health
Department:
Health
REPUBLIC OF SOUTH AFRICA

STANDARD OPERATING PROCEDURE

TITLE	**REGISTRATION (ENROLMENT) OF PATIENTS ON THE CCMDD PROGRAMME AND PRESCRIPTION RENEWAL PROCESS**		
INSTITUTION	NATIONAL DEPARTMENT OF HEALTH		
REFERENCE NUMBER	CCMDD SOP 2	**EFFECTIVE DATE**	MAY 2018

PURPOSE

Outline the process of identifying and registering patients on the Central Chronic Medicine Dispensing and Distribution (CCMDD) programme.

PERSONS AFFECTED

- Facility pharmacy personnel (pharmacist/PA)
- Authorised Prescriber (doctor/nurse)
- CCMDD service provider

APPLICABLE POLICIES/LEGISLATION

- Medicines and Related Substances Act 101 of 1965 as amended, and the regulations and guidelines published in terms of this Act (the **'Medicines Act'**)
- Pharmacy Act 53 of 1974 as amended, and the regulations and rules published in terms of this Act (the **'Pharmacy Act'**)
- National Health Act 61 of 2003 as amended, and regulations issued in terms of the Act
- The South African Nursing Act 50 0f 1978 as amended, and the regulations and guidelines in terms of this Act (the **'Nursing Act'**)
- The Disaster Management Act 57 of 2002, and relevant Regulations
- Protection of Personal Information Act, 2013
- The Electronic Communications and Transactions Act 25 of 2002 (ECT Act) South Africa
- Standard Treatment Guidelines, Essential Medicine List
- CCMDD SOP 1: Facility readiness and roll out

ABBREVIATIONS

- **ART:** Antiretroviral Therapy
- **CCMDD**: Central Chronic Medicine Dispensing and Distribution
- **COPD**: Chronic Obstructive Pulmonary Disease
- **DOB**: Date of Birth
- **FPG**: Fasting Plasma Glucose
- **GORD**: Gastro-oesophageal reflux disease
- **HRT**: Hormone Replacement Therapy
- **NCDs:** Non Communicable Diseases
- **NSD:** Next Schedule Date
- **PA**: Post-Basic Pharmacist Assistant
- **PMP:** Patient medicine parcel
- **PuP:** Pick-up-Point
- **SP:** Service provider
- **STG:** Standard Treatment Guideline
- **SyNCH:** Synchronised National Communication for Health
- **TPT:** TB Preventative Treatment
- **VL:** Viral Load

NOTES / SAFETY WARNINGS

a) Only prescriptions by authorised prescribers are valid and can be submitted to the SP.

b) A list of authorised prescribers must be maintained by the health facility, District and Province. The list per health facility must be updated and submitted to the SP monthly/or as the need arises.
c) The unique identifier used in CCMDD is the ID number, Passport number or Asylum seeker number. It is of utmost importance to ensure the unique identifier is transcribed correctly.
d) Patients should be informed about the importance of providing a contact number/cell phone in order to receive relevant communication and notifications.
e) Patients registered into the programme MUST return to their facilities for prescription renewal, early renewal of prescriptions is not permitted.
f) The Provincial CCMDD formulary must be approved by the Province and be available in each facility.
g) A list of contracted/appointed external PuPs within the District/Province must be available at each facility.
h) Multiple brands of a medicine, according to approved national contract lists, might be dispensed, patients should be made aware of this. Examples of package to be shown to patients.
i) No medicines for acute conditions will be available on the CCMDD formulary.
j) Unofficial abbreviations for medicines e.g. FDC is not permitted. Prescriptions will be rejected.
k) SyNCH prescriptions that are saved, should be submitted on the electronic system. Saving a SyNCH prescription does not submit it automatically.
l) SOP 7 – Prescription renewal process has been incorporated into this SOP

Password, username & login credentials protection for SyNCH users

In terms of the following:

- The Protection of information act 84 of 1982
- The Protection of personal information act 4 of 2013
- Promotion of access to information act 2 of 2000
- The National Health 61 of 2003
- HPCSA, Confidentiality: Protecting and Providing Information (2008)
- HPCSA, Ethical Guidelines for Good Practice with Regard to HIV (2008)

Sharing confidential information relating to medical/health records of any patients is prohibited. Patient confidentiality is enshrined in law – the National Health Act 2003 makes it an offence to disclose patients' information without their consent. SyNCH users are therefore requested to refrain from sharing of passwords, usernames or any login credentials and thereby allowing and providing for the disclosure of confidential patient information.

