

Pattern of Local Purchase of Drugs at Lady Ridgeway Hospital Colombo – A Case Study

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Consultant may use the facility of local purchase of drugs for individual indoor patients and such purchases should only be done at the request of the consultant in writing. The Head of the Institution, after verifying that the drug in question is not available in the RMSD and MSD may approve such purchase. Such information is provided to the institutions by MSD via e-mail weekly. In addition, it is published through the Ministry of Health website (www.health.gov.lk). 33. Under the above scheme, consultants may request for local purchase of special items which are not included in the Sri Lanka Hospital Formulary or in the annual drug estimate but registered for use in the country. All requests for local purchases have to be made by the generic names only. (Circular No. 02-30/2003 of 19th May 2003.)

For this purpose, the Regional Director of Health Services will make an allocation at the beginning of the year to Provincial, District General /Base Hospitals with consultants, who are only allowed this facility. In the case of centrally managed institutions, the allocation will be given by the Ministry of Health

- ii. National Hospital - 10% of value of annual drug estimate
- iii. Teaching Hospitals - 10% of value of annual drug estimate
- iv. Provincial Hospitals – 5% of value of annual drug estimate
- v. District General Hospitals - 5% of value of annual drug estimate
- vi. Base Hospitals- 2.5% of value of annual drug estimate

Quotations for local purchase should be opened in the presence of the Procurement Committee (refer National Procurement Agency guidelines).

All purchases should be reported to the Director/MSD monthly as per format in the following table by the O i/c of the institution.

In the case of institutions managed by the Provincial Councils, reports should be sent to PDHS, RDHS in addition to DMSD. Information regarding local purchases made by each consultant should be circulated among all consultants of the institutions monthly. A review of the expenditure on local purchase by each unit should also be made available at the monthly drug review committee meeting and

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comparison of the same with respect to expenditure on hospital formulary items and its variation over the month should also be discussed. Procedure of indenting drugs by the MSD.

All institutional and regional drug estimates are consolidated to arrive at the national requirement. In addition, the actual consumption of each item during the last three years and its trend are also taken into account in this exercise. To determine the indenting quantity, it is necessary to consider the expected stocks on orders which have been already placed. Order lists are prepared indicating detailed specifications for each item.

Delivery schedules are planned based on storage capacity at MSD for different types of items (eg. cold storage). Order lists are then forwarded to the SPC. A midyear review of the supply position is done in order to make adjustments to the existing orders or to place additional orders if necessary.

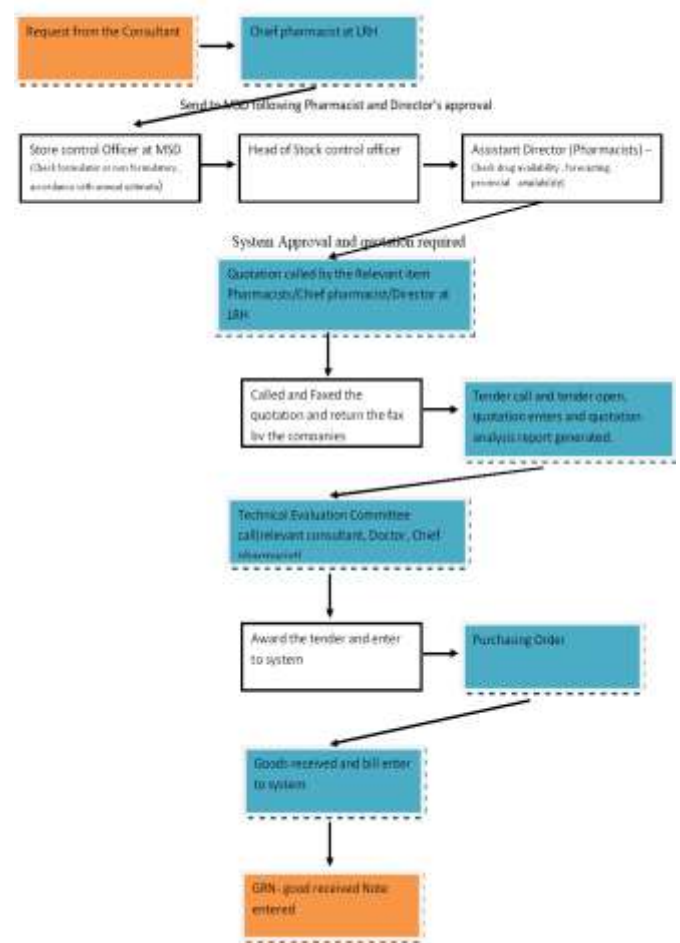
The Institution has well organized pharmaceutical department, which is the most expensive and important component of the hospital.

It provides services to the patient’s within the institute as well as for the special campaigns and for any situation of disasters.

The department performs routine functions from 8am to 4pm every day, except for Saturdays, where it functions from 8am to 12 noon. It also functions for 24hour throughout emergencies.

The institution obtain drugs from Medical Suppliers Department of Ministry of Health.

Process of Local purchase at LRH



Local Purchase 2018

Ward /Unit	Cost Rs .
1	135,365.25
2	163,917.00
3	101,627.43
4	76,703.24
5	287,537.90
7	105,001.70
8	25,113.79
9	26,856.00
10	156,975.00
11	494,766.80
15	10,463.99
19	7,681.45
20	17,693.15
24	86,190.22
CTICU 1	98,902.82
CTICU 11	105,336.30
MICU	408,037.43
SICU	315,215.61

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Burns unit	3,210,733.35
Drug Stores	43,115,235.58
SICU	224,840.20
OT	404,082.25
Skin Clinic	556,739.89
PCU	70,806.60
CTOT	1,171,450.00
Eye Unit	18,190.00
AS	2,335.00
IDD	3,765.00
PBU	14,517.25
Dialysis Unit	49,999.00
Endocrine clinic	5,341,430.00
OPD	13,515.00
OT- Eye	6,262.00
Cath Lab	9,600.00
Tissue Bank	118,500.00
Occupational therapy Unit	17,400.00
NNU	425.00
	56,973,211.20

Currently PRONTO system there to streamline the drug purchasing system.

Advantages –

1. Monitoring is easy
2. Wastage minimized.

But there are some pit falls are.

- 1- Delay in MSD approval
 - 2- Delay at office-(One DO is working for it. weekend delay is more)
 - 3- TEC delay
 - 4- More paper work
- 2019/11

References:

1. Manual of Management of Drugs- MOH
2. Annual Health built-in LRH 2018

Table 1- Local purchase of drugs

These are the FormulatorY drugs currently not available-

IV Ceftazidine, Iv Linosilic acid , IV Milrivan, Iv Cal Gluconate, PCM suppo, Diclo suppo, Fluoxetine, Azothiaprine, Diaxine, Ribavarin, Dexoprozine, HCG injection, Marcane, parasafe.

Non formulatory drugs currently not available

Hexavalant vaccine, Orapriline vaccine, Microenema, Clonidine tablets, Isopranillin,

Some drugs are local purchase under Name patient Basic method and then converted to formulator method. But it take 6 months time to reached the drug.

There's a special meeting called non formulatory meeting and with the presence of relevant consultant that drug registered as fommulatory following SR generated. (Eg Micro flamic acid180mg/ L Thrombopeg) So until that it should take through local purchase procedure.

In LRH following clinic drugs also buy through local purchase procedure. They are Insulin, anti epileptic drugs, thyroxin,