

**MINISTRY OF DEFENCE & MILITARY VETERANS**

**NATIONAL ASSEMBLY**

**QUESTION FOR WRITTEN REPLY**

**2110. Mr S Esau (DA) to ask the Minister of Defence and Military Veterans:**

(a) How is the loss of scarce skills being addressed at 1 Military Hospital, (b) why is the appointment of medical doctors delayed while the hospital is experiencing a high vacancy rate, (c) has the occupational specific dispensation been implemented fully at the hospital and (d) how does SA Military Health Services plan to minimise outsourcing the ostensibly expensive medical services that can cause a significant over-expenditure at the expense of other medical services? NW2264E

**REPLY:**

# (1)(a) How is the loss of scarce skills being addressed at 1 Military Hospital,

The loss of scarce skills has decreased dramatically over the past three years. In the past 24 months, 24 medical doctors have been appointed, three of these being specialists. However, the total number of health care practitioner (HCP) posts available for all the hospitals (specifically with regard to medical doctors, specialised nurses, technicians in the laboratory, radiology and technologists to undertake the repair and maintenance of equipment) will be reviewed to ensure that the SA Military Health Service takes full advantage of the results of the refurbishment and medical equipment procurement.

# (b) Why is the appointment of medical doctors delayed while the hospital is experiencing a high vacancy rate,

As stated in the response to the first part of the question, the personnel acquisition process has improved dramatically and no delays are currently experienced in the appointment of HCPs. Hence the appointment of 24 health care practitioners in the past 24 months.

# (c) Has the occupational-specific dispensation been implemented fully at the hospital, and

The occupational-specific dispensation has been implemented fully with respect to medical doctors. Some challenges are being experienced in the application of the occupational-specific dispensation with regard to nursing personnel.

# (d) How does the SA Military Health Service plan to minimise outsourcing the ostensibly expensive medical services that can cause a significant over-expenditure at the expense of other medical services?

The SA Military Health Service has put management interventions and measures in place to minimise the cost of outsourcing whilst awaiting the completion of the refurbishment project. The management interventions include the case management (or concept of “managed health care”) of all patients who are outsourced in order to control and manage the level of care and ‘hospital stay’ as ‘hospital stays’ are a major cost driver. The managed health care concept furthermore ensures that each patient receives the level of health interventions and care as approved. In the event that any additional health interventions or care is required, further approval within the managed health care concept takes place.

Further management interventions include negotiated and preferred agreed tariffs with particular health providers. Also, in cases where particular specialist interventions are required that could be performed at the military hospitals, the specialist is encouraged to perform the procedure in the military hospital. As the sustainment of stock levels for pharmaceuticals and medical consumables is also critical in minimising cost, the matter has been registered as a standing agenda point on the weekly SA Military Health Service Command Council meetings.