Password Protection Policy is to be strictly complied with:

a) A password must not be revealed to ANYONE. (Including network administrators or any support staff).
b) A password must not be disclosed in an email message, voice message or over the internet.
c) A password may be changed as often as desired.
d) A password should be as complex as possible, so that no one will be able to guess or identify the password.
e) A password must never be written on a piece of paper and, or left freely available for others to see. If the password is written, it must be kept in a secure environment with restricted access.
f) A user is solely responsible for the safe keeping and integrity of a password. It must be treated in the strictest confidence by the user.

- Prescribers should under no circumstances share their SyNCH username and password. Every prescriber will be forced to acknowledge the SyNCH user access request declaration/ agreement electronically on SyNCH upon first login after account was created.
- Data capturers must have their own SyNCH username and password.

No	PROCEDURE	RESPONSIBILITY

<table>
<tr><th colspan="3">Preparing the prescriber for CCMDD</th></tr>
<tr><td>1</td><td>Ensure prescriber is registered with appropriate authority body. Prescriber must be a paid up member, in good standing. Provide the prescriber details to the SP on the Authorised prescriber list (SOP 1 – Annexure A: Authorised prescriber list)</td><td>District/ Facility</td></tr>
<tr><td>2</td><td>Register prescriber on SyNCH within the prescriber role. Ensure authority body number is entered correctly on SyNCH and that the SyNCH user access form is completed manually or on SyNCH.</td><td>District/ Facility</td></tr>
<tr><td>3</td><td>Ensure prescriber receives SyNCH and CCMDD related induction training.</td><td>District/ Facility</td></tr>
<tr><td>4</td><td>Provide the prescriber with the following CCMDD support material:
The latest provincial CCMDD formulary
The latest list of registered PuPs
Correct prescription templates (If Paper-based system is in use)
NSD calendar
SyNCH & SP helpdesk contact details</td><td></td></tr>
<tr><th colspan="3">Identification of patients</th></tr>
<tr><td>5</td><td>The below checklist can be used to identify eligible patients that can be enrolled onto CCMDD, patients can be registered onto CCMDD if they meet the following criteria:
<table>
<tr><th>No.</th><th>Description</th><th>Y/N</th></tr>
<tr><td>a.</td><td>Patient’s medicine is available on the Provincial CCMDD formulary</td><td></td></tr>
<tr><td>b.</td><td>Patient is adherent to therapy and stable according to disease specific guidelines.</td><td></td></tr>
<tr><td>c.</td><td>Patient is older than 5 years old.</td><td></td></tr>
<tr><td>d.</td><td>Patient or caregiver gave consent to join CCMDD.</td><td></td></tr>
<tr><td>e.</td><td>Patient has no medical condition requiring regular clinical consultations.</td><td></td></tr>
<tr><td>f.</td><td>Patient has a valid ID Number /Passport Number/ Asylum Seeker number.</td><td></td></tr>
</table></td><td>Authorised Prescriber</td></tr>
<tr><td>6</td><td>ART enrolment criteria:
On ARV treatment
Most recent VL (taken in the past six months) is < 50 c/mL
Patients with other chronic conditions should be evaluated as per the specific disease conditions and criteria.</td><td>Authorised Prescriber</td></tr>
</table>

<table>
<tr><td>7</td><td>Possible other chronic conditions that may be included in CCMDD.
(List of conditions is Province specific)

