



**Western Cape
Government**

Health

ENQUIRIES: M E MANNING

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Western Cape Provincial Government Department of Health

Call for Service | Family Planning and Baby Immunisation services

Questions and Answers

PLEASE NOTE: This document is subject to change and will be updated on the website.

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Should you wish to be included in the mailing list, kindly send an email request to: Inge.Steenkamp@westerncape.gov.za

QUESTIONS FROM INTERESTED PARTIES

No.	Question	Response	Comments/Suggestions
Groups			
1.	How would groups/chains apply?	An application needs to be completed for each facility, as the allocation of resources is made for each entity. Adjudication would be done on individual merit.	
2.	How does the agreement between Group/Chains and the Department work in terms of this Call for Service?	Applications will be made per facility within the group. Depending on the legal structure of the group, a Memorandum of Understanding (MOU) may be signed by a delegated authority within that group that binds the respective pharmacies. The contract management of these facilities will however be held within the relevant District Office where the facility is situated. Example: 1 SLA for Clicks, with annexure with specific details of each facility.	
3.	Who will sign the contract for groups?	The contract will be signed by a designated/delegated authority on behalf of the group/legal entity.	
4.	Would the Department approve applications from individual pharmacies, or only chains?	The applications will be approved per sub-district depending on the need in each area.	
5.	Are interested private pharmacies eligible to supply this service?	All interested parties have to apply individually in order to be authorised.	
Pricing			
6.	How do we set the prices for services?	Consultation fees may be levied up to a maximum of R50 for family planning services and R75 for baby immunisations. Private providers need to inform the Department of the tariff they will charge the public, and inform when they would like to increase this tariff. No state supplied vaccines or family planning stock shall be charged for.	
7.	How /when should the services be rendered free of charge?	All service providers must render the family planning and immunisation services free of charge for a minimum of 1 day a week, for 4 hours i.e. no consultation fees, no consumable charges. Providers must also clearly advertise at their place of service when and during which times the services shall be rendered free of charge. E.g. on a Thursday afternoon between 13:00 and 17:00.	
8.	Who carries the cost of the sharps containers and disposal of said sharps and syringes & needles?	The Department does not carry the cost of any consumables or the correct disposal thereof. This shall be carried by the private service provider.	
Timeframes			
9.	What is the process for Private providers who wish to apply after the cut-off date of 15 January 2013?	Providers may apply at any time after the cut-off date. These applications however, will only be processed in batches at a	

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No.	Question	Response	Comments/Suggestions
		future set date.	
10.	Extension of deadline as many parties expressed concern over the time frames?	The deadline of 15 January 2013 ensures that the Department is able to comply in terms of budget and planning processes. Within the current planning framework, providers who submit their applications by 15 January 2013 can expect to receive their first batch of stock by July 2013.	
11.	When will the current state supply system to private facilities stop?	Current supply would be cut off as soon as the stock flow in terms of this call for service is implemented. If existing private providers do not submit their application by 15 Jan 2013, the WCDoH will stop supplying State stock by the end of March 2013.	
12.	Tax clearance certificates take 21-30 days. How will this be accommodated in the time-frames?	Applicants must provide proof of application to obtain a tax certificate with the submission as a minimum requirement. The tax certificate must form part of SLA signature process and is required for final approval.	
13.	How often are the contracts going to be renewed and what criteria will be used when renewing the contracts?	The contracts will be renewed every two years, using similar criteria to the initial process as well as M&E consideration through contract management.	
Legislative framework (incl S 56)			
14.	In a pharmacy setting who is actually dispensing the contraceptives / vaccines? Is it the sisters or the pharmacist? <i>"When I spoke to the Pharmaceutical Society recently I was informed that even with a Dispensing course a nurse in a pharmacy setting would never be given a dispensing licence as the pharmacist carries that responsibility"</i>	In the case of immunisation being performed by a nurse in a pharmacy, dispensing would not take place as the vaccine would be supplied by the pharmacist and administered by the nurse (schedule 2 medicines). In the case of contraceptives, the nurses would require Section 56(6) authority to prescribe. If the pharmacist dispenses the contraceptives, the nurse does not require a dispensing licence. The NDoH has not yet reached a decision on the feasibility of issuing a dispensing licence to a nurse in a pharmacy.	
15.	Why will nurses in a private pharmacy require a dispensing licence to supply state patients with oral contraceptives? They are not dispensing a script but rather providing a service which results in the supply of state pills. Please would you look into this as this requirement will cause delays in the roll out of this service?	The definition of dispensing is provided for in the Medicines and Related Substances Act, Act 101, 1965. The supply of contraceptives by the nurse when performing this family planning service falls within the ambit of dispensing as defined in the Medicines and Related Substances Act.	
16.	ICPA should write to the DG to urge her to facilitate the necessary processes to allow Nurses to become authorised prescribers. This would allow pharmacists to be able to dispense scripts written by nurses which in turn would negate the need for Nurses in private pharmacies that wish to dispense state family planning pills from having to get a dispensing licence. It does not make sense that a	The viewpoint that pharmacist cannot dispense nurses' prescriptions is not shared by the National Department of Health. Nurses may obtain authority to prescribe from Section 56(6) of the Nursing Act, Act 33, 2005. This is a separate process from this call for service.	

