Western Cape Government
Health

PUBLIC PRIVATE HEALTH FORUM (PPHF)
LENTEGEUR HOSPITAL CONFERENCE CENTRE
11 OCTOBER 2017
09:00-12:30
MINUTES

LEVERAGING ICT AS AN ENABLER FOR COMMUNICATIONS

Present and Apologies

See attendance register attached as annexure to the minutes.

1. Welcome and introduction
Dr Beth Engelbrecht, Head: Department of Health

Dr Engelbrecht opened the meeting and welcomed everyone present.

She mentioned that the topic will focus on Information and Communications Technology (ICT) and communication within the health sector. The vision of the Western Cape Government: Health (WCGH) is to make a difference in people's lives using every enabler possible and Information Technology (IT) has been identified as an important lever. Communication via systems forms part of good governance to public and staff. Communication to the community should be about what their interests are and improving their perceptions of the WCGH. Even though statistics show that between 80%-90% of patients are satisfied with the services, there is the existence of negative media which could change perceptions. The Department is addressing negative perceptions via improved systems.

Dr Engelbrecht explained that the PPHF idea started from a discussion with Mr Len Deacon, Dr Japie du Toit, the Department and some funders. The aim was to portray the openness of government and explore how to connect with partners which the PPHF has grown to demonstrate. Due to supply chain management prescripts, service providers cannot meet directly with the Head of Department, but ideas can be discussed at the PPHF. Dr Engelbrecht encouraged members to contact Mr Michael Manning, Director: Business Development Unit (BDU) who can engage and clarify partnering.

She extended her appreciation to the BDU team for the good efforts in planning the PPHF meetings. She introduced Mr Manning to the meeting, who also serves on the Board for the National Health Laboratory Services (NHLS) that has been with the Department for 10 years. Mr Manning introduced his team to all members. All interests in collaborating and partnering with the Department were encouraged by approaching Mr Manning. Dr Engelbrecht specifically thanked Ms Bell for her interaction and selection of the specialised speakers and Ms October for compiling the comprehensive booklets and logistics. She further thanked Mr Elliot Sack from the eHealth Group for the InTouch Health Lite robot technology used to transmit one of the speakers from the United Kingdom which also served as a demonstration of e-health. She mentioned that this is the third and last meeting for the year. The aim of the PPHF engagements is to make the most of each session and to be as meaningful as possible. Members of the forum were invited to share their ideas or any specific issues or topics of interest which can be presented at the next meeting.

Three pressing issues were highlighted:

1. The current Western Cape water crisis - how it affects Department and the different ways things are currently being implemented at facilities: A policy has been developed and implemented to save water. One example is that surgery scrubs are being done for the first case and thereafter alcohol scrubs are used. Research and evidence has substantiated that the alcohol scrubs serve as sufficient protection.
2. The *End of Life* aspects interfacing health facilities and funeral groups sparked Minister Nomafrench Mbombo's keen interest to have further discussions.
3. The challenges experienced with folder management for 12 million patients: Folders cannot be archived before a certain timeframe and the Department is exploring innovative and creative ways for folder management.

Dr Engelbrecht then introduced Minister Nomafrench Mbombo mentioning that she has a PHD in Nursing and lectured at the University of Western Cape. She has been with the Department since 2015 and her passion is for health and human rights. She is playing a vital role in the connection with communities which results in significant partnerships.

2. Western Cape eVision:

Mr Ian de Vega, Director: Information Management, WCGH

Mr De Vega discussed the WCGH Healthcare 2030 vision which highlights the emergent future for the Department and IT has been identified as a key lever to achieve that vision. The Department is also currently undergoing a transformational journey, to further support this vision by looking at new ways of enhancing our public value. The IT Vision for Health looks at efficient, effective, affordable IT systems that could be used to leverage improvements in patient care and communication. It looks at automating and digitising processes to enhance efficiency in the workplace and omit duplicated work by staff. The goal of the vision is also to enhance the public's confidence in the services of the Department. Ideally IT should enable moving patients towards self-management and also provide clinicians access to relevant patient level data which will result in better planning, implementation & monitor service delivery.

Mr De Vega explained two game changers within the Department:

Business Intelligence (linked to the Provincial Health Data Centre discussed later)	**eCCR (Electronic Continuity of Care Record)**
• Will enhance clinical management of patients • Improved management of health services • Monitoring of patient's patterns of disease • Access to data for research and generation of evidence and knowledge	• Modern web-based clinical interface for completing a discharge summary • Enables data sharing between clinicians for continuity of care for patients so if there is a down referral from an acute setting to a Primary Health Care (PHC) setting then information is available to all the relevant stakeholders • Generate ICD 10 coding – enables deeper understanding of burden of disease preparing for National Health Insurance (NHI) • DRGs - standardised costing of services and budgeting weighted for workload

Additional enablers within the Western Cape Government (WCG) with their partners include the Broadband roll-out and the implementation of the medical grade network which enables redundancy and a more stable environment within our Province.

The current reality for the Department since the 1st of October 2017 is its single Health Integrated System (HIS) across the platform, similar in each hospital that enables better managing patient care. All primary care clinics are either on 1 or 2 platforms – PHCIS or PreHMIS and all core systems are linkable via a Unique Patient Identifier (UPI) which allows patient care to be recorded irrespective of treatment centre.

Radiology and scanned records are used linkable to the UPI, dispensing is done electronically at most of the facilities and the Department is expanding rapidly to achieve that. All laboratory data and most of our disease data are also being captured and available electronically which provides the Department with excellent building blocks to start using the unique patient level data.

As the IT vision evolved, the Department came up with three orders:

1. First Order - Roll out of core basic systems towards attaining 100% coverage
2. Second Order - New projects addressing the gaps in the system, automating manual processes
3. Third Order - Medium to long term solutions where corporate needs are emanating out of reprioritisation, creating synergy across the WCG

IT enables the communication platform through systems such as e-mail, intranet, internet, large file transfer server, SMS (reminders for appointments to improve adherence therapy, revenue, targeted health related messaging and for hotline purposes), video conferencing, Skype, Microsoft 365 currently being rolled out aggressively, and cloud rooms. Communication is also done through eCCR, automating notifications of updates to records and messages between senior and junior clinicians. Geo-located technology is also used to determine facilities closer to the patient's residence for referrals, the Yammer tool as a platform for collaboration between users, User eXperience Design (UXD) to develop software, MS SharePoint where clinicians can view, interrogate and discuss IT system performance metrics with other clinicians and the technical support team, MS Stream can create and share video and e-Learning content. For households and communities, the Department has Catch and Match, a door-to-door health promotion support service and a WesternCape On Wellness (WOW) initiative feeding content encouraging communities to live a healthier and active lifestyle. Internally, a single patient viewer is used summarizing all Provincial Health Data Centre (PHDC) information (demographics, episodic, encounters, drugs and lab tests data). Also, via the Emergency Management Services (EMS) business solution, an ambulance can respond to an incident supported by an Electronic Patient Care Record (EPCR) and Emergency Centre (EC) tracker improving immediate service delivