



DoH responsibilities: Older persons

22 February 2011

References

- Health Act: No 61 of 2003
- Nursing Act: No 33 of 2005
- Mental Health Act: No 17 of 2002
- Pharmacy Act: 53 of 1974
- Medicine control and related substances Act: No 101 of 65
- Plus related regulations and policies

Reference 1

- **Health Act: No 61 of 2003**
 - To provide a framework for a structured uniform health system within SA, taking into account the obligation imposed by the constitution & other laws on the national, provincial and local governments with regard to health services; and to provide matters connected therewith

References 2

- **Nursing Act: No 33 of 2005**
 - To regulate the nursing profession

References 3

- **Mental Health Act: No 17 of 2002**
 - To provide for the care, treatment and rehabilitation of persons who are mentally ill; to set out to different procedures to be followed in the admissions of such persons, to establish review boards in respect of every health establishment; to determine their powers and functions; to provide for the care and administration of the property of mentally ill persons; to repeal certain laws;

References 4

- **Pharmacy Act: 53 of 1974**
 - To provide for the establishment of the SA Pharmacy Council and for its objects and general powers; to extend the control of the council to the public sector; and to provide for the pharmacy education and training, requirements for registration; the practice of pharmacy; the ownership of pharmacies and the investigative and disciplinary powers of the council

References 5

- **Medicine control and related substances Act: No 101 of 65**
 - This act provides the framework within which people can buy, sell, store, prescribe and dispense medicine. It covers all medicines, medicines for animals, vitamins and diagnostic devices e.g. glucometers
- **Plus related regulations and policies**

Goal & Objectives

- **Goal:**
 - To promote active ageing and the protection of older persons and keeping them in families and communities as long as possible
- **Objectives:**
 - Maintain and promote the status, well being, health, safety and security of older persons
 - Maintain and protect the rights of older persons
 - Combat the abuse of older persons

Responsibilities

- Provide care within the settings of health facility and community based services
- Responsible for the category 3 client/frail care
- A free service to Social Grant receivers

Responsibilities

1. **Health facility based services**
 - Comprehensive integrated service
 - Chronic care teams
 - Long-term management
 - Emergency care

Responsibilities

2. Community based service

➤ Outreach at residential facilities

- by clinical health workers
- Provide assessment & medication at the residential facility
- Provide essential medical supplies/consumables required for nursing care of the category 3 client
- Ensure that an adequate menu plan at residential facility addressing the needs of the residents
- Provide access to rehabilitation services as required
- Provide relevant treatment guidelines e.g. Chronic diseases, HIV/AIDS, TB etc
- Assist with the facilitation of clinical training of nursing staff as identified

Responsibilities

3. Awareness and prevention

- Collaborate with stake-holders to
 - Promote healthy lifestyles,
 - Combat abuse,
 - Inclusion in the HBC package of service,
 - Access to health facility via a referral system on detection of health abnormalities/ complications

Responsibilities

4. Appraisal of residential facilities

On invitation of DoSD

- Assist with registration of new facilities
- Appraise residential facilities
- Address Older person abuse/ complaints regarding care

Implementation & Challenges

- **Structure:**
 - Provincial Liaison committee: Policy development between DoH & DoSD
 - District forums
- **Services & Resources:**
 - No dedicated services
 - Included in equitable budget share
 - No dedicated HR
- **Monitoring of care:**
 - On invitation by DoSD to residential facilities
- **Development:**
 - No Post basic training for professional nurses
 - No CHW training

Way forward

- Improve care
 - MOU between DoH & DoSD
 - Access to medication and clinical care guideline
 - Continue with inclusive comprehensive health promotion and curative strategies
 - Improve referral pathways to health facilities
 - Continue discussions with national and SANC re gerontology course

Thank you

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