

The changing landscape in pharmacy practice and collaborative practice in pharmacy.

Pharmacy premises and the rules relating to GPP.

“Provision of pharmaceutical services from a pharmacy”

Jackie Maimin



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Content

- Pharmacy Practice
- Trends
- Changing Landscape
- Primary Health Care
- Rules relating to Good Pharmacy Practice
- Models of Care from a pharmacy



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Pharmacy Practice

- The changing landscape of healthcare in South Africa requires a revamp of pharmacy practice and a move towards collaborative multi-disciplinary practice to meet the needs of the public.
- The role of the pharmacist is no longer limited to a dispensing function but rather to provide **pharmaceutical care**.



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So, what is pharmaceutical care?

Pharmaceutical care is a **patient-centred**, outcomes-oriented pharmacy practice that requires the pharmacist to work in concert with the **patient** and the **patient's** other healthcare providers to promote health, to prevent disease, and to assess, monitor, initiate, and modify medication use to assure that drug therapy regimens are safe and effective.

The goal of Pharmaceutical Care is to optimise the **patient's health-related quality of life, and achieve positive clinical outcomes, within realistic economic expenditures.**

<https://www.pharmacist.com/principles-practice-pharmaceutical-care>



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Megatrends - Health

- Universal Health Coverage
- Introduction of mid-level workers
- Task shifting
- Expanded scope of practice for healthcare professionals
- Collaborative practice (GPs, Specialists, Pharmacists, Nurses & other HCPs)
- More complex and expensive medicines - biologicals, oncology drugs
- Older patients with multiple co-morbidities and complex medicine regimens
- Automation
- Technology enhancements – 4th industrial revolution



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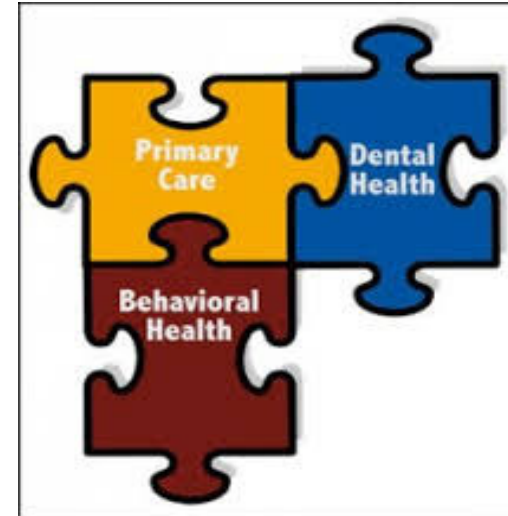
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Changing Landscape of Health in SA

Move towards Universal Health Coverage through National Health Insurance Fund

- Public Private Partnerships
- Re-engineering of PHC
- Alternative Models of delivery of chronic medicines - CCMDD
- Collaborative Practice – CUPs
- Virtual Practices - Telemedicine



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Primary Health Care

- Services must be **accessible** at Community level
- Requires **task shifting** and **optimisation** of the use of all available resources
- Use **mid-level workers** to allow HCPs to focus on patient care
- Will be based on **competency** rather than scope of practice or profession
- Focus on preventative and promotive healthcare



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Pharmacy is Ideally Positioned..

Primary Health Care is our core business & includes;

- Awareness through education, counselling and lifestyle advice for healthy living
- Prevention through vaccinating, family planning, healthy lifestyle changes
- Detection through screening for HIV, TB and the big 4 NCDs
- Adherence to treatment protocols to improve patient outcomes, reduce hospitalisation & mortality
- Monitoring & evaluation of patients with a strong referral linkage to the public health sector
- Willingness to participate in multi-disciplinary practices for improved patient outcomes



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Rules Relating to Good Pharmacy Practice

- Pharmaceutical services from a pharmacy must;
 - comply with all applicable legislation
 - be in the interests of the patient and the public in general
 - be readily available and accessible
 - have sufficient competent HCPs
 - have purposeful premises and equipment
 - be appropriate for both advisory and logistical purposes
 - include quality assurance throughout
 - include safe systems of work



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Community Pharmacy Services

Support Self Care

- Minor Ailments Service
- Pharmacist Initiated Therapy
- Immunisation
- EPI
- First Aid
- Wound Care

Optimise Medicine Use

- Medicine Utilisation Reviews
- Asthma Care
- Inhaler technique
- Diabetes service
- New Medicine Service
- Adherence Programmes
- Simplify My Meds
- RemindMe

