

Patients in KZN now receive medication in centres close to their homes

KZN Health MEC, Dr Sibongiseni Dhlomo has hailed health workers for successfully initiating and implementing the Centralised Chronic Medication Dispensing and Distribution (CCMDD) programme in the Province.

This as he visited UThukela and UMzinyathi Health Districts to assess how the programme has taken off.

The scheme is about off-loading from clinics all patients who above the age of 18 and have been adherently taking their chronic treatment for more than 6 months – to now collect it in centres closer to their homes. Pick up points for medication is arranged in venues like churches; mosques; tribal courts; war rooms and community Halls.

All what the qualifying patients have to do to is to register at their nearest clinic for the service; choose their preferred Pick Up Point. Patients also have to bring their identity documents and then get their cards with collection dates.

MEC Dhlomo explained to Amakhosi; Mayors; Councillors; Church leaders; Traditional Health Practitioners and Civil Society Organisations in Ladysmith and Dundee the three categories in which patients can enrol, mentioning:

1. Spaced and Fastlane Appointment System which is about patients picking up pre-packaged medication from a dedicated fast lane at the Pharmacy or consulting room in a clinic.
2. Adherence Clubs that entails a group of 5-10 patients forming voluntary support group clubs that can collect medication for each other.
3. Central Chronic Dispensing and Distribution whereby Chronic Medication is delivered to Community Based Pick up Points by a contracted Service Provider and patients pick up the medication from this point rather than a health facility.

Already benefitting in the CCMDD programme are patients with chronic diseases including HIV, Drug Resistant Tuberculosis (DR-TB) and Non-Communicable Diseases (NCDs) like Hypertension.

‘Personally, I firmly believe in the CCMDD programme as I have seen it working when we pioneered it at the South African Defence Force when I was serving in the South African Military Health Services in 2003.

In the Army we all recognised and understood that soldiers needed to be deployed to different posts, including war zones outside the country’s borders. These soldiers could therefore not present themselves all the time to our clinics and we therefore packaged them medication which we aligned with their deployment schedules. It worked.

Dhlomo added that this programme also has benefits for the Department as;

‘It helps in decongesting the health facilities of stable chronic patients thereby creating space for patients who require initiation on treatment. It also assists in reducing waiting times for collection of medication and most importantly; it is a mechanism that curbs stigma as no other person knows what is contained in the package since it caters for a variety of patients including those with HIV; Drug Resistant Tuberculosis (DR-TB) as well as Non-Communicable Diseases (NCDs).’

KwaZulu Natal already has a total of 464 440 clients on CCMDD as recorded in December 2016.