<table><tr><td>Angina Pectoris</td><td>Asthma/COPD</td><td>Benign Prostatic Hyperplasia</td><td>Breast Cancer</td></tr><tr><td>Chronic Cancer Pain</td><td>Chronic Kidney Disease</td><td>Chronic Non-Cancer Pain</td><td>Congestive Cardiac Failure</td></tr><tr><td>Conjunctivitis</td><td>Dry eye</td><td>Eczema</td><td>Epilepsy</td></tr><tr><td>Family Planning</td><td>GORD</td><td>Glaucoma</td><td>Gout</td></tr><tr><td>HRT</td><td>HIV</td><td>Hyperlipidaemia</td><td>Hypertension</td></tr><tr><td>Hypothyroidism</td><td>Mental health</td><td>Neuropathy</td><td>Osteoarthritis</td></tr><tr><td>Osteoporosis</td><td>Parkinson</td><td>Peptic ulcer</td><td>Pheochromocytoma</td></tr><tr><td>Rheumatoid Arthritis</td><td>Rhinitis</td><td>Stroke</td><td>Systemic Lupus Erythematosus (SLE)</td></tr><tr><td>TPT</td><td>Type 2 Diabetes Mellitus</td><td>Uveitis</td><td></td></tr></table></td><td>Authorised Prescriber</td></tr>
<tr><td>8</td><td>The following criteria should be followed for children and adolescents:
ART enrolment criteria:
• 5 to 19 years’ old
• On ART for at least 6 months with no regimen or dosage changes in the last 3 months
• Most recent VL taken in past 6 months is <50 c/mL
• No current condition requiring regular clinical consultation Changes

Examples of possible other chronic conditions where children/ adolescents should be reviewed for eligibility:
• Asthma
• Epilepsy
• Family Planning
• Eczema
• Conjunctivitis
• Hypothyroidism
• Rhinitis
• Type 2 Diabetes Mellitus

Note: When prescribing for children and the dosage is calculated on weight, the weight must be presented on the prescriptions, either in the weight field or special instructions field.</td><td>Authorised Prescriber</td></tr>
<tr><td>9</td><td>Patients requiring adherence support can still continue on the programme if they want to.</td><td>Authorised Prescriber</td></tr>
<tr><td colspan="3">Communication, Selection of PuP and Prescribing</td></tr>
<tr><td>10</td><td>Request the patient to select a convenient PuP from the list of registered PuPs. This is a patient’s choice. Patients should not be coerce into PUPs</td><td rowspan="4">Facility/ Authorised Prescriber</td></tr>
<tr><td>11</td><td>Provide the patient with relevant information on the selected PuP which should include the address and hours of operation.</td></tr>
<tr><td>12</td><td>Inform the patient that he/she can nominate up to two people to collect his/her PMP on his/her behalf at the PuP. Proxies must be older than 12 years old.</td></tr>
<tr><td>13</td><td>Inform patient regarding PMP collection process at PuP:
• Patient should collect PMP on the NSD as written on the CCMDD collection card;</td></tr>
</table>

	• Patient/ proxy must present the relevant identification document (ID document/passport /asylum seeker number) for PuP to verify the identity; • Patient/ proxy should present the CCMDD collection card for PuP to complete to indicate collection of PMP; • Patient ID and proxy ID to be presented on collection of PMP; • Patient will receive communication from the SP as confirmation of PMP delivery (It is important to provide a correct cell phone number when registering on the programme).	
14	Counsel the patient on the possibility of receiving various brands of medication throughout the 6 months of collection.	
15	Complete a new prescription that is repeatable for six (6) months on the official CCMDD prescription or SyNCH. Ensure the following information is completed correctly on the prescription: • A correct unique identifier: ○ 13 Digit ID number/ Passport number or Unique identifier (Transcribe from ID book, documentation to ensure correctness) • Correct DOB • Patient name and surname (Ensure correct spelling) • Gender • Clinical file number • Cell phone number • Registered PuP • Proxy information • Health facility information • Indicate the dispensing cycle (1,2 or 3months) • NSD • Indicate if it is a repeat or new patient • Correct prescriber details, signature and prescription date Note the following guidelines when transcribing the clinical medicine item information: • Indications • Note any special instructions or allergies • Only use generic names and official abbreviations • Strength, dosage form and quantity per medicine item • Repeats • Medicine issued **Note:** All chronic medication should be included on one prescription and no acute medicine may be included.	Authorised Prescriber
16	Use the NSD calendar to calculate the correct NSD for the patient. SYNCH will automatically calculate the NSD dates.	Authorised Prescriber
17	Give the patient a CCMDD medicine collection card with the patient details, PuP name, the NSD), blood date (if applicable) and the next clinic appointment/review date. Writing must be legible Emphasize the importance of returning to the health facility for clinical review or whenever the patient feels unwell.	Facility/ Authorised Prescriber
18	Highlight the SP helpdesk number for the patient and inform them to contact the toll free number with any enquiries.	Facility/ Authorised Prescriber
Dispensing process		

