



SAACP 68th Annual General Meeting and 3rd National Symposium for Community Pharmacists, 24 & 25 March 2018

Jan du Toit: Executive Director



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The new Presidential Committee

The following office bearers were elected for the ensuing year, namely:

- President: Tshif Rabali
- Vice-President: Morné Adamson
- Honorary Treasurer: Joe Ravele
- Past President: Christine Venter

The 3rd National Symposium for community pharmacists focused on what is required of the community pharmacy profession to nurture its role and future within a National Health Insurance (NHI) financing system.

Background to the theme

According to the NHI White Paper: "To ensure access to medicines and related pharmaceutical services, NHI will in addition to public provision, accredit and contract with private retail pharmacies based on need". However, "contracting for pharmaceutical services will also be undertaken to facilitate improved access for patients that have been stabilised. The contracted private providers will be reimbursed through a capitation model instead of FFS (Fee For Service) as is happening currently."

These requirements have serious consequences for community pharmacy practice and, in particular, remuneration for services rendered. The 3rd National Symposium for Community Pharmacists addressed some of the challenges, including possible business models in line with NHI, but most importantly challenged the past thinking of pharmaceutical service delivery in a FFS versus a capitation model.

Integrating pharmacists in the primary care network – an evidence-based policy approach

– Pedro Ferreira (International guest speaker, ANF, Portugal)

Portuguese pharmacies faced a period of severe economic crisis, with cuts on margins and prices due to the economic and political situation of the country. In this context, pharmacy representatives and policy makers had to engage and find solutions to deal with the unsustainability of the pharmacy network. The National Association of Pharmacies (ANF) developed and implemented a strategic plan at communication, research and advocacy levels to change the perceptions towards community pharmacy and to influence decisions at policy level. An evidence-based approach is the core of the strategy to advocate for the remuneration of pharmacy service.

On February 2017, a new agreement was signed between the Ministries of Health and Finance and ANF for the implementation



(l to r) Joe Ravele, Tshif Rabali, Christine Venter, Kobus le Roux

In terms of a previous decision of the National Executive Committee (NEC) the position of Honorary Secretary will remain vacant because SAACP intends proposing amendments to its Constitution, including removal of the position concerned.

3rd National Symposium for Community Pharmacists – Winds of Change: Adjusting the Sails

The SAACP symposium creates a forum where the skills, knowledge and experience of pharmacists working in independently owned and corporate pharmacies may be brought closer together in ensuring a viable community pharmacy profession in the best interest of the general public.

of a new framework for the intervention of pharmacies. It foresees the sustainability of pharmacies through new remuneration models based on the value generated to the Society and sharing of gains between the State and pharmacies. This innovative agreement establishes that new and future pharmacy-based healthcare services are subject to a pilot-trial with economic and health outcomes assessment which enables a sustainable growth of the pharmacy sector and an increasing role of pharmacists in the provision of health care.

Are community pharmacists in South Africa facing similar challenges within a NHI financing system?

Improving patient outcomes with the New Medicine Service (NMS)

– Sham Moodley (ICPA)

A key feature of Universal Health Coverage (UHC) is to ensure access to quality, cost effective medicines through an efficient pharmaceutical service. This has been a world-wide theme for the past 40 years shared by the World Health Organisation and other progressive healthcare systems.

Providing medicines alone is not sufficient to achieve treatment goals, achieve efficiency and provide the needed cost-effective solutions, as evident in the recent projections by IMS of a \$500 billion wastage in medicine usage internationally. Pharmacists are evolving their practices to accept greater responsibility for outcomes by providing enhanced medicine use services. These services have been internationally researched and show huge benefits to healthcare systems resulting in reimbursement by Governments and implementation by pharmacists.

Pharmacists' services that add value are the future of pharmacy in South Africa, irrespective of the practice setting. It requires a change in attitude of the pharmacy professional to remove the numerous obstacles to service provision, which include training, infrastructure, patient acceptance, reimbursement design models and funder acceptance, and secondly it requires early implementers before it can be scaled-up especially in a resource constraint setting. Closing the gap between potential benefits of medicines and realizing its actual value could benefit both patient and public healthcare.

