



Presentation to the Portfolio  
Committee on Health: NHI Bill  
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Chief Executive Officer  
26 January 2022

**Life** Healthcare

01	02	03	04	05	06	07
Life Healthcare Overview	Life Healthcare reaffirms support for NHI	A milestone based approach to implementation	Key deliverables to meet NHI objectives	Partnership between the sectors	Lessons from the Covid-19 pandemic as we embark on this reform	Conclusion



## OUR VISION



To be an international healthcare provider delivering measurable clinical quality through a diversified offering and people-centred approach

## OUR MISSION

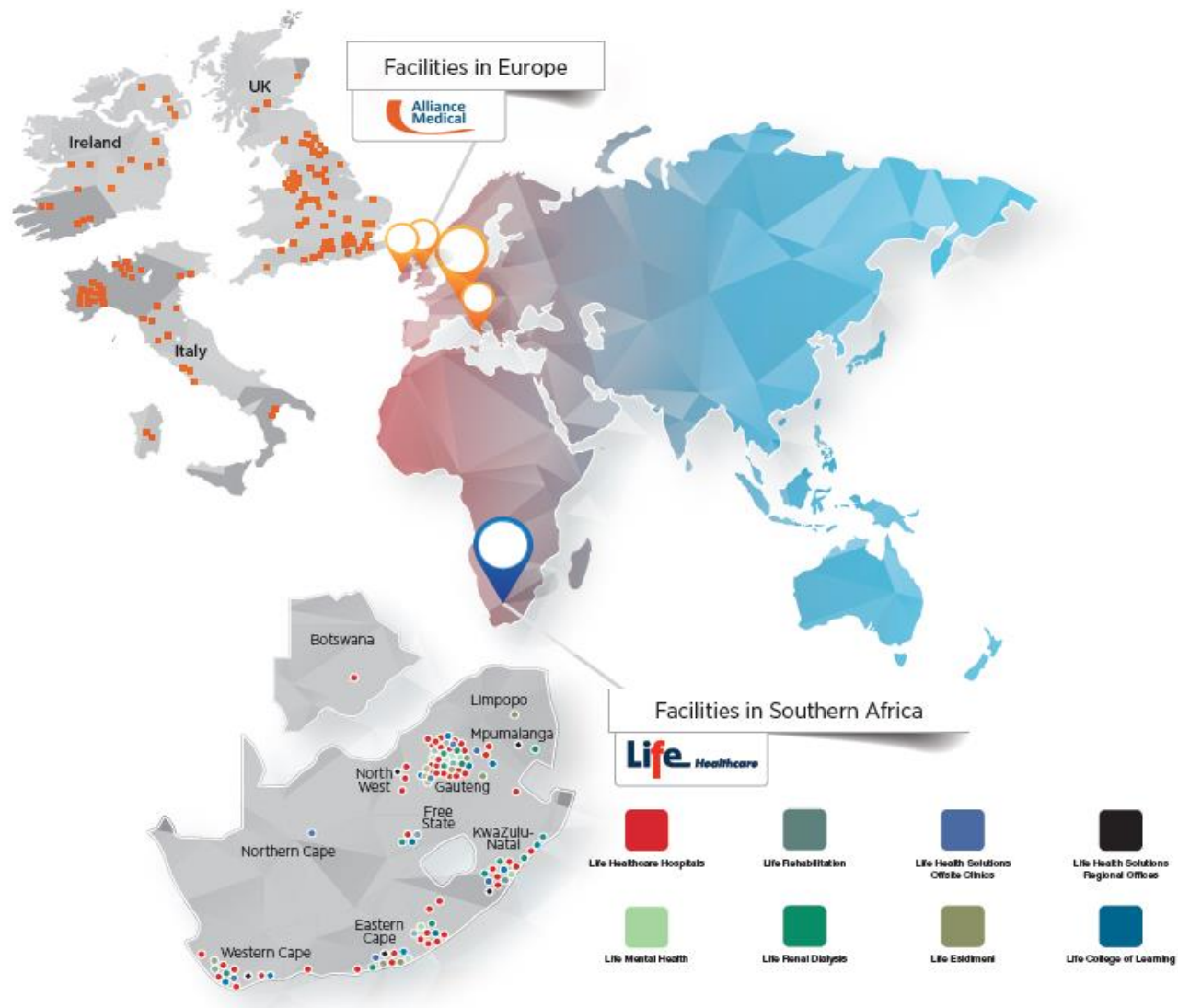


We improve the lives of people through the delivery of high-quality, cost-effective care

