
GOVERNMENT NOTICE

DEPARTMENT OF HEALTH

No. R. 584

18 July 2011

NATIONAL DEPARTMENT OF HEALTH

MEDICINES AND RELATED SUBSTANCES ACT (101 OF 1965)

REGULATIONS RELATING TO A TRANSPARENT PRICING SYSTEM FOR MEDICINES AND SCHEDULED SUBSTANCES

(INFORMATION TO BE SUPPLIED BY PHARMACIST)

The Minister of Health, in terms of Regulation 10 (2) (c) of the Regulations Relating to a Transparent Pricing System for Medicines and Related Substances Act (101 of 1965), as amended, requests information to be supplied by pharmacists for the review of the annual dispensing fee.

Pharmacists are requested to use the guidelines attached hereto in submitting this information.

The final date of submission is the 15 August 2011. Any submission made after this date will not be considered in the annual review.

The requested information must be forwarded to the following e-mail address: dispensing@medicischemes.com or on a compact disc and hard copy to:

The Director-General: Health (Director: Pharmaceutical Economic Evaluations)

Room 2610 South Tower

Civitas Building

Cnr Andries and Bloed Streets

PRETORIA

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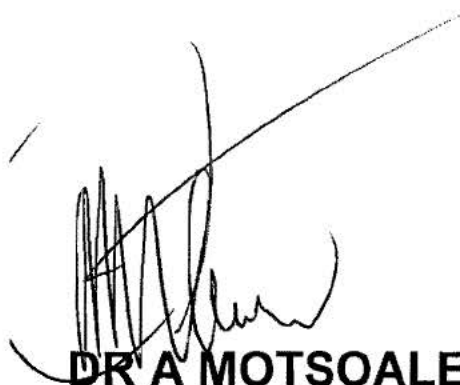
For enquires contact: Mr S. Mngadi

Telephone: 012 395 8185

e-mail: mngads@health.gov.za

SCHEDULE

**GUIDELINES FOR THE SUPPLYING OF INFORMATION
BY PHARMACISTS IN TERMS OF REGULATION 10 OF
THE REGULATIONS RELATING TO A TRANSPARENT
PRICING SYSTEM FOR MEDICINE AND SCHEDULED
SUBSTANCES ACT (101 OF 1965), AS AMENDED**

A handwritten signature in black ink, appearing to be 'A. Motsoaledi', is written over the printed name.

DR A MOTSOALEDI, MP

MINISTER OF HEALTH

DATE: 9/7/2011

CONFIDENTIAL: The information provided in this questionnaire will be kept confidential.	
INSTRUCTIONS	
1	Before completing in this form, read all the instructions carefully. Where further details or clarity is required, contact the Directorate: PEE (details below).
2	Unless otherwise stated, all data is for the period 01 March 2010 to 28 February 2011.
3	All sections are to be completed.
4	A single form is to be completed per Pharmacy.
5	In section 1, Pharmacy details, 1.10 should equal the sum of 1.11 to 1.13. A floor plan of the entire Pharmacy must also accompany this questionnaire.
6	For sections 2 and 3 practices may submit their audited financial statements and balance sheets for the financial year 1 March 2010 to 28 February 2011. The aim of this is purely to highlight the importance of providing verifiable information.
7	Where expenses overlap, specify this and only indicate the expense once, e.g. where water is covered in the rental do not add a separate amount for water.
8	Where the SEP bands on record by the software used in the medicine room differs to that used in this form, please specify. If it is not possible for you to provide the information as requested, please contact the Directorate: PEE on 012 395 8209 / 8185, and the Directorate will assist you in this. This section, however, is critical for determining the dispensing fee.
9	Do not duplicate costs (e.g. a leased photocopier should only be accounted for as a monthly expense).
10	In section 4, staff information required is for staff performing dispensary related duties. Where the salary paid to a staff member is paid in an hourly rate, indicate this as well as the rate. Where other expenses are included e.g overtime, these should only be included if they are not already part of the cost to company salary provided.
11	Under section 4, insert space for additional staff members based on the number of staff employed by the Pharmacy.
12	Once your submission has been sent through, if you have not received a confirmation of receipt, please correspond with the Directorate: PEE to confirm receipt (details below).
13	The NDoH may request further information in order to verify the data supplied in this questionnaire.
14	Note that in section 5, information requested is for those items, Over the Counter Medicines (OTC) that are not dispensed out of a prescription.
15	For section 7 a certified copy of a prepacking license must be attached.
16	Contact Details: The Director, Pharmaceutical Economic Evaluation (PEE), National Department of Health (NDoH), Corner Andries & Struben Street, Room 2610 South Tower, Civitas Building, 0001. Email address: Dispensing@medicalschemes.com Tel No 012 395 8209 / 8185

