



NHI Draft Bill Daily Analysis

The NHI Draft Bill was published in Government Gazette 41725 on 21 June 2018. The South African Private Practitioners' Forum will be sharing an analysis of the Draft NHI Bill with members, highlighting issues of importance and concern.



NHI Draft Bill – Day 6 Excerpt from the Draft Bill

“Accreditation of service providers

38. (1) Public and private service providers accredited by the Fund in terms of this section must deliver health service benefits at the appropriate level of care to users.
(2) In order to be accredited by the Fund, a service provider must - (b) meet the needs of users and ensure service provider compliance with specific criteria, including -
(i) provision of the minimum required range of personal health care services
(ii) allocation of the appropriate number and mix of health care professionals to deliver the health care services.”

“Payment of service providers

39 (1) The Fund, in consultation with the Minister, must determine the nature of service provider payment mechanisms...
(2) In the case of specialist and hospital services, payments must be all- inclusive and based on the performance of the service provider.
(3) Accredited primary service providers at health establishments, must be funded on a risk adjusted capitation basis in relation to-
(a) the size of the population served; and
(b) the range of services for which they are responsible”

Analysis

The entire NHI Draft Bill only refers to specialists once, as indicated above. There is no referral in the NHI Bill to healthcare professionals being contracted, besides GPs on capitation basis for primary care at district level.

This absence of any referral to Private specialist contracting and the indications above regarding accreditation of service providers leads to the conclusion that contracting will be done with healthcare facilities, such as hospitals and not with healthcare professionals, such as specialists. They will be reimbursed on Diagnosis Related Grouper basis.

This therefore implies, that hospitals will be either employing specialists, or will have to contract with them on a separate basis to perform services in the hospital. There is also no indication of the provisioning of specialist services outside the hospital environment, in the absence of hospitalisation of a patient.

This points to the whole system being geared to primary care, without due consideration of higher levels of referral and specialist care of patients outside of the hospital environment. Patients will effectively be treated by a GP until such time that they are ill enough to be hospitalised for specialist care.