Department of Health
Secretary

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RECEIVED AT
30 AUG 2012
CORONERS COURT OF VICTORIA

28 AUG 2012

e2737621

Ms Zoiee King
Coroners Registrar
Coroners Court of Victoria
Level 11, 222 Exhibition Street
MELBOURNE 3000

Dear Ms King

Court Reference: 4232/10 Rory Denman

I am writing in response to your letter dated 29 May 2012 in relation to the recommendations made by Coroner Iain West in the above case.

In his finding, Coroner West has adopted the recommendations made by Coroner Olle in a recent finding into the death of James (Court ref: 5181/09), as both deaths similarly involved mixed drug toxicity from medications obtained through prescription shopping.

I would like to reiterate the acknowledgement made in the department's response to Coroner Olle of the very serious issues that the untimely deaths of both Rory and James raise. As that response stated, the complex range of factors that contribute to prescription drug misuse must be addressed through a holistic approach. To that end, my department is finalising work on the development of the National Pharmaceutical Drug Misuse Strategy. Coroners will be updated when this strategy is finalised.

On the specific issue of implementing a real-time prescription monitoring system, my department's engagement with the Commonwealth continues. Thus, the responses provided to Coroner Olle's recommendations in May remain current. I attach a copy of the responses for your reference.

If you require further information please contact Mr Matthew McCrone, Chief Officer, Drugs and Poisons Regulation on 9096 5066 or email matthew.mccrone@health.vic.gov.au.

Yours sincerely

Dr Pradeep Philip
Secretary

Encl. Inquest into the death of James (Court ref: 5181/09) - Department of Health response

State Government Victoria

Department of Health

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e2627153

Ms Leah Johnson
Coroner's Registrar
Coroners Court of Victoria
Level 11, 222 Exhibition Street
MELBOURNE VIC 3000

Dear Ms Johnson

Court Reference: 5181/09 James

I am writing in response to your letter dated 15 February 2012 in relation to the recommendations made by Coroner John Olle in the above case.

I wish to acknowledge the very serious issues raised by the untimely death of James. While arming clinicians with full and accurate information on patients' medication histories is an essential tool in addressing many of the problems that James' case brought to light, it is only one part of a more complete policy response.

The department is leading on a national response to pharmaceutical drug misuse through the development of the National Pharmaceutical Drug Misuse Strategy. The Strategy, which has recently been endorsed by the Intergovernmental Committee on Drugs, adopts a holistic approach to addressing the complex range of factors that contribute to prescription drug misuse. It focuses on nine priority areas that include, among other things, the development of a national system that provides real time medication histories to prescribers and dispensers, along with strategies to enhance good prescribing practices and to support the roles of pharmacists. The Strategy is relevant to all Australians, particularly health and welfare professionals, education providers, and relevant professional organisations and registration bodies. The department will continue to advocate for the holistic approach that the Strategy puts forward.

In regards to the Coroner's specific recommendations, the department's responses are as follows:

Recommendation:

1. *The Victorian Department of Health implement a real-time prescription monitoring program within 12 months, in order to reduce deaths and harm associated with prescription shopping. The program should include the following functionality:*
   (a) a primary focus on public health rather than law enforcement;
   (b) recording of all prescription medications that are prescribed and dispensed throughout Victoria without exception;

State Government Victoria

(c) provision of real-time prescribing information via the internet to all prescribers and dispensers throughout Victoria without exception;
(d) a focus on supporting rather than usurping prescribers' and dispensers' clinical decisions; and
(e) facilitating the ability of the Victorian Department of Health to monitor prescribing and dispensing to identify behaviours of concern.

The department's response:

The department maintains that, for a real-time prescription monitoring system to reach its full potential in reducing deaths and harms from prescription shopping, it must be nationally implemented. To that end, the department continues to engage in good faith with the Commonwealth on its proposal to roll-out an enhanced version of the Tasmanian real time prescription monitoring system nationally.

It is important to note that the Commonwealth has committed to making this system available to states and territories from July 2012. More work will need to be done further to this date, including the fundamentally important step of rolling the system to all prescribers and dispensers throughout Australia. Thus, it is not anticipated that the Commonwealth initiative will be fully operational until some time after it is introduced in July.

While the Coroner has proposed that the system should record all prescription medicines that are prescribed and dispensed throughout Victoria without exception, I do not support this aspect of his recommendation. PBS data reveal that Schedule 8 poisons and benzodiazepines, the drugs which are the primary target for prescription shoppers, accounted for less than six percent of the nearly fifty million PBS medicines that were dispensed in Victoria in 2011. There are no figures available on how many more prescriptions were written but were not dispensed. The recording of all prescription medications without exception would carry significantly higher operational capacity requirements without equivalent public health benefits in terms of reducing the harms associated with prescription shopping in the department's view.

