

# Delivery of Pharmaceutical Services and Care at Primary Healthcare Clinics with Different Dispensing Models –

## Where Should the Pharmacist be?



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**2. OBJECTIVES OF  
THE STUDY**

**4. PRELIMINARY  
FINDINGS**



# **PRESENTATION OUTLINE**



# MOTIVATION FOR THE STUDY

As South Africa moves into an era of National Health Insurance (NHI), the idea of primary health care (PHC) re-engineering is placed at the forefront.

- There is much understood about the **role and benefits** of the pharmacist in the provision of pharmaceutical care in the PHC setting, however the role of the pharmacist in **South Africa's PHC re-engineering** remains vague.
- **Task-shifting** of the dispensing process to nurses and pharmacist assistants in PHC clinics is a common phenomenon, but the implications of this on the provision of pharmaceutical services and care to patients is largely unstudied.
- Three major dispensing models identified in PHC; the pharmacist-based model, the pharmacist assistant-based model and the nurse-based model; have little known about the difference in availability and quality of **pharmaceutical service** delivery and **pharmaceutical care** offered by each model.

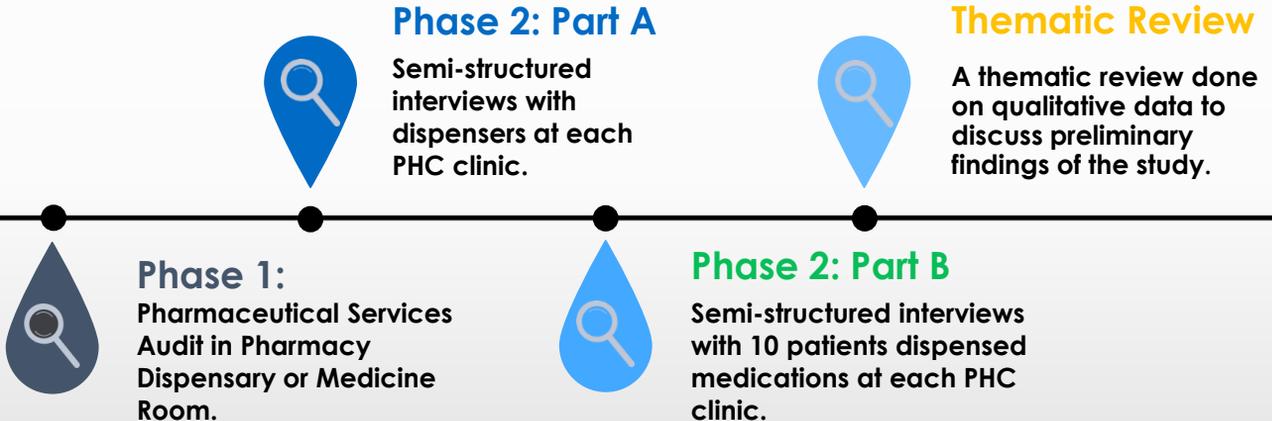


# OBJECTIVES OF THE STUDY

- Thus, the primary aim of this study is to **explore** pharmacist-based, pharmacist assistant-based and nurse-based dispensing models at three public PHC clinics in the Nelson Mandela Bay Health District.
- The patient and dispenser **experiences** of quality and availability of pharmaceutical services and care provided are to be investigated.
- From this, we can **investigate the challenges** at PHC clinics, together with the current role of the pharmacist within the South African PHC setting.
- This investigation aims to help to **find a way forward** for pharmacists within this setting.



# METHODOLOGY





# PRELIMINARY FINDINGS



## PHARMACEUTICAL SERVICES

- Incomplete dispensing process
- Varying quality of dispensing
- Stock management
- Need for pharmacy personnel



## PHARMACEUTICAL CARE

- Concept of PhC
- Inaccessibility of pharmacist
- ADR knowledge and reporting
- Number of defaulting patients



## PATIENT SATISFACTION

- Waiting times
- Staff shortages
- High patient load
- Is the basic need met ?– received a medicine  
– the need for PhC?



# PRELIMINARY FINDINGS <sup>2</sup>



## WORK SATISFACTION

- High workload
- Multiple roles (often out of scope)
- Patient attitude
- High default rate
- Use of multiple clinics
- Misunderstanding of cluster clinics



## MDHT RELATIONSHIP

- No integrated MDHT approach to patient care
- Prescribing errors
- No collaboration on ADR reporting

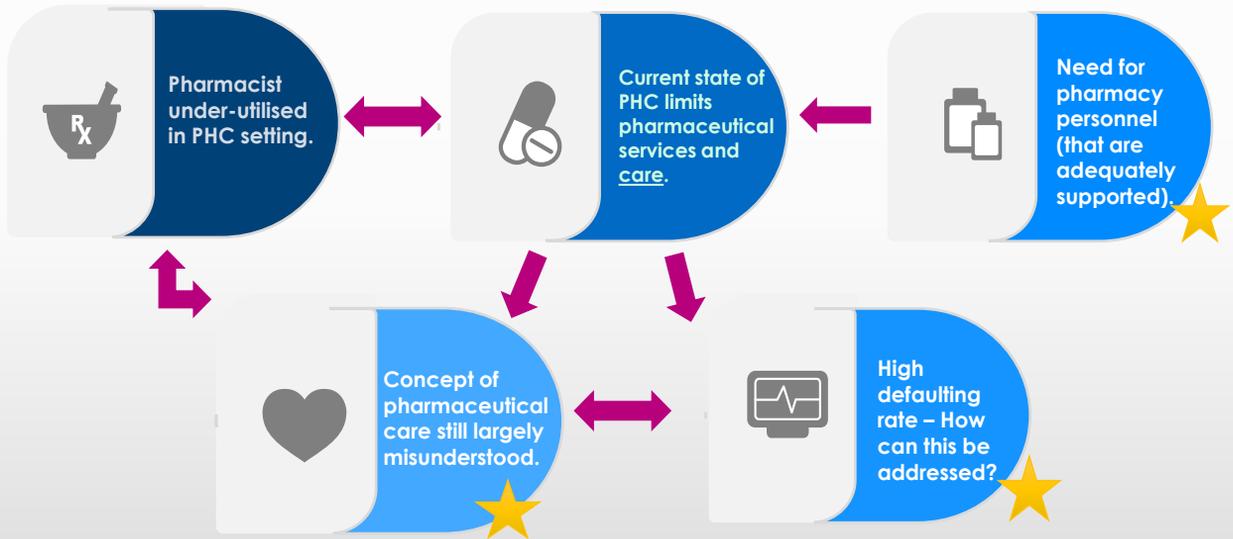


## INFRASTRUCTURE

- Storage of medicines
- Poor maintenance
- Legal Implications



# CONCLUSIONS



# ACKNOWLEDGEMENT

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**Thank you for listening.**



**Please feel free to ask questions!**