FAMILY PLANNING

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3rd NATIONAL PHARMACY CONFERENCE 3-5 OCTOBER 2019

SUN CITY, SOUTH AFRICA











INTRODUCTION

With the help of a primary healthcare qualification, community pharmacy has entered into a new realm of patient centred healthcare. Family planning, immunisation and treatment of minor ailments are some of the services that patients could have access to when they pay a visit to their local pharmacy.

It is essential with the current economic climate that community pharmacy should be in a position to provide accessible, affordable and effective healthcare services to their patients.



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For example, family planning services in community pharmacy today

How do we do it?

Family planning is covered by our Department of Health section 22A(15) permit of conditions that we are permitted to treat as PCDT pharmacists.

We are only allowed to provide contraceptive injectables containing Medroxyprogesterone; and Norethisterone and also monophasics progesterone only and combination products of Progestrone and Oestrogen and triphasic products similar to products supplied at public clinics.



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Our pharmacy is currently in a Private - Public partnership and obtains stock of contraceptives and EPI immunizations from our local clinic.

In many cases our local clinic runs out of stock and we have the advantage of suppling private stock to many patients.



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Benefits of a PCDT qualification

- The PCDT pharmacist is key to the primary healthcare demands of the lower income groups in our area.
- To perform the functions of a PCDT pharmacist may be a challenge to some in retail.
- We as pharmacists have been involved in PIT (Pharmacist Initiated) Therapy) or over the counter medicine for years.
- Over the last number of years the demographics of SA have changed a great deal, and so have the challenges facing community pharmacy.



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- Challenges such as:
- South Africa is a large country with a diverse population and has a limited number of medical professionals.
- Private medical aid cover, is increasingly un-affordable.
- People need the most cost effective, accessible avenues to serve their primary health care needs.
- Only approximately 16% of the population is on medical aids. The pharmacist will need to play a crucial role in providing necessary services in the NHI model



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- Some solutions to these challenges are:
- Existing pharmacies are ideally situated as centres to provide for this shortfall in primary health care.
- The physical accessibility of the pharmacy clinic's services benefits the whole community.
- The existing private hospital model in providing healthcare is expensive.
 The set-up costs and overheads of a clinic in pharmacy run at a fraction of the cost.



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Bridging the gap

Enroll in a two year PCDT correspondence course at University

- This entails:
- A number of self study modules
- A day or two of lectures at the university
- Completing 200 case studies at a local clinic or PCDT clinic
- Final oral examination.
- Actual case scenarios in bridging the gap:



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Car guard - looking really unwell. He told me he had been stung by a bee.

He looked flustered and anxious. Took him to clinic room, checked his vitals and administered 0.5ml Adrenalin SC.

I ordered a staff member to summon an ambulance immediately. I administered oxygen. I kept him under observation, and 20-30 minutes later patient looked much better. The public ambulance only arrived 20 minutes later; if I did not have the proper training, I may not have been able to help him.



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A client called me late December last year, saying that her husband wasn't feeling well he had a headache and pain, she asked if I could send her some pain and inflammation tablets for him?

I asked if he had a history of high blood pressure? She said not that she knew of. So I asked her to bring him for an assessment as soon as she could.

He arrived, I took 3 separate readings of his blood pressure, and found the reading normal except his pulse rate was higher than normal.



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While we waited between blood pressure readings I asked him if they had been away for December holidays, when he shared that he had returned from a fishing trip to Botswana 10 days ago. I tested him for malaria. The rapid malaria test proved to be positive I immediately referred him to his GP, he was admitted to hospital and spent new year in ICU.



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Not too long ago a young man of about 27 from an informal settlement arrived at the clinic reception area, he was doubled over with pain. On examination a positive Psoas sign, rebound tenderness and positive Mc Burney's sign, were identified indicating possible appendicitis.

We summoned an ambulance immediately!

Three days later he arrived at the pharmacy thanking us for saving his life, as the doctor at the public hospital operated on him and removed his appendix that same afternoon!



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During consultation with patients needing Family planning services, we have found that patients migrate from clinic to clinic and as standard procedure, we do a HCG test, before we proceed with contraception.

Family history, chronic illnesses and current contraception needs are discussed with the patient. A suitable method of contraception is selected, patients are supplied with two to three months of contraception. Our clinic software alerts the patient to return for assessment and collect her next supply of contraception. Some challenges in the last six months have been that the manufacturing company supplying the state has changed the packaging of oral contraceptives from 28 to 84, resulting in stock shortages, we in the private sector have been able to offer private stock as an alternative.



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Conclusion

Do these needs only arise in pharmacies where you find a PCDT Pharmacist?

Patients present daily in pharmacies with a variety of healthcare needs.

If you are PCDT trained it gives you a broader scope of practice and equips you to treat patients more effectively and to recognize serious cases requiring referral.

Do I look forward to go to work? Definitely!

You see my motto is:" Did I make a difference in someone's life today?"



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QUESTIONS





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THANK YOU!



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