

- In the treatment room, always explain what you are going to do – and to which eye!
- When providing written information, make sure it is in a readable size and font and pass it to an attending sighted carer for future reference
- An unaccompanied patient who may be unable to hear, as well as having sight problems, may benefit from taped information to take away and share with family at home.



Fig. 9: 'Don't pull me!'

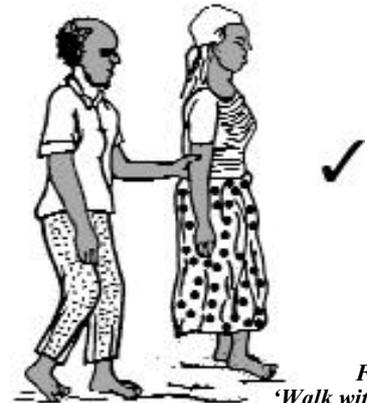


Fig. 10: 'Walk with me!'

Eye health workers have a responsibility, and an important position, for teaching others about assistance to the visually impaired. But we must be seen to be practising what we teach. A community-based rehabilitation project in Uganda, some years ago, used a very appropriate and challenging means of raising awareness.

They provided T shirts for the project team members with illustrations and slogans which read, 'Don't pull me' (front – see Fig. 9) and 'Walk with me' (back – see Fig. 10). Can you think of similar activities, perhaps?

Acknowledgements

- The Royal National Institute for the Blind, UK.
- Illustrations (Figs. 1–8) by Teresa Robertson.
- My thanks are also due to the many visually impaired patients who have helped me to understand their needs and taught me how to help them. □

Technology for Vision 2020

Purchasing and Stock Control for Eye Care Units

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This article aims to provide guidelines in support of the Infrastructure and Technology component of VISION 2020.

Purchasing and stock control play an important part in effective project management and coordination. All efforts are wasted if necessary supplies are unavailable.

- Patients willingly travel to a hospital that is reliable and has a well-established reputation, but will not attend an eye unit that cannot dispense their medication on discharge or will cancel their operation because a replacement microscope bulb cannot be found
- Staff will soon become demoralised seeing 'out of stock' written in order books or on store shelves and, more importantly, patients will suffer
- The effect will not only be felt by the hospital staff and the individual patient but will have far-reaching consequences, outside of the hospital, for the community it is aiming to serve.

Deciding What is Needed

Each department needs to decide what supplies are required. The following list will help to identify which supplies are already held and which extra items may need to be ordered and kept available in the store.

- **Routine consumables:** e.g., syringes, needles, gloves, IOLs, eye drops, other medications
- **Specialist items:** e.g., vitrectomy tubing, paper for A-scan biometry, Schirmer's test strips, intra-vitreal antibiotics, sutures for plastic and retinal surgery, anti-fungal pellets, instruments for specific surgical training
- **Bulbs** for routine equipment: e.g., slit lamps, direct and indirect ophthalmoscopes, lasers, lensometers, operating lights
- **Spare parts** for routine equipment needing regular and frequent maintenance: e.g., fibre optic cables for microscopes, spare keys for lasers, foot pedals for microscopes, A-scan probes.

Needs should be discussed with staff members who know their department well and clear explanations given regarding what they hope to achieve through good stock control practice. When supply needs are decided the information can be collated and a stock control policy devised.

Establishing a Stock Control System

A person of integrity should be appointed as the store keeper. The system should be clearly explained and the importance and responsibility of their role emphasised. Supervised practice is necessary in the early days following the appointment.

Stock Cards

Each item in store, e.g., medical drug, spare part, stationery item, should be entered on a dedicated stock card. These cards:

- Can be either hand-written or be stored in a computer; the important factor is accuracy
- Show a running balance of the quantity of the specific item
- Can be maintained by the store keeper who is responsible for entering the quantity issued and the requesting department on the card
- Should be checked each month by someone in authority to ensure accuracy and also to enable monitoring of the general usage in each department.

Noting the monthly usage is useful when considering the annual budget and requirements for the year ahead. An end-of-year stocktaking exercise is required for correct auditing procedures.

