



**Active**  
Citizens Movement

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## **Public Private Community Health Forum (PPCHF) and Ophthalmology Eyecare Project**

### **PARTICIPANTS IN PPCHF**

#### **LEAD MEMBER**

District Manager, uMgungundlovu District – Department of Health,

#### **PRIVATE SECTOR**

Managements of Mediclinic, St. Anne's Hospital, Royal Hospital, Midlands Medical Centre, Daymed Hospital, Hilton Life Healthcare, Eden Gardens Hospital

#### **NGOs**

Active Citizens' Movement as facilitators  
IIROSA, Penny Appeal, The Optical Alliance

#### **PUBLIC SECTOR**

District and Provincial Department of Health (DoH), Ophthalmology and Eye-Care Unit, Ophthalmology staff of Greys' Hospital of the Department of Health led by Dr C-H Kruse, Northdale Hospital and Edendale

#### **Project location:**

Pietermaritzburg, Kwa-Zulu Natal

#### **Starting Date:**

PPCHF– This was started as a parallel process to address the public eye health service challenges which were identified. The first meeting was held on 17/01/2018. After discussions relating to challenges confronting the DoH in terms of service delivery of good health care to the ever-increasing number of patients attending the public health

services, agreement was reached that there was the necessity for a public private community forum to exist. It was to be led by the District Health Manager. The state hospitals were to be participants.

The forum was to be opened to the entire private health sector and community representative bodies such as Rate-Payers' Associations.

ACM was appointed as facilitators of the discussion meetings and were adopted as the secretariat function.

### **OPERATION START-UP:**

During discussions within the PPCHF it was agreed that the backlog of indigent patients awaiting cataract surgery probably exceeded 10 000 patients, a number which was unacceptable. This was deemed to be an ideal problem to be addressed in a Mandela Day Ophthalmology and Eye-care Camp July 2018 which had a target of Cataract eye 67 patients for Mandela Day, September 2018 500 patient cataract camp and the opening of the optimized cataract theatre facility at Northdale Hospital.

### **PROJECT DURATION:**

PPCHF – The aim is for the forum to be institutionalized as a timeless platform for engagement about the areas of concern in healthcare with solutions driven by all stakeholders.

**Ophthalmology and Eye-care** – 3Year Memorandum of Understanding with Department of Health.

### **Amount requested from funders:**

PPCHF Nil

ACM Contribution towards installation of Ceiling-Mounted Microscope in 'cataract surgical theatre at Northdale Hospital  
R50 000 Victor Daitz Foundation  
R25 000 Mediquip  
R25 000 Camry Trading Enterprises (Pty) Ltd  
R25 000 Hilton Life-Healthcare Hospital

KZN DoH

Staff and consumables – cataract surgical theatre

### **Implementing agent inputs:**

ACM – Facilitators

Penny Appeal	- NPO
Irosa	- NPO
Midlands Medical Centre	- Surgical theatres and staff
Mediclinic	- Surgical theatres and staff
Eden Gardens Hospital	- Surgical theatres and staff

## **I. BACKGROUND AND JUSTIFICATION**

Pietermaritzburg is the economic hub of the KZN Midlands and surrounding areas. It hosts a district, a regional and tertiary hospital which services a rapidly growing and diverse population of more than 600 000 people. The growing population has brought with it additional strain to the healthcare system at all levels of care. This is further aggravated by inadequate funding of the health system leading to the deteriorating physical conditions of the hospitals, human resource challenges and the overall inability of the health system to deliver healthcare on an efficient and cost-effective model. With almost 80% of the population dependent on the state for healthcare services, a high incidence and prevalence of HIV/AIDS and co-morbid conditions, high levels of unemployment and growing poverty, the health system in place has reached a level of impasse, unable to meet the demands.

Having identified these and other challenges, the ACM Health portfolio committed itself to facilitating solutions which could relieve backlogs, resolve equipment and/or infrastructure inadequacies, where possible, and develop a working partnership with the private sector role players to achieve outcomes in favour of the healthcare system and the patients dependent thereon. To achieve this, it was an imperative that the Department of Health be intrinsically involved with the process and in the leadership capacity.

The Public Private Community Health Forum, (PPCHF) was formed to serve the purpose of identifying challenges in healthcare with the aim to seek and implement solutions with the support and assistance of the private sector and NGO's. The structure of the PPCHF has the district manager for health as the chairperson. The ACM acts as the secretariat. The managers from the state and private health sectors are the subject contributors.

