

National health plan

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Durban - The national Health Department is planning to put all the central hospitals - including Durban's Inkosi Albert Luthuli Central Hospital and King Edward VIII - under one umbrella that will account to the national office.

According to the department, the hospitals would be "transformed" into training platforms, research hubs and centres of excellence locally, regionally and internationally.

Popo Maja, department cluster manager: communications and stakeholder management, said the aim was to improve the management and governance of these facilities to benefit the whole population.

There are 10 central hospitals around the country: King Edward VIII and Inkosi Albert Luthuli Central hospitals in KwaZulu-Natal; Groote Schuur and Tygerberg hospitals in the Western Cape; Steve Biko, George Mukhari, Charlotte Maxeke and Chris Hani Baragwanath hospitals in Gauteng; Universitas Hospital in the Free State; and the Nelson Mandela Academic Hospital in the Eastern Cape.

Maja said the plan was to turn the facilities into a national government competence.

"The centralisation of these facilities will require amendments to the National Health Act in the main, and other relevant acts. So, yes, implementation will depend entirely on the legislative (parliamentary) processes," Maja said.

This plan is detailed in the National Health Insurance (NHI) White Paper.

Maja said the implementation of the NHI itself would be phased in over 14 years.

He said it was hard to say which facilities the national department would take first.

"The motivation to centralise these facilities is to give all patients the treatment they deserve, regardless of where they live. The training of medical specialists has also taken a knock because the provincial governments use the money budgeted for skills development on other things. Until recently, many provinces have not seen health as an investment which makes economic sense."

According to the NHI White Paper, central hospitals would be a platform for conducting research, training and being centres of excellence for innovation nationally and globally.

The decentralisation of their management functions and responsibilities would be prioritised to ensure their effective functioning and sustainability, thereby contributing to improved quality of care, responsiveness to patient needs, hospital effectiveness and affordability of health care.

Accountable

Greater responsibility and accountability would rest on departmental heads within the central hospital, while appropriately-constituted boards would govern the facilities. The boards would have a delegated oversight responsibility.

"All these reforms will necessitate central hospitals becoming a competence of the national sphere of government which will require new governance structures. This is important as all tertiary health services and the facilities in which they are delivered forms a pivotal component of a unified, national health system," Maja said.

The SA Medical Association (Sama) in KZN cautioned against the plan.

Sama KZN Coastal's chairperson, Dr Mvuyisi Mzukwa, said: "To be honest, I'm not sure how this will help in the provincial public health crisis. The problem with these guys (government department leaders) is that they don't consult people on the ground."

Mzukwa said provincial departments were not communicating with the national department, making reference to last year's Life Esidimeni tragedy when more than 100 psychiatric patients died.

“We need one health department in the country, just like the Labour Department, not this fragmented system with nine MECs. In that way, the national office will be able to keep tabs on what’s going on as all provinces would be reporting to the national office, and not to MECs,” Mzukwa said.

The DA said Inkosi Albert Luthuli Central Hospital was run through a public-private partnership (PPP), and was one of the best-run facilities in the country.

The DA’s spokesperson on Health, Dr Imran Keeka, said it was unclear how the “takeover” would affect the hospital’s PPP arrangement.

“This will need clarity should the decision become final. It will need to be determined how funding allocations currently available for Albert Luthuli will be managed through the department’s budgeting processes.

“The KZN Department of Health has shown that with centralised procurement and inadequate delegation of funds and authority to hospitals, the resultant effect since 2015 has been devastating. The move may have unintended negative consequences,” Keeka said.

He said the Albert Luthuli PPP model was working well, although expensive and not free of challenges. He said the PPP model required expansion rather than the national department putting central hospitals under one umbrella.

The PPP refers to contracts between public-sector institutions and a private party, where the latter perform functions that are usually provided by the former. Most of the project risk (technical, financial and operational) are transferred to the private party.

By CHRIS NDALISO – IOL Daily News