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Information submitted on this questionnaire will be kept confidential

1.6 Postal address

Same as physical address?

PO Box number

Private Bag number

City/Town

District

Province

Postal Code

Contact Details of Responsible Pharmacist (Note:

1.7 The contact person should be accessible during working hours and can be a senior staff member

First Name

Surname

Telephone

Cellphone

Email

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1.8 Telephone number of Pharmacy owner

Email address:

1.9 Date Pharmacy opened

1.10 Floor space of the entire pharmacy (i.e. the front shop dispensary, counselling area, and all other areas available). A floor plan must accompany this questionnaire.

1.11 Floor space of the front shop, including schedule 0 medicines.

1.12 Floor space of the dispensary, including schedule 1 and 2 medicines and counselling area

1.13 Floor space of all other areas that are available (such as clinic, storage area etc)- these areas must be specified.

1.14 Rate of scheduled medicine turnover in the period starting 01 March 2010 and ending February 2011 (average time the medicine spends on the shelf). Please specify in either

1.15 What is the dispensing fee model used to determine the dispensing fee charged in the Pharmacy?

1.16 What is the average fee per item that this Pharmacy currently charge cash paying patients?

1.17 What is the average fee per item that this Pharmacy currently charge medical aid patients? Provide a list of agreed upon dispensing dispensing fees with the different medical aids.

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1.18 Approximate what % of patients are on medical aid?

Do you charge medical aid patients a co-payment
1.19 per item?

If yes to 1.19 above what is the average co-
1.20 payment per item?

1.21 To what extent (estimate %) did co-payments received in the 12- month period 01 March 2010 to 28 February 2011 contribute to the dispensary income?

1.22 Does the Pharmacy have a dispensing programme or soft ware?

1.23 If yes to 1.22 above, please specify what software is used?

1.24 Is this pharmacy in any designated service provider (DSP) agreement?

1.25 If yes to 1.24 above provide a list of medical aid schemes for which the Pharmacy is a DSP?

Any other fees payed by the Pharmacy (e.g.
1.26 prescription authorisation fee (PAF) etc please specify.

1.27 Deprivation index

For office use

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Bank charges (excluding interest on loans, overdraft, credit card fees)
2.10 includes withdrawals, cash deposits & debit orders.

Other bank charges (as excluded in 2.10 above) e.g. credit/debit
2.11 charges for dispensary related sales.

2.12 Postage

2.13 Printing and stationary (including printer cartridges)

2.14 Dispensary packaging materials (i.e. vials, bottles, packets etc)

Update of reference material required by South African Pharmacy
2.15 Council (SAPC) (e.g. MiMs, SAMF etc)

2.16 SAPC fees

2.17 Professional indemnity fees

2.18 Skills development and training

2.19 Repair and maintainance

Cleaning equipment and consumables (where cleaning contract is in place
2.20 costs for these services should be reflected)

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2.21 Pest control

2.22 Waste disposal

2.23

Security (if part of rental agreement then N/A)

2.24

Other (e.g. legal services etc, please specify)

Capital Costs (All figures VAT incl)

2.25 Cost of shelving/cupboards for dispensary

2.26 Cost of shelving/cupboards for front shop

Cost of shelving/cupboards for all other areas, (clinics, storage space,
2.27 office) please specify.

