

Hospital Association of South Africa (HASA)



A Presentation To The Parliamentary Portfolio Committee on Health on
The
NATIONAL HEALTH AMMENDMENT BILL B24- 2012
(16 March 2012)

Presentation Structure

1. About HASA
2. HASA'S position on the NHA Bill
3. Concerns around the Norms and Standards
4. Driving Principles for an effective OHSC
5. Recommended Structure and Functionaries of an effective OHSC
6. International experience



1. About HASA



HASA

- Is an Industry Association that represents the private hospital Industry in South Africa
- Currently Represents over 200 of SA's private hospitals
- Includes 28 000 of approximately 31 000 private hospital beds - over 90%



2. HASA's Position on the NHAB



HASA is in full support of the objectives of OHSC, which are to promote patient Health and Safety



3. Concerns on Norms and Standards (N&S)

- Definition
 - No definition of the term “Norms and Standards”
 - No definition of the process used to define/arrive at the “Norms and Standards”
- Purpose
 - Insufficient clarity on what the N & S will be used for



3. Concerns on Norms and Standards (N&S)

Concern

Definition

- No definition of the term
- No definition of process

Purpose

- Insufficient clarity on what the OHSC will use N & S for
- The Bill states that the OHSC will inspect, certify and monitor compliance
- Licensure by OHSC is implicit
- However accreditation is not sufficiently dealt with

Recommendation

The term needs to be adequately defined in the Bill. In this regard HASA recommends:

- should be defined with reference to the level and quality, required to ensure the health and safety of the users
- This excludes any cost or tariff , in any way, relating to the price or value of any health service provided in or from a public health establishment or in a private health establishment
- This also excludes the treatment process to be followed, and clinical standards or clinical pathways relating to a particular diagnosis

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Recommendation

HASA recommends the following features in the process that will be used to arrive at these N & S:

- Expert led
- In collaboration with stakeholders
- International benchmarking
- Public participation

3. Concerns on Norms and Standards (N&S)

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Recommendation

Because of its link with licensure:

- Clarity on accreditation to be provided in the Bill
- Accreditation is a highly technical process requiring appropriately qualified agencies
- Technical capacity to do this is likely to reside with a 3rd party outside the OHSC

4. Driving Principles for an effective OHSC

OHSC will need sufficient **Checks and Balances** to ensure:

- Legality
 - Compliance with the constitution and administrative law
- Integrity
 - **Independence** from political influence and other external influences
 - Neutrality and transparency
 - **Competence** and effectiveness

The **Checks and Balances** will be secured through:

- Appropriate structures
- Appropriate functionaries

5. Recommended Structure and Functionaries of an effective OHSC

Board of Health Standards (BoHS) – the principles for establishment:

- HASA recommends the formation of a BoHS
- the Board to be both politically independent and neutral, eliminating any potential bias towards either public or private sectors.
- The BoHS's independence and neutrality are imperative also to ensure that the OHSC is accountable directly to the stakeholders and community they serve



5. Recommended Structure and Functionaries of an effective OHSC

Board of Health Standards (continued)

- The Board and the OHSC to be established as a juristic person
- The Board and the Office to be funded by levies payable by health establishments – both public and private health
- The Board to consist of no less than 12 members and a chairperson:
 - Four members appointed directly by the Minister
 - Four members appointed from the private health sector
 - Experts in law, public health, pharmaco-economics, hospital management
- The Chairperson to be appointed by members of the Board following a public nomination process



5. Recommended Structure and Functionaries of an effective OHSC

The Office

- The Office to consist of the following key appointments:
 - The Chief Executive Officer (CEO) and support staff
 - Health Officers and Inspectors
 - An Appeal Board
 - An Ombud



5. Recommended Structure and Functionaries of an effective OHSC

The CEO

- HASA recommends the following procedures:
 - The Board to nominate at least three persons for the position of CEO
 - From these nominations, the Minister to then appoint the CEO
 - Once appointed, the CEO works under the direct supervision of the Board



5. Recommended Structure and Functionaries of an effective OHSC

Health Officers and Inspectors

- HASA recommends the following procedures:
 - The Minister and/or relevant member of the government to appoint health officers on the recommendation of/or in consultation with the CEO
 - Inspectors to be appointed by and held accountable to the CEO



5. Recommended Structure and Functionaries of an effective OHSC

The Appeal Board

- HASA recommends the following procedures be followed:
 - Health establishments should have the right to appeal or review a notice of non-compliance by an inspector in terms of the provisions of Section 82 A (1)
 - The Minister and the Board to appoint an Appeal Board consisting of three persons, of whom
 - A retired High Court judge or magistrate is the Chairperson
 - Two persons appointed on account of their broad knowledge of and expertise in the health care industry
 - The Appeal Board may confirm, set aside or vary the decision of the Office



5. Recommended Structure and Functionaries of an effective OHSC

The Ombud

- HASA recommends the following procedures be followed:
 - Nominations for the Ombud to be done via a public participation process
 - Thereafter the Board and the Minister to reach a mutual agreement on the person to be appointed as the Ombud
 - The Ombud to be accountable to the CEO and the Board
 - The role of the Ombud to be to resolve complaints on a voluntary basis and to make non-binding recommendations to the Office where complaints cannot be amicably resolved
 - The Ombud should be bound not to disclose any confidential information relating to its investigation to the Office



6. International experience

Separation of Safety Standards, Clinical Standards and Tariff Setting

- The UK
 - The DoH defines the quality standards
 - Tariff setting is currently performed by the DoH but this is a completely separate process from the standard setting process. New expected legislation will shift tariff setting to a separate entity called Monitor.
 - A separate independent body known as National Institute for Clinical Excellence (NICE) defines the clinical pathways and standards.

6. International experience

Independence and Neutrality of Regulators Internationally

- Canada
 - Accreditation Canada is a not-for-profit independent organisation that accredits health care providers which meet certain health care quality standards on a voluntary basis (reference www.accreditation.ca)
- Germany
 - Monitoring compliance to health care quality standards is performed by the Institute for Applied Quality Improvement (AQUA). AQUA is an independent institution made up of interest-neutral scientists with the sole responsibility of monitoring the quality of health care providers. (reference www.aqua-institut.de)
- Netherlands
 - The Health Care Inspectorate (IGZ) is an independent advisory body to the Minister of Health that supervises the quality and accessibility of health care using standards developed by external independent bodies. In addition, the Netherlands Institute for Accreditation in Health Care (NIAZ) is an independent medical quality institution that operates an accreditation system for hospitals on a voluntary basis. (reference www.niaz.nl)

Thank You

Presented by:

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HASA