

*Meeting held on 01 April 2016 at 09h00  
Venue: Auditorium, Lentegeur Hospital*

## **1. Present and Apologies**

See attendance register attached as an annexure to the minutes.

## **2. Welcome and Introduction**

Dr Engelbrecht, Head of Department of Health, Western Cape Government, welcomed everyone present to the first meeting of the year.

She informed the members that the date of the meeting was changed to accommodate the National Minister of Health. She mentioned that the focus of the day was health economics.

She introduced the Minister of Health, Dr Nomafrench Mbombo, the first black female and nurse to be in cabinet. Minister has a doctorate in nursing; was a lecturer at UCT and an activist in human rights health. A special welcome was extended to Professor Craig Househam who was the previous Head of Department.

Questions and comments could be posted on the following social network platforms throughout the meeting:

- Live twitter feed through the @westcapehealth page using the hashtag #PPHF1\_16;
- The Department's facebook page: *Western Cape Government Health*; and
- Email: [PPHF@westerncape.gov.za](mailto:PPHF@westerncape.gov.za)

Dr Engelbrecht highlighted how challenging this financial year will be due to budget constraints and that the weak economy will add to the decrease in social spending. The Department's focus will, however, continue to be the strengthening of the health system in all respects and the improving of partnerships. Primary health is the foundation of the health care service and alternative means are being explored to make it more accessible such as home based carers.

Minister's budget speech was tabled on the 18 March 2016 and will be made available to all members. The Department of Health contributes to the economy by employing a large percentage of the population, building infrastructure to the value of R800 million and is a large consumer of goods and services in the Province with a budget of R6 billion. The Department still managed to adhere to regulations and has had an unqualified audit report for the past 11 years.

Dr Engelbrecht provided feedback on the survey that was made available to the members of the PPHF. There are currently over 1000 members on the mailing list of which 100 – 140 attend regularly. Private health care groups make up 55% of which: 21% are private hospitals, 12% are private health providers, 12% are medical practitioners, and 10% are care organisations. Technology and innovation makes up 27% of which: 14% are technology and innovation, 7% are medical suppliers, and 6% are pharmacy or other. Furthermore, the reasons for member attendance are: to obtain valuable insight, an interest in topics, to access the Minister and the Department, and the opportunity to network. Suggestions were also made that the style of the meeting be a ted talk format with real time questions and answers.

### 3. Access to healthcare in South Africa: Comparing supply and demand-focused approaches

Ms Carmen Christian is a Health Economist & Lecturer at the University of the Western Cape for economics and research of public health.

Ms Christian provided a high level overview of the research done into access of healthcare in South Africa. She mentioned that although 8% of GDP is spent on healthcare, it is still a struggle. Other countries like Thailand spend 4% and even Sri Lanka spends 3% but performs better according to health indicators. The emphasis should not be to supply an equal healthcare service that is affordable but rather to focus on the "acceptability" (demand) factor of the healthcare received by consumers. The framework used for the analysis was a general household survey of 2009-2010 done by Statistics SA. The analysis adopted a client-centred approach which measured the availability, acceptability and affordability of health care services to the poor and non-poor. The main factor affecting access is driven by rural urban dynamics. The overall result points to 60% of the population having access to affordable and acceptable healthcare services, while 30% still pay for private medical care despite having access to public healthcare. This can be attributed to a perceived lack of acceptability in public healthcare. She also alluded to the lack of proper data collection systems and processes to effectively evaluate access to healthcare in South Africa and called for multi-dimensional research to assist innovation in the healthcare space, which is especially important in the roll out of NHI.

The Western Cape outperforms the other provinces and can improve by focussing on consumer demand; incentivising GP's to access NHI and influence health seeking behaviour in patients.

### 4. Accelerating healthcare innovation through partnerships: Case studies by Philips

Dr Samukeliso Dube is a strategy and Business Development Manager for Philips Southern Africa. She has worked with public and private institutions including governments in Africa. Her passion is innovative partnerships and transforming Africa's health systems.

