

# Re-engineering Pharmaceutical Services – Towards NHI

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*Although this conference took place in 2018, SAAHIP Limpopo branch would like to share their experiences with other pharmacists. The theme of the conference is highly relevant to current events – all sectors of pharmacy have been examining their future roles and practice models in preparation for the introduction of National Health Insurance. Solutions that were suggested for common problems experienced in practice may assist other pharmacists as well.*

In 2018, SAAHIP Limpopo hosted its first annual conference under the theme, Re-engineering Pharmaceutical Services – Towards NHI.



(left to right) Rhulani Maluleke, Nhlanhla Mafarafara, Refiloe Mogale, Pearl Lentsoane, Tumelo Mabilo

## Striving for best practice

Hospital pharmacists were given the opportunity to share practical experiences on the current and future roles of the pharmacist. Opportunities for collaboration between private and public sector pharmacists were explored.

Podium presentations focused on current research projects on antimicrobial stewardship initiatives, chronic diseases management, stock management in Primary Health Care clinics (PHC) and Community Health Centres (CHCs) facilities.

It is clear that Pharmaceutical Services need creative and innovative solutions to fully optimise its human resource output and patient outcomes. Some of the solutions suggested would require commitment from the provincial authorities so pharmacists will need to make their voices heard if pharmacy is also to be re-engineered.

## Ways to optimise Pharmaceutical Services

- Efficient IT infrastructure is essential for stock management and patient data management.
- Efficient and effective medicine procurement and distribution systems will ensure reduction of wasteful expenditure through expired stock.
- Committed staff members, with improved staff morale, will achieve

more desirable output.

- Full integration of pharmaceutical services between hospital and PHC level in both staff utilisation and stock redistribution. While this may be challenging, it would ensure availability of shared skills for mentoring PHC pharmacy staff where necessary.
- Appointment of more pharmacist's assistants and pharmacists at PHCs and CHCs is essential .
- Pharmacists are uncertain of their future role in supplying services under NHI. Many are unaware of the structure and services of the entire health system in the country or of how this may change. Continuing professional development events could address this, while emphasising the current and future roles of pharmacists.
- Rational medicines use, antimicrobial stewardship programmes and pharmacovigilance need to be strengthened across all sectors.
- Alignment of the University of Limpopo's School of Pharmacy training programmes (both undergraduate and postgraduate) with the activities and priorities of the Department of Health in Limpopo Province will prepare students for active participation after they graduate. Ideally, the university's post-graduate research projects should, in some cases, be guided by the needs and priorities of the department (pharmaceutical services). A closer relationship with the University would also assist hospitals in conducting their own operational research.
- Platforms to share the research findings should be created within the province.
- Leadership capacity should be improved at hospital level to strengthen systematic accountability and capacity for role modelling of young pharmacists.
- Clinical governance structures should be strengthened and integrated across all facilities and service providers.



Nathaniel Masupa contributes to the discussion

### Finding our own solutions

An interactive workshop, facilitated by Lorraine Osman, produced strategies for identifying and assessing current challenges that hinder service delivery, as well as developing strategies to solve such problems.

Figure 1 shows the step by step process of identifying, implementing and evaluating solutions.

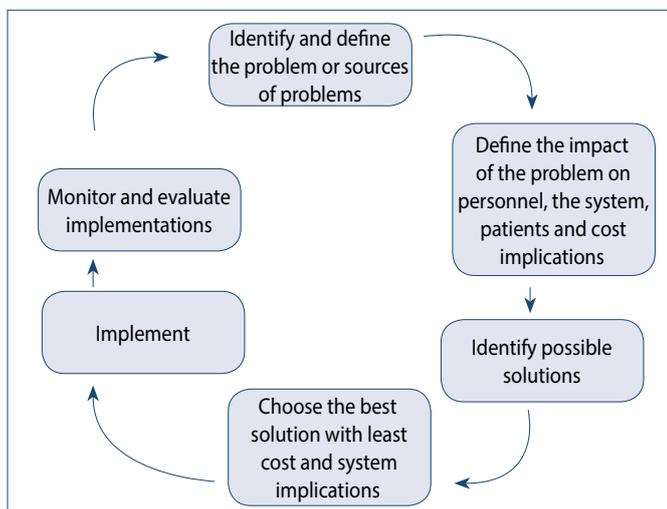


Figure 1: A 6 step process for developing solutions to work problems

The process was modelled on the SA Pharmacy Council’s Continuing Professional Development (CPD) cycle.

Step one – Identify and clearly define the problem or challenge that exists within a system.

Step two – Accurately assess the current and potential impact of the challenge on pharmacy personnel, the system in which they work, the patients who receive the services as well as the cost implications.

Step three – Identify and describe proposed solutions for each challenge or problem.

Step four – This is the more complex process of allocating resources, calculating the cost of implementing the solutions and predicting the implications of the identified actions.

Step five – Implement the most achievable solution.

Step six – Changes must be monitored and evaluated progressively to lead back to step one.



