

Alternative Chronic Medicine Access Programme for Public Sector Patients



Civil Society Stakeholder Meeting



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14 April 2014



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Background



- Patients with chronic diseases receive medicine every month and usually receive a repeat script for six months
- Currently they have to collect their medicine at a public sector healthcare facility every month
- This is inconvenient and costly for patients and leads to overcrowding of facilities
- The Central Chronic Medicine Dispensing and Distribution (CCMDD) programme enables medicine from repeat scripts to be dispensed and distributed every month to an alternate pick-up-point



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Process



- Stable patients on chronic medicine are identified, educated about the programme, and invited to enroll
- Patient is registered and chooses a pick-up-point that is convenient
- Patient gets first prescription from facility and is counseled on adherence
- Facility issues repeat script for 5 months



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Process (cont.)



- Registration form and repeat script are submitted to CCMDD service provider
- Service provider dispenses and delivers medicine to patient selected pick-up-point
- Service provider informs patient via sms when their medicine is ready for collection
- Patient collects medicine from pick-up-point as per scheduled appointment



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Process (cont.)



- If patient does not collect medicine within 2 days of scheduled appointment, the pick-up-point notifies CCMDD service provider
- Service provider attempts to contact patient, if fails, then facility is informed and Ward Based Outreach Team (WOBOT) is notified to trace patient
- Defaulters are referred back to facility
- Uncollected medicines are returned to CCMDD service provider after 14 days or agreed period



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Progress



- Programme roll out
- Commenced on 1 February 2014
- Currently rolled out in 10 NHI pilot districts in 8 provinces (excluding WC where similar system already exists)
- Dispensing and Distribution Service Providers
 - Pharmacy Direct: EC, FS, GP, MP, NC
 - Optipharm: LP, NW
 - Medipost: KZN



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Progress (Cont.)



- **Pick-up-Point Service Providers:**
 - MediRite pharmacies have been contracted
 - Other potential sites identified include GPs and private pharmacies
 - Patient choice drives selection of Pick-up-Points
 - Potential for developing systems that are innovative and responsive to patient preferences



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Progress Overview



Province	District
KZN	Amajuba, Umgungundlovu, Umzinyathi
Limpopo	Vhembe
North West	Dr Kennetheth Kuanda
Gauteng	Tshwane
Mpumalanga	Gert Sibande
Free State	Thabo Mofutsanyane
Eastern Cape	Oliver Tambo
Northern Cape	Pixley Ka Seme
TOTAL	



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Envisaged Benefits



- **Benefits for public sector facilities**
 - Reduced workload for overburdened staff will lead to improved quality of service
 - Reduced health facility congestion
- **Patient benefits**
 - Reduced waiting times
 - Convenience of extended hours of service
 - Reduced travel costs due to proximity to home/workplace etc.
 - Better patient compliance and satisfaction



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Role of Civil Society



- Social mobilisation and communication
 - Increase awareness about the aims of the CCMDD programme among
 - patients
 - communities
 - Assist with appropriate patient enrolment advocacy



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Role of Civil Society



- **Social mobilisation and communication**
 - Information sharing to assist with tailoring a system that is responsive to patient preferences
 - Identify areas for innovation and collaboration between communities, civil society and the Department
 - Developing patient adherence clubs that can serve as pick-up-points for patients from that area



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Thank You



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