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No.	Question	Response	Comments/Suggestions
	nurse employed by a pharmacist requires a dispensing licence. Could the WC DoH help ICPA with this?		
17.	Request the licencing of all PCDT pharmacists – this would alleviate pressure off the state facilities immediately. There are over 400 qualified PCDT pharmacists but only a handful of licences.	This would need to be addressed with the NDoH. This is a separate process from this call for service.	
18.	I have been receiving vaccinations from Ndabeni for the past 5 years. I see one of the requirements for doctors on the new form is a dispensing licence. My understanding was that a dispensing licence was only required for the family planning service and not for the vaccinations. I currently am a non-dispensing GP. How will this affect my application?	If a medical officer only provides immunisation services and not family planning, a dispensing licence is not required.	
19.	Applications in terms of the Nursing Act Section 56(6)	Applications in terms of the Nursing Act Section 56(6): Application needs to be made to the Director-General: Health at National. The Provincial office is corresponding with the National Department of Health regarding the application process. This will be communicated in due course.	
20.	Section 56(6) of the Nursing Act was written to provide for exceptional circumstances when a doctor or pharmacist were not available to do the prescribing and dispensing respectively. (see 56(6)(d)(iii)). Has there been any liaison with the Nursing Council or Pharmacy Council on this matter?	The Provincial office is corresponding with the National department regarding the application process. This will be communicated in due course.	
21.	If use of Section 56(6) of the Nursing Act can be implemented, it must be seen as a short-term solution. What steps, if any, has the Department taken in speaking to the National Department about the implementation of Section 56(1) and (5) of the Nursing Act together with the relevant sections of the Medicines and Related Substances Act 101 of 1965 which will enable certain , suitably qualified nurses to be authorised prescribers for specific medicines as provided for in the Medicines Act?	Discussion in this regard is underway.	
General			

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22.	Will the service providers be required to follow particular clinical protocols when rendering their duties?	The EPI (extended programme on immunisation) is a national standard which would be followed. The family planning regime is limited to the stock available on the government tender and provincial policies. The new Family Planning Guideline will be updated in February 2013, and will also be made available on the mentioned website link.	
23.	Which electronic devices for fridges are acceptable?	The Department has recently switched over to continuous electronic monitoring. Service Providers can use any continuous electronic monitors provided that they are WHO approved. These are available on the WHO website: http://www.who.int/immunization_standards/vaccine_quality/pqs_prequalified_devices_e06/en/ . The Department is currently using a combination of fridge tags, freeze tags and logtags at facilities.	
24.	Is the service going to be available throughout all of the Western Cape?	The current Call for Service is applicable only in the Metro district. A detailed map is also available on the website.	
25.	Will the rest of the WC continue on the current system of supply of family planning and baby immunisations?	This Call for Service only applies to the Metro district. The other districts will continue on the current system until further notice.	
26.	Why are general practitioners and some other healthcare providers who previously offered this service no longer being provided with relevant supplies by the WCDOH?	All providers who contacted the sub-district and had proof that they previously received family planning continued to receive stock from the closest health care facility. For those who did not meet the requirements (supply at a private home), either the supply was suspended or they had the opportunity to leave the stock at a dispensary, in a medicine room, at a doctor's surgery or at the closest public health care facility.	
27.	Where are the applicable documents obtainable from?	Information obtainable from the PGWC website: http://www.westerncape.gov.za/eng/publics/public_info/C/264768	
28.	The documents required are all State documents – can they be distributed to all successful applicants? (e.g. Cold Chain Management Document).	The relevant documents and guides will be made available on the PGWC website: http://www.westerncape.gov.za/eng/publics/public_info/C/264768	
29.	In terms of immunisation and family planning, who qualifies as a state patient? Will private medical aid patients be allowed to access this service free of charge?	This call for service is about universal access, in line with PHC, which includes EPI and family planning (reproductive health).	
30.	Could ICPA investigate the possibility of developing an IT platform for Independent Pharmacist's that would complete the paperwork for DOH automatically. This would reduce the	At present the reports required may be submitted in a standardised electronic format. Private service providers may utilise their own platforms in order to produce the desired output at their own discretion.	