The first problem raised at the level of the PPCHF was the cataract surgery backlog. At the onset of the project, the number of patients on waiting lists in the area extending from Pietermaritzburg to Dundee, for cataract surgery was 6000. Ophthalmology clinics in the district are understaffed, poorly equipped and further crippled by a lack of consumables required for an efficient system. 80% of daily activity is dependent on sight. Cataract is one of the largest contributors to avoidable blindness with an increased prevalence in the older population and diabetic population. The South African government has identified cataract and the need for removal as a national health priority. Cataract surgery forms part of the vision 2020 program. However, the disproportionate numbers of optometrists, medical officers trained in cataract surgery and the ophthalmologists servicing the population is a limitation. Further to this, the cost of surgery, poor use of theatre time and minimal use of available skill for surgical work are inextricably linked to adding to the problem which

ultimately results in a backlog insurmountable by the Department of Health in the absence of support from the private sector and NGO's.

Taking into consideration the burden of blindness on individuals and the economy, the right to sight and the prevention of avoidable blindness principles which the Government of South Africa subscribes to, the costs of surgery, availability of funders and donors and the currently available infrastructure, the ophthalmology and eyecare project was accepted as the first project. Alleviating the 6000-cataract backlog and optimizing the system to prevent further backlogs will improve the quality of lives of people waiting for over 2 years for surgery, complement the vision 2020 program and bring relief to the Department of Health.

MoU's were signed between Department of Health and interested parties from the private health sector. The project was started in July in commemoration of Mandela Day between Northdale Hospital (state facility) and Midlands Medical Centre (private health facility). Sixty-seven patients were identified for surgery from the Northdale Hospital waiting list, examined and prepared for surgery by the state ophthalmologist. They presented to Midlands Hospital for surgery on the 8<sup>th</sup>, 10<sup>th</sup>, 15<sup>th</sup> and 18<sup>th</sup> of July 2018. A balance of 13 patients to complete the 67 total would be operated on before the 15<sup>th</sup> of August 2018.

The initial agreement was intended for patients to have their day 1 examination by optometrists supplied by the Optical Alliance. This was changed during the roll out of the project and patients were seen at Northdale Hospital for the day 1 and week 2 follow up visits.

Two surgeons [Dr Narain and Dr. Narainswamy] were supplied by Department of Health and 1 private surgeon [Dr Karappian] volunteered his time. Anaesthetists were sourced by Midlands Medical Centre.

The cataract packs and consumables were supplied by lirosa and funded in part by Penny Appeal South Africa. The shortfall of medication and consumables at the time of surgery, was supplied by Midlands with costs to ACM.

Administrative processes were completed in part by the staff at Northdale Hospital's eye clinic and the remaining admin support was provided by Midlands Medical Centre.

The Optical Alliance provided optometrists for the screening of geriatric patients residing at PADCA run homes – Sunnyside home and Riverside home.

Roshan Jainath, chairman of the Active Citizen's Movement and Dr Keith Wimble, chairman of the ACM health portfolio were tasked with engaging and informing the district manager for health and the provincial manager for eyecare about project developments at each step of the process.

The project was implemented after all protocol was observed and consent granted at all required levels.

This project was informed and guided by the expertise of health managers in private and state sector, an optometrist, ophthalmologists, businessmen/women and the MEC of health.

## **II. OBJECTIVES**

### **A. Development objectives**

#### **PPCHF**

To identify, address and resolve challenges in the health sector – uMgungundlovu district through collaboration amongst stakeholders from a variety of backgrounds. The aim is to alleviate the current problem within a defined timeframe, optimize infrastructure and systems to prevent the same challenges from recurring. Implement routine monitoring and evaluation of equipment, staff and systems. The ACM objective is to support government in projects which enhance service delivery and improve the lives of all people dependent on the state for healthcare and social support.

Ophthalmology and eyecare – This project is aimed to support eyecare programs delivered by ophthalmologists and optometrists in the district, regional and tertiary hospitals. The cataract project seeks to alleviate the 6000-cataract backlog which would improve the quality of lives of patients as well as impact on the vision 2020 target. It will further optimize the Northdale theatre with equipment and staff for maximum surgical output.