19	• Issue the medicines for the first dispensing cycle (1,2 or 3 months) to the patient or, if applicable, inform the patient to collect these from the pharmacy/dispensary/medicine room. • Sign for the medication dispensed. • If any of the prescribed items are out of stock, do not enrol the patient. Once all items are in stock, continue with patient registration.	Authorised Prescriber/ Pharmacist / PA
Collection or obtainment of prescriptions by SP		
20	Ensure CCMDD prescriptions are readily available for collection at a central point in the facility for weekly or daily collections. Prescriptions should be available for collection within 7 days of the prescription date. If SyNCH is being utilised ensure to submit the prescription after it has been completed.	Facility / Authorised Prescriber
21	Ensure adherence to the submission timelines: • If 1-month supply is requested, submit the prescription to the SP > 21 days to NSD. • If 2 or 3-months' supply is requested, submit the prescription to the SP > 42 days to NSD.	Facility /Authorised Prescriber
22	Complete Annexure A to record patients that were manually registered onto CCMDD.	Facility / CCMDD Champion/ Authorised prescriber
Maintenance of records		

23	Maintain the following records:
	• Patient clinical file:
	  ○ Ensure registration onto CCMDD is clearly noted.
	  ○ Note the medication prescribed and return to facility date.
	• All ART patients must be captured on the Tier.Net system (Refer to CCMDD SOP 15).
	• Complete SOP 2 - Annexure A: Health Facility CCMDD patient registration and prescription record. (Only complete if paper-based prescriptions are used).
	• Complete PHC register/DHIS by indicating:
	  ○ Number of new patients registered onto CCMDD.
	  ○ Number of repeat patients registered onto CCMDD.
	  ○ Number of patients collecting from external PuPs.
		Facility / Authorised prescriber/ CCMDD Champion/Data capturer

24	Maintain records of all prescriptions submitted to the CCMDD SP.	Health facility
Prescription renewal process		
25	Patients are reminded when collecting the last repeat/PMP (i.e. no 6 of 6 or no. 5 & 6 of 6) from the PuP to return to the originating health facility on the scheduled review date. Clinic date is written on the appointment card	PuP
26	Inform the health facility, monthly of the list of patients requiring prescription renewal after their last repeat prescription has been dispensed and distributed.	SP
27	Conduct a clinical review of CCMDD patients every six months and confirm that the patient is eligible to continue on the CCMDD programme as per point 6 of this SOP. (It would be best to have the blood results available at review if applicable). If the patient is still stable, issue a new repeat prescription on the CCMDD template or SyNCH.	Authorised Prescriber