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	load of paperwork on each pharmacist and centralise data for the DoH.		
31.	A feedback referral system needs to be in place so that when a pharmacy refers a patient to a clinic, that clinic feeds back to the pharmacy. Sharing of patient information.	Health directory is developed by the HIA (Health Impact Assessment) Directorate and will be shared with the public.	
32.	Can the State give headcount stats to ICPA, CPS and PSSA for family planning and baby vaccinations in the different areas around the Cape Metropole?	Sub-district coverage quarterly across Metro will be made available.	
33.	Will stock be delivered directly to each pharmacy by the State?	Groups' stock will be distributed to a central delivery point where possible for efficiency. For others, the stock will be delivered directly to the facility. Stock orders will be placed through the district office.	
34.	What are the requirements in terms of capturing and documentation of records?	Monthly reporting (due on 7 th) would be required in terms of patients information (which will be provided in a standard format to complete), stock usage and ordering forms and a fees levied report.	
Adjudication			
35.	What are the adjudication criteria that will be used in the selection of successful applicants?	Adjudication / selection decisions will reside with the relevant managers in WCDoH. The criteria are available on the website.	
36.	In terms of equity?	WCDoH aims for universal access however areas with higher deprivation index will be considered as a priority.	
37.	In terms of resources?	Similar response to equity access.	
38.	In terms of providing free services?	Free service provision will be taken into account during adjudication.	
39.	What are the numbers (headcount) that will be considered?	Scales of economy will be looked at however strategic geographical access of smaller services is also important.	
Training			
40.	What other CPD certificates do GP private practices have to submit in order to be approved to provide family planning and child immunisations at their clinics?	Post graduate studies: O&G, child health Any CPD accredited course relevant to the service.	
41.	Where to acquire the CPD?	Any accredited course relevant to the service.	
42.	What training is available to attend in the province for family planning and baby immunisations?	The province is not currently offering training opportunities to the private sector due to lack of capacity. Should training opportunities become available, this will be communicated via the website.	
43.	The document says that the registered nurses need to be trained and to receive refresher training. As far as she knows, the public sector has not provided the training for quite a	Yes if it is accredited.	

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	while. Will the training obtained in the private sector be acceptable?		
44.	If the registered nurse has completed the theoretical training but not the practical training, will it be acceptable for her to provide the service?	No, the Registered Nurse will need to complete the practical training. The department could explore such a partnership in future.	
45.	When is the public sector going to provide training again?	There is a limited capacity in the district, but WCDoh will enquire with NDoH with regard to training.	
46.	Would the NDoH consider reactivating the pharmacist family planning course and State Licence?	Not within the scope of this call for service.	
Questions: 12 December 2012 briefing Sessions			
47.	Do you still have to apply for a dispensing license if you are not a medical practitioner and are only planning on providing immunisations services?	In cases where a medical practitioner provides immunisation services only, there is no need to apply for a dispensing licence.	
48.	With reference to the Nursing Act, if working in a pharmacy with no medical officer, who will oversee the nurse as stipulated?	The National Department of Health has advised that a medical officer would have to be contracted as stipulated in the Nursing Act, act 33, 2005.	
49.	To what extent will the process be rationed?	The Adjudication process indicates that there will be a degree of rationalisation.	
50.	When sending in an application, if one indicates that one plans to update one's knowledge, will this be taken into account?	This will be taken into consideration, but some evidence must be provided of the training to be undertaken.	
51.	If one is already doing the work, will this help in the application process?	Yes, this will be considered during the adjudication process. This is noted in the criteria for adjudication (see presentation).	
52.	Annexure B indicated that a pharmacy licence is needed for a private organisation that is not a pharmacy. Is this necessary as it was previously indicated that it was not?	It was confirmed that this was an error and a pharmacy license was not needed. Ms Steenkamp advised that the documents will be updated and will be made available on the website.	

