



## Alternative models for delivery of medication to stable patients on long term therapy

Jan du Toit, Executive Director



Jan du Toit

An article on “Improving accessibility to medicine: the missing link” was published in the South African Pharmaceutical Journal<sup>1</sup> in 2014, in which the Author unpacked the early challenges around the establishment of a Centralised Chronic Medicine Dispensing and Distribution (CCMDD) programme by the National Health Department (NDOH), including the

question of designated pickup points. It might be worth-while reading this article again.

It is now three years later. In his Budget Speech at the National Assembly, the Minister of Health, Dr Aaron Motsoaledi, on 16 May 2017, indicated that the CCMDD programme (project) has grown to such an extent that “public sector patients who are stable on chronic medication do not have to visit our clinics anymore..., they (could) collect their medicines in 401 pickup points around the country and 1 300 000 patients are using this system, relieving congestion in our clinics or hospitals”. Indeed a success story.

It seems that community pharmacies have also become more actively involved as pickup points and indications are that approximately 76% of pickup points are in fact community pharmacies. However, this involvement presented its own challenges regarding available space and staff in pharmacies, as well as the geographical distribution of community pharmacies and the perceived unavailability of community pharmacies in certain geographical areas of our country.

The successes of the CCMDD programme and the dire need for service delivery closer to a patient’s workplace or home necessitate initiatives and opportunities for alternative models for service delivery. One such initiative is the establishment of Remote Automated Dispensing Units (RADUs) by the Gauteng Health Department in cooperation with a private provider. Although the implementation of RADUs in other countries such as Canada (Toronto) seemed to have been less successful, South Africa is a different environment with different healthcare/delivery needs.

The South African Pharmacy Council (SAPC) has been proactive and drafted “Minimum standards for institutional (public) pharmacy operating a Remote Automated Dispensing Unit”, and these standards have been approved for implementation.<sup>2</sup> The implementation of RADUs is currently restricted to institutional pharmacies in public health facilities. However, one should expect that, if proven successful as an alternative model for the delivery of medication to stable patients on long term therapy, that RADUs may also be considered/find its way to the private sector and, in particular, as a service which could be purchased within a National Health Insurance (NHI) system.

The SAPC therefore deemed it necessary to consider and approve “Requirements and conditions for the evaluation of alternative models for delivery of chronic medication to patients” for implementation<sup>2</sup>. These requirements and conditions are meant to assist the Office of the Registrar in evaluating applications submitted by stakeholders / private providers to become involved in the dispensing and distribution of medication to stable patients on long term therapy, in particular, the public sector.

Although the so-called Pharmacy Linked Distribution Points or PLDPs was discussed already in the article referred to above (2014), it is only recently that the SAPC is busy applying its mind to this initiative as a possible alternative model of delivery. PLDPs are regarded as approved “other facilities” (i.e. not mini-pharmacies) as referred to in Regulation 12 of the *Regulations relating to the practice of pharmacy* (GNR. 1158, published on 20 November 2000), whereby a pharmacist’s assistant (post-basic) could practice under indirect supervision of a pharmacist, provided that such indirect supervision takes place from an existing pharmacy (refer pharmacy linked).

The purpose of this model is not only to provide a much more structured, safe and reliable delivery point for patient ready parcels in support of the CCMDD programme, but to create/initiate a controlled manner in which, for example, some screening tests could be conducted on collection of patient medicine parcels, and/or serve as a wellness centre under the auspices of an approved pharmacy/pharmacist.

The SAPC is currently considering “Minimum standards specifically relating to the approval of facilities (other than primary healthcare

clinics), where a pharmacist's assistant (post-basic) may practice under indirect supervision". Hopefully this initiative/opportunity could also contribute to address the challenge that community pharmacies are not available/accessible in certain areas to either support the CCMDD programme or to improve access to pharmaceutical services in underserved areas.

One would expect that the SAPC would be very strict/consistent in approving PLDPs to ensure that these "other facilities" are only implemented and utilised for improving access to pharmaceutical services in underserved areas.

Why the need to look at "alternative models of delivery"?

At a recent meeting with the Director-General of NDOH, the message was clear. Community pharmacy must initiate workable and affordable business models to assist the NDOH in providing services and, in particular, closer to the homes or workplaces of patients. The NHI system is a financing system and not a healthcare

system. Community pharmacy (corporate and independent) must work together to introduce service packages which could be purchased within an NHI system to improve quality of life and access to healthcare.

The upcoming Conference of the Pharmaceutical Society (PSSA) is therefore also focused on "how do we navigate the next wave" – the next wave being providing workable solutions to ensure not only the economic viability of community pharmacy, but more so to make a viable and indispensable contribution to healthcare delivery in South Africa.

Let "alternative models for service delivery" which are suitable for the needs of the South African population be our focus point in shaping the future of community pharmacy in South Africa.

### Reference:

1. SA Pharmaceutical Journal, 2014, Vol 81, No 4
2. Minutes of the SAPC meeting held on 15/16 February 2017