<table>
<tr><td>28</td><td>Verify the patient details to ensure it is recorded correctly.
If patient details differ from the previous CCMDD history, ensure the following:
Note the correct information on the prescription.
Inform the SP to update the details on their system.
Inform the SyNCH helpdesk to correct the patients details on SyNCH.</td><td>Authorised Prescriber</td></tr>
<tr><td>29</td><td>If a CCMDD patient is no longer stable and the prescription cannot be renewed, submit a deactivation form to the SP (Refer to CCMDD SOP-8: Deactivation and deregistration of patients).</td><td>Prescriber / health facility</td></tr>
<tr><td colspan="3">Patient registration and consent on SyNCH</td></tr>
<tr><td>30</td><td>On the SyNCH home screen, select “Prescriptions” then “Manage scripts”, “All Prescriptions (create new)”, select “Create New Prescription”.</td><td>Data capturer/ Authorised Prescriber</td></tr>
<tr><td>31</td><td>Patient consent & Patient specification:
After obtaining consent from the patient to register onto CCMDD, select “Yes” under the “Patient has acknowledged CCMDD registration” field.
Complete the patient specification field by choosing one of the following fields:
New on CCMDD & New on SyNCH (Patient is joining CCMDD for the first time, and SyNCH is utilized to register patient).
An existing CCMDD patient, information captured on SyNCH for the first time (previous paper-based).
An existing CCMDD patient, information already captured on SyNCH (repeat).</td><td>Data capturer/ Authorised Prescriber</td></tr>
<tr><td>32</td><td>Patient Details tab:
Patient details to be captured into the electronic system (Compulsory fields are marked with *):
<table>
<tr><td>Identification number and or asylum/passport number *</td><td>Clinic File reference</td><td>Name and surname *</td></tr>
<tr><td>Date of birth * (Auto-populated if SA ID number is used)</td><td>Patient address *</td><td>Language</td></tr>
<tr><td>Pregnant *</td><td>Gender *</td><td>Weight</td></tr>
<tr><td>Ward number</td><td>Contact number * (10-digit cell phone number)</td><td>Access to smart phone</td></tr>
<tr><td>Alternate number</td><td>Medical history</td><td>Allergies</td></tr>
</table>
If the patient has already been registered on SyNCH, the system will automatically notify once the patient’s identification number is entered into the “Patient Details” tab. (Scan barcoded ID). An “Existing Patient” pop-up box will appear. Select option as appropriate:
“Use Patient Record” – If this option is selected, the prescription will have to be entered.
“Use Patient Record & Prescription” - If this option is selected, the existing patient details and prescription will automatically be generated.</td><td>Data capturer /Authorised Prescriber</td></tr>
<tr><td>33</td><td>Next of Kin Tab (Non-compulsory details)
Enter Next of Kin Details: First name, surname, relation & contact number.</td><td>Data capturer/ Authorised Prescriber</td></tr>
<tr><td>34</td><td>Nominated Collector Tab
A patient is allowed to nominate up to two (2) nominated collectors (proxy’s) to collect their PMP on their behalf.</td><td>Data capturer/ Authorised Prescriber</td></tr>
</table>

	• Enter Nominated Collector details: Relationship, first name & surname, ID number or passport/asylum seeker number & contact number	
35	**PuP selection Tab** • The name of the prescribing facility is automatically generated according to the user's login details. • A filter and search function allows for easy identification of registered pickup points. Filter by: type, company, province, district.	Data capturer/ Authorised Prescriber
36	Click "Save" to save the patient's profile (patient's profile will be saved locally and will not be submitted to the SP unless full prescription details are completed and submitted by an authorised prescriber.	Data capturer/ Authorised Prescriber
Prescription generation and submission on SyNCH		
37	Click on "Prescription Details" tab. • The prescription submission date will be auto-completed; • The prescription date can be back captured to a maximum of 7 days (The back capturing of prescriptions accommodates scenarios where the prescription cannot be immediately captured and submitted by the prescriber *e.g.* electricity outages, internet network issues *etc.*); • Enter the return to facility date.	Authorised Prescriber
38	**Indications/Diagnosis and medicine regimens** have been pre-loaded in accordance with PHC STGs and/or Provincial CCMDD formularies (where applicable). To add medicines to the prescription: • Click on the "Indication" drop-down menu and select the appropriate approved indication; • Click on the "Medication" drop-down menu and select the appropriate medication for the indication that was selected; • Click on the" Dosage" drop-down menu and select the appropriate approved dosage for the medication that was selected; • Click "ADD selected dosage" to add the medicine to the prescription; • Ensure that the medicine and dose that has been added to the prescription is correct.	Authorised Prescriber
39	In the event of a **nurse prescribing** a medicine that was meant to be initiated by a doctor (see point 6 above) a "Doctor Initiated Dosage" pop-up box will appear with the following declaration: "These dosages can only be initiated by a doctor. By clicking "Accept", I acknowledge that the dosage has been initiated by a doctor and a record of this initiation is present in the patient's clinic file." The nurse can either: • "Accept" the declaration for each medicine as applicable, thereby declaring that there is evidence in the patient's clinic file/folder/notes, of initiation of that medicine by a doctor. The prescription will be submitted with the relevant medicine. "Reject" the declaration thereby declaring that there is no evidence of such initiation by a doctor in the patient's clinic file/folder/notes. The relevant medicine will automatically be removed from the prescription before submission to the CCMDD SP.	Authorised Prescriber
40	**Protocols** for certain indications have been pre-loaded. To prescribe using protocols: • Select the appropriate indication/diagnosis. • Click on the "**Protocol**" drop-down menu.	Authorised Prescriber

