Taking the Universal Health Coverage Challenge

In South Africa, 2017 marks the beginning of Phase 2 in the implementation of the National Health Insurance (NHI) process.

On 12 December 2012, the United Nations (UN) unanimously adopted a resolution that emphasised health as an essential element of international development.

On 25 September 2015, the UN adopted the Sustainable Development Goals which aim to end poverty, protect the planet and ensure prosperity for all. Good health and well-being are considered to be critical. One of the goals is to achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

The Minister of Health, Dr Aaron Motsoaledi, and the National Department of Health are committed to achieving this. The workstreams appointed to investigate how this can be achieved completed their work by the end of April 2017. Information provided by the NHI pilot projects' experience was used in finalising the White Paper, which is due for release soon.

Meeting with the Director General

In May, the Director General (DG), Malebona Precious Matsoso, met with representatives of organised pharmacy to discuss the needs of the NDoH.

Front (l to r) Mariet Eksteen, Precious Matsoso, Lorraine Osman
Back (l to r) Mehboob Cassim, Mogologolo Phasha, Riaaz Gani, Sham Moodley, Jan du Toit, Samith Mohanlal, Christine Venter

The Director General posed the following questions:

"The Centralised Chronic Medicine Dispensing and Distribution (CCMDD) system is working. How can pharmacists help the DoH to continue working and, for example, to bring the system into townships and rural areas where there are no pharmacies?"
"What model of contracting should be used?"

Clearly, where possible, pharmacies will be contracted as service providers.

The Office of Health Standards Compliance (OHSC) has published draft norms and standards regulations, to which all healthcare facilities must comply. The Director General confirmed that pharmacy is already leading the way because, unlike other self-employed healthcare professionals, pharmacies are already subject to licensing and Good Pharmacy Practice inspections. It has been recommended that the OHSC should work with the South African Pharmacy Council so that no duplication of effort occurs.

Dr Anban Pillay has worked with the workstream dealing with the purchaser-provider split. It has become clear that the CCMDD is needed in townships and rural settings.

The DG has received 160 written submissions from stakeholders, with more than a thousand suggestions.

It must be stressed that while NHI is aimed at transforming the fragmented healthcare system, it is a health financing system. NHI funds will not be used to finance infrastructure. It is in effect a mechanism for extending medical aid cover beyond the 8 million currently covered people to the rest of the population.

The district system provides units of planning, which are currently running as if they are merely administrative offices of the provinces. The DG wants them to have more authority so that they can contract healthcare service providers.

Many of the current clinics are very small, some not much larger than a cupboard. When patients are referred down to clinics, they frequently don't receive their medicines for a number of reasons. One of the problems identified is that many patients must take time off work and pay for transport to go to the clinic. The intention of the CCMDD programme is to address the problem of delivering medicines to people at the most convenient venue close to either the patient's home or work. It is hoped that this programme can be expanded to become a useful model of delivery of medicines.

A burning question is how NHI is going to create employment for the new generation of pharmacists. The public sector is struggling to accommodate interns and community service healthcare professionals. This model must be reconfigured.

The DG asked the question, "What will it take to get a pharmacy everywhere so that we can get medicines without going to tender?" She suggested that the Minister of Small Business might be able to provide funding mechanisms for setting up new pharmacies in underserved areas. Young pharmacists must be trained to run a pharmacy so that they can conduct pharmacy businesses in these areas. If there are rural pharmacies, these would be ideal sites for community service.

Sham Moodley spoke about the Independent Community Pharmacy Association's incubation model to train young pharmacists but said that 60 to 70% of graduates don't have access to the loan system. Centralised funding should be available, and premises should be given to these pharmacists rent-free.

The DG pointed out that land is not owned centrally, and the premises must first be identified and a business plan developed.

The NDoH is currently working with a process to register healthcare professionals and patients for NHI services. In the initial phase, an on-line enrolment process has been developed and will soon be tested. It has been decided that the unique patient identifier to be used will be the person's identity number.

Compliance with the norms and standards for Primary Healthcare services will be essential for enrolment, which will only be on-line.

Current computer software was evaluated. It was found that, of 37 systems available, 15 were rejected because they are still dos-based.

