

## Pattern of Local Purchase of Drugs at Lady Ridgeway Hospital Colombo

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### INTRODUCTION

Consultants 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 (<http://www.health.gov.lk>). 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 19<sup>th</sup> May 2003) [1].

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.

- i. National Hospital - 10% of value of annual drug estimate
- ii. Teaching Hospitals - 10% of value of annual drug estimate
- iii. Provincial Hospitals - 5% of value of annual drug estimate
- iv. District General Hospitals - 5% of value of annual drug estimate
- v. 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 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 is 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 (e.g.: 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 [2].

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

It provides services to the patients within the institute as well as for the special campaigns and for any situation of

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disasters.

The department performs routine functions from 8 AM to 4 PM every day, except for Saturdays, where it functions from

8 AM to 12 PM. It also functions for 24 h throughout emergencies.

The institutions obtain drugs from Medical Suppliers Department of Ministry of Health (Table 1 and Figure 1).

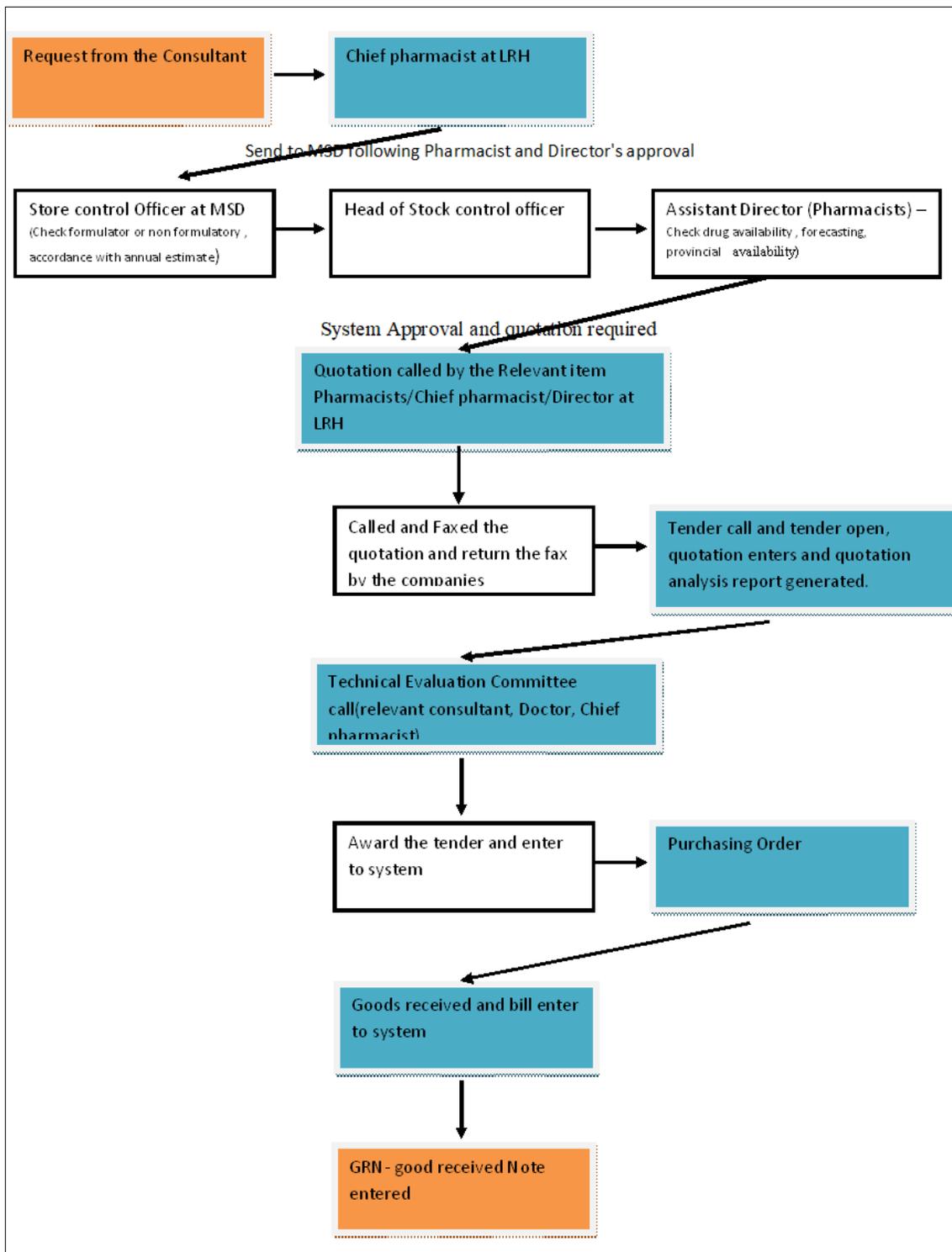


Figure 1. Process of local purchase at LRH.

**Table 1.** Local purchase of drugs.

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
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

These are the formulator drugs currently not available: IV Ceftazidime, IV Linosilic acid, IV Milrivan, IV Cal Gluconate, PCM suppo, Diclo suppo, Fluoxetine, Azathioprine, Diaxine, Ribavirin, Dexoprozine, HCG injection, Mar cane, Para safe.

Non formulator drugs currently not available: Hexavalent vaccine, Orapriline vaccine, Micro enema, Clonidine tablets, Isopranillin.

Some drugs are local purchase under name, patient basic method and then converted to formulator method. But it takes 6 months of time to reach the drug.

There's a special meeting called non formulator meeting and with the presence of relevant consultant that drug registered as formulator following SR is generated (e.g. Micro flamic acid 180 mg/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.

Currently, PRONTO system is there to streamline the drug purchasing system.

#### **ADVANTAGES**

1. Monitoring is easy
2. Wastage is minimized

But there are some pitfalls:

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

#### **REFERENCES**

1. MOH (2018) Manual of Management of Drugs.
2. Lady Ridgeway Hospital (2018) Annual Health Bulletin.