Proud medicine experts! (left to right) Dineo Moretsele, Tondani Pharamela, Mapula Setschekgamollo, Robert Setshedi, Angela Ramoba, Rhulani Maluleke, (seated) Elloff Mokgola

Table 1: Challenges and proposed solutions identified by pharmacists during the 2018 SAAHIP Limpopo Conference	
Challenges	Solutions
<ul style="list-style-type: none"> <li>Poor implementation of policies despite available training. E.g. antimicrobial stewardship, rational medicine use and pharmacovigilance.</li> </ul>	<ul style="list-style-type: none"> <li>Overall system capacity assessment.</li> <li>Provide a systematic training programme on implementation of policies with the University and other stakeholders.</li> <li>Provide trainees with a platform to apply what they learn in workshops and other training.</li> </ul>
<ul style="list-style-type: none"> <li>Training of pharmacist’s assistants without a retention strategy.</li> <li>Lack of pharmacist’s assistants may impact on the ability of clinics and hospitals to comply with quality standards.</li> </ul>	<ul style="list-style-type: none"> <li>Revise the Strategic Plan for Pharmaceutical Services in line with the Human Resource Plan for the Department, the NHI framework and other current challenges.</li> </ul>
<ul style="list-style-type: none"> <li>Lack of strategic partnership between private and public sector pharmacies to improve skills distribution in contrast to those which exist in the medical departments, e.g. contracting of medical doctors for hospitals and PHCs.</li> </ul>	<ul style="list-style-type: none"> <li>Advise the Department of Health on the need for such services, including joint appointments with training institutions to increase training and research capacity.</li> <li>Economic and clinical impact analysis of pharmacists’ needs to be determined in the affected areas (clinics and wards).</li> </ul>
<ul style="list-style-type: none"> <li>Pharmacists do not conduct or participate in ward rounds to optimise patient care, so many adverse medicine events may pass unnoticed. In addition, wrong doses, irrational prescribing and poor pharmaceutical care may result due to the lack of pharmacists.</li> </ul>	<ul style="list-style-type: none"> <li>Redefine the role of pharmacists and expand their custodianship within the hospitals according to the published competency standards and global trends.</li> <li>Provide and attend CPD events presented by experts.</li> <li>Prioritise CPD within facilities.</li> </ul>
<ul style="list-style-type: none"> <li>Unfilled management posts – hospital pharmacies are sometimes left without acting pharmacy managers. This may contribute to poor leadership at facilities and result in lack of accountability.</li> </ul>	<ul style="list-style-type: none"> <li>Appoint and motivate pharmacy managers and supervisors.</li> <li>Service excellence should be used as a factor in appointing pharmacists to leadership and management roles, instead of merely using age or number of service years as appointment criteria.</li> <li>Groom students to take leadership roles.</li> <li>Use successful provinces and facilities as a benchmark.</li> </ul>
<ul style="list-style-type: none"> <li>Poor infrastructure limits the application and provision of quality pharmaceutical care at dispensaries and clinics. Some pharmacies do not have appropriate private counselling rooms and do not have semi-private dispensing areas that are appropriate for current patient loads.</li> <li>Hospital pharmacists serve thousands of patients but still use handwritten dispensing labels, which may compromise the quality of information included on the labels.</li> <li>There is often a lack of compounding equipment.</li> </ul>	<ul style="list-style-type: none"> <li>Hospital pharmacies and clinics must be revitalised to provide pharmacists with suitable counselling areas for patients.</li> <li>Computer hardware and software must be provided.</li> <li>Suitable rooms and modern equipment for compounding would save time wasted on manual work and improve patient safety.</li> </ul>

<ul style="list-style-type: none"> <li>• Pharmacists do no pharmacist initiated therapy (PIT) in the public sector.</li> <li>• Pharmacists refer to doctors for minor complaints that could be easily resolved through PIT initiatives, thus improving patient care and patient satisfaction, while reducing waiting times in clinics.</li> </ul>	<ul style="list-style-type: none"> <li>• Simplify patient management by implementing PIT in institutional pharmacies.</li> </ul>
<ul style="list-style-type: none"> <li>• Pharmacists operate in isolation from other professionals and seldom work in multidisciplinary teams or attend ward rounds.</li> </ul>	<ul style="list-style-type: none"> <li>• Strengthen the communication skills of pharmacists from internship level.</li> <li>• Develop Standard Operating Procedures for conducting ward rounds and train pharmacists to implement them and use their clinical skills.</li> <li>• Develop a system for a shared value work approach that would facilitate integration into multidisciplinary teams.</li> </ul>
<ul style="list-style-type: none"> <li>• There is no integrated information management system across levels of care. More patient data is lost in between consultations.</li> </ul>	<ul style="list-style-type: none"> <li>• An integrated information management system is needed for efficient medicine dispensing, medicine management and patient information management across all facilities in both private and public sectors.</li> </ul>
<ul style="list-style-type: none"> <li>• There is a desperate need to bring more pharmacists into the health care system.</li> <li>• The lack of pharmacists results in pharmacists being required to overextend themselves, producing frustration and extreme work pressure.</li> </ul>	<ul style="list-style-type: none"> <li>• This remains a challenge, unless motivations to employ more pharmacists are taken seriously by the authorities and are acted upon accordingly.</li> <li>• Creation of posts for pharmacists would resolve many of the difficulties experienced.</li> </ul>
<ul style="list-style-type: none"> <li>• The training of pharmacists does not cover handling of surgical items and medical devices.</li> <li>• Managing surgical items often results in added workload .</li> </ul>	<ul style="list-style-type: none"> <li>• While pharmacists are currently expected to handle and manage surgical items, including giving advice to patients on the use of other devices, other options should be explored.</li> <li>• Further engagement and research may be needed to substantiate such options and to evaluate the economic and clinical value thereof.</li> </ul>
<ul style="list-style-type: none"> <li>• The province does not have regular CPD events for pharmacists. This results in lack of motivation and limited participation in clinical and current practice matters.</li> </ul>	<ul style="list-style-type: none"> <li>• SAAHIP, the public sector and private organisations should partner to offer more CPD opportunities for pharmacists and pharmacist's assistants to improve staff morale and quality of care.</li> </ul>

## Conclusion

The problems and solutions suggested take into consideration all current pharmacy environmental factors. Clearly, implementation of the solutions will differ from facility to facility depending on actual challenges and available resources.

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