
THE PROVISION OF PRIMARY HEALTH CARE SERVICES BY PRIVATE PROVIDERS ON BEHALF OF THE WESTERN CAPE GOVERNMENT HEALTH

Purpose

The purpose of this document is to provide information on the provision of primary health care services and the supply of medicines and/or medical supplies to private, non-governmental and other organisations providing health care services on behalf of or in support of the Western Cape Government Department of Health.

Definitions

'DDV' is medicine which is ordered by the CMD and delivered directly to the institution/facility that ordered the medicine.

'private provider' is a private, non-governmental or non-profit organisation which provides services on behalf of or in support of the Western Cape Government Health.

Acronyms

BDU	Business Development Unit
CHC	Community Health Centre
CMD	Cape Medical Depot
DDV	Direct Delivery Voucher
DOH	Department of Health (the Department)
GPP	Good Pharmacy Practice (published in terms of the Pharmacy Act 53 of 1974)
GSA	Geographical Service Area
MFMA	Municipal Finance Management Act No. 56 of 2003
NGO	Non-governmental organisation
NPO	Non-profit organisation
PFMA	Public Finance Management Act No.1 of 1999
SLA	Service level agreement
STG	Standard Treatment Guidelines
WCGH	Western Cape Government Health

1. Nature of services rendered by private providers

1.1 One or both of the following services may be provided by private providers on behalf of, or in support of the WCGH – DOH

- a) provision of family planning services;
- b) provision of child immunisation services;

1.2 The primary responsibility for the provision of the service as set out in terms of this information document vests with the private provider and the provider may not subcontract or transfer any obligation for the provision of services to another person or entity without the prior written authorisation of the WCGH.

2. Adjudication criteria for the appointment of private providers

2.1 Approval of the application will be subject to a vetting and inspection process.

2.2 Criteria to be taken into account in the appointment of private providers may include but shall not be limited to the following –

- a) the need for the service being offered;
- b) GSA (geographical service area/s) where the service/s will be offered;
- c) other services of a similar nature available in the GSA;
- d) number of clients to be served – minimum and maximum numbers to be served by a private provider;
- e) ability of the private provider to comply with applicable national and provincial policies and/or applicable legislation;
- f) compliance of the private provider with any requirements relating to licences, permits and/or registration;
- g) compliance of the private provider with norms and standards relating to infrastructure, equipment and supply of drugs (e.g. temperature monitoring device in the case of vaccines);
- h) the previous track record of the private provider in the provision of services;
- i) the possession by the private provider of a tax clearance certificate issued by the South African Revenue Service (SARS) (as applicable);

- j) the ability of the private provider to ensure that appropriate and competent human resources which are appropriately licensed and function within their legislated scope(s) of practice are employed and/or available (proof of relevant training required);
- k) the ability of the private provider to comply with contractual obligations; and
- l) plans to ensure continuity and sustainability of the service in the absence of the private provider.

2.3 Exclusion criteria may be applied in the appointment of private providers.

For family planning services:

2.4 The approval of service providers to render family planning services is subject to authorisation in terms of the Nursing Act 33 of 2005, section 56(6).

2.5 Applications will be considered for the rendering of family planning services provided that the proof of application for the above mentioned authorisation has been made.

2.6 Family planning stock will only be supplied to private providers once section 56(6) has been complied with.

3. Process to be followed in the appointment of private providers

3.1. All persons or entities interested in providing a service will be required to submit a formal application (Attached as an Annexure to the Call for Service document), including supporting documentation as specified by the WCGH.

3.2. The application process will be centralised. Application forms, details and information needed by a prospective provider can be downloaded from the WCG Health homepage.

3.3. The prospective provider must provide evidence / motivation to prove the need for such a service.

3.4. Applications must be submitted to the BDU of the WCGH. Applications that are found to be suitable will be forwarded to the relevant district evaluation panel for adjudication.

- 3.5. The WCGH may at any time require a potential private provider to submit any additional information relevant to the application.
- 3.6. As part of the evaluation process, an inspection of the premises of the prospective provider may be conducted by officials of the WCGH. Areas to be assessed may include but not be limited to infrastructure, equipment, human resources, compliance with applicable legislation including licences and permits, cleanliness, systems and processes. The applicable standards, criteria and measures in the National Core Standards and Good Pharmacy Practice (GPP) will be included.
- 3.7. The Department may at its sole discretion decline any application for whatsoever reason/s. The Department shall however inform applicants in writing thereof provided that the applicant has passed the initial screening evaluation.
- 3.8. Applicants who have not received any correspondence or reference numbers within 30 days may consider their application to be unsuccessful.
- 3.9. Once the application to provide a service has been approved, the provider will be required to sign an SLA with WCGH.
- 3.10. Once the SLA between the private provider and WCGH has been signed, the private provider will be loaded as a demander (client) on the department's stock ordering system.
- 3.11. Responsibility of contract management, monitoring and evaluation will reside within the district office.