## OUR PURPOSE



Making life better



- **Extensive footprints in Southern Africa and internationally**
  - 66 healthcare facilities
  - 7 provinces of South Africa
  - Botswana
- Largest provider of **employer based on-site healthcare** and other industry related services
- Our international business - Alliance Medical Group
  - Leading provider of **imaging services to government** across the United Kingdom, Italy and Ireland, with participation in **ten countries**

## Acute Care

- 49 **acute hospitals** across southern Africa
  - 8 256 registered beds
  - 41 emergency units
  - 36 maternity units
  - 13 cardiac units



## Complementary Services

- 9 **mental health** facilities (602 beds)
- 7 **acute rehabilitation** facilities (319 beds)
- 29 facilities - 440 **renal dialysis** stations
- 5 **oncology** units



## Healthcare Services

- **Life Health Solutions (occupational health and employee wellness)**
  - 281 Occupational health facilities
  - 78 Employee wellness clinics
- **Public Private Partnership**
  - 10 Life Esidimeni facilities (3163 beds)

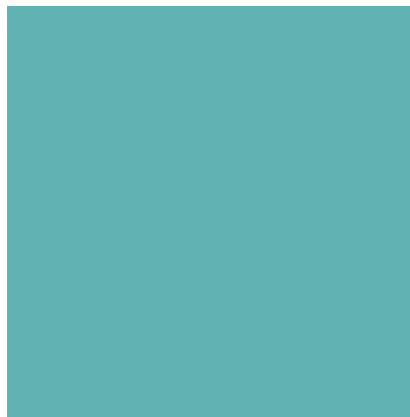


## Nursing Education

- **Life College of Learning**
  - 7 learning centres across SA (EC, GP, KZN, WC)
  - 1000 students trained annually



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## Overall



LHC supports the principle and objectives of NHI – *access* to *affordable, comprehensive, quality* healthcare services irrespective of socio-economic status for all South Africans

## Administration



Single-payer system creates enormous concentration and operational risk  
Propose single fund but multi-payer system

## Delivery



Largest undertaking by government - public and private sector should **work together**