2.28 Computer hardware purchase for dispensary

2.29 Computer hardware purchase for front shop

2.30

Computer hardware purchase for all other areas, specify as in 1.10

2.31 Dispensary equipment (e.g. scales, mortar & pestle etc)

2.32 Fridge for medicine requiring cold chain

Date of Acquisition

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2.33 Air conditioner (if part of rental agreement then N/A)

2.34 Fax machine

2.35 Photocopier

2.36 other-(e.g. chairs, clinic beds etc, please specify)

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Please note a print out of all the items dispensed below may be requested by the Department

Section 4

Prescription Based Dispensing (S0-S7)

General Activity
Annual (01 March to 28 February 2011)

4.1	Total Number of items dispensed on doctors prescription	
4.2	Total dispensing fee income generated by prescription items	

Activity by SEP
Number of items dispensed on a Doctor's prescription
Annual (01 March to 28 February 2011)

SEP Band (SEP including VAT)	
4.3	R0 - R25
4.4	R25.01 - R50
4.5	R50.01 - R75
4.6	R75.01 - R100
4.7	R100.01 - R150
4.8	R150.01 - R200
4.9	R200.01 - R250
4.10	R250.01 - R300
4.11	R300.01 - R350
4.12	R350.01 - R400
4.13	R400.01 - R450
4.14	R450.01 - R500
4.15	R500.01 - R550
4.16	R550.01 - R600
4.17	R600.01 - R650
4.18	R650.01 - R700
4.19	R700.01 - R750
4.20	R750.01 - R1000
4.21	R1000.01 - R2500
4.22	R2500.01 - R5000
4.23	>R5000.01

Information submitted on this questionnaire will be kept confidential
Please note a print out of all the items dispensed below may be requested by the Department

Over The Counter Dispensing OTC (S0-S2)

5.1 Total Number of OTC items dispensed
5.2 Total dispensing fee income generated by OTC items

[illegible]**SEP Band (SEP including VAT)**

5.3	R0 – R25	
5.4	R25.01 – R50	
5.5	R50.01 – R75	
5.6	R75.01 – R100	
5.7	R100.01 – R150	
5.8	R150.01 – R200	
5.9	R200.01 – R250	
5.10	R250.01 – R300	
5.11	R300.01 – R350	
5.12	R350.01 – R400	
5.13	R400.01 – R450	
5.14	R450.01 – R500	
5.15	R500.01 – R550	
5.16	R550.01 – R600	
5.17	R600.01 – R650	
5.18	R650.01 – R700	
5.19	R700.01 – R750	
5.20	R750.01 – R1000	
5.21	R1000.01 – R2500	
5.22	R2500.01 – R5000	
5.23	>R5000.01	

Section 6. OPERATING HOURS AND STAFF

Operating hours of the dispensary

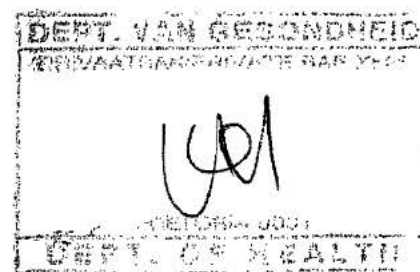
	Opening Time	Closing Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
Holiday		
Do you close any other time?		

STAFF					
	Staff Member 1	Staff Member 2	Staff Member 3	Staff Member 4	Staff Member 5
Name (Surname, first name):					
Position:					
Highest qualification:					
Salary : cost to company (March 2010 - February 2011)					
Tax number:					
UIF Number:					
Number of leave days per annum:					
Number of working hours per week:					
Estimate number of hours spent on dispensary related activities per day:					
Other (e.g. after hours. Please specify - only include these if not included in the salary above):					

Section 7. COMPOUNDING & PREPACKING

		Number of finished product per month											
Type of preparation		Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11
7.1.1	Extemporaneous												
7.1.2	Aseptic												
7.1.3	Oncology												
7.1.4	Adminisg												
7.1.5	Other (Please specify)												

7.2.1	Is this facility licenced to prepack scheduled medicines?	
7.2.2	If yes in 7.2.1 above provide licence number. A certified copy of the licence should also be provided.	