The presentation explored the potential of one such service – New Medicine Service (NMS) in a community practice, providing insight into its implementation, resource requirement, possible reimbursement model, constraints and successes.

Make a difference

– Lizeth Kruger (Dischem)

The presentation focused on the service offering in a Dis-Chem Clinic in relation with the NHI; how to decrease health care cost, improve accessibility to Primary Health care facilities and Service benefits.

The need for co-operation between healthcare professionals within a NHI financing system was emphasized, particularly between

pharmacists and professional nurses in providing clinic services focused on primary and preventative healthcare.

Moving towards Universal Health Coverage: NHI expectations for pharmacists

– Khadija Jamaloodien (NDOH)

An overview of the challenges but also opportunities facing pharmacy within a National Health Insurance financing system was given. It was emphasised that the implementation of NHI is an evolutionary path, which requires a South African approach.

The strategic context of the NHI White Paper, including directives, was discussed. The discussion included contracting with pharmacies, accreditation as an NHI provider, payment and alternative payment mechanisms, as well as the role of pharmacies as alternative access points.

The challenges of a capitation model in a NHI financing system

– Inez Naidu (Discovery Health)

Alternative reimbursement (Alternate to fee-for-service) models and bundled payment reimbursement concepts are managed healthcare interventions used globally for several decades. It has been adopted and adapted in South Africa in the private healthcare setting and in public-private partnerships through the introduction of the Central Chronic Medication Dispensing and Distribution Programme (CCMDD) that has over 1.5million people enrolled.

The success of capitation models in any health setting, public or private, rests on a clear understanding of the scope of healthcare coverage, the cost and utilisation impacts of service provision and ongoing data evaluation to ensure financial feasibility. The objective of improved quality of care, affordable access to care and the well documented data capture and monitoring of care to ensure continued service delivery underpins the use of alternative reimbursement models.

Ahead of the planned roll-out of National Health Insurance (NHI), Discovery Health, as a key private healthcare stakeholder with extensive experience and expertise, is committed to ongoing engagement with the National Department of Health through available stakeholder forums to work towards the sustainable implementation of Universal Healthcare.

Synopsis of strategic models of service delivery

– Jackie Maimin (Secretariat, NHI Task Team)

South Africa is potentially facing a healthcare crisis and needs to radically transform from the current unaffordable curative model to a cost-effective, preventative model which embraces Universal Healthcare Coverage. There is an urgent need to re-engineer pharmacy practice in line with the NHI objectives to ensure our survival and optimise patient health outcomes.

The presentation describes “the winds of change” blowing in with NHI and redefines the role of the pharmacist as we “adjust the sails”, develop new pharmacy practice models. These models could include:

- An expanded role of the pharmacist
- Pharmaceutical care at primary health care level
- Novel, patient-centric services with measurable positive health outcomes
- Multi-disciplinary healthcare teams; and
- Health efficiencies through use of technology

The lessons to be learnt are:

- The pharmacist has a key role to play in NHI;
- A unified profession empowers pharmacists as we advocate for pharmacy and patient care;
- The expanded role of the pharmacist introduces opportunities to better utilise pharmacy expertise and to add new services into pharmaceutical care; and
- Innovative healthcare models coupled with technology improves efficiencies and patient outcomes.

Panel discussion

– facilitated by Bada Pharasi

The Symposium was concluded with a panel discussion on the following topic:

How do we go forward ensuring that community pharmacy practice will be in line with a NHI financing system, including that community pharmacy representative and policy makers engage and find solutions to ensure the sustainability of the community pharmacy network?

The panel included all the speakers, as well as Joggie Hattingh of SAAHIP (IPP). A short introduction on: “Semi-rural community pharmacists’ perceptions of their future role in the National Health Insurance” was also provided by Sim Pambuka.

A very interactive discussion took place. The Symposium was also joined by more than a 100 final year pharmacy students from the Pharmacy Schools at SMU, WITS, and TUT, and our sincere appreciation goes to these pharmacy schools for assisting the students to attend the Symposium.