Dr Dube mentioned that her talk would focus on how healthcare could improve through innovation. She made a point to emphasise that innovation is about being challenged and uncomfortable. Through innovation, Philips will have touched 3 billion lives annually by 2020 and is working towards being a healthcare leader globally. Philips has a consumer lifestyle business plan which encourages healthy lifestyles and acute healthcare from home to hospital.

She mentioned numerous global case studies on how Philips has successfully partnered with public entities to improve healthcare access in local communities, including:

- Philips engineers employed in a chain of hospitals in India.
- A procurement contract worth R15 million in Georgia.
- Partnership with hospitals in Kenya to manage the equipment for the operation of ICU wards.
- Partnership with hospitals to service all monitoring and imaging equipment in Zambia.
- KwaZulu-Natal has a model for supply of equipment from Philips at hospitals.
- Partnership with UNICEF to develop a product to detect pneumonia in children.
- Partnership with UNFPA on maternal health.
- Partnership with Tygerberg Hospital to equip high care maternity units for 18 months.
- A training lab at the University of Johannesburg.

Philips can provide a service whereby data can be accessed and extracted from their equipment that is being used at facilities for the purpose of clinical research and to improve healthcare services.

### Questions / comments

- a) **Previously the service of the district surgeons was used as a point for data collection. Was the analysis data obtained after this service was discontinued? Was access to healthcare better then?** Ms Christian responded that the data was collected after the district surgeons were discontinued. Dr Engelbrecht added that the district surgeons system was discontinued in 2000. She further responded that access to healthcare is better now because a package of care has been made available and implemented which includes a medical officer, a home based carer and specialists.
- b) **Taryn Springhall (eHealthNews) asked whether there is there another way to collect data instead of using the household surveys.** Ms Christian responded that it is challenging to collect and translate the data from various facilities and systems. She further mentioned that UCT has a research facility that supplies data as well. Dr Engelbrecht added that from a supply side data is available but from the demand side it is challenging but that this is being addressed. She also mentioned that behavioural economics is being explored with the aim of encouraging people to make the right choices.
- c) **Professor Harry Hausler (TB/HIV Care Association) stated that data can also be obtained from Human Sciences Research Council who did a national survey on HIV but the questions are related to access to services.** Ms Christian responded that they are going to explore the option of sharing databases and accessing data from other institutions.
- d) **Jenni van Niekerk (The Health Foundation) enquired about the profitable business models used by Philips when offering advisory services to Government.** Dr Dube responded that there are customised models that are negotiated with government to consider the challenging budgets. Dr Dube mentioned that building a trusted advisory relationship is a long term investment as well.

### 5. Private sector's role in contributing to a healthier future for South Africa

Dr Marmol Stoltz, the Chairperson in the Western Cape for the GP Private Practice Committee of South Africa Medical Association (SAMA) Board of Directors, emphasised that healthcare will never be able to be managed unless measured and evaluated and that IT is therefore of utmost importance. SAMA is in the process of evaluating IT systems that will be able to correlate public and private sector data.

Dr Stoltz mentioned that there is high inequality with service delivery to the population of South Africa as per Statistics SA, especially in the rural areas.

Dr Stoltz mentioned how the burden of disease has quadrupled in the country and how SAMA can assist Government with services. She highlighted some of the accomplishments and shortcomings in the current health system such as a shortage of health care workers. She advised on how the system can be strengthened by re-engineering three streams of primary health care: Municipal ward based PHC, Integrated School Health Programme and District Clinical Specialist Teams. SAMA wants to be part of the process of improving healthcare, systems and data collection as private specialists can provide valuable

input. She concluded by mentioning that there are problems with legislature and the management thereof but it can be made better if everyone works together.

Dr Engelbrecht added that there are a lot of difficult decisions that have to be made to implement a strong national health system, therefore allowance has been made for NHI inputs to be put forward by the end of May 2016.