No.	Question	Response	Comments/Suggestions
53.	Must all sites where nurses provide services be designated in terms of Sec 56(6) of the Nursing Act?	<p>Sites where family planning services are provided by a nurse, the site must be designated by the National Director-General as organisations that provide a health service. Thereafter, a medical doctor from the organisation must authorise the nurse in terms of Sec 56(6). This authorisation permits the nurse to examine and diagnose the patient and prescribe medicines (as this is, generally, not part of a nurse's scope of practice).</p> <p>Sites where nurses <u>provide immunizations services only</u> – A Sec 22A(15) Permit in terms of the Medicines and Related Substances Act is sufficient. This is applied for in a similar manner to the Sec 56(6) designation. Authorisation by a medical doctor is not required.</p>	
54.	On what criteria were the given tariffs selected?	<p>It was explained that an exercise was carried out to determine costs involved prior to the tariffs being agreed upon.</p> <p>It was also explained that the tariffs were there to ensure that all base costs were covered and not to make a profit.</p> <p>Mr Manning confirmed that there was a degree of leniency and that the tariffs were subject to change in the future. He also reiterated the pre-condition that the service be provided free of charge at a certain time.</p>	
55.	Please provide more clarity on group applications.	<p>In the case of group applications, the hope is that one MOU will be signed; however this does not mean that all pharmacies / facility within the group will be approved to receive stock. Applications must be completed per individual pharmacy / facility premises and will be adjudicated per premises. Specific condition related per pharmacy / facility will be stipulated in the contract.</p>	
56.	With regards to the dispensing licence, the Pharmaceutical Society had advised that it is not necessary to apply for one, as they are covered by the Pharmacist in charge.	<p>The National Department of Health (NDoH) issues the Dispensing Licence to doctors or nurses. NDoH has not reached a decision regarding the provision of a licence to a nurse providing family planning services in a pharmacy. It is recommended, however, that dispensing is performed by a pharmacist in a pharmacy and this would remove the need for a dispensing licence.</p>	
57.	Given the time of the year and the given timeline, access to information is limited and therefore it may not be possible to obtain all information.	<p>Many of the required documents should already exist. In many cases proof of application will suffice.</p> <p>The tight parameters of the given timeline</p>	

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		are to ensure that processes related to allocation of resources occur as close to the new financial year as possible.	
58.	What are the chances of "small places" getting stock from the DOH?	Pharmacies / facilities will have to submit individual applications per premises. Applications will be adjudicated as per stipulated criteria, individually, and not as groups. Clicks pharmacies will also have to complete applications per individual premises.	
59.	Will nurses that provide services at different locations / sites also be considered as they are not listed on Annexure B?	In the case where these services are provided by one nurse at different locations, these locations will be evaluated and adjudicated individually according to the same criteria. An application must be completed per premises and it must be indicated where the stock will be stored and how it will be transported. Consulting rooms where services are provided must comply with the set criteria. All premises must be designated in terms of Sec 56(6).	
60.	If there is a government facility nearby, will our facility still be able to get stock?	All government facilities must render basic services. Proximity to a government facility will be considered in the application process however population density and requirements within the area will also count as a determining factor.	
61.	Within a larger group, who will the Bidder be?	The bidder is the CEO or owner of the business or designated official.	
62.	Can the adjudication criteria be emailed?	The adjudication criteria will be made available via the website.	
63.	In the case of Mobile Services, which is more important; Place of work or premises where stock is kept?	Both will be assessed according to legal requirements and provincial policies related to providing the service.	
64.	How will the fact that we have many surrounding clinics affect our application?	Geographical access will be evaluated according to population density, coverage, as well as where people live and work.	
65.	Why can't existing competencies be raised instead as opposed to a new process being implemented?	The purpose of the new process is to raise competencies, ensure governance and accountability, as well as to promote regulatory compliance. The process is also aimed at ensuring procedural fairness.	
66.	How far from Clinics should toilets be situated?	A toilet in close proximity to the clinic is strongly recommended. Also see Pharmacy Act: Good Pharmacy Practice (GPP 2010) Section 1.2.13	
67.	What must be done in the case of a Pharmacy where there is no General Practitioner on site?	A medical doctor is required where family planning services will be provided. The medical doctor does not have to be on	

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No.	Question	Response	Comments/Suggestions
		site, but needs to authorise the nurse in terms of Sec 56(6) and may be contracted to make provision for this requirement.	

Note

1. The PPHF (Public Private Health Forum) is open to all. Please email Joan du Plessis (joandp@mweb.co.za) if you would like to be included in the mailing list and future meetings.
2. Correction: Page 20 of the 30 page Call for Service document states that applicants must be on the state supplier's database before April 2012. This should read 2013.
3. The updated Question and Answer document will be made available on the website link together with the minutes from this briefing session.
4. Guidelines and policies have been made available on the website. These documents are due to be updated in the near future and the updated documents will be made available on the website in due course.