The nature of prescription shopping is such that different drugs may be sought after at different times. The current Tasmanian system tracks all instances of supply of Schedule 8 poisons and alprazolam. More importantly, it can be readily adjusted to capture any other medication that may require monitoring. The department supports the implementation of a national system such as this, which is adaptable to changing trends in what drugs might be targeted by prescription shoppers, rather than one that tracks all prescription medications which may risk overwhelming those accessing the system with information.

Recommendation:

2. *The Victorian Department of Health convene a steering committee to oversee the implementation of the real-time prescription monitoring program in Victoria. Membership should include representatives from prescribing and dispensing peak bodies, and the pain management and drug and alcohol sectors.*

The department's response:

I am cognisant of the fact that the implementation of a national real-time prescription monitoring system will result in significant changes to clinical practice in Australia. I therefore support the Coroner's recommendation that expert opinion be sought from representatives of key national health professional bodies through the establishment of an expert reference group or steering committee.

However, given that the system will be a national one, membership of this steering committee should be at a national level. To that end, I have written to the Secretary of the Commonwealth Department of Health and Ageing requesting that a steering committee be convened to advise on the Commonwealth's implementation of the enhanced version of the Tasmanian real time prescription monitoring system nationally.

Recommendation:

3. *The Victorian Department of Health develop a contingency plan to implement a Victorian-based real-time prescription monitoring program in the event that the anticipated Australian Government Department of Health and Ageing information technology infrastructure for electronic recording and reporting of controlled drugs is delayed more than six months beyond the declared July 2012 deadline.*

The department's response:

The Commonwealth initiative must be given sufficient time to be fully implemented. As mentioned earlier, the Commonwealth anticipates being able to deliver its enhanced Tasmanian software to states and territories in July. Without going into the detail of what will be necessary to make this system compatible with the current departmental ICT environment, there will be further work required. Beyond this, the logistics of making the system available to all prescribers and dispensers in Victoria and nationally must also be taken into account.

In summary, the Commonwealth initiative will not be fully operational within six months of being introduced nationally and it is not practicable to implement an entirely separate system that will only operate for a short period until the national system is operational.

Recommendation:

4. *The Victorian Department of Health develop a contingency plan to implement a Victorian-based real-time prescription monitoring program in the event that the anticipated Australian Government Department of Health and Ageing information technology infrastructure does not support the following functionality:*
   - *(a) a primary focus on public health rather than law enforcement;*
   - *(b) recording of all prescription medications that are prescribed and dispensed throughout Victoria without exception;*
   - *(c) provision of real-time prescribing information via the Internet to all prescribers and dispensers throughout Victoria without exception;*
   - *(d) a focus on supporting rather than usurping prescribers' and dispensers' clinical decisions; and*
   - *(e) facilitating the ability of the Victorian Department of Health to monitor prescribing and dispensing to identify behaviours of concern.*

The department's response:

All jurisdictions are working cooperatively with the Commonwealth to ensure that the enhancements to the current Tasmanian real time prescription monitoring system are fit for purpose before the modified system is rolled out nationally. Evaluation of the Commonwealth initiative will only be useful once the modified system has been fully rolled out and is operational across all jurisdictions. A contingency plan for a Victorian-only system before ascertaining the success or otherwise of the Commonwealth initiative is not feasible.

If you require further information please contact Mr Matthew McCrone, Chief Officer, Drugs and Poisons Regulation on 9096 5066 or email matthew.mccrone@health.vic.gov.au.

Yours sincerely

Lance Wallace
Acting Secretary

CPES UNIT
CORRESPONDENCE AND
BRIEFING
RECEIVED
1 4 MAY 2012
ITEM No:.....

Department of Health

Briefing

0 1 MAY 2012
Secretary

Reference: e2627153
www.health.vic.gov.au

TO: **A/SECRETARY** **FOR ACTION**

FROM: **EXECUTIVE DIRECTOR, MENTAL HEALTH, DRUGS AND REGIONS**

DATE: **1 MAY 2012**

SUBJECT: **BRIEFING ON CORONERS COURT OF VICTORIA FINDING INTO THE DEATH OF JAMES PIROTTA**

URGENCY **DATE REQUIRED:** 21 May 2012

1. Medium. The written response to the Coroner's recommendations in relation to the finding into the death of James Pirotta must be provided no later than 21 May 2012.

RELATIONSHIP TO ELECTION COMMITMENT/S

2. Nil.

RECOMMENDATION/S

3. That you note the contents of this brief and sign the letter of response to the Coroner.

Approved/Not approved Endorsed/Not endorsed Noted Return for amendment

Further discussion/Meeting required

Comments:

Lance Wallace
Acting Secretary
11 / 5/2012

Usability rating (please circle): Lowest 1 2 3 4 5 Highest

PURPOSE

4. To provide an update on matters relating to the recommendation made to the Department of Health in Coroner John Olle's finding into the death of James Pirotta and request that you sign the letter of response.