	• Select the appropriate protocol (the medicines that are in the protocol will appear next to the "Protocol" drop-down menu). • Check that the medicines and dosages in the protocol are appropriate for the individual patient. Click "**ADD Selected Protocol**" to add all the medicines to the prescription.	
41	Certain **medication interactions and/or contraindications** have been programmed into SyNCH. If a possible drug interaction exists, a "Drug Interaction" pop-up box will appear. A description of the medicine interaction will be displayed for the prescriber: • If an alternate medicine is available on the respective CCMDD formulary, a recommendation is given to the prescriber. The prescriber has the choice to either: ▪ "*Substitute*" with the recommended medicine. The substituted medicine will appear on the prescription and the original medicine will not appear on the prescription. ▪ "*Override & Continue*" – If the prescriber clicks this option the original medicine that was prescribed will be loaded on the prescription.	Authorised Prescriber
42	• Select the correct **months' supply** from the drop down (1-month, 2-months or 3-months) If 1 month is selected, the "Number of repeats" defaults to 5 repeats. If 2 months is selected, the "Number of repeats" defaults to 4 repeats. • Choose the **prescription validity period.** • Indicate the number of months of medicine supplied by the health facility. • Mark first issue and indicate the place of dispensing.	Authorised Prescriber
43	Once the prescriber is satisfied with the prescription, click on "**Submit**" to transmit the prescription to the SP. If the prescription is saved and not submitted, the SP will not receive the prescription.	Authorised Prescriber
44	If any error was made on the prescription (including incorrect record of dispensing), after the prescriber clicked "Submit", the prescriber will not be allowed to submit another prescription without first cancelling the submitted prescription.	Authorised Prescriber

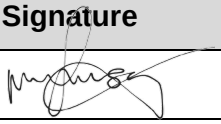
TOOLS

SOP 2: Annexure A - **Health Facility CCMDD Patient Registration and Prescription Record**

