



health

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

# COMMISSION 1: ACCESS

## KZN HEALTH SUMMIT SEPTEMBER 2011

### FACILITATORS

Mrs E Snyman [leader]  
Dr T Mhlongo [leader]  
Mr J Mndebele  
Prof R Gumbi  
Mr NW Sithole

*Acknowledging all members of Commission 1*



***PRESENTATION: MRS M WOLMARANS – NATIONAL DOH***

- National analysis of core indicators relevant to access and NHI
- Facility Audit – preliminary results

***BACKGROUND***

- Improved access: appropriate package of services/ appropriate levels of care; Patient Rights Charter; Batho Pele Principles; health system effectiveness; equitable resource allocation; and well looked after workforce.
- Support PHC approach as philosophy - improved community-based services.
- Sukuma Sakhe, foundation for community-based services at household level, is supported to improve link with facility-based services.
- Intrinsic to consideration: Topography; Geographic factors; Distance; Physical infrastructure; Cost; Attitudes of staff and beneficiaries; Access to information [in an appropriate format] to accommodate PWD [people with disabilities]; and Appropriateness of services



## HEALTH FACILITIES AND PACKAGE OF SERVICES

1. Improve equal access to health services through equal distribution of resources; appropriate infrastructure including appropriate provision for disabled; package of services at appropriate levels of care; hours of operation.
2. Review costing model – taking into consideration deprivation index; BOD; available resources; etc.
3. Improved intra-sectoral collaboration/partnerships to improve infrastructure deliverables.
4. Model/methodology to determine equal access incorporate appropriate norms and standards based on empirical evidence and must be inclusive of geographic factors; topography; burden of disease, etc.
5. Improve community-based access through establishment of Village Posts, expansion of mobile services [sparsely populated areas and appropriate norms], and expansion of telemedicine.
6. Review referral policies in line with transformation and equity - chain
7. Improve communication between the department, other stakeholders and beneficiaries
8. Service Level Agreement with Local Government to enhance service delivery
9. Fast track provincialisation of LG services
10. Fast track PPSD relocation to appropriate structure/facility
11. Independent audit of EMS services [same as facility audit]



## HUMAN RESOURCES

1. Review organisational structure - structure follow function at different levels of operation. *[Make appropriate arrangements for financial management; information management; monitoring & evaluation; audit and risk].*
2. Endorse appointment of Specialist Teams at district level.
3. Expand Flying Doctors services prioritising areas with poor coverage.
4. Review staffing norms in line with the burden of disease and service demands.
5. Review recruitment and retention strategy including appropriate staff and incentives to retain staff in rural areas. *Free accommodation*
6. Expedite the filling of all critical posts [not only clinical] - all management posts.
7. Institute training and development programme including succession training
8. Training & development aligned with identified gaps in competencies to deliver on package of care
9. Placement of staff based on competencies as well as professionalism – ethical fundamentals





# MANAGEMENT

1. Decentralisation of operational delegations with appropriate development and controls to ensure accountability
2. Implement change management programmes to improve participation and buy-in of transformation of health services [*transformation/change inevitable - not a choice*]
3. Improve consultation and partnership with Unions and Employee Representatives – improve labour relations
4. Positive role modeling – “walk the talk”!
5. Enhanced team work and harmony



## HEALTH SYSTEMS

1. Review and standardise SCM systems/processes to eliminate delays
2. No outsourcing – consultation with organised labour to develop appropriate policies.
3. Standardise SABS approved cleaning material
4. Improve availability of appropriate equipment: lift equipment moratorium; establish equipment pools; standardise equipment requirements per level of care.



## WORKFORCE

1. Prioritise staff wellness
2. Incentives incorporated into service package for all staff in rural areas to attract and retain them [increase rural allowance for all staff members, certificates, trophies, etc].
3. Ring-fence budget for staff wellness programmes including EAP and sport and recreational activities.
4. Improve leadership support, feedback and acknowledgement.
5. Skills development budget ring fenced for development and training of staff.
6. Career pathing and re-skilling



## HEALTH INFORMATION & AWARENESS

1. Review tools to ensure integration of community/facility-based data – improve M&E and reporting; evidence-based planning. System must cater for community-based information
  2. Expedite the IT strategy to improve management and integration of information
  3. Implement the patient record system – IT strategy
  4. Expand Telemedicine
  5. Tool for preventive, promotive and rehabilitative health – prevention of disease
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1. Improve strategies at household level i.e. availability of services; health information; etc.
  2. Transcribe health information in Braille
  3. Appropriate provision to improve communication for people with disability e.g. sign language





## COMMUNITY-BASED SERVICES AND COMMUNITY INVOLVEMENT

1. Support principles of the community-based strategy [Sukuma Sakhe] at household level to improve access to information and services - improved collaboration with stakeholders and beneficiaries
2. Establish standard package of services and oversight arrangements to ensure integrated service delivery between community/facility-based services.
3. Support establishment of PHC Teams linked with PHC services as integral component of community-based services
4. Review package of services for mobiles - component of out-reach
5. Referral chain review



## BRANDING

1. Improve health as a brand – build image of public health services
2. Signage, messages, etc.

## WAITING TIMES

1. Improvement of systems and process have ripple effect on waiting times
2. Arrangement of services e.g. appointment system to address congestion at certain times



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**Thank you**