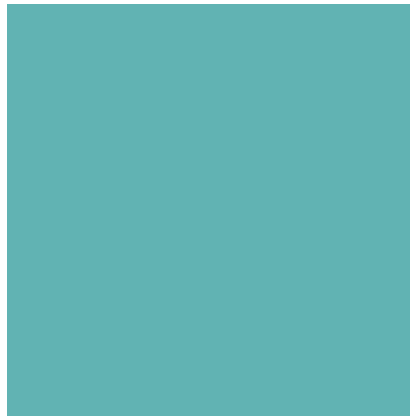


To accelerate implementation – use existing private sector capacity



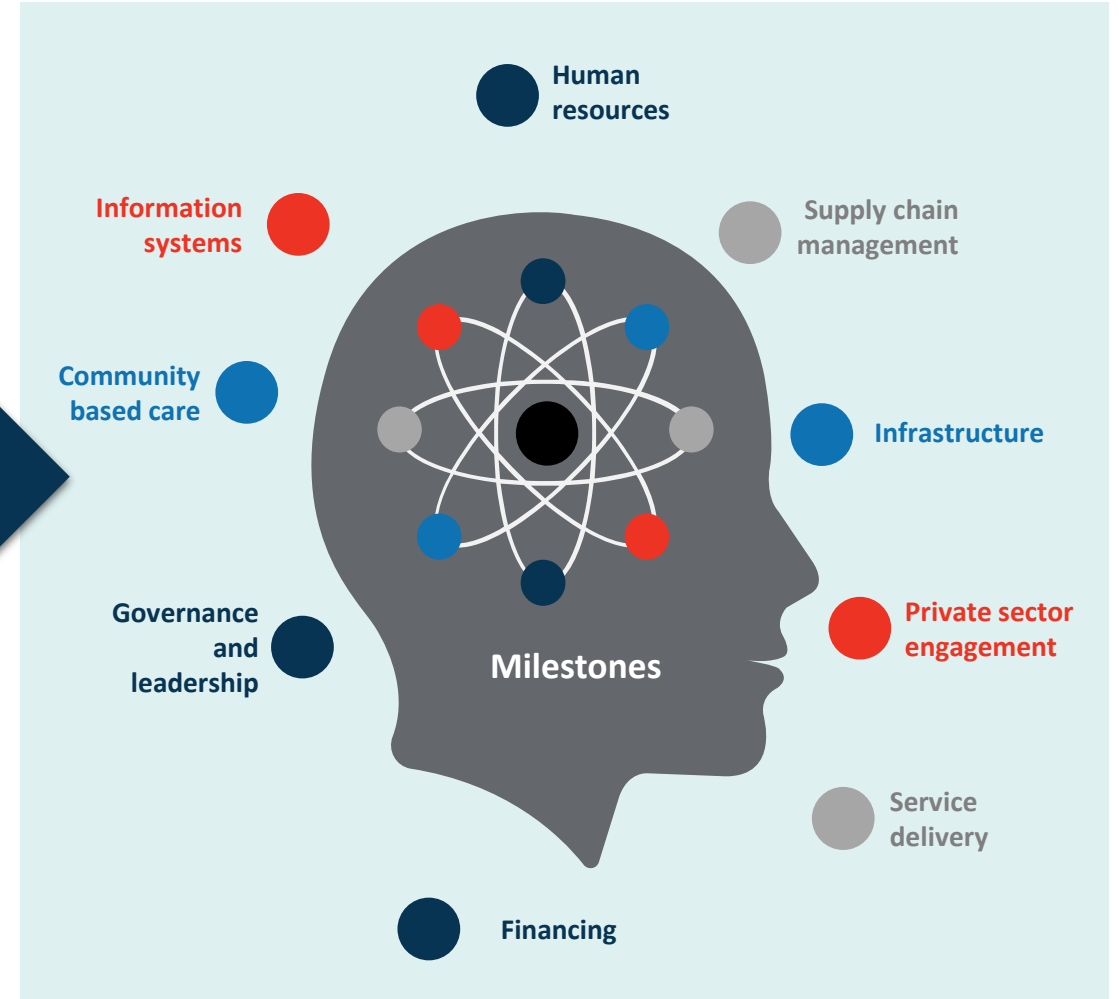
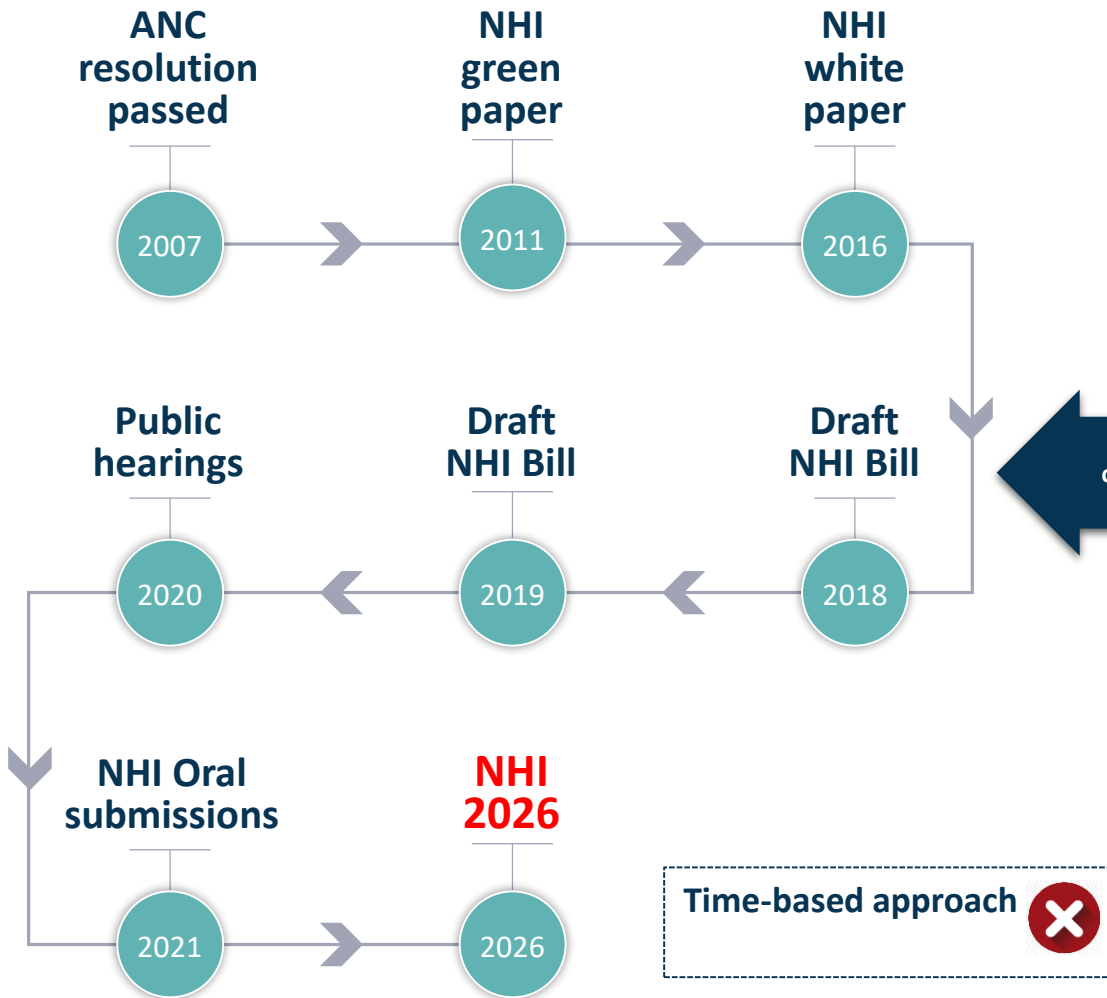
**Propose a milestone-based approach to implementation**

