensland Branch of the Faculty of Addiction Psychiatry would like to recommend the following changes during the proposed QScript review process:

- we request expansion of QScript read-only access to clinical staff with relevant roles, as the current system of the Consumer Integrated Mental Health and Addiction (CIMHA) access by application could perhaps serve as an appropriate model

- we request the review consider re-establishment of an advisory / regulatory service for practitioners to seek help with complying with the regulations themselves, or to report incidences of concern about other prescribers or dispensers that would not reach a level requiring notification to the Office of the Health Ombudsman

- we request that Queensland Health urgently review how to reintroduce a system for limiting the ability of QOTP prescribers to accumulate unsustainable caseloads, while simultaneously advocating for a much-needed increase in overall treatment capacity in Queensland

- we recommend Queensland Health consider a targeted program of education and enforcement with prescription and dispensing of cannabis-containing medications

- we welcome plans to introduce a consistent, integrated national implementation of real-time prescription monitoring and encourage Queensland Health to advocate for implementation as soon as practicable

- we request the review consider providing clearer guidance to practitioners on what is considered a reasonable excuse in the MPA for when QScript is subject to outages or slow response times

- the review consultation paper requests feedback on the utility of QScript in “closed environments” - we recommend that hospital inpatient settings are not considered as “closed environments” in this context, as it is known that patients are still able to access community pharmacies while on leave from inpatient units and potentially may be dispensed monitored medicines

- the scenario in hospital settings including multiple prescribing events does currently lead to inefficiencies in workflows or non-compliance with the MPA - the review could consider if a minimum frequency of checking (for example twice weekly) would provide adequate balance, and this could be combined with other trigger events for further checking, for example admission, discharge or interhospital transfer

- we suggest the review consider if a similar minimum frequency model might be applied to QOTP prescriptions, particularly those prescribing events relating to minimal changes in ongoing prescriptions

- we recommend re-working of the QScript portal interface visual design to make the QOTP status more readily visible when relevant

- we recommend considering a “possible duplicate” button be implemented that could automatically generate a report to IT staff with details of the possible duplicate entries for easier triage and correction of data errors

- we request clearer guidance be provided to QOTP dispensing pharmacies on the preferred / consistent manner for recording QOTP dispensing in QScript - ideally this would be nationally consistent in preparation for the national scheme

- we would advocate against exemptions from QScript compliance for hospital pharmacies, particularly when dispensing to outpatients, and we would advocate for appropriate integration of hospital pharmacy dispensing software with QScript if that is not currently available.

To discuss the contents of this letter please contact me via Ms Nada Martinovic, Policy and Advocacy Advisor, at nada.martinovic@ranzcp.org, or on (07) 3426 2200.

Yours sincerely

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