4. Medicines and medical supplies to be supplied to private providers

- 4.1. A list of medicines and/or medical supplies and provincial guidelines / policies will be provided to the private provider.
- 4.2. A private provider will only have access to medicines and medical supplies relevant to the service to be provided in terms of the SLA signed with that provider.
- 4.3. The ownership of any medicines and medical supplies in the possession of a private provider will remain with the WCGH.

5. Management of medicines and medical supplies

- 5.1. Medicines and medical supplies must be managed in compliance with all relevant legislation (acts and regulations) including the Medicines and Related Substances Act 101 of 1965, the PFMA and the MFMA as amended.

- 5.2. Each private provider must designate a person within their organisation who has the appropriate professional registration, who will be responsible for the control and management of medicines and medical supplies in the possession of the private provider.
- 5.3. The private provider must have a stock management system which must at least provide stock levels, minimum and maximum and/or reorder levels.
- 5.4. Standard operating procedures for the procurement and management of any medicines and medical supplies will be made available by the WCGH and must be followed by all private providers.
- 5.5. Stock takes must be performed by the private provider as required in terms of the PFMA.
- 5.6. The WCGH will monitor adherence to the SLA, including but not limited to compliance with contractual requirements relating to stock management, reporting, levels of usage and wastage of medicine and medical supplies.

6. Ordering of medicines and medical supplies by providers

- 6.1. An order schedule will be provided to all private providers.
- 6.2. All private providers will be registered as demanders (clients) by the Cape Medical Depot (CMD). An application form and guidelines for registration of the provider as a demander will be made available by the CMD.
- 6.3. A standardised official requisition form must be used for all orders placed. Information required will include the quantity of an item required, as well as the balance of that item remaining in stock (stock on hand) at the time of placing the order. The signature, name and professional registration number of the person placing the order is also required.
- 6.4. Orders placed by a private provider for medicine and medical supplies will be vetted by a designated pharmacist, situated within the relevant district that is responsible for payment for these medicines. Items and quantities ordered will be assessed according to the approved list for the private provider. If the order is acceptable, the order will be transferred to the CMD.

7. Delivery of Stock

- 7.1. Medicines ordered by a private provider from the CMD will be delivered directly to the private provider.

- 7.2. A delivery note (proof of delivery) must accompany each delivery to a private provider. The delivery note must be signed by an authorised member of staff of the provider to indicate receipt of the correct number of boxes and/or cartons.
- 7.3. Risk in and to the stock will pass to the private provider once the provider has checked the stock received against the proof of delivery.
- 7.4. The private provider will be required to complete fine checking of the goods received within two (2) business days of receipt thereof, and report any discrepancies to the designated district office within that time period. If the provider does not report any discrepancies, the provider will be deemed to have received the stock in a complete and satisfactory condition.
- 7.5. Private providers must forward confirmation of receipt of orders within two (2) business days of delivery of the orders. Approval of new orders will be subject to adherence to this confirmation.
- 7.6. In the case of thermolabile medicines, the cold chain must be maintained both during the transportation and storage of these items. This includes continuous electronic monitoring. The applicable SOP must be followed by all parties.

8. Expired Stock

- 8.1. The private provider must report monthly on stock which has expired as well as stock which is due to expire according to Standard Operation Procedures (SOPs) provided by the WCGH.
- 8.2. Reports of expired stock and stock which is due to expire must be provided electronically to a designated official of the WCGH within seven (7) working days after the end of each calendar month.

9. Product Complaints and Product Recall

- 9.1. The private provider must manage and be responsible for the processing of product complaints according to the policies and SOPs of the WCGH.
- 9.2. The private provider will manage the processing of product recalls according to provincial policies and procedures.
- 9.3. The costs relating to managing product recalls shall be determined by the policies of the WCGH or by agreement between the parties.

10. Termination of contract

- 10.1. The private provider shall inform the department in writing of termination of contract for whatever reason.
- 10.2. Upon termination of an SLA between WCGH and a private provider the private provider shall return to the WCGH all unused stock provided by the WCGH.
- 10.3. The timeframe for return of stock, other relevant information and details of the termination process must be stipulated in the SLA.
- 10.4. The number of items to be returned by the private provider will be based on the quantity of stock provided by the WCGH to the provider, the number of actual services performed using the stock provided, the amount of stock returned to the department of health previously, as well as stock control records of both the provider and the WCGH.
- 10.5. If the private provider is not in a position to return the stock as determined above, the provider will reimburse the WCGH with an amount as agreed upon in writing by the parties.
- 10.6. The private provider will be responsible for the compromised quality of stock arising as a result of its failure to hold or handle stock correctly.