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# Healthcare reform is complex



# A milestone approach to implementing NHI

**NHI implementation currently time-based**



There is a risk that the NHI will become fully operational prematurely

**Propose concrete milestones**



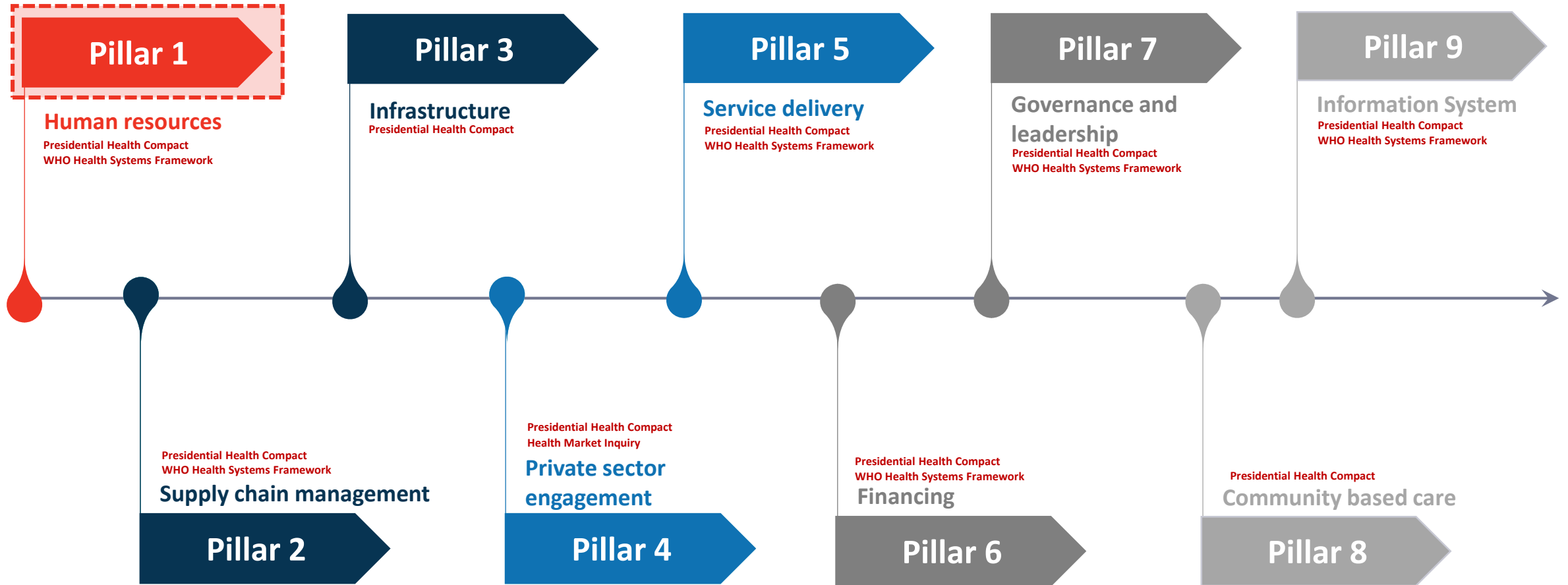
Recommend that NHI implementation is based on actual achievement, measurement and/or monitoring of health strengthening initiatives and other outcomes