The National Health Normative Standards Framework, which was published on 23 April 2014, must be followed. The intention is not just for patient management. It is also intended to obtain public health data. At the moment, the information received from districts has major limitations which should be overcome when the correct systems are in place.

An important target for 2017 is to register all patients.

The NHI will eliminate all out-of-pocket payments when people need to access healthcare services. This includes abolition of the Uniform Patient Fee Schedule (UPFS) used in the public sector. In effect, a unified health system must be created.

It has been suggested that medical schemes should collapse the number of options that are offered, and should start by implementing the Essential Medicines List and Standard Treatment Guidelines on some of their options.

Although much has been said about funding the NHI through taxes, the DG said that it has been necessary to take into account the fact that our tax base is very small, and that no-one should call for it to be funded by taxation. There are however people who are not paying tax who can currently afford to pay for some health care. She reminded us of the cube that represents the three dimensions that must be expanded to obtain universal health coverage, viz. the population covered, the services offered and the proportion of the costs to be covered by the NHI.

The main mechanism of contracting healthcare professionals will be a risk-adjusted capitation system, with an element of performance based payment. In effect, it will be a combination system.

A comprehensive package of healthcare services must be developed. All clinics must follow the ideal clinic model.

Pharmacies that wish to be involved must determine their proximity to a clinic. They must provide health promotion and those services that have been identified as being within their scope of practice, e.g. screening tests. The DG mentioned the Family Planning certificates that were issued many years ago, and referred to PCDT.

The DG suggested that the PSSA should meet with SAMA to discuss the "scope creep" that occurs when doctors dispense and pharmacists prescribe. She also appealed to the profession to bring back professionalism.

The next step is to be a follow up meeting with Dr Pillay and the NHI co-ordinator at the Department of Health. The DG said that she needs much firmer proposals than the comment received – the proposals must include implementation plans and no comments or policies.

After the meeting, it was agreed that PSSA and ICPA should work together to present a consolidated model.

The PSSA/Alpha Pharm distance learning programme 2017

The PSSA/Alpha Pharm Distance Learning Programme continues to offer pharmacists useful, practical, up-to-date information that enables them to provide optimal pharmaceutical care to their patients.

Module 2/2017 – Stroke update

Stroke is the third most common cause of disability and the second most common cause of death worldwide. Stroke is currently the second leading cause of death in South Africa. A stroke or cerebrovascular accident (CVA) occurs when an artery to the brain becomes blocked or ruptures, resulting in death of an area of brain tissue due to loss of its blood supply.

Most strokes are ischaemic (lack of blood due to blockage of an artery), but some are haemorrhagic (due to rupture of an artery). Transient ischaemic attacks (TIAs) resemble ischaemic strokes except that no permanent brain damage occurs and symptoms typically resolve within 1 hour.

Stroke is also referred to as a 'brain attack' because it damages the brain similarly to how a heart attack damages the heart. The brain needs a constant blood supply to deliver oxygen and nutrients. When the blood supply to a part of the brain is cut off, even for a few minutes, it results in a stroke. Which part of the brain is affected, and for how long, will determine the devastating effects of the stroke.

This Module discusses stroke and the importance of acting quickly if it is suspected that someone is having a stroke.

For more information about this programme contact Gill or Glynis at Insight Medicine Information on 011 706 6939 or email: cpdalphapharm@insightmed.co.za.

The PSSA/Alpha Pharm clinical education programme 2017 for pharmacy staff

Recognising that consumers frequently encounter front-shop assistants or pharmacist's assistants before they speak to the pharmacist, the PSSA and Alpha Pharm have launched a clinical education programme for pharmacy staff. All pharmacy staff need to be familiar with the use of unscheduled medicines and should be reminded of when it is necessary to refer the patient to the pharmacist.

Module 2/2017 – Headache

Headaches are one of the most common medical complaints and one of the most common reasons that people visit a doctor. Although headaches can be painful, distressing and interfere with the ability to work and do daily tasks, they are rarely due to a serious condition. While some people have frequent headaches, there are others that hardly ever have them. Most troubling are the headaches that occur frequently, or even daily, over months or years.

