

**SPEECH BY THE MEC FOR HEALTH, MR SAKHIWO  
BELOT AT THE OCCASION OF THE OPENING OF THE  
MEDICAL PROFESSIONALS SUMMIT 2006, 16-17  
NOVEMBER 2006, PRESIDENT HOTEL,  
BLOEMFONTEIN**

Program Director

Honored guests

Ladies and Gentlemen

The year 2006 is slowly drawing to a close and we all are starting to look forward to a period of rest and time to spent with our loved ones. However, before the holiday mood settles in, I have asked the department to convene this summit with the specific purpose to focus on the *significant partnerships in the delivery of quality health care in the Free State province*. This is also the theme for the two day summit. I am pleased to note that we have a wide range of representatives from both the private and public sector attending the summit.

Ladies and gentlemen in all our endeavours to bring health to the people of this province, hard work and dedication stands out but also the dire need to form partnerships. This summit should be used as the platform from which we can launch possible partnerships for the future. If we take the referral route for example and closely investigate the effectiveness of the utilization of the various levels, should we not ask ourselves the question how effective is the service we are delivering at the entry point of the patient into the system. I am referring here to the primary health care level. A patient suffering from diabetes should ideally have access to specialist care right at the primary health care level. The question I am asking is what stands in the way of a specialist delivery specialist diabetic care in a clinic? Will this not alleviate the pressure at the next levels of care should this patient in the end needs to be referred?

Another issue that I want to raise is the partnership this department has with private doctors on the sessional doctor scheme. I often ask myself how we can strengthen this partnership and how can we as the Department of Health contribute more effectively. In the private sector a vast

majority of patients go to their local general practitioner or GP but at the end of the day, many of those patients end up in our health facilities. The question I want to ask is what happens to the patient and the responsibility of the service provider after the patients walks out of the consulting room at the surgery. How do more effectively utilize our human resources and what can we say about commitment to quality patient care? Keep the issue of partnerships in mind during the deliberations for the next two days.

Ladies and gentlemen, during 2005 and 2006 I requested the department to arrange a series of consultative meetings with the clinical staff of all the regional complexes including the Academic Health Services Complex. At these meetings medical professionals raised a variety of service delivery related issues including the referral system, outreach programmes, personnel shortages and resource constraints amongst others. As a result of this, we convened this summit to address all the issues raised extensively.

Program Director at the consultative meetings delegates raised the following categories of issues and I would like to respond to some of the challenges raised.

1. **Human resource** issues which centre around shortages, delays in appointments, the rural allowance, sessional appointments and personnel development amongst others.

I would like to report that the stringency measures that were in place at the time, due to budgetary constraints have been lifted. The CEO's of hospitals have also been given extended delegations for personnel, finances and procurement. This has enabled the appointment processes to proceed more efficiently. As a result of this, there has been a significant increase in the numbers of personnel appointed, including sessional appointments.

2. **Management** issues such as poor communication, demotivated staff, lack of equipment and poor marketing of the outreach programmes were raised and I am pleased to say that with our new budgetary allocations, we have been able to address most of the

urgent equipment needs. Please note that all these issues have been brought to the attention of all our CEO's, and I expect that there will be significant improvements in the communications between those that deliver the services. I anticipate that after the deliberations of this conference, we will have a more robust Outreach programme that addresses the needs of all stakeholders and that this will be felt particularly at primary health care level.

3. Challenges regarding the **referral system** also came out during discussions with back referrals, emergency referrals, transportation patterns of emergency medical services and distances as well as cross border patients coming under the spotlight. To address these issues we have purchased 52 ambulances, which will play a major role in the improvement of the efficiency of the upward and downward referral of patients, between the different levels of care institutions. We have also established a forum of Heads of Clinical Services, whose main mandate is to develop and implement clinical guidelines and protocols for the efficient management and transfer of patients between facilities.

There has also been a revision of our EMS model, to ensure that the deployment of ambulances addresses the soft borders between districts and the hard borders between provinces.

4. Some **general concerns** were also raised and during the presentation on this, more light will be shed but from the comments received I noted that there is a general high level of awareness of our efforts to continuously develop the health system in the Free State.

Program director, during the next two days, delegates will spend time to deliberate not only on challenges facing the medical professionals in our department but also in break away groups deliberate on the public private initiatives; clinical guidelines and protocols; the referral system and the outreach program as well as the improvement of service conditions for the health professionals.

Finally I would like to express my appreciation for the representation from the private sector as well as the Faculty of Health Sciences. I realize this is a difficult time of the year

but appreciate your willingness to participate in this important summit. I would now like to declare the summit open and wish all here good luck in the deliberations to follow. May the consultative decisions taken here contribute towards a healthy and self-reliant Free State community.

I thank you.