

JOHANN SERFONTEIN: NHI will live or die on the competence of managers in public healthcare

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Professional management in the public health sector is a key factor if the implementation of a National Health Insurance (NHI) is to stand any chance of success.

Ailing state facilities can be turned around by proper management, as shown by the shining example of Frere Hospital in the Eastern Cape, where a new hospital manager turned a shambolic institution into something that resembles the Department of Health's proposed ideal clinic model.

But what if it is the provincial department that is incompetent? The negative effect of poor management is then spread over a much larger area.

A sterling example of failing management at a provincial level is the Xhariep District Hospital in Trompsburg, completed in 2013 at a cost of around R500m to South African taxpayers. Subsequently, further great sums of money were spent on building staff housing in Trompsburg to accommodate nurses and doctors, and on equipping the radiology department with state-of-the-art scanning and X-ray equipment.

It is commendable of the Department of Public Works to deliver this fully equipped district hospital in Trompsburg, to serve a vital need in the area.

However, management failings at the Free State health department have meant not a single staff member is currently working at the Xhariep district hospital: three years later, the hospital remains closed and unused.

The district's need for a hospital was anecdotally proven by an accident that occurred on the adjacent N1 highway in December 2015. Five people died as a result of having to be transported 130km to Bloemfontein for emergency treatment, instead of to the fully equipped hospital a mere 5km from the accident scene.

The severe lack of strategic planning, financial and human resource management at the Free State health department, unfortunately, is an example of what will lead to the undoing of government's grand NHI design for SA.

Political cadre deployment at operational levels of government departments leads to incompetent and inept individuals being expected to perform in positions for which they are unqualified.

Currently, hospitals in SA have a similar bed capacity to 1976. The Competition Commission's health market inquiry indicates that, to the great chagrin of private medical funders, private hospital beds are increasing in number and are being used to serve an obvious need in the community.

At the same time, the number of public hospital beds are now below 1976 numbers.

The government has not taken any of the necessary steps to increase the capacity of the South African public healthcare system, but, instead, is counting on the NHI to free up private capacity for public use.

What happens in the upcoming decade until NHI is implemented?

SA cannot afford for all efforts to expand the public health service and keep the medical funding industry sustainable to grind to a complete halt in anticipation of the NHI.

The NHI looks ever more unaffordable with every passing day as the South African economy lurches from one political crisis to the next.

Can we afford to sit back and hope a new funding system will fix our dysfunctional public healthcare system a decade from now, or is it time to start taking some much-needed action?

By Dr Johann Serfontein in Business Day

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