MFUNDO PILISO

EC HEALTH DEPARTMENT IN APROCESS OF RE-PURPOSE OF HEALTH FACILTIES IN THE EASTERN CAPE

The Eastern Cape Department of Health is embarking on consultation processes with the aim of ‘re-purposing’ its facilities in a bid to maximise service delivery and improve how things are done at its healthcare facilities.

According to Eastern Cape Department of Health MEC, honourable MEC Ms. Ntandokazi Capa, as the consultation processes progressed, she wanted to allay fears amongst the department’s employees about what is being termed the “re-purposing” of departmental facilities. Capa stressed the importance of understanding what was being considered, and the rationale behind it, and as well as the processes being followed to give effect to “improving service delivery to our people.”

Capa explained that the department was undergoing an “epidemiologic and demographic transition.”

She said people of the Eastern Cape were living longer whilst, at the same time, the province had a significant proportion of young people which is around 63% of the population that is under the age of 63 years.

“This means that we need to provide services for the very young and women of child- bearing ages but, also, we need to provide for non-communicable diseases like cancers, heart attacks and strokes and mental health issues. There is also an increase in injuries due to trauma and violence. The health service needs to be adapted to these changes,” said Capa.

Capa said in order to optimally utilise available resources within the financial constraints which have seen the department instituting austerity measures, the department should ensure its utilises the available resources effectively and efficiently. She said that meant that making sure that the department’s infrastructure and human resources were allocated appropriately to meet the needs of the communities they service.

“We have reviewed the demand for care and distribution of health services to meet demand in a bid to improve service delivery platforms and the demand for care. We have analysed our head counts and utilisation rates at our clinics and hospitals to see where our resources need to be consolidated.

“Low demand, for example, a community that has only 90 patients per month, namely Collandale in Nelson Mandela Bay Metro does not require a full-time clinic or community health centre, that is staffed and equipped like a full-time facility.

“In the current resource constrained environment, a health post where we provide once weekly services to that community is more appropriate and reasonable.

“Another example, are our TB hospitals- because of the change in approach to community-based care and improvements in treatment regimens, have extremely low utilisation rates, generally. Previously it may have been appropriate to have three TB hospitals in a District, but in today’s context only one is required.

“This creates an opportunity to re-purpose the other two TB hospitals to better meet needs in that community, e.g for mental health services or a rehabilitation step-down facility so patients can recover closer to home.”

Capa said her department had assessed their facilities and identified that there are clinics and hospitals within a very close proximity to each other which unfortunately, lends itself to some duplication of services and inefficient use of our available resources.

"We are advocating for a hub and spoke approach to how we are organising our services. This worked really well for us during COVID-19 pandemic because this approach connects our facilities to each other so that there is an identified facility that provides a service, with the other facilities in that geographic linked to and referring their patients to that facility.

“For example, we have the highest number of hospitals in the country with many facilities having been missionary hospitals. Regretfully, we do not have adequate resources to make every one of these hospitals provide a full package of district health and/or regional hospital services.

“So, it makes sense to consolidate our resources so we can provide better care. In line with this, we have identified hub hospitals in a geographic area that can provide caesarean sections with the surrounding facilities referring patients to that centre. This means we can ensure that the hub is well capacitated with well-trained staff and equipment to do caesarean sections,” said Capa.

Capa said there a need to re-oragnise the Service Delivery platform, Infrastructure and Human Resources in order to better meet the needs and demand for healthcare of our community.

“For all of these reasons, we are therefore looking to restructure our department, opmitise our service delivery platform, and better deploy our available infrastructure and our human resources.

“We are committed to consulting meaningfully with our staff and our communities as an integral part of this process. A programme is being setup for me to engage with our communities. And I appeal to our communities to be patient for this engagement to take place in the months ahead.

“We want to reassure our communities that the aim is to improve the services we provide to them. In the light of very tight resource constraints, we want to ensure that the human resources and how we use our facilities serves our people’s needs in the best possible way,” said Capa.