



Health Digest 1 May 2016

The South African health system is undergoing a lot of changes, with many new systems and programmes, including new offices and officials, and as usual, all coming with their own names and acronyms. Many of the changes have to do with the attempt to create efficiencies and structures to support **NHI, the National Health Insurance**. Here are some of these new developments:

Patient Health Information System (HPRS): This is a computer network being rolled out across all primary health centres for a 'patient registration system in accordance with paragraph 364 of the White Paper on NHI'. According to Minister Motsoaledi, 657 out of the 700 primary health care facilities in the NHI pilot districts have already been covered. '1 400 additional facilities are expected to be completed in this financial year, with the remaining facilities to be completed in 2017/18'.

Central Chronic Medicine Dispensing and Distribution (CCMDD): This is a medicines dispensing programme for stable patients to collect their medication from a pick-up point near their home or work – saving time and money. "CCMDD also reduces waiting times at clinics by reducing volumes of patients who have to come to a clinic. We currently have 400 000 patients enrolled on this programme, accessing their medicines from over 1 000 pick-up points including adherence clubs, occupational health sites, GPs and private pharmacies," said the Minister. The programme seeks to reach over 800 000 patients by the end of this financial year.

Stock Visibility System (SVS): This is a mobile application based network for healthcare professionals to scan medicine barcodes and enter the stock levels for ARVs, TB medication and vaccines. The information is in real-time and is web-based with six provinces using the SVS, and covering 1 900 or 60% of clinics. The plan is for '100% of all primary health clinics reporting medicine availability into a national medicine surveillance centre within the next three months', Minister Motsoaledi said.

Workload Indicator of Staffing Needs (WISN): The World Health Organisation (WHO) had health staffing ratios it used to recommend how many health workers were needed per unit of population. This was discovered to be meaningless, as it did not reflect real-life conditions of people. A new method, the **WISN**, has been developed, which factors in variables like urban vs rural divides, work pressure on staff, types of staff needed etc., and will be used to staff all primary health care facilities.

Office of health Standards Compliance (OHSC): The OHSC was created by the National Health Amendment Act of 2013 and, in terms of section 78 of the Act, and aims to protect and promote the health and safety of users of health services by among others; Monitoring and enforcing compliance by all healthcare services and facilities, public and private, with prescribed norms and standards. **The Health Standards Ombud** is located within the **OHSC**, to "consider, investigate and dispose of" complaints relating to healthcare norms and standards in a fair, economical and expeditious manner".

Matsepane Morare SJ
Researcher

Links to useful articles and information relating to health.

<http://www.ohsc.org.za/>

<http://www.health.gov.za/>

https://pmg.org.za/committee-meeting/22457/?utm_campaign=minute-alert&utm_source=transactional&utm_medium=email

<http://www.sanews.gov.za/south-africa/health-department-keeping-better-track-medicine-stock>