PRETORIA
Private Bag X828, PRETORIA, 0001, 19TH Floor, Civitas, Cnr Siruben & Andries Street, PRETORIA, 0001 Tel (012) 395 8402 Fax (012) 395 8422
CAPE TOWN
Private Bag X9070, CAPE TOWN, 8000, 4TH Floor, 120 Plain St. CAPE TOWN, 8001 Tel (021) 461 2040 Fax (021) 461 6864

Dear Pharmacist

Data Collecting Tool for the Pharmacists Dispensing Fees

Government Gazette No. 33775 published on the 19th November 2010 on the maximum Dispensing Fee for Pharmacists stated that the Dispensing Fee shall be reviewed annually by the Minister.

The review requires that individual pharmacies supply the necessary information to the National Department of Health. The Data Collecting Tool is to serve the purpose of acquiring the necessary information.

The National Department of Health is circulating a Data Collecting Tool requesting information on costs associated with the operation of a dispensing practice.

Pharmacists are advised of the following;

- The information provided in the tool will be kept confidential;
- Information provided may be audited by the National Department of Health and proof of supporting documentation requested;
- The tool consist of eight pages with the following sections:
 1. Instructions;
 2. Pharmacy details;
 3. Total pharmacy expenditure;
 4. Income;
 5. Prescription based dispensing;
 6. Over the counter dispensing;

7. Operating hours and staff;
8. Compounding & prepacking.

- The tool will be sent to both retail and private institutions pharmacies; and
- All figures should be quoted VAT INCL.

Attached are two documents: Annexure A-Declaration and Annexure-B a check list. Both Annexures are for completion by the person responsible for completion of the Data Collection Tool.

The requested information must be supplied directly to the National Department of Health and not through an association or third party. The information provided is the property of the National Department of Health.

The final date of submission is to be the 15 August 2011. Any submission made after this date will not be included in the annual review.

The Data collection Tool can be downloaded from the following website:

www.doh.gov.za. The fully completed Data Collection Tool should be forwarded to the following e-mail address: dispensing@medicalschemes.com

For further information and clarity contact Mr. S Mngadi, email: mngads@health.gov.za, Tel: 012 395 8185



DIRECTOR GENERAL: HEALTH

DATE: 03/06/2011

ANNEXURE A:**DECLARATION**

I, (Full Name and Surname) in my capacity as.....and having the authority to sign and enter into legally binding agreements on behalf of..... (Full Name of Company) hereby certify that the information supplied is true and correct. (NB: please provide proof of authorization to sign on behalf of company).

SIGNATURE (DEPONENT)

Witness:

1.(CFO)
2.(Responsible Pharmacist)

The Deponent has acknowledged that he/she knows and understands the contents of this affidavit, which was signed and sworn to before me aton this the.....day of 2009,the regulations contained in Government Gazette Notice No. R 1258 of 21 July 1972 (as amended) has been complied with.

COMMISSIONER OF OATHS

ANNEXURE B**CHECKLIST****PHARMACY DATA COLLECTION TOOL**

Tick the appropriate box(X)

INSTRUCTIONS

	YES	NO
Have you read all the instructions carefully?		

SECTION 1: PHARMACY DETAILS

	YES	NO
Have you answered all questions in Section 1?		
Have you attached a floor plan of the entire pharmacy?		

SECTION 2: TOTAL PHARMACY EXPENDITURE

	YES	NO
Have you answered all questions in Section 2?		
Have you provided a detailed breakdown of cost as required in Section 2?		
Have you listed and attached all supporting documentation as required in 2?		

SECTION 3: INCOME

	YES	NO
Have you answered all questions in Section 3?		
Have you signed the declaration as required, indicating that the information supplied is true and correct?		

SECTION 4: PRESCRIPTION BASED DISPENSING (S0-S7)

	YES	NO
Have you signed the declaration as required, indicating that the information supplied is true and correct?		

SECTION 5: OVER THE COUNTER DISPENSING (S0-S2)

	YES	NO
Have you signed the declaration as required, indicating that the information supplied is true and correct?		

SECTION 6: OPERATING HOURS AND STAFF

	YES	NO
Have you signed the declaration as required, indicating that the information supplied is true and correct?		

SECTION 7: COMPOUNDING & PREPACKING

	YES	NO
Have you signed the declaration as required, indicating that the information supplied is true and correct?		

If any of the answers to the questions above is **NO** then the tool will be considered incomplete