

Non Communicable Diseases

KZN Provincial Health Summit
September 2011

Expected outcomes of group-work

- To commence the development of a NCD Strategy to the Province
- To develop a Declaration on NCD for National NCD Summit (12 September 2011)

Definition of NCD

- NCD are long term conditions that include:
 - Chronic diseases (cancers, cardio vascular diseases, respiratory diseases, haemophilia)
 - Diseases of lifestyle (type 2 diabetes, obesity)
 - Mental Illnesses
 - Oral health conditions
 - Disability
 - Trauma and injury

Approach

- Integrated throughout life span
- Emphasis on promotion and prevention, & self care
- Holistic care at all levels
- Seamless system from household to tertiary
- Community & family involvement
- Acceptance of Traditional and alternative health care, and individual choice
- Continuity of care: same health care provider to promote adherence and staff satisfaction

Goals

- Increase health promoting settings
- Reduction in deaths from NCD
- Reduce number of admissions for NCD management
- Increased access to assistive devices & services for people with disabilities
- Increase adherence to prevention, and management
- Increase disease control to prevent complications
- Increase quality of care

Promotion of Health: Main strategies

- Create awareness, and move to behaviour change
- Health promotion at every level / settings : focal person in each home, CCG's, School health, clinics, hospitals, taxi ranks and malls.
- Review and strengthen marketing & communication of health messages: use radio, face-book, SMS, twitter
- Community profiling and diagnosis (Sukuma Sakhe) through PHC outreach teams and CCG's, increasing risk factor control
- Obtain agreements from health workers to commit to be examples of healthy lifestyles. (Wellness projects)
- Parenting skills, parent & peer education

Strategy continued.....

- Promote self care
- Protection from risks:.....
- Youth Friendly Services
- Baby Friendly Services
- Geriatric Friendly Services
- Partnerships with private organisations (Provincial & District Forums); care for destitute

Strategy continued....

Human resources and development:

- Motivational counselling skills
- Health promotion skills at all levels.
- Recruitment of oral hygienists
- Posts for health promoters
- Nutrition advisors (mid level)
- Lay counsellors (mid level for psychologists)

Prevention :Strategies

- Screening at all levels: HCT, provision of screening equipment .
- Risk assessment at community and individual level, early detection
- Prevention of malnutrition (under & over) in all ages groups
- Full History taking
- Follow up care
- Support groups
- Prevention of substance abuse: alcohol, drugs, including rapid screening initiatives, detoxification at facilities with counselling & follow up.
- Tobacco control.

Management: Strategies

- Change to bio-psycho-social model of care
- Improved adherence to policies and guidelines relevant to NCDs
- Strengthening of clinical governance
- Emergency care, life support skills, triage
- Enable individual to monitor own status, e.g. Blood sugar, number of seizures, peak flow

Management continued

- Making clients aware of standards to expect
- Integrated palliative care with NPO, community and traditional medicine partnerships

Rehabilitation: Strategy

- Increase access to services
- Ring fenced funds for assistive devices
- Community awareness of rehabilitation
- Community-based Rehab workers and Mid level workers, with access at PHC level
- Psychosocial rehabilitation policy implementation.
- Inter Governmental approach (Sukuma Sakhe): accommodation, adaptation to workplace

Infrastructure: Strategy

- Storage space for medication
- Space for counselling
- Community support group rooms (community based, health posts, clinics)
- Improve waiting space with seating and protection.
- Seclusion rooms at District hospitals

Health systems :Strategy

- Address the Long Term Care Model
- Client records-computer-based
- Explore methods to address poor staff attitudes, fostering care, move to professional approach
- Pharmacy: EDL, right drug at right time for right condition, in and out patient pharmacies separated
- Audits (clinical governance), adherence to protocols
- Registration and incorporation of Traditional Health Practitioners
- Development of stroke units (only one)
- Inter-sectoral collaboration

Monitoring: Strategy

- Numbers of readmissions for NCD
- Waiting times
- PHC Supervision/ observations of care
- Chronic Diseases Register: defaulter rates, disease control
- Prescriptions according to protocols
- Adherence to all policies and guidelines relevant to NCD
- Patient satisfaction survey.

Evaluation and Research: Strategy

- Health Promotion (Awareness campaigns):
Outcomes
- Best practises
- Continuity of care models
- Revolving door admissions: mental health care users, chronic conditions, terminally ill.

Thank you