Support Healthy Living

- Screening NCDs
- HCT
- Lifestyle modification
- Substance Abuse Programmes
- Family Planning
- PrEP, PEP, test & treat
- PCDT

Support Independent Living

- Chronic Medicine Management
- Unit Dose Dispensing
- COPD care
- Palliative care
- Delivery Services
- Home Visits

Models of Care

- Alternative models of delivery of medicine
- Businesses within a pharmacy
- Multi-disciplinary practices
- Advanced Pharmacy Services
- Expanded Scope of Practice



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Alternative models of delivery of medicine



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Centralised Chronic Medicine Dispensing & Delivery (CCMDD)

Dispensing



External Pick up Point



Courier

Pharmacy PuP



South African
Pharmacy Council

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Access and patient care

- Can we improve access and maintain patient care?
- It is not enough to just get medicine to a patient – they require and deserve pharmaceutical care
- Pharmacists **MUST** be involved at the critical point of hand over of medicines
- Effective counselling leads to improved patient outcomes
 - Correct administration, storage
 - Adherence
 - Managing adverse effects
- Pharmacists must be free to provide this – use PSP effectively



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Good Pharmacy Practice

- Pick up Point may be external to the pharmacy
- Medicine must not be stored at PuP
- RP is responsible for PuP
- PAPB may give patients information on medicines at PuP
- Pharmacist must be available for any counselling (phone)



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Businesses within a pharmacy



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Health and Welfare Sector
Education and Training Authority
HWSETA



Minimum Standards for Pharmacy Premises, Facilities and Equipment (GPP 1.2.2.1)

The following will be applied by Council in considering applications for another business in a pharmacy. The operation of another business wholly within a pharmacy must be such that:

(a) the other business does not pose any conflicting interest either ethically or professionally to the practice of pharmacy such as;

- (i) compromise the pharmacy as a health establishment;
- (ii) add any security risk to the acquisition, keeping and supply of medicines;
- (iii) add risk to the patients, particularly in terms of patient confidentiality and the right to privacy; and
- (iv) compromise the quality safety, and efficacy of the medicine;

(b) The area of the business must be clearly identified, permanent and visibly demarcated within the pharmacy;

(c) if the entrance of the other business in a pharmacy has the same entrance as the pharmacy, the other business shall not operate outside the operating hours of the pharmacy



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Businesses within a pharmacy

- Businesses within a pharmacy
 - Pathology labs
 - Independent Practitioners
 - Professional nurses
 - Physiotherapists
 - Biokinetesists
 - Virtual Care – telemedicine
 - Sub-contracted front shop
- Must be registered with SAPC



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Multi-disciplinary practices



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Rules Relating to Code of Conduct

1.6 Professional Independence

1.6.2 In any multi-professional (group) practice the following principles should be adhered to—

- (a) professional accountability — health professionals are personally accountable for compliance with all ethical rules, policies, standards, codes of conduct and legislation which regulate their respective professional activities;
- (b) professional independence — professional independence must be ensured so as to support the principle of professional accountability;
- (c) professional responsibility — professional practitioners must assume responsibility only within their scope of professional competence and accountability. Where necessary, patients should be referred to the most appropriately trained practitioner.



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Multi-disciplinary practices

- Supported by NHI Bill & the Pharmacy Act
- May need to be registered with SAPC as a;
 - business within a pharmacy or
 - Pharmacy in a business
 - Example: employed nurse versus independent nursing practitioner
- Certain HCPs may require permission from their statutory body eg HPCSA



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Advanced Pharmacy Services



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Advanced Pharmacy Practices

- Services developed around the supply of medicine with the intention to optimise patient outcomes
- Within scope of practice
- Need to demonstrate competence
- Examples;
 - Pharmacist vaccination services
 - HIV testing
 - Oncology medicine mixing and compounding



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Influenza Vaccination Campaigns

- Antimicrobial stewardship

ACT AGAINST FLU NOW!

INFLUENZA
VACCINATION
CAMPAIGN

High risk patients get a flu vaccination at government clinics or hospitals.

Who's high risk?

- Pregnant women
- Children between 6 months and 5 years
- People older than 65 years
- Children between 6 months and 18 years who are on long-term asthma treatment
- People with asthma, heart disease, diabetes and tuberculosis
- People with chronic disease such as kidney or liver failure
- People living with HIV/Aids

*People in these high risk groups qualify for a **free** flu vaccination at any government clinic or hospital.