**Use existing frameworks as milestones**



Align the milestones with the **Presidential Health Compact Pillars** and **WHO Health Systems Framework**

# Proposed milestones



**MILESTONE APPROACH ALLOWS FOR MANAGEMENT OF RISK SEQUENTIALLY.  
ABLE TO BANK INCREMENTAL SUCCESSES AND GAIN TRACTION.**

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# Key deliverables for realisation of NHI objectives

## 1 Human Resources

- Sufficient healthcare workers
  - Management skills for administration and to manage facilities
- 

## 2 Infrastructure

- Sufficient facilities across the healthcare spectrum
  - Appropriate standards of facilities
- 

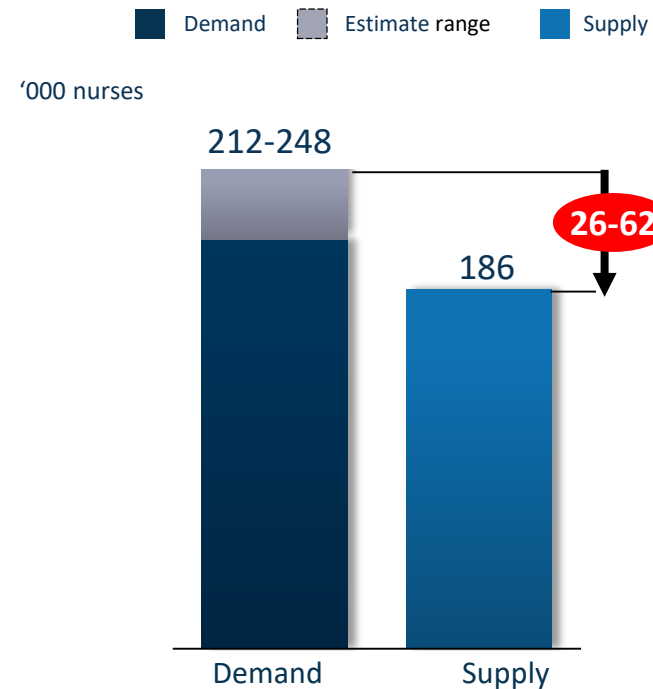
## 3 Capital

- Sufficient capital
- Appropriate reimbursement models

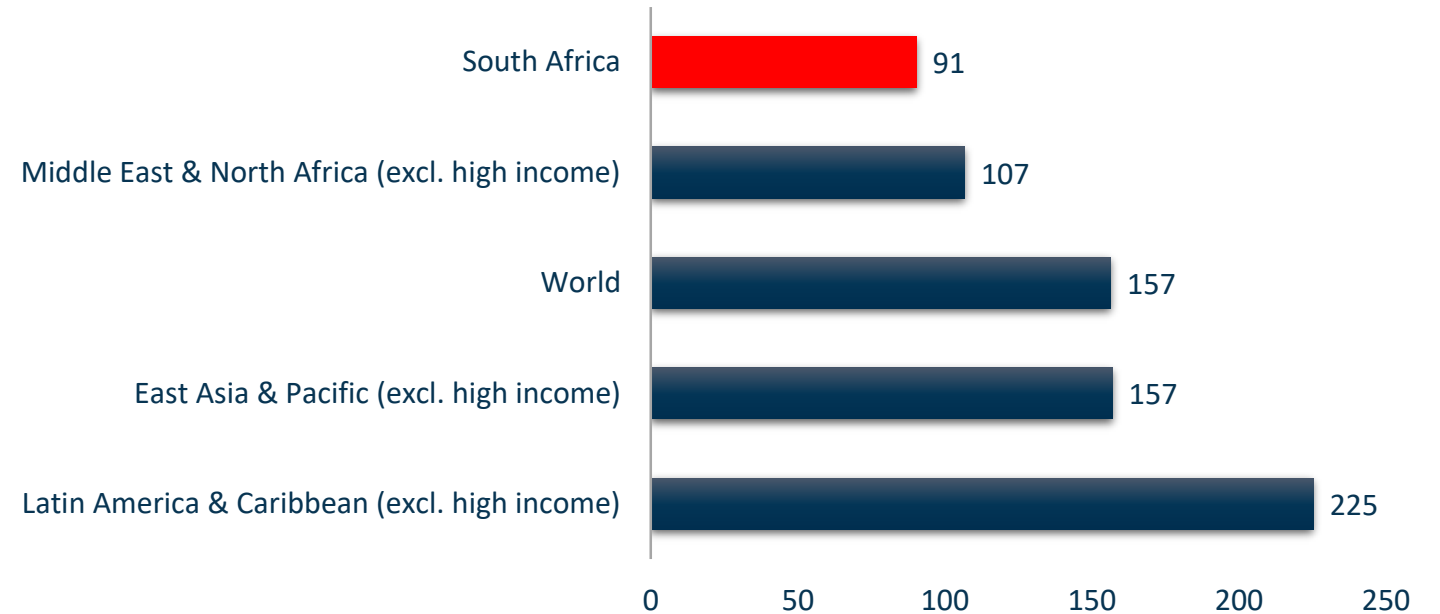
# Key deliverables for realisation of NHI objectives : Human Resources

- Sufficient healthcare workers
- Management skills for administration and to manage facilities