### Questions / comments

a) **There is a lot of emphasis on technology but family planning has been removed from discussions and should be brought back.**

b) **Medical aid figures are incorrect as per the SAMA presentation as 80% are non-medical aid patients.**

Dr Engelbrecht added that the data quoted is population based and not on a practice basis. Dr Stoltz added that the important point is to give access and affordable care to all.

## 6. Achieving healthcare targets together

Dr Gio Perez is the Chief Director for the Metro District Health Services at the Western Cape Department of Health. He is responsible for a budget of over R3 billion rand and 64% of the services.

Dr Perez reflected on the overall district health system, the population living within the Western Cape Metro District and the services offered. The District Health Plan indicates that there are over 4 million people of which 76% are not insured. Some are insured, some are largely young, most are women and very few will reach 80 years of age. The number one cause of death is HIV aids, of which violence, heart disease and TB follow in that order. Cape Town has 8 districts of which Mitchells Plain is one sub district. There are 111 wards, the Metro District Health Services being located in ward 76. There are 12 relevant health activities in the ward that are supposed to contribute to health outcomes, however these are not currently provided due to a lack of partnerships. This can be addressed by looking at leadership and governance, service delivery, support services and quality. He emphasised that medical professionals should try to capture the data and share it with everyone. He further advised that NHI is definitely being implemented.

## 7. Panel discussion

An interactive session was held for questions, answers and inputs to the panel of speakers.

A question was posted about quality of care which will be carried over to the next meeting when the topic will be discussed.

a) **How will a good partnership for improved outcomes look: Partnerships such as those between Government, businesses, NPO's and education institutions?**

Ms Christian responded that a good partnership should include representation of the client from a policy perspective as well. It does not happen enough and more effort should be made to include the client.

Dr Stoltz responded that good quality healthcare to all is dependent on sharing patient information and systems that can be integrated.

Dr Engelbrecht added that this is one of the foundational matters that were considered for NHI.

Dr Perez agreed that partnerships need a structure and a platform for sharing information and should include a common vision for the public and private health sector. This will need consistent motivation and discussion to accomplish.

Dr Dube added that there are forums available where discussions are taking place but at a global level. There is a need for another forum that will be responsible for implementation. These forums should be brought to a national and provincial level as well.

**b) How will the Protection of Personal Information Act (POPPI) be considered with regards to sharing information?**

Dr Engelbrecht added that this will need to be considered by working around it.

**Professor Harry Hausler** added that there has to be a voice for the client in these forums that represents each population because an acceptable service standard is not the same for everyone and that is where partnerships play a role. Patients like to have a personal relationship with their health care provider and the public system does not allow for this therefore private GP's can add value. Sharing information will result in better care to the patient but the patient should be the one to grant permission to access their information. **Taryn Springhall** suggested that the private sector can assist to enable the public sector with information because the private sector already knows what it costs to treat a patient and they have billing systems in place. Healthcare is a business. There can be the option to only charge patients who can afford it. This will incentivise doctors from the private sector to treat patients at a public facility. Partnerships through sharing public facilities can benefit the disadvantaged patients that have to take a full day off from work and travel long distances to monitor their chronic illness on a regular basis.

Dr Engelbrecht added that all the issues raised above revolve around access. The aim of a partnership is to set and reach specific goals. The Public Private Health Forum is more than a chat room but rather a platform to facilitate innovation and practical solutions to the challenges raised.

Professor Craig Househam (Advanced Health) added that partnerships are complicated because of the differing dynamics. Private sector is very competitive compared to the public sector where the focus is patient care.

Ms Christian responded that sharing information has its challenges because there are still gaps in the way information is recorded. There is more emphasis on home based workers whereas consideration should be given to the patient's preference such as in instances where patients would rather pay to see a GP than to access the free service of a community based officer.

Dr Stoltz added that people are aware of the Acts around information. Public sector can make money from private sector GP's by renting out facilities for procedures. This will allow patients to pay less for procedures than in private hospitals.

Dr Engelbrecht requested that Dr Perez and Dr Stoltz, with the support of the Business Development Unit, take the matter of the new GP model forward. Due to time constraints within the meeting, Dr Engelbrecht advised that further inputs could be forwarded to Dr Perez and he could provide feedback at the next meeting.

## 8. Closing Comments

Minister closed the forum by mentioning that PPHF topics always stem from a response to something. Today's topic ties in with the Department which is currently responding to the National Department about the NHI including cost cover which is due by 30 May 2016. It also relates to the budget for the Department which does not take into consideration factors such as inflation, population increase, human resource and the price of medicine which results in a lot of service pressures.

She made reference to the importance of developing Public Private Partnerships in this current unstable economic climate as a means of ensuring a robust healthcare system as well as the need for new innovative practices to address the challenges faced and ensure value for money.

Minister provided some comments on the topics discussed by the speakers. Research shows that one of the issues in the health system is a lack of leadership in governance therefore the focus should be on all aspects of governance such as corporate governance in administration and skills, clinical governance and ethical governance in terms of access. Austerity measures have been implemented. Government cannot endorse individual products or companies; stakeholders have to be represented as one body that have the same vision or similar core business. Minister agrees that GP's should form part of the discussions going forward. District health systems can be strengthened further if inputs are included from the private stakeholders, civil society, hospital board, and NGO's as well.

Minister encouraged furthering the discussion on sharing information until it has promising results.

The Minister thanked everyone.

Dr Engelbrecht mentioned that the theme for the next meeting will be quality of care. An example of the quality of care partnership that the Department has is with the private hospital groups through the Best Care Always campaign.

Dr Engelbrecht invited any further questions to be forwarded to the Business Development Unit ([PPHF@westerncape.gov.za](mailto:PPHF@westerncape.gov.za)).

Dr Engelbrecht thanked the BDU team and everyone for attending.

Meeting closed at 12h30.

<b>PRESENT</b>	
Dr Nomafrench Mbombo	Minister of Health
Dr Beth Engelbrecht	Head: Health
Michael Manning	WCGH
Mandi Bell	WCGH
Inge Cunningham	WCGH
Roshan Saiet	WCGH
Deidre de Kock	WCGH
Yusriyyah Lutta	WCGH
Gakeem Basardien	WCGH
Jessica le Roux	WCGH
Yusrie Jacobs	WCGH
Muhammad Moosajee	WCGH
Chrizelle Nelson	WCGH
Kandel De Bruyn	WCGH
Sinazo Mtuzula	WCGH
Taryn Jacobs	WCGH
Ahmed Bayat	MHG
Akhona Stemele	Clicks
Ali Hamdulay	Metropolitan Health
Amanda Tshaya	Wesgro
Andrew Wright	Medscheme
Anel van Schalkwyk	The Health Foundation
Anjolene Hanekom	Rho Baby Clinic
Antoine Robert	Le Coquin
Annette Olls	LHC
Carmen Christian	University of Western Cape / SPEAKER
Carolyn Clark	PWC
Charlene Jones	Life Esidimeni
Cheryl Wilson	Sunflower Fund
Cheslin Williamson	Drake & Scull
Chibuzo Amaso	Anaso Diabetes Foundation
Chris Tilney	Netcare
Craig Househam	Advanced Health
Donald Jansen	MediRite Pharmacies
Edmund van Wyk	Mediclinic
Elize Fouche	Coloplast
Erhardt Korf	Equra Health
Eugene Samuels	Vencorp Placements

Ezekiel Jingose	National Renal Care
Gary Black	PSSA CWP Branch
Gio Perez	WCGH/SPEAKER
Grant Pepler	Med X Staff Solutions
Hannelie Fourie	Infocare Healthcare
Harry Grainger	The Health Foundation
Harry Hausler	TB/HIV Care Association
Helm Lambrechts	Medicross
Inge Titus	WCGH
Jean le Roux	Mediclinic
Jenni Noble	Medscheme
Jenni van Niekerk	The Health Foundation
John Douglass	Pathcare
Judy Ludwick	Private
Kobus Venter	Masinedane Community Service
Koos Franken	Philips Healthcare
Leon Engels	Shoprite
Liezl Bouwer	Healthbridge
Lizelle Viljoen	Essential Health Pharmacy Group
Louvaine van Rensburg	CareCross Health
Luyanda Mfeka	WCGH
Lynne Marais	Alexander Forbes
Magda Kleinveld	Privaat Verpleegdienste BK t/a Berea Placements
Mandy Miller	Charisma Healthcare Solutions
Mariki Smit	Vencorp Placements
Marilyn Keegan	COHSASA
Marize Botha	Advanced Health
Martie Lureman	Medikredit
Marmol Stoltz	SAMA/ SPEAKER
Mia Hugo	Healthspace
Michael Hyslop	Priontex
Michael Johnson	Ncuma Dental Clinics
Millicent Wolmarans	Premium Consulting
Monique Muller	Great Tygerberg Partnership
Nabiel Behardien	CIBC
Nadia Fredericks	National Renal Care
Naledi Loni	WELA Healthcare Centre
Nazli Johaardien	WCGH
Neil Gregory	Pathcare
Paul Fouché	Mbuso Medical Supplies
Paul Young	Integrated Health Solutions

Phila Zita	WELA Healthcare Centre
Pierre Robertson	Life Choice
Pierrette Rocher	Private
Preneshen Naidu	GE Healthcare
Rachel Botsis	Greater Tygerberg Partnership
Rachel Chater	GSB: UCT
Rafiek Dhansay	Lancet Laboratories
Rajen Naidu	Endomed Medical & Surgical Supplies
Rammoelo Ditsoane	MHRM
Randal Pedro	Melomed
Razaan Nieftagodien	Nestle South Africa
Rex Elferink	GE Healthcare
Rory Elshove	Immploy
Ryan Lobban	Mediclinic
Sabela Petros	WCGH
Samukeliso Dube	Philips Southern Africa/ SPEAKER
Sandra Sampson	Allmed Healthcare Professionals
Shane Maclons	Immploy
Sibusiso Gxwala	GE Healthcare
Sikhumbuzo Hlabangane	eHealthNews
Siyabulela Mamkeli	City of Cape Town
Siyanda Mdukulwana	WELA Healthcare Centre
Siviwe Gwarube	WCGH
Solly Lison	CPC Qualicare
Soraya Bhikoo	Revive Care
Susan Scholtz	Life Healthcare
Taryn Springhall	eHealthNews
Terri Chowles	eHealthNews
Trudy Petersen	Life Path Health Group
Varn Diab	MMI
Vicky Collier	Mediclinic
Wendy Venge	Anaso Diabetes Foundation
Yaseen Harneker	Busamed
Zena Erasmus	Premium Consulting
Ziyanda Nota	Turner & Townsend

#### APOLOGIES

Michael Schultz	L.A.Health Medical Scheme
Penni Putman	Private Health Administrators
Tendani Mabuda	WCGH
Clinton Van Zitters	Aspen Pharmacare

Bronwyn Abler-Smith	Turner & Townsend
Krish Vallabhjee	WCGH
Leana Habeck	International Board of Lactation Consultant Examiners (IBLCE) SA Office
Simon Spurr	FOLUP AFRICA
Dr Patel	GP
Len Davies	Umsinsi Health Care
Paul Hendey	Healthbridge
Sophia Warner	Pebbles Project
Denise Barnes	WCA/COIDA
Thomas Koorts	Imdoc Healthcare
Gary Whitson	PN Medical
Penny Heath	Essential Health Pharmacy Group
Sarel Malan	University of the Western Cape
Linda Greeff	Cancer Care
Alison Maytham	Vizibiliti
Brett de Klerk	EOH
Carin Weaver	Counterpoint Asset Management
Japie du Toit	Life Healthcare
Cindy Wiggett-Barnard	Helderberg Assn Physically Disabled
Len Deacon	LDA