

## New Pharmacy Model for Vision 2030 in Saudi Arabia

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Received: 3 March 2017;

Accepted: 25 April 2017

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### INTRODUCTION

King of Saudi Arabia Launched the Saudi Vision 2030 with a strategic plan in the coming fifteen years in late 2016.<sup>[1]</sup> There were several programs among of the strategic plan, and the transforming programs were part of them. The Ministry of Health (MOH) released fifteen strategies to achieve the vision 2030.<sup>[2]</sup> With a new vision and strategy its need to think out of the box and start to change pharmacy practice model in Saudi Arabia. In addition to MOH strategic plan of pharmaceutical care and the quantity and quality of national pharmacy practice programs.<sup>[3-4]</sup> Most of the pharmaceutical care services will switch from inpatient pharmacy model to ambulatory care pharmacy model, and one of the new initiatives Systems is a managed care pharmacy. All Ambulatory care pharmaceutical care service will provide through community pharmacy or retail pharmacy. This model fits with MOH strategies number one and five, seven and nine. To apply this model the author listed some suggestions to privatization the MOH institutions and pharmacy services as the following.<sup>[5,6]</sup>

Some ideas and practical steps for privatization vision of Ministry of Health facilities:

- The Health Care Holding Company established with board of directors headed by His Excellency the Minister of Health and membership of the Ministry of Health related appointed by the Ministry of Health Minister
- The MOH budget divided among all health care services companies based on initial assets and business budget.
- Each health care services company as business unit coordinates with the medical insurance companies for all citizens and non-citizens. All business unit set up the market price service for non-participants of medical insurance
- After one year, each health care services company participates of 2.5 to 5% of health companies' shares and offer for public stocks.
- All international hospitals and international health companies can engage with medical services companies as partners not exceeding 10%-20% of the enterprise's shares.



All citizen and non-citizens have an electronic medical record identify by a civil identity number through health care services company and connected to the Ministry of Inferior National system

The health insurance system apply to all visitors from abroad for Hajj, Umrah or the general visit, and open medical electronic record based on visa number to Kingdom of Saudi Arabia.

All the directorates of health affairs in the regions turn to three health authorities in the Eastern, Central, and Western Region for monitoring and implement the regulations and legislations and differences between companies and citizens

All the directorates of health affairs linked to the office of the Minister of Health

Some suggestion of practical steps for privatization vision of MOH Pharmacy Services as following:

All medical supply processes, medical and pharmaceutical stores and related issues should transfer to the National Unified Procurement Company for Medical Supplies (NUPCO) gradually within 1-3 years, and connected to an

electronic pharmacy system with the implementation of the pharmacy inventory management.

All primary care centers prescriptions should switch to dispense through community pharmacies in progressive basis from 1-3 years and connected to pharmacy computer system with an electronic patient medical record

Each fifteen to twenty primary care center pharmacies make them one unit pharmacy to follow up the medication distribution process through community pharmacies dispensing and pharmacy computer system with an electronic patient medical record All prescriptions of outpatient pharmacies at all MOH hospital and clinics should switch to distribute through community pharmacies in regular basis from 1-3 years and connected with pharmacy computer system with an electronic patient medical record of primary care center and community pharmacies.

All community pharmacies expand and divided into general and specialized community pharmacies for dispensing medications and provide pharmaceutical care

Develop general clinical pharmacist and Ambulatory care clinical pharmacist jobs with different specialties should

**Table 1: Suggested MOH institutions and pharmacy services privatization**

Name of the hospital specialties	No. in reality	No.of organizations per companies	No. of companies	Inpatient Pharmacies services	Old emergency pharmacies	New satellite pharmacies	Old outpatient pharmacies	Community pharmacies	General clinical pharmacies	Specialized clinical pharmacies
Primary care centers groups	2282	Each 25-50 primary care center change to one company	43-86	Yes-No	No	Yes	No	Yes	Yes	Yes
Public hospitals groups	228	Each 10 Public General Hospital change to one company	19	Yes	No	Yes	No	Yes	Yes	Yes
Pediatrics and Maternity hospitals groups	20	Each 5-10 Hospital change to one company	2-4	Yes	No	Yes	No	Yes	Yes	Yes
Psychiatric hospitals groups	20	Each 5-10 Hospital change to one company	2-4	Yes	No	Yes	No	Yes	Yes	Yes
Heart & Diabetes Centers groups	25	Each 5-10 Hospital change to one company	2-4	Yes	No	Yes	No	Yes	Yes	Yes
Rehabilitation and Geriatrics hospitals groups	16	Each 5-10 Hospital change to one company	2-4	Yes	No	Yes	No	Yes	Yes	Yes
Medical cities	6	Each one of medical city change to one company	6	Yes	No	Yes	No	Yes	Yes	Yes
Dental centers groups	35	Each 5-10 dental care center change to one company	3-7	Yes	No	Yes	No	Yes	Yes	Yes

**Table 2: Type of pharmacist and pharmacy technician jobs situation for each pharmacy career after privatization.**

Type of Healthcare Institution	Number of critical care and acute pharmacist and pharmacy technician jobs	Number of emergency pharmacist and pharmacy technician jobs	Number of ambulatory care pharmacist and pharmacy technician jobs	General Clinical Pharmacies services	Number of specialized critical care and acute clinical pharmacist jobs	Number of specialized emergency clinical pharmacist jobs	Number of specialized ambulatory care clinical pharmacist jobs
Primary care centers	Decrease	Decrease	Decrease	Increase	Decrease	Decrease	Increase
Dental Center	Decrease	Decrease	Decrease	Increase	Decrease	Decrease	Increase
General Hospital	Increase	Increase	Decrease	Increase	Increase	Increase	Decrease
Medical cities	Increase	Increase	Decrease	Increase	Increase	Increase	Decrease
Pharmaceutical companies	Decrease	Decrease	Increase	Increase	Increase	Increase	Increase
Health insurance companies	Increase	Increase	Increase	Increase	Increase	Increase	Increase
College of pharmacies	Increase	Increase	Increase	Increase	Increase	Increase	Increase
Pharmaceutical consultation office	Increase	Increase	Increase	Increase	Increase	Increase	Increase
Community pharmacies	Decrease	Decrease	Increase	Increase	Decrease	Decrease	Increase

be established to apply very comprehensive general and specialized ambulatory care pharmaceutical care services as explored in Table 2.

Some of the inpatient pharmacies prescriptions at all MOH hospital, one-day surgery, and ambulatory care clinics should switch to distribute through community pharmacies in gradual basis from 1-3 years and connected with pharmacy computer system with an electronic patient medical record

Keep inpatient prescription including parenteral medication, Total Parenteral Nutrition preparations, and other necessary dispensing medication as unit dose system for hospitalized patient

General clinical pharmacist, critical care clinical pharmacist, Emergency clinical pharmacist, and acute care clinical pharmacist with different specialties should be established to apply very comprehensive general and specialized clinical pharmacy services at hospital setting as explored in Table 1 and Table 2.

## CONCLUSION

The converting of pharmacy sector to share with privates sector and based on Saudi Vision 2030 will enormous increases in the future.

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**Cite this article as:** Yousef Ahmed Alomi, New Pharmacy Model for Vision 2030 in Saudi Arabia. J Pharm Pract Community Med. 2017;3(3):194-196.