Or, whether you are high risk or not, you can get your flu vaccination from your local community pharmacy for a nominal fee.

THIS DOES NOT
HAVE TO BE *you*
THIS WINTER.

GET A FLU SHOT NOW!

INFLUENZA
VACCINATION
CAMPAIGN

We could all do with a flu vaccination, especially those in high risk categories such as:

- Pregnant women
- Children between 6 months and 5 years
- People older than 65 years
- Children between 6 months and 18 years who are on long-term asthma treatment
- People with asthma, heart disease, diabetes and tuberculosis
- People with chronic disease such as kidney or liver failure
- People living with HIV/Aids



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Expanded Programme of Immunisation (EPI)

- State supplied EPI vaccines
- State supply chain
 - Strict cold chain maintenance
- Reporting of usage / wastage
- ADR reporting
- Pharmacy charges
 - R85 – R105 vaccine administration fee
 - Road to Health Cards updated
 - Record keeping
 - Reminders for next appointment
 - Free advice

SUB-DISTRICT:		TEL:		FAX:			
E-mail:							
Demander:		TEL:		FAX:			
E-mail:							
ORDERED BY:	PRINT	DESIGNATION	SIGNATURE	DATE			
APPROVED BY:							
AUTHORISED BY:							
ICN	DESCRIPTION	SIZE	Min order QTY	QTY on hand	Units issued	QTY Required	QTY APPROVED
4201783	Pneumococcal Conjugate Vaccine (PCV13)	prefilled syringe	10	vials	vials	vials	
4201252	BCG Intradermal Vaccine	20 dose vial	10	vials	vials	vials	
4201368	Tetanus & Diphtheria Vaccine (Td)	10 dose vial	10	vials	vials	vials	
4203054	Hepatitis B paediatric vaccine	10 dose vial	10	vials	vials	vials	
4201759	Pentavalent Vaccine (DTaP-IPV/Hib)	single dose	10	vials	vials	vials	
4203135	Oral Polio Vaccine (tOPV)	10 dose vial	10	vials	vials	vials	
4200868	Rotavirus Oral Vaccine (RV)	single dose	10	vials	vials	vials	
4203335	Tetanus Toxoid	10 dose vial	10	vials	vials	vials	
4203070	Measles Vaccine	10 dose vial	10	vials	vials	vials	
STATISTICAL RETURN							
	Week 1	Week 2	Week 3	Week 4	Week 5		
BCG dose under 1 year (at birth)							
OPV 1st dose							
PCV 3rd dose							
Measles 1st dose under 1 year							
Immunised fully under 1 year							
Measles 2nd dose							
Rotavirus vaccine at 14 weeks							
DTaP-IPV/Hib (pentaxim) 1st dose							
DTaP-IPV/Hib (pentaxim) 3rd dose							
DTaP-IPV/Hib (pentaxim) 4th dose							
Td at 6 years							
HepB 3rd dose							
Completed by:			SIGNATURE		DATE		

Expanded Scope of Practice



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Expanded Scope of Practice

- HCP has undergone extra training accredited by their statutory body and has a permit to allow an expanded scope of practice
 - Primary Care Drug Therapist (PCDT)
 - Family Planning Pharmacist
 - Pharmacy Initiated Management of Antiretrovirals (PIMART) *
- Requires registration of extra qualification/training with SAPC
- Sec 22A(15) permit issued by DG specific to a facility
- Permit specifies expanded scope and links prescribing to PHC EML
- Possibly a PCNS number from BHF to claim from med schemes
- SLA with provincial DoH if supplying state medicines



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Primary Care Drug Therapist

Aligned to PHC STG & EML

PRIMARY CARE DRUG THERAPY LIST ALIGNED TO THE STANDARD TREATMENT GUIDELINES AND ESSENTIAL MEDICINES LIST		
NOTE: It is incumbent upon the permit holder to remain abreast of revisions and updates of the Standard Treatment Guidelines and Essential Medicines List		
CONDITION	ICD 10 CODE	NOTES
PRIMARY HEALTH CARE LEVEL STGS AND EML, 2014		
Gastro-intestinal conditions		
Diarrhoea, chronic, in adults (Giardiasis)	A07.1/ K52.9	This is treatment of Diarrhoea for more than two weeks. The standard treatment guidelines requires that the practitioner provides empiric treatment for giardiasis before referring patients.
Nausea and vomiting, non-specific	R11	
Dyspepsia, heartburn and indigestion	K30/R12	Practitioner to provide standard treatment as per standard treatment guidelines for 14 days and if symptoms recur after 14 days, refer to a doctor.



