

Summary of Health Issues in South Africa

Period 29/02/2016 – 04/03/2016

In response to an attempt by Genesis Medical Scheme to implement rules allowing medical aid schemes to limit the full payment of PMB, the Constitutional Court, rejected, without the hearing thereof, an application for leave to Appeal against a judgement of the Supreme Court of Appeal, to effect such.

This applies both to state and private institutions. Instead a DSP (designated service provider) would have to be appointed to limit such payments, but it cannot in its rules put such structure in place.

This is heralded a momentous judgement, that puts at last, an end to the continuous attempts by medical aid schemes to limit PMB outside of what the Act and the Regulations have put in place.

REFERENCE: COUNCIL FOR MEDICAL SCHEMES MEDIARELEASE, 26TH FEBRAURY 2016

It has become apparent in the recent “freezing” of posts of doctors, that this is indeed not the only concern amongst staff appointments. Administrative staff has increased by 12% that is two administrative staff members for every state employed doctor. No one seems to be able to give reasons for this increase and the speculation is that there is great concern about the accountability of state run institutes, hence more staff, which instead of assisting the problems encountered has just added to inefficiency, leaving corruption unresolved.

This is known as Rural Health Advocacy Project which was pleased with Finance Minister Pravin Gordhan stand that frontline healthcare staff will not be part of the cause to reduce the public sector wage bill by R7.2 billion in the next three years. It would seem as if the intention is to cut 20 000 jobs and prohibit any more positions been filled. The main concern is that of one when a doctor or professional leaves his post, another will not follow.

Administrative staff are the less likely to leave, leaving this the gravest burden.....how to get these inflated number of staff members down.

REFERENCE: TAMAR KAHN: BUSINESS DAY, 29TH FEBRUARY 2016

Inefficient ambulances are a cause of a real, perceived threat to patients. This is apparent amongst the under budgeted private services provided by ambulances, due to various legal issues that remain unresolved in different parts of the country. The need for proper regulations to avoid such bad services are not in place, leaving a gap for services that are not up to scratch being utilised.

A variety of incidents occur, amongst them, touting with tow-in drivers / traffic cops to be the first at the scene of an accident, making use of so called "trained" paramedics, usually not prepared for the emergency, using information to force the patient, even if not seriously injured, into the Road Accident Fund system in order for them to lodge their claims against the Road Accident Fund.

Not being willing to assist patients without medical aids for fear of non-payment, and lending equipment from others to mislead those to standard checks on quality of service provided.

The Western Cape is the only province with a promulgated act, nevertheless non-compliance still occurs. This Act being known as The Western Cape Ambulance Services Act.

REFERENCE: NONI MOKATI & MIKA WILLIAMS: SATURDAY ARGUS, 27TH FEBRUARY 2016

Recent surveys show problematic areas in health care for children. It is well known that the best interest of the Child is enshrined in the Constitution, however many fatalities are occurring as a result of it taking up to 12 hours to get a sick child into the ICU Unit where they belong.

Many of these deaths could be avoided should the delays cease. The actual care these children are receiving is excellent, it is just in many cases, coming too late. Overburdening, the amount of beds available is also problematic.

Lack of knowledge on the part of the parent is also cited, they should know when such emergency care is necessary and how to access it without wasting time.

REFERENCE: SATURDAY ARGUS, 27TH FEBRUARY 2016

South Africa faces an alarming shortage of anaesthesiologists, seemingly not a focus of the National Department of Health. 1200 specialist anaesthesiologists are serving a population of 50 million people. And only 330 registrars in this field barely up from the number of 294 cited in 2012. Once again the government

has great plans and targets for 1312 in 2025. There seems to be no apparent strategy in place for this to realise, resulting in both the private and public sectors suffering, resulting in malpractice permanent disabilities and even fatalities.

The blame for the situation is placed on the Department of Health's stopping funding and the effecting of increased training and employment meaning more people will suffer. Those being hardest hit are those in the public sector.

To aid this potential area of neglect, a separate budget for such is called for to confirm that the necessary growth in these essential skills is possible and ascertainable.

RESEARCH: TMG DIGITAL, 3RD MARCH 2016

The Health Professionals Council of South Africa (HPCSA), it seems is set to announce some form of relief for the thousands of unregistered dental hygienists throughout the country. A few weeks ago such unregistered dental hygienists were open to criminal prosecution. It is a fact that only four technical colleges across South Africa offer these course and only have the capacity to qualify about 120 dental hygienists annually whilst the growth in the number of dentists is twice that.

Since 2005, when it became a necessity that all assistants be registered, a long argument between the bodies has been waged. The result of such could well be thousands of dental assistants leaving the, country. There was a deadline set that all had to be registered by 31st March 2016. Now a workable solution seems to be in sight, four months to register and now two years in which to write the board exam with the HPCSA.

Three chances to succeed in this exam will be allowed, and they can expect their employers to provide training.

Once the four month period is up, the HPCSA will not register any dental assistant without training. The HPCSA first has to gazette the final policy, following publication. No one expects any prosecutions to take place.

RESEARCH: LAURA LOPEZ GONZALEZ; HEALTH-e NEWS SERVICE, 3RD MARCH 2016