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To: Director General

Dr Anban Pillay

Department of Health

Dear Sir,

I wish to congratulate and applaud the tremendous work that has been done by your department during this difficult period in managing the Covid 19 crisis, especially since nothing of this magnitude has ever been undertaken in this country's history. In achieving this there have been a number of policy documents and regulations that have been enacted. These have served the purpose of streamlining and fast tracking responses that are critical in containing the spread of this pandemic.

One such regulation, published on 30 April 2020, regarding Section 22A(6)(f) exemption which is intended to serve this purpose may have the unintended consequences of removing ingrained controls and safety measures in place for patient safety.

International literature to guide process changes should be reviewed with caution as process changes are dependent on health system design. In countries where repeat scripts are valid for longer than 6 months additional processes are in place to mitigate the risk to patients, e.g. UK has support from well integrated Trusts that comprise of community health workers, social workers and information management systems. Even if at a glance the UK model was modified for SA the consequences would be far more severe as they do not have the burden of disease as SA especially HIV.

Repeat scripts are only issued after a patients clinical response has been thoroughly assessed. This involves a history which includes compliance, possible side effects, an examination of the relevant systems, blood tests and other special investigations, a discussion with the patient regarding treatment going forward based on these criteria and finally the issuing of the prescription for which we take full legal liability. If these areas are eliminated then it will result in compromising patient safety and health and disrupting the doctor patient relationship. It will result in the delayed intervention of complications and increased hospital admissions. Unfortunately a pharmacist does not have the training or competence in adequately assessing patients with chronic illnesses. This is more so in the big chain pharmacies where the bulk of the dispensing is performed by the Pharmacy Assistants and not the pharmacist themselves.

There is also the issue of special patient groupings who are at increased risk. I am here referring to pregnant women, patients with hepatic and renal impairment, patients on palliative care, children and the elderly. For obvious reasons these patients require closer and more frequent monitoring.

DIRECTORS:

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The top leading causes of death in South Africa are Hypertension, Diabetes, Heart disease, and HIV. The morbidity and mortality has been shown to be significantly increased in these patients when infected by the SARS Cov-2 Virus. If these patients are not optimally controlled then not only will the mortality rates increase but they will be more susceptible to contracting the SARS Cov-2 virus.

We understand the object of the regulation was to reduce patient numbers at public and private health establishments. It is far more desirable that these patients be given a supply of medication for 3 to 6 months rather than having these patients collect their medication on a monthly basis at the state facility or private pharmacy thereby exposing them to possible Covid-19 infection. This would reduce number of patients attending these facilities and at the same time not compromising on patient safety.

There are a number of factors which need further unpacking. I would appreciate an opportunity to further engage on this matter at your earliest convenience.

Kind Regards,



Dr Mukesh Govind
IPAF Director

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