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Family Planning

- State supplied contraceptives
 - Oral
 - Injectable
 - Implant
 - Condoms
- State supply chain
 - delivery to pharmacy or
 - Collection at clinic
- Reporting & Referral systems in place
- Pharmacy charges;
 - R50 consultation fee – 3 months supply
 - Includes consumables for injectables
 - Record keeping
 - Reminders for next appointment
 - No charge for contraceptives
 - Free advice

SUB-DISTRICT:		TEL:		FAX:			
E-mail:							
Demander:		TEL:		FAX:			
E-mail:							
ORDERED BY:		DESIGNATION		SIGNATURE			
APPROVED BY:							
AUTORISED BY:							
ICN	DESCRIPTION	SIZE	UNIT	QTY on hand	Units issued	QTY Required	APPROVED
3744655	BIPHASIL	28	pck	pcks	pcks	pcks	
3744523	HYAN (MICROVAL)	28	pck	pcks	pcks	pcks	
3744612	ORALCON (NORDETTE)	28	pck	pcks	pcks	pcks	
3251543	NUR-ISTERATE	1	amp	amps	amps	amps	
3753115	FAMYNOR (OVRAL)	28	pck	pcks	pcks	pcks	
3246825	DEPO PROVERA / PETOGEN FRESINIUS	1	VI	vials	vials	vials	
3744701	TRIGESTRAL (TRIPHASIL)	28	pck	pcks	pcks	pcks	
1221023	Condoms - MALE	200	bx	bxs	bxs	bxs	
1221008	Condoms - FEMALE	100	bx	bxs	bxs	bxs	
STATISTICAL RETURN							
		Week 1	Week 2	Week 3	Week 4	Week 5	
Oral pill cycle							
Medroxyprogesterone injection							
Norethisterone enanthate injection							
IUCD inserted							
Female condoms distributed							
Cervical smear in woman 30 years & above screened for cervical cancer							
Completed by:		SIGNATURE			DATE		



PIMART PROPOSAL

- extension of access to HIV care through the introduction of sustainable, safe and comprehensive HIV treatment and prevention services through private community pharmacies
- development of policy briefs, adaptation of clinical guidance, and the provision of clinical advocacy to have pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP) and antiretroviral therapy (ART) safely prescribed from within private pharmacies
- 80% of ART prescribed and managed by nurses in the public sector who are resource constrained & over-burdened – 2 million more need to be added!!
- training programme and application for a section 22A (15) permit to expand both the pharmacist and the private nurse scope of practice to include ARVs
- Add-on to current family planning and EPI PPP

EPIC – Expanding PrEP/ART Innovation Consortium

- Pharmacist initiated PrEP and PEP
- Pharmacist/nurse initiated 1st line ART

PrEP should be considered for people who are HIV-negative and at significant risk of acquiring HIV infection

- Any sexually active HIV-negative *MSM* or *transgender person* who wants PrEP
- *Heterosexual women and men* who want PrEP
- People who inject *drugs*
- Include *adolescents* and *sex workers* – especially vulnerable: young MSM and adolescent girls



GUIDELINES

Southern African guidelines for the safe use of pre-exposure prophylaxis in men who have sex with men who are at risk for HIV infection



NIMART Training ²

- Attends and completes a five day training course
- Completes a 6 months mentorship program
- Completes a workbook with various types of scenarios to be initiated and managed
- Submits a portfolio of evidence to the training unit
- Competency assessment is conducted

PIMART – Eligibility Criteria

- In HIV negative people:
 - PEP – needle stick, HIV exposure & sexual assault
 - PrEP – on request after risk assessment
- In HIV positive people:
 - ART – 1st line therapy initiation in people >15yo
 - Test HIV+ and have CD4 count >200 cells per cubic millimeter of blood
 - ART – Re-Initiation in people >15yo
 - HIV+ with interrupted ART (retest to confirm status)
 - HIV+ transferring from clinic with records
 - HIV+ transferring from clinic with no records



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Pharmaceutical Services

- Pharmacists are;
 - custodians of medicines from manufacturing to administration
 - experts on drugs and medicines
 - responsible for medicine therapy through counselling, adherence and management of patient outcomes

Pharmacists must be involved anywhere medicines are involved!



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QUESTIONS



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