## Current estimated gap of 26-62k nurses in SA



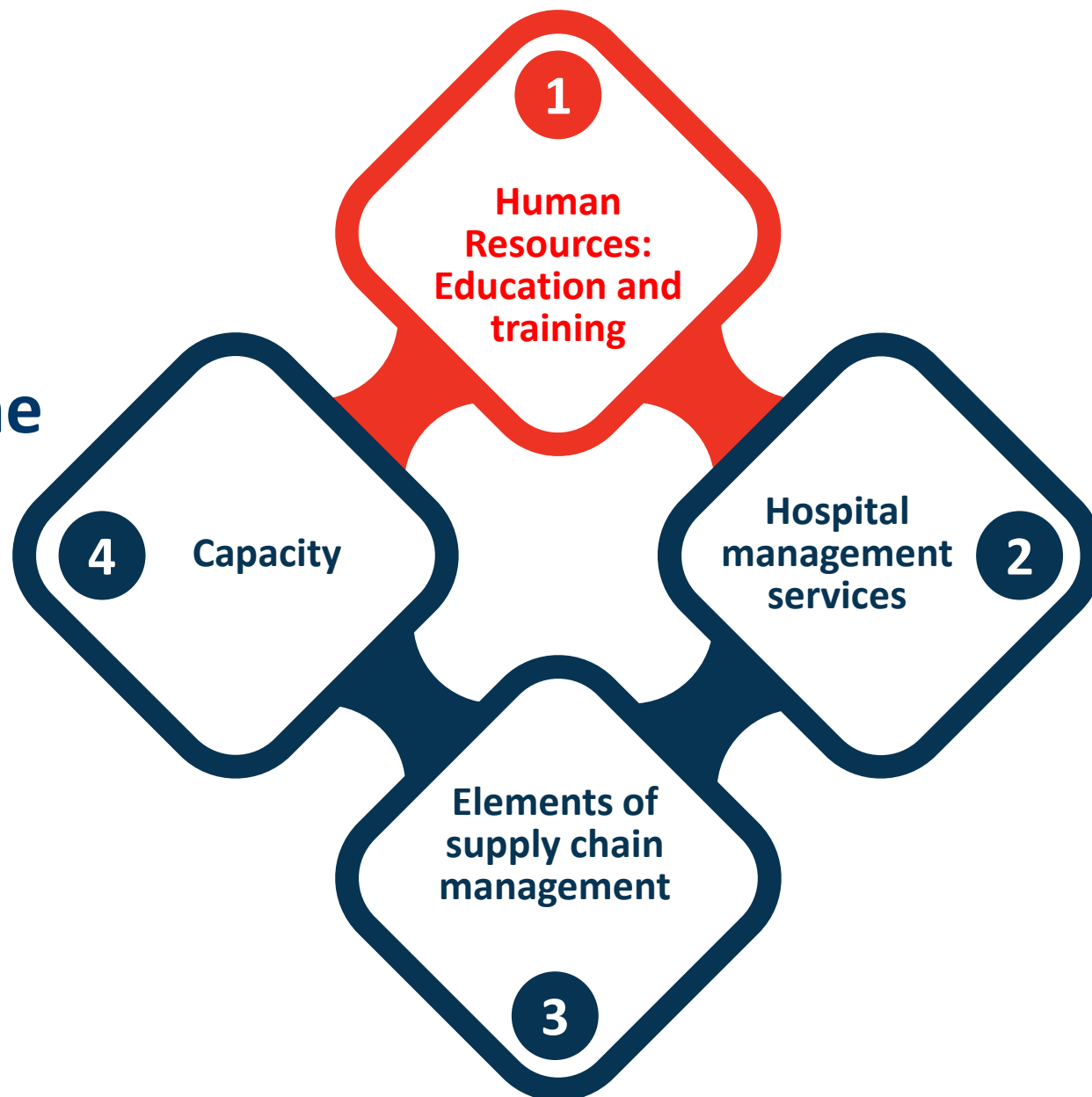
## Regional Comparison - All doctors per 100 000 citizens (2017)



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# Partnership between the sectors as we transition towards NHI





1

A successful NHI requires sufficient number of suitably trained healthcare workers

2

The lack of skilled resources for health is the biggest challenge

3

Current policies severely restrict private sector's ability to contribute to the country's health reform agenda

## PARTNERSHIP BETWEEN THE SECTORS



### Training

- Training through Life Healthcare's teaching college
- A platform for doctor training



### Skills Transfer Programme

- Hospital exchange programme
- Unit managers exchanging positions and learning from each other

# Policy impediments to addressing human resource challenges

01



Existing policies  
have impeded  
our nations  
healthcare delivery

02



Urgently address  
regulatory impediments

Change the policies so that we  
can assist in addressing the  
human resource crisis

