What is the CDU?
The Western Cape Provincial Government Department of Health’s Chronic Dispensing Unit (CDU) is an outsourced centralised unit that collects prescriptions for stable chronic patients from health facilities, dispenses the medicines, and returns them to the facilities which the patients attend, packaged in tamper-proof parcels identified with outer labels.

This innovative service started functioning in mid December 2005. The roll out commenced in the Cape Town metropolitan area. This region has the greatest number of patients and the greatest pressure on health services. In June 2008 the service has rolled out to forty community health services and two district hospitals. The rural regions start to be incorporated in July 2008, with the West Coast the first.

The impetus
The CDU was established for many reasons. One is to support the management of chronic diseases by incorporating the participation of various community-based services (Comprehensive Service Plan 2007: 62 – 66). Such participation has been shown to achieve success in promoting adherence to treatment regimes (Western Cape Burden of Diseases Project). This is of particular importance because the Western Cape is challenged by a significant burden of chronic non-communicable disease. It has the highest self-reported incidence of diabetes, arthritis, asthma and elevated blood cholesterol levels in the country. Male hypertension and female emphysema rates also exceed those in other provinces (SA Demographic and Health Survey 2003: 23 – 24). Medicines dispensed under legislatively compliant conditions could be routed to appropriate community-based services to be handed to patients with effective support regarding the upstream contributors to chronic illnesses, so that truly comprehensive health care is provided (Western Cape Burden of Diseases Project).

Centralised dispensing also supports the implementation of the Comprehensive Service Plan. This is the Province’s framework of provision of health care, which addresses the challenges of growing patient numbers, a budget which needs to be used as judiciously as possible, and the recognition that the most effective possible methods need to be used in order to maximise the effects of the care given.

In 2003 an investigation into all aspects of the pharmacy services of the Province recommended “Centralised dispensing of all chronic and specialist medicines provided via the CHSO (author’s note: Community Health Services Organisation; currently the Metro District Health Services) should be investigated.” (Kane-Berman: xxi). The report makes frequent reference to the need for such a centralised unit. It further recommends that the costs of privatisation of such a unit should be investigated. Various other reports made the same recommendation.

Why an outsourced service?
A business plan was drawn up, examining all the variables pertaining to a centralised dispensing unit. The Department decided that the management of what is essentially a factory-type environment was too far removed from its core business, namely the provision of personal health care. It was also considered best to leave the challenges in recruiting and retaining pharmacy staff to another body. The IT systems already operational in the private sector would more rapidly provide the type of information required. A cost analysis indicated that the efficiencies in the private sector would permit a more cost-effective service than the public sector could provide.

How was the service structured?
A fee-for-service contract was drawn up with IPM (Institutional Pharmacy Management), following the conventional procurement process. A five-year contract was awarded.

The site is a state building, where the Province funds structural maintenance. During the initial refurbishment of the building, the Province provided a specified budget for improvements to the building: any more luxurious finishes were for the service provider’s account.

Only state medicines are held in the building. These are procured on the Metro District Health Service’s account from the Cape Medical Depot, and are never owned by the service provider. Detailed monthly reporting explains how the medicines are distributed.

A monthly account is rendered for the number of prescriptions dispensed. The fee includes the use of packaging materials and the delivery of the dispensed parcels.

Initial implementation
Implementing the service was a challenging process. This being a unique project, there were no other experiences on which to base a model of delivery. The first 4 or 5 months provided both the public sector and the service provider with ample opportunities to respond to situations and adapt their processes. However, by now the service is running smoothly and has proved its value.

The pharmacies have found that the CDU processes introduced new work into their busy lives. There is a certain amount of administration related to the dispatch of prescriptions to the CDU, the reception of the dispensed medicines, the issue to the patients and the management of non-collected medicines. However, the time taken by performing this work is much less than that previously taken by dispensing the medicines. And the advantage is that much
The public sector’s needs for successful implementation

This article will make brief mention only of the details of the service, as the next article in the series outlines these in more detail.

Ideally large facilities need a daily delivery service, at which time the new prescriptions are also collected. The facilities need sufficient space to store the parcels, as a box containing 20 parcels takes up substantially more space than the medicines in their original packaging.

A requirement not envisaged initially is the dispensing of two months’ supply of medicines when the next collection date falls on a public holiday. With the increasing patient numbers the facilities are hard pressed to manage. Should all the patients who would have collected their medicines on a public holiday attend on a different day in that week, the facilities would be pressurised beyond their capacity to cope.

A number of patients attend health facilities erratically: there are various reasons for this. Medicines dispensed ahead of collection date are not always collected. Thus there needs to be a mechanism whereby the medicines are always stored under the ideal conditions, and returned to stock if not collected by the patients.

What has been gained

Waiting times have decreased significantly. Patients who are employed and previously took a day’s leave every month to wait for their medicines, can now be helped often within 20 minutes, and still return to work.

The patients perceive the new system as a great improvement on the service previously provided. Some have been spurred on to comply with their treatment programmes so that their condition stabilises, thus allowing them also to be included as “green sticker” patients. Patients who are not included ask, in the Western Cape vernacular, whether they are “chronical” patients, they cannot also be part of the CDU system.

The pharmacy staff experience a less pressurised work environment, with less aggression from patients who previously sat in a full waiting room for four hours or more. They are able to devote more time to counselling patients and organising their pharmacies.

The Department is provided with data of a quality which has not to date been available to it. This summarises medicine use and prescribing patterns in detail for the whole region, subdistrict and facility.

The process of establishing the CDU identified, or highlighted, a number of inefficiencies within the Department’s systems. These could be addressed and corrected. Examples are making appointments for patients, the roll out of the PHCIS (the Primary Health Care Information System), and the referral system from secondary and tertiary services.

Future gains

The Western Cape is committed to enhancing its service to patients by embarking on a system of alternative delivery of medicines to patients. It is investigating various methods of doing this, such as home deliveries. The CDU will be of significant assistance regardless of the method chosen.

Would we do it again?

The acid test is to ask whether one would repeat the same exercise, using the wisdom of hindsight. The answer has to be, “yes”. The Western Cape now has a system that has taken a great deal of pressure off the pharmacies in the CHCs. The CHC staff, the patients and senior management are enjoying the benefits of the new system.

The provision of chronic medicines dispensed in a centralised unit supports the attainment of “A Home for All”, the Province’s logo: as the most ill and most remotely-situated residents now enjoy high quality medicines dispensed under ideal conditions, and a faster delivery time.

Glossary:
CDU: Chronic Dispensing Unit
CHC: Community Health Centre

References: