



Health ▪ Gesondheid ▪ IzeMpilo

THE CASE FOR CHANGE!

A Brief Introduction to HEALTHCARE 2010, a Conceptual Framework for Change

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Background

The health service in the Western Cape is in trouble. Many citizens and health professionals are unhappy with the quality of health service. Some facilities are aging and much of the equipment is out of date. Notwithstanding these problems, the service is not financially sustainable in its present format.

Lurking in the shadows is the specter of HIV and AIDS, which is predicted to have a devastating impact on health services throughout Africa.

The leadership of the Western Cape Department of Health accepts that the service must be reshaped, reengineered and reprioritized if it is to meet the needs of the Province by 2010.

Building on numerous health planning initiatives since 1994, the Departmental has formulated a conceptual framework for change – Healthcare 2010.

The framework has the potential to deliver a health service that is accessible to all, offers quality care and is affordable.

The Cabinet of the Western Cape Government has endorsed the conceptual thinking behind Healthcare 2010 and instructed that all stakeholders should be consulted.

Stakeholder input will influence the content and phasing of the plan.

The building blocks for the conceptual plan

Faced with the seemingly intractable challenge of delivering an effective and sustainable health service from a dwindling resource base, senior management of the Health Department has been exploring solutions over the past 12 months.

They were guided by world trends in health care, the Department's Vision statement (***Better care for better health, all day, every day***) and the Strategic Framework of the Western Cape Government. Key points of the Strategic Framework are:

- 1) Provide quality, equitable and accessible services to all its peoples.
- 2) Ensure basic services, especially to the poor.
- 3) Fight HIV/AIDS and other diseases in a comprehensive manner.

They took into account previous planning initiatives since 1994 that include:

- 1) Strategic Management Team Report (1995)
- 2) Provincial Health Plan (1995)
- 3) Kings Fund Report (1997)
- 4) Biministerial Task Team Report (2002)
- 5) "Grand Plan" (1999 and later versions)
- 6) CHSO Investigation (2000)
- 7) Strategic Service Delivery Improvement Plan (2000)
- 8) Health Infrastructure Plan (2001)
- 9) Pharmaceutical Services Investigation (2001)

Initiatives 1) and 2) were widely consulted with stakeholders, as was the Strategic Positioning Statement developed in conjunction with KPMG in 2001.

Restructuring is not an option - it is a necessity

Under the leadership of Professor Craig Househam, recently appointed Superintendent-General of the Health Department, the team came to the conclusion that without major changes, the health system would remain the victim of "inefficiencies, inequities and sub-optimal quality of care".

Major financial impacts were inflation, exacerbated by the fall of the rand (adding R90 million to the 2002/2003 budget) and a R230 million reduction in the National Government's conditional grant for specialised tertiary health services.

Other major problems were duplication of services, aging facilities (many of them no longer suitably located), obsolete equipment, and lack of balance between primary, chronic and acute health services.

Without restructuring, the health service would require an operating budget of R4,2 billion a year by 2010 when projected funding is likely to be in the region of R3,1 billion (in April 2001 rands).

The broad aims of Healthcare 2010

Conceptually, the team believes that the solution lies in achieving a better balance in the delivery of health care. Patients will enter the health service and be treated at the most appropriate level of care with adequate provision for referral up and down within the service. This translates into the following strategies

- 1) Increased emphasis on quality Primary Health Care at the Province's 242 clinics, 130 mobile clinics and 64 community health centers.
- 2) Increased emphasis on appropriate high quality health care in the Province's 58 District, Regional and Academic Teaching Hospitals.
- 3) Increased emphasis on improving skills levels in all facilities and hospitals
- 4) Significant cost saving through improved efficiencies of scale, elimination of duplication and focus on core business.
- 5) Equal access by all three universities to an improved tertiary health service platform.
- 6) Equitable access for patients from other provinces within the affordability limits of the National Tertiary Services Grant.
- 7) Reallocate beds, equipment and staff from aging and inadequate facilities to better located, new or upgraded facilities.
- 8) Innovative measures to generate additional revenue, including asset swaps and Public Private Partnerships.

The Primary Health Care approach favoured by the department aims at organising services and skills in such a way that for the Western Cape population:

- 1) 90% of health contacts would be at the level of Primary Health Care (PHC) and District Hospitals;
- 2) 8% of health contacts would be at the level of Regional Hospitals;
- 3) 2% of health contacts would be at the level of Central or Academic Teaching Hospitals.

(Note: The 90+8+2 proportional split is an indicator of where health contacts will take place rather than budget allocation or number of beds available.)

This approach is predicted to improve patient care at all levels of the service, while reducing the operating budget in 2010 to within R90 million of the R3,1 billion that will be available, taking into account that an additional R540

million is envisaged from the State for funding the increased burden of HIV/AIDS on the provincial health service.

Modeling Healthcare 2010

A technical model has been developed to predict the consequences of various interventions. Applying the 90+8+2 configuration to the model suggests the following outcomes by 2010 (in April 2001 rands):

- 1) Significant improvements in the PHC service including:
 - a) Increased funding:
 - i) R400 million a year for improving services;
 - ii) R40 million a year for disease prevention and health promotion
 - iii) R60 million a year for Home Based Care;
 - b) More than three PHC visits per person per year (compared to the national target of 2,9).
 - c) Overall clinic attendances of 13 million a year (currently 11 million a year).
 - d) An increase in the number of Directly Observed Treatment (DOTS) for TB patients to 2,7 million a year (currently 138 000 a year).
 - e) An additional R50 million a year for the provision of an additional 832 000 mental health care service contacts.
 - f) The reintegration of mental health and TB patients into their home communities (releasing almost 1500 hospital beds currently allocated to chronic patients).
- 2) An increase of 266 hospital beds for acute patients, resulting in a:
 - a) 37% increase in admissions to District Hospitals, with access to general medical specialists in the larger hospitals.
 - b) 23% increase in admissions to secondary level hospital beds, where specialist medical care will be available.
 - c) 12% reduction in admissions to tertiary or highly specialised hospital beds where fewer beds would be better utilized.
- 3) More money for health facilities such as:
 - a) An additional R130 million a year for equipment and maintenance;
 - b) Significantly more funds for drugs and other consumable items.
- 4) Minimal impact on jobs:
 - a) Overall staff numbers increase with an additional 156 doctors, 638 nurses and 513 nursing assistants, and more mid level health workers.
- 5) Innovative and effective responses to the HIV/AIDS epidemic, including increased spending on prevention, treatment and care components.

The way forward

The Health Department is committed in principle to introducing a service based on the "90+8+2" configuration. The Provincial Cabinet has requested that all stakeholders should be consulted regarding the detailed content and phasing of Healthcare 2010. Stakeholders who wish to engage with the team

can contact Vernon de Vries, Director: Communications, Department of Health, Western Cape (021-483 3235).

The Cabinet expects to see a broad action plan, including time frames, for implementation for the new financial year starting 1 April 2003.

Conclusion

The Health Department believes that Healthcare 2010 will improve access to Primary Health Care as well as improve the quality of care at all levels of the service by improving staffing levels and skills and increased spending on equipment and maintenance.

Clearly, however, there will have to be major changes to established working habits, patterns of service delivery and utilization of the service by clients. Given an appreciation by all stakeholders that these changes are unavoidable, the Department believes that these challenges can be overcome through goodwill and co-operation.

Briefing Paper issued on behalf of the Western Cape Department of Health by
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