# Policy impediments to addressing human resource challenges



Limited accreditation of private nursing colleges



Prohibition of private medical schools



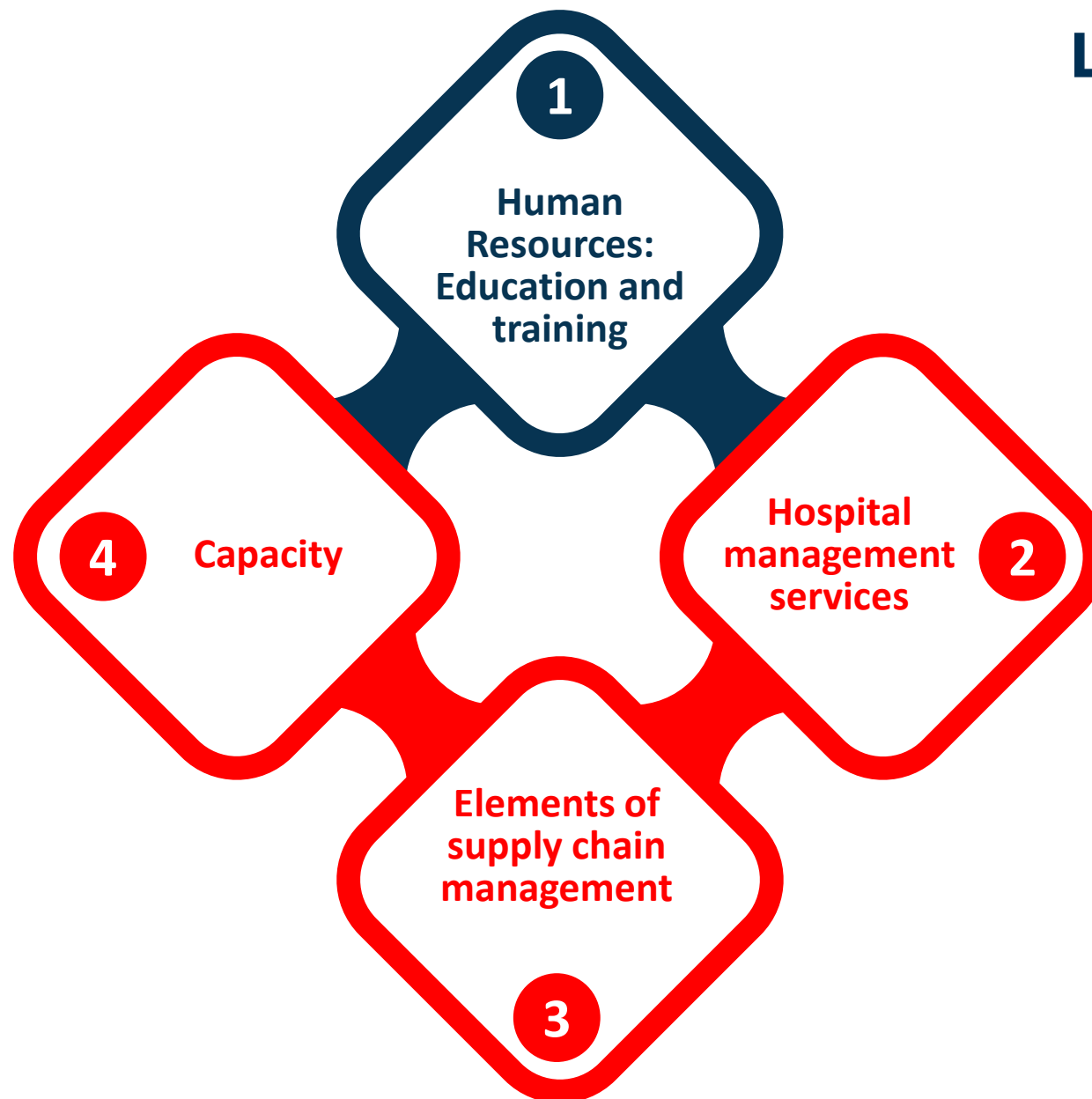
Restrictions on the employment of foreign doctors in SA



Prohibition of employment of healthcare professionals in the private sector



# Partnership between the sectors as we transition towards NHI



# Partnership between the sectors as we transition towards NHI

## Hospital Management Services



- Build-operate and transfer model
- Renovate and operate model

## Elements of Supply Chain Management



- Manage procurement of imaging equipment (X-ray, MRI, PET & CT scanners)
- Pharmacy

## Capacity



- Spare capacity for public sector through SLAs  
(NHS relies extensively on private sector contracting)

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## Collaboration

- **Public** and private sector **collaboration** is essential
    - Vaccine roll-out demonstrates the success of collaboration - “Public and private sectors join forces to win the Covid-19 vaccine race against time”
  - Where **communication gaps** existed, collaboration was not optimal
- 



## Capacity planning

- Use bed bureau, doctor and equipment availability **databases across public and private sectors for robust capacity planning**
- 



## Administration

- **Medical Scheme Administrators** critical to **operationalise SLAs**
  - Inability to conclude contracts timeously – **only 1 province signed**
  - SLAs best set at national level – operationalise at provincial level
- 



## Payment rates

- Value for money, which would include elements such as **quality, efficacy, fitness for purpose** and **cost-effectiveness**, and the **continuity** of healthcare service providers and establishments must be considered when the Fund negotiates or sets prices for healthcare services
- 



## Clinical practice

- **Guidance** from the **government Institutions** (such as the NDoH & NICD) - **extremely valuable**
- Have **clinical influencers** - promote standardisation of care

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# Conclusion





**Life** Healthcare