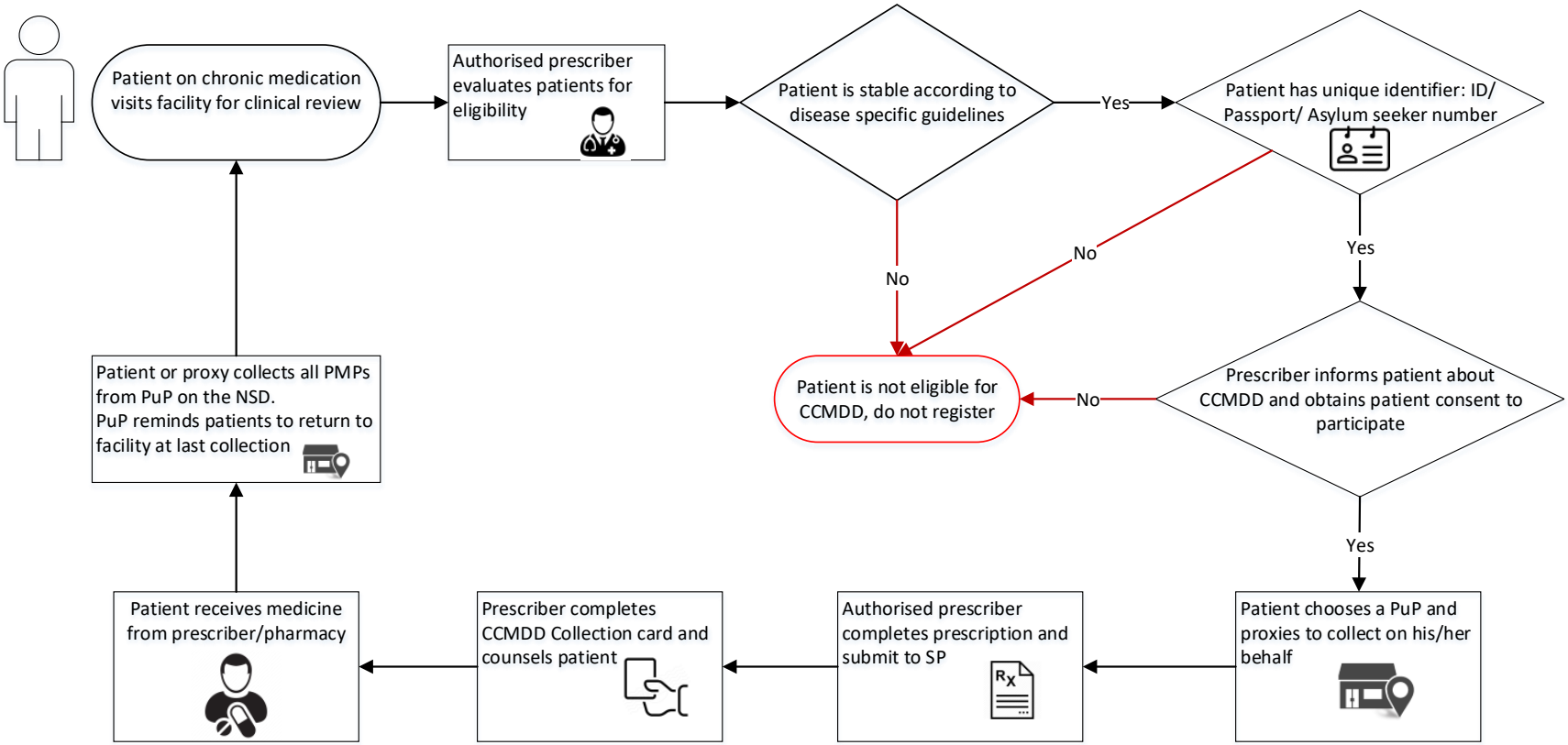
SOP 2: Process flow of registration of a patient onto CCMDD

Support material:

- Provincial CCMDD medicine list
- Approved PUP list
- Authorised prescriber list
- NSD calendar
- CCMDD prescription template
- SyNCH access and training

SOP REVIEW AND AUTHORISATION				
Date	**Initials & Surname**	**Designation**	**Signature**	**Comments**
24 March 2021	M. Munsamy	Head: CCMDD		Reviewed SOP, added process flow

Process flow for patient enrolment onto CCMDD



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CCMDD SOP 2 ANNEXURE A: HEALTH FACILITY CCMDD PATIENT REGISTRATION AND PRESCRIPTION RECORD											
Province:				**District:**			**Facility:**				
No	**Date of Script**	**New/ Repeat patient (N/R)**	**Patient Surname**	**Patient Name**	**Patient ID /Passport /Asylum Seeker No**	**Patient Facility File No.**	**ART/ or ART & NCD/ or NCD only (A/A&N/NCD)**	**NSD**	**Next Patient Review Date**	**Selected Pick-up point (PUP) for collection**	**Type of PUP (Ex PuP, Facility PuP, OP, AC)**
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2											
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