



Province of the
EASTERN CAPE
DEPARTMENT OF HEALTH

TO:	DR T MBENGASHE SUPERINTENDENT GENERAL
FROM:	GENERAL MANAGER: CLINICAL SUPPORT – MR. S. ZUMA
SUBJECT:	REQUEST FOR APPROVAL OF THE SERVICE LEVEL FRAMEWORK BETWEEN THE MEDICAL DEPOTS AND HEALTH FACILITIES
DATE:	26 TH JUNE 2014

PURPOSE

To request approval of the Service Framework between the Medical Depots and the Health Facilities

BACKGROUND

Provision of medicines and medical consumables is affected by performance of the role players. National Core Standards vital criteria also require that the department has a framework that is approved to guide the provision of medicines and medical consumables.

DISCUSSION AND MOTIVATION

The Service Level Framework has been developed by Pharmaceutical Services in consultation with the Hospital and District Health Services supported by the Management Sciences for Health. The framework has also been approved by the Provincial Pharmaco Therapeutic Committee as the Advisory Committee on matters affecting provision of medicines in the province

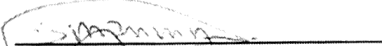
FINANCIAL IMPLICATIONS

There are no cost implications for the approval and implementation of the Service Level Framework instead it may contribute towards efficient utilization of medicines and medical consumables

RECOMMENDATION FOR APPROVAL

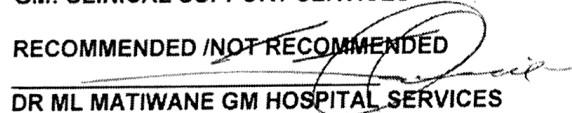
It is requested that SG approves the attached framework for provision of medicines and medical consumables in the province

SUBMITTED


MR. S. M. ZUMA
GM: CLINICAL SUPPORT SERVICES

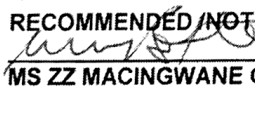
RECOMMENDED / NOT RECOMMENDED

Date 07/07/14


DR. M. L. MATIWANE GM HOSPITAL SERVICES

RECOMMENDED / NOT RECOMMENDED

Date 14.07.14

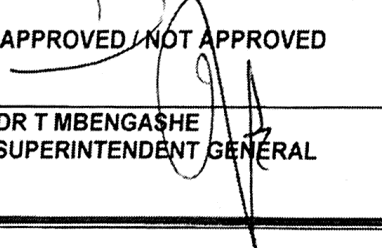

MS. Z. MACINGWANE GM DISTRICT HEALTH SERVICES

RECOMMENDED / NOT RECOMMENDED

Date 6/8/2014


DR. P. MADUNA DDG CLINICAL MANAGEMENT SERVICES

APPROVED / NOT APPROVED


DR. T. MBENGASHE
SUPERINTENDENT GENERAL

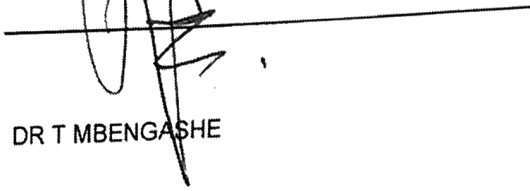
Date 8/8/2014

24. SIGNATURE

This framework was approved at BHISHO on this 8 day of

August 2016.

SIGNATURE



NAME

DR T MBENGASHE

DESIGNATION SUPERINTENDENT GENERAL EC HEALTH DEPARTMENT

AS WITNESSES:

1. _____
2. _____