

Media statement from the South African Health Professionals Collaboration (SAHPC)

25 000 private and public doctors: Mr President, send the NHI Bill back to parliament

Johannesburg, 6 December 2023 – Following the passing of the NHI Bill by the NCOP plenary on Wednesday, 6 December, the South African Health Professionals Collaboration (SAHPC), a national group of 9 medical, dental and allied healthcare practitioners' associations representing more than 25,000 dedicated private and public sector healthcare workers, is calling on the President to refer the NHI Bill back to Parliament for reconsideration.

This is on the basis that it lacks clarity on key elements, and if implemented in its current form, will have a devastating impact on the country's ability to deliver quality healthcare.

Caroline Corbett, a spokesperson for the SAHPC, says: "While we support the fundamental principle of universal health access that underpins the Bill, it seems that this NHI Bill has been rushed through the legislative process without substantive engagement with healthcare professionals, or due consideration of our submissions."

The SAHPC believes the Bill, in its current format, is both unconstitutional and unworkable. "It is for this reason that we urge the President to return it to Parliament for reconsideration. We recognise that health reform is necessary, both in the public and private sectors, and that the country needs an appropriately funded, managed, and delivered healthcare system for the benefit of all. Section 33 of the Bill, which limits the role of medical schemes, and therefore the funding for the entire private healthcare sector, undermines the country's ability to achieve these objectives, and therefore should be removed."

In addition, the SAHPC is concerned as follows:

Quality of Healthcare: The Bill does not guarantee quality of healthcare, and may inadvertently lead to a reduction in standards. Affordable healthcare should not compromise quality, and we urge a closer examination of this issue.

Limitation of access to healthcare: Accreditation, choice, and the certificate of need for healthcare providers will limit access to healthcare. It is crucial to ensure that the Bill promotes accessibility for all South Africans without unnecessary barriers.

Treatment protocols: There is concern that treatment protocols under the NHI will favour cheap and basic care. It is essential to strike a balance that considers both affordability and the best interests of patients.

Governance of the fund: Granting excessive authority to the Minister of Health may compromise the effective governance of the NHI Fund. A balance of power is essential for ensuring accountability and transparency.

Corruption risks: The Bill does not adequately address the risk of corruption, a factor that could undermine the entire healthcare system. Robust measures need to be incorporated into the Bill to prevent and address corruption within the NHI framework.

Professional mobility: The NHI Bill forces healthcare providers to accept government terms of fees and employment, which will lead to the loss of these highly mobile and vital professional

skills and resources. Flexibility in negotiations is crucial to retaining a diverse, skilled and motivated healthcare workforce.

Training and retention: The training and retention of healthcare professionals is placed at risk under the NHI. A comprehensive strategy, which includes using private sector resources to train healthcare professionals, is undermined by Section 33 of the Bill. A collaborative approach is needed to ensure the continued development and retention of skilled healthcare workers.

Medicolegal litigation and risk: The service delivery pressure on healthcare professionals under the NHI will increase the risk of medicolegal litigation. Currently, the state accepts liability for all public sector facilities and the private sector bears the cost burden for insuring themselves. It is unclear how this will work under the NHI, or if the state will accept liability for services performed by private sector practitioners. Adequate safeguards must be put in place to protect all healthcare professionals.

Provincial impact: Section 58 of the Bill transfers the bulk of the provincial healthcare functions and budget to the NHI, effectively centralising healthcare. This is contrary to global best practice, which is to move healthcare delivery closer to communities. Any reduction to provincial funding will severely affect healthcare delivery, exacerbating existing challenges, and therefore cannot be supported. Once again, the Bill offers no clarity as to how this massive reorganisation of resources and funding will be implemented.

KC Makhubele, another spokesperson for the SAHPC, says: "Private sector resources and funding are essential to a workable NHI and are a national asset that should not be eroded or compromised. As healthcare professionals working at the coalface of both public and private healthcare delivery, we are acutely aware of the challenges that face our sector, and what is needed to address them. Our submissions and recommendations were rooted in this understanding, and it is deeply disappointing that they have not been taken into account.

"We are not politicians, but healthcare practitioners whose primary concern is the wellbeing of our patients. As experts in our field, we believe the President has both an opportunity and obligation to ensure that the NHI improves, rather than limits overall healthcare for every citizen. It is for this reason that we are urging him to intervene," concludes Makhubele.

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Note to Editors:

South African Health Professionals Collaboration members:

South African Private Practitioners Forum (SAPPF)
South African Medical Association (SAMA)
Federation of South African Surgeons (FoSAS)
South African Dental Association (SADA)
South African Society of Anaesthesiologists (SASA)
Unity Forum of Family Practitioners (UFFP)
South African Orthopaedic Association (SAOA)
South African Society of Obstetricians and Gynaecologists (SASOG)
Radiological Society of South Africa (RSSA)

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