Despite this, many people, including many healthcare professionals, tend to think of headache as a minor or trivial complaint. However, according to the World Health Organization (WHO), headache is underestimated, under-recognised and under-treated throughout the world.

Effective treatment for most people suffering from headache requires no expensive equipment, tests or specialists. Headache disorders can usually be managed in primary health care settings (such as a community pharmacy) and investigations are rarely needed. The focus of this module is headache and the effective treatment of common types of headache in the community pharmacy.

If you would like to participate in the 2017 PSSA/Alpha Pharm Pharmacy Staff Clinical Education Programme please contact Gill or Glynis for further information at 011 706 6939 or email cpdalphapharm@insightmed.co.za.

Welcoming new members

The Pharmaceutical Society of South Africa (PSSA) welcomes the following pharmacists who joined the Society in March and April 2017. We trust that you will be welcomed into your branches and sectors, and that you will find great value in your membership.

Mahomed Akoo, Safiyya Asmal, Ashwin Harry Bhagwandin, Bhavisha Amrat Bhoola, Maretha Boshoff, Danica Bouwer, Holly-Anne Britow, Johanita Riette Burger, Evette Coetzee, Johanna Frederika Conradie, Sole de Bruyn, Jean Abraham de Klerk, Danel de Villiers, Hulisani Patrick Demana, Lee-Anne Dirker, Levina Carin Dormehl, Mariska Duminy, Lurine Durow, Liezel Duvenage, Mandi Erasmus, Simone Flandorp, Linda Merrill French, Elandri Gerber, Kayleigh Cynthia Halgreen, Nafeesa Hansa, Ashika Haripershad, Marizel Herselman, Waseela Hoosain, Ebrahim Jacob, Deon Jacobs, Mufaro Gerald Jhamba, Amelia Jordaan, Shannon Keen, Xolile Khele, Caroline Kirstein, Anke Saskia Knight, Vusi Ephraim Mahlangu, Jaqueline Mmakobe Makgabo, Mmampekeni Sophy Maponya, Tlou Stanley Mashapa, Zonja-Monique Matthee, Oluchi Nneka Mbamalu, Karen Inga McDougall, Siya Mdladla, Tshepiso Lucas Melato, Nosipho Mkhize, Laya Arra Nadia Mohideen, Inben Narainsamy Moodley, Luthfiyah Moosa, Zian Mostert, Ismail Mohammed Motala, Zaahirah Mukaddam, Suray Jeanne Mulder, Justin Naidoo, Germaine Naidoo, Charmaine Nel, Hilda Jacoba Nieuwoudt, Rich Nkosi, Philemon Nonyane, Muriel Nomzamo Nyokana, Estelle Isabel Oelofsen, Michelle Rene Oosthuizen, Dennis Owino, Kimasha Parhalad, Jared Josh Penny, Carleen Aquilina Peters, Johanna Elizabeth Pienaar, Bennie Roodt, Pratish Kewalpersad Samjowan, Palesa Boihang Santho, Wendy Leigh Segal, Abdurageem Slamang, David Eric Storey, Tiaan Troskie, Elizabeth van der Spuy, Catharina Elizabeth van Dijken, Chantal van Rooyen, Phillip Frank van Voore, Monique van Zyl, Udaya Bhaskar Veeramachaneni, Jacki West, Petrus De Wet Wolmarans, Ansa Wolmarans, Nkanyiso Zulu

Student members

We are also delighted to welcome the following student members:

Anwar Akieker, Helene Augoustinos, Dominique Cathie Boswell, Nicole Botha, Michaela Ann Bowker, Nuhoa Carrim, Grace Chiedza Chigumba, Tamsin Hayley Joy Daries, Leandri de Beer, Nafeesa Dhansay, Estelle du Preez, Yumna Ebrahim, Renaldo Joao Fernandes, Taryn Elmien Immelman, Carly Naline Johnson, Firdous Khan, Lara Elizabeth Louw, Sinegugu Nicki Nompumelelo Mngadi, Sibahle Ntando Ndlovu, Rene Penderis, Brittany Paige Pillay, Tamara Bianca Sandler, Firaz Sheikh, Michelle van der Walt, Everencia Natasja von Schach, Erin Micaela Watt, Simon White-Phillips, Najma Yusuf