### **B. Immediate objectives**

1. Prevent further cataract backlog by optimizing the cataract theatre for new cases
2. Capacitate Northdale Hospital with biometry, fundus photography, OCT and topography. This is aimed to be achieved through the support of private sector optometrists to conduct these services at a minimal rate. This system is currently employed in Witbank between the district hospital and private sector optometrists and is working exceptionally well.
3. Reduce the patient waiting time for preoperative service
4. Increase the surgeons time for surgical work
5. Supply 500 cataract packs quarterly to impact 6000 backlogs

## **III. PROJECT IMPLEMENTATION AND MANAGEMENT PLAN**

### **A. Expected project results**

The project is expected to capacitate eyecare services in the district with a focus to alleviate congestion within eye clinics, provide technical support on and offsite and improve the patient experience. It is aimed to reduce cataract backlog and improve vision 2020 targets as well as build on a model to split eyecare services between well placed optometrists and ophthalmologists in private sector such that the human resource available in state can function as optimally as possible.

### **B. Project activities and work plan**

<p>1. Prevent further backlogs by optimizing Northdale Hospital theatre</p>	<p>Provide needed equipment Increase staff component [external funding until absorbed by DoH]</p>	<p>ACM – Hilton Life Department of Health Equipment valued at R1.5million was donated</p>
<p>2. Capacitate Northdale/Edendale/Greys Hospital non-surgical services 3. Reduce the patient waiting time for service 4. Increase surgeons time for surgical work</p>	<p>Series of meetings held at the Public Private Health Forum with all interested stakeholders to establish the best way forward. ACM played a facilitation role.</p>	<p>1. Midlands Medical Centre hosted a Mandela Day Cataract Camp in 2018 – This earned ACM the MEC for Health Award 2. Mediclinic and Edengarden Hospital made available their staff, beds and theatre facilities. DoH supplied consumables and public and private surgeons conducted the surgery</p>
<p>5. Reduce the cataract backlog</p>	<p>Establish effective ways to address the cataract backlog in the short and long term as well as capacitation strategies aligned with NHI goals</p>	<p>1. Dr. Kruse (Head of Ophthalmology Greys Hospital) produced a guiding document to highlight the needs. 2. ACM identified management and administrative challenges as a central barrier to procurement and the delivery of services – This requires broader stakeholder engagement to include Health Information Systems</p>

		<p>3. ACM initiated the process to produce scientific reports around the challenges – This has been halted due to a halt of the PPHF proceedings.</p>
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### C. Project Beneficiaries

Patients dependent on state health care, staff at eye clinics, public private stakeholders

## IV. PROJECT MONITORING AND EVALUATION

Monitoring and Evaluation of the project is conducted by ACM. Through this project, more than 100 cataract surgeries were provided in a limited period of time. Further, the procurement of theatre equipment significantly improved the cataract surgery rate at Northdale Hospital from approximately 10 – 15 surgeries a month to approximately 10 surgeries per week. The number of surgeries conducted through the support programs was significantly hindered by the absence of a database for patients awaiting surgery. The record keeping systems for patients on waiting lists for surgery posed a challenge to the equitable and timeous recruitment of patients in need of surgery. Further, the absence of the database can also be linked to a poor procurement process for surgical consumables and ultimately stock challenges. This caused strain to the efficiency of the relief strategies. The resultant outcome was a temporary pause on relief programs through public-private support to allow for a strengthened administrative and pre-clinical preparation to be adopted.

## V. BUDGET

ACM conducted this project with limited access to financial resources. All activities and engagements by executive members of the organization were on a volunteer basis. Funding in the form of equipment, consumables and other resources were made via ACM, but with no financial benefit to the organization.

### Miscellaneous:

The eye care project is limited from reaching its full potential due to various reasons. Within ACM, funding is required for a project administrator, who would be able to provide continuity to engagements and programs and to ensure the sustainability of the forum. It is also limited due to time delays between meetings with the district leadership and the time taken to implement resolutions. The inconsistent nature of the forum could pose a potential risk to the commitment and accountability of stakeholders to achieve the goals of the forum. The inability to institutionalise the work of the forum led to further preventable delays founded on the change of district leadership following the national elections in 2019.

Secondary development goals which need to be materialized to support the objectives of this project

1. Funding to capacitate Northdale Hospital to become a centre of excellence. This requires structural and operational changes
2. The design and implementation of a database to track patients from diagnose to discharge.
3. A stand-alone eye health facility for uMgungundlovu District, similar to McCords.
4. Resuming the health forum, with a structured and methodical operational approach to enhance its effectiveness and broaden its reach to health challenges in the district.

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