Minimum Stock Levels

The heads of department will indicate the minimum stock levels required for each item based on the quantities required for

maintaining a service. This figure is entered on the stock card. It needs to be taken into consideration whether an item is a local or overseas purchase. Orders need to be placed well in advance of the minimum stock level being reached. At least two months working supply for local purchases and 6 months for overseas purchases is recommended. Forward planning is important as holiday times will affect the processing of orders from the suppliers. If the Unit has students in (surgical skills) training, allowance should be made for extra use of certain items, e.g., sutures and visco-elastic.

Identifying and Accessing Stock

Storage Suggestions

- Storage conditions are a vitally important consideration in hot humid climates. Air conditioning may be necessary as most drugs need optimum storage conditions. Medications and other consumables can be stored alphabetically for ease of access
- Frequently used items, e.g., bulbs, spare parts and surgical instruments are best kept in a central place within the department where staff who are familiar with them and understand their functions can quickly access them and order as stock levels demand
- Specialist equipment and expensive materials should be stored in a secure place in the store where access is limited
- Anaesthetic equipment should be stored in a designated area
- Displayed lists and colour-coding of shelves will provide easier access
- Food, stationery and cleaning materials must always be stored separately and away from medical equipment.

Developing a Purchasing Policy

It is the responsibility of the management team to devise and establish a purchasing policy based on the priority needs for



Pharmacy store – labelling and displayed lists assist easy access

Photo: Sue Stevens

consumable and non-consumable items as identified by the departmental staff.

Depending on individual and local practices the policy will vary but basic principles of accounting and auditing should be followed.

Purchasing Procedure Suggestions

- Maintain a register with up-to-date names and contact details of all suppliers used. List what each supplier provides and the costs
- Request an updated price list and catalogue each year. Copies of these may be kept in the finance department and stores for reference
- Try to keep the number of suppliers to a minimum. This may be difficult especially regarding specialist items ordered from overseas
- Purchase local items on a monthly or weekly basis. If possible, organise group bulk purchasing with other eye units to reduce costs. A 30-day credit facility is useful when using local suppliers
- When the orders have been prepared they should be passed to the person responsible for estimating the cost, e.g., the department finance manager. With available funds and no outstanding debts with suppliers confirmed, the order can be presented with the relevant stock card showing the current balance for approval by management and the order placed with the supplier.

Receiving Purchased Items into the Store

The purchases will arrive with an invoice or a delivery note and should be checked into the store by the store keeper or other responsible person appointed to this particular task. A 'goods received note' (GRN) should be completed and the date and quantities received entered on the stock card to give a running balance. This entry should be signed by the person receiving the goods. All invoices, delivery notes and GRNs should be sent for final checking by the finance manager before cheque payment is made.

Considerable financial investment is necessary when stocking an eye unit and this is an important reason for creating an efficient and effective purchasing and stock control system. Unnecessary ordering, especially items that will

become out-of-date is wasting money. Emergency orders and delays in service delivery will eventually increase the cost of surgery. Items purchased locally will help to maintain the low cost of cataract surgery. Consistently good quality materials are important to both the surgeon and the patient.

Health care budgets are already stretched. We have a responsibility to manage donors' and patients' money carefully. Well-maintained stores and effective purchasing policies will enable the provision of affordable eye care for the community as a whole.

☆ ☆ ☆

NEW APPOINTMENT

Professor Allen Foster OBE FRCS FRCOphth



Allen Foster

Allen Foster has been appointed **Professor of International Eye Health** at the **London School of Hygiene and Tropical Medicine (LSHTM)**.

Professor Foster is Director, International Centre of Eye Health (ICEH), now situated at the LSHTM.

For many years, Allen Foster has been Medical Director, CBM International, following ten years of service in Tanzania. He is Senior Vice-President of the International Agency for the Prevention of Blindness.

ICEH staff and serving committee members of the *Journal of Community Eye Health* are delighted to report this academic recognition of Allen Foster's many contributions to the prevention of world blindness and Vision 2020: The Right to Sight.

Editor