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NHN SUBMISSION IN RESPONSE TO THE PROPOSED REGULATORY INTERVENTIONS FOR LICENSING OF HEALTH FACILITIES

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**Day Clinics 57, Acute Hospitals 64, Ophthalmology 18, Psychiatric Hospitals 37, Sub-Acute Facilities 44,
Rehabilitation Facilities 2**

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The National Hospital Network (NHN) would like to submit the following in response to the Competition Commission's Health Market Inquiry (HMI) panel's invitation regarding licensing of health facilities.

1. Transport and accommodation arrangements

- 1.1 The NHN would appreciate clarity on the issue around the arranging (cost to company) of transport and accommodation in order for scheduled annual re-evaluation inspections to take place. In the past hospitals have been responsible for arrangements with regards to rental vehicles being booked and returned timeously, as well as payment thereof.
- 1.2 With reference to car rental, the communication from hospitals are endless in trying to determine what needs to be arranged and when. This is very frustrating not only for the car rental company, but also for hospitals and the Department of Health (DoH) employees who have to be contacted repeatedly in order to finalise the arrangements.
- 1.3 Furthermore, clarification is required whether it is only the Free State Province that has transport and accommodation arrangements or does the arranging and paying of transport and accommodation for annual inspections apply to the whole country.

2. Psychiatric facilities

- 2.1 It is recommended that the licensing of psychiatric facilities be urgently investigated and revised. At present, psychiatric hospitals need to comply with many of the Regulations of the R158, which are not necessary for psychiatric patients. For example, 2-meter-wide passages add considerable and unnecessary costs.
- 2.2 New, bespoke Regulations pertaining to psychiatric hospitals should be developed that take into account the specific characteristics of mentally ill patients.
- 2.3 Further, psychiatric facilities should be licensed to admit all types of patients, including Involuntary, Voluntary and Assisted patients.
- 2.4 Psychiatric hospitals should also be specifically licensed to treat dual diagnosis (psych plus addiction), and they should not require further licensing from the Department of Social Development (DSD), as long as there is a psychiatric comorbidity. This is as per the DoH recommendations.
- 2.5 Adolescents should generally be housed in the same facility, albeit in different wards.
- 2.6 The application process to establish a new psych facility should be aligned with the above.

- 2.7 National guidelines for the establishment of psychiatric day hospitals should also be finalised and enforced as this is a valid mode of treatment for some patients and can reduce costs. Similarly, to psychiatric inpatient facilities, there do exist National guidelines in this regard, but they are not enforced in different provinces.
- 2.8 The issuing of practice numbers by the Board of Healthcare Funders of Southern Africa (BHF) is a major concern. Urgent and drastic interventions are required to address concerns from all types of practitioners.
- 2.9 NHN members do not receive any value nor proper communication from the BHF. Their administrative process is also unnecessarily burdensome and expensive.
- 2.10 Psychiatric hospitals should be allowed to employ mental health professionals going forward. This is especially important for psychiatric treatment which requires a holistic, medical-psych-social approach. It is impossible to offer efficient and high quality of care when all the practitioners work independently.



Dr Elsabé Conradie
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National Hospital Network

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