BACKGROUND

5. The Coroners Court has provided you with a redacted finding into the death of James Pirotta (surname redacted) delivered by Coroner John Olle on 17 February 2012 and received by your office on 21 February 2012.

6. James was a 24 year old who died on 31 October 2009 as a result of combined drug toxicity (morphine and diazepam) from drugs obtained through prescription shopping (attending multiple doctors to obtain prescriptions for drugs in quantities greater than therapeutic need, where each doctor may not have been aware that he had visited other doctors).

7. Coroner Olle has made four recommendations. The first recommendation is that DH implements a real-time prescription monitoring program within 12 months. The other three recommendations focus on implementation issues: that a steering committee is convened by DH to oversee implementation and that a contingency plan is developed if the system being proposed under a Commonwealth initiative is either delayed or is less functional than the Coroner sees as necessary.

8. This matter has been one of ongoing engagement with the Coroner. The previous Secretary was first informed of the Coroner's intention to propose a real-time prescription monitoring program in July 2011 (Attachment 1) prior to the first directions hearing on 1 August 2011. Since then, a number of briefs have been provided to the Secretary's office on various issues relating to this recommendation. These include a brief on Victoria's responsibility in relation to prescription monitoring (Attachment 2), the legislative basis for implementing real-time monitoring (Attachment 3), a submission to the Coroner after the directions hearing (Attachment 4), a submission to the Secretary, DoHA on its proposed initiative (Attachment 5), a brief on possible security requirements and costs (Attachment 6), a submission to the Coroner for the summary inquest (Attachment 7) and a request to proceed with a business case (Attachment 8).

9. The *Coroners Act 2008* requires that a public statutory authority or entity that receives recommendations made by a Coroner must provide a written response no later than three months after receipt of the letter. That response must state the actions (if any) by the statutory authority or entity that are being taken in relation to the recommendations.

ISSUES

10. Of relevance to this matter is a Commonwealth initiative which is funded through its Fifth Community Pharmacy Agreement with the Pharmacy Guild of Australia: the Electronic Recording and Reporting of Controlled Drugs (ERRCD) initiative. The ERRCD initiative has a budget of $5 million and intends to deliver an enhanced version of the system developed and used in Tasmania.

11. In a meeting on 10 April 2012, the Minister for Health endorsed the development of a business case on the possible implementation of a real-time prescription monitoring program in Victoria. The business case will look at a number of solution options, including options that incorporate the ERRCD software.

Victoria

12. The Minister also requested that DH engage with the Commonwealth to ensure it take ownership of the full implementation of its initiative, rather than handing it over to states and territories.

13. To that end, correspondence to the Secretary of the Commonwealth Department of Health and Ageing was sent (Attachment 9) requesting that it implement formal governance arrangements with states and territories on the project board, that the Commonwealth establish a steering committee (the Coroner has recommended that DH establish its own steering committee) and that the Commonwealth oversee implementation, given that it is the Commonwealth which has established relationships with these primary care providers through funding arrangements.

14. While it is appropriate that the Commonwealth should oversee the implementation of its ERRCD initiative so that all general practitioners and community pharmacies can access the information, ultimately the legislative responsibility for mandating controls over supply and access to drugs for the protection of public health remains with Victoria through the *Drugs, Poisons and Controlled Substances Act* 1981.

15. As to the progress of the business case, the project brief and Investment Logic Map and associated documents have now been completed and the matter is scheduled for discussion at the next IM & ICT advisory group meeting of 9 May 2012 and the IM & ICT subcommittee of the executive on 1 June 2011.

16. Once signed off by the IM & ICT advisory group and subcommittee of the executive, the tender documents will be finalised with the assistance of the Office of Chief Information Officer within a few weeks. The process to determine the preferred vendor should take around six weeks. It is difficult to know how long the vendor may require to complete the business case but three to six months work is anticipated.

17. Further decisions on the possible implementation of a real-time prescription monitoring program could only be made once the business case is finalised.

CONSULTATION

18. Legal Branch has been consulted with regards to this briefing and the letter of response to the Coroner's recommendations.

Prepared by: Matthew McCrone
Chief Officer
Drugs and Poisons Regulation

Endorsed by: Louise Johnson
Director
Legal Branch
Date: 01/05/12

Approved by: Dr Karleen Edwards
Executive Director
Mental Health, Drugs and Regions Division
Date: 01/05/12

Attachments:

1. Copy of e2314328
2. Copy of e2430053
3. Copy of e2497077
4. Copy of e2502720
5. Copy of e2492309
6. Copy of e2502180
7. Copy of e2556550
8. Copy of e2642091
9. Copy of e2653591

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