11. Human resources, registration and licensing

- 11.1. Services provided by a private provider must be performed by suitably qualified health care professional(s) (as applicable) within their scope of practice.
- 11.2. Any health care professional providing services must hold current registration with the relevant statutory council. Proof of registration must be provided on request.
- 11.3. Services must be performed by an appropriate number of experienced and/or qualified personnel.
- 11.4. Any health care professional providing services must update their knowledge and skills on a regular basis and comply with the requirements of the relevant statutory council with regard to continuing professional development. Such health care professionals may, periodically, be required by the WCGH, to attend training sessions/updates relevant to the service being provided.

- 11.5. Medicines may be kept by private pharmacies recorded with the South African Pharmacy Council and by medical practitioners registered by the Health Professions Council. Nurses in private practice require a permit, issued by the Director-General of the National Department of Health, in terms of section 22A(15) of the Medicines and Related Substances Act 101 of 1965, in order to keep medicines.
- 11.6. Medicines (e.g. vaccines) as determined by the SLA may be administered by nurses and medical practitioners. A pharmacist may keep vaccines in a pharmacy, but must have completed an injection/immunization course in order to immunize. Certified proof of competency of such pharmacists must be supplied.
- 11.7. In the case of a nurse practising in a private pharmacy, the pharmacist may keep vaccines in the pharmacy and a nurse may administer immunisation vaccines.
- 11.8. Prescriptions may be dispensed in a pharmacy by a pharmacist or pharmacist's assistant (post-basic) practising under the supervision of a pharmacist. Doctors or nurses who dispense medicines must be in possession of a dispensing licence issued in terms of the Medicines and Related Substances Act 101 of 1965.
- 11.9. Certified copies of registration certificates, permits and licences (as applicable) must be provided as part of the application process and annually thereafter.
- 11.10. Nurses who prescribe medicines must be authorised to do so in terms of the Nursing Act, Act 33 of 2005.

12. Quality of service provision by private providers

- 12.1. All services provided by private providers must be performed in accordance with relevant legislation and national and provincial policies.
- 12.2. Services must be rendered in a proper and professional manner taking into consideration the standard of professional and ethical competence and integrity expected of the professionals rendering the service.
- 12.3. Medicines may only be prescribed and/or administered in accordance with the applicable provincial policies and guidelines.
- 12.4. In the case of private providers providing immunisation services, the private provider must adhere to the policies of the Expanded Programme on Immunisation in South Africa.

- 12.5. In cases where a patient/client requires further care/treatment, he/she must be referred by the private provider to another health care facility for further attention.
- 12.6. All services must be provided by the private provider in accordance with the relevant SOPs provided by the WCGH.
- 12.7. The private provider must report to the WCGH the results of any audit/assessment carried out by a competent authority. The private provider must draw the attention of the WCGH to any matter falling within its scope of operation that, in its opinion, is in the public interest and should be brought to the attention of the WCGH.

13. Monitoring and evaluation of performance of private providers

- 13.1. Designated officials of the WCGH may access the private provider for purposes of conducting compliance checks, and for purposes of monitoring and evaluation.
- 13.2. Authorised staff of the WCGH must have access to the premises of any private provider during all hours of business.
- 13.3. All reports submitted to the WCGH will be considered to be confidential.
- 13.4. Feedback following the conducting of inspections will be provided to private providers.

14. Advertising and charging for services provided

- 14.1. Patients/clients may not be charged for medicines or medical supplies provided to the private provider by the WCGH and supplied by the private provider to the patient/client.
- 14.2. Private providers may, however, charge patients/clients a fee for services provided. If the provider intends to charge a fee for services to be rendered, the provider must inform the WCGH of this fact, at the time the original application is submitted. Thereafter the WCGH must approve any amendments to the fee charged.
- 14.3. The provider must make known to the public the services offered and relevant service fees, including the fact that a fee is only charged for services rendered and not for the actual medicines or medical supplies.
- 14.4. Private providers may market/advertise services rendered on behalf of the WCGH to the public. Such advertisements must comply with the requirements of the relevant statutory council and other competent authorities. All advertisements and marketing material must be approved by the WCGH.

15. Confidentiality of information

15.1. The private provider shall not during the time that services are provided, or at any time thereafter directly or indirectly make known any confidential information about WCGH and its patients / clients.

16. Risk management

16.1. Standard provisions will apply. Details must be included in the SLA.

17. Independent contractor

17.1. Any provider is appointed as an independent contractor, and not as an employee, and at all relevant times during the provision of services no employer/employee relationship shall exist between the parties.

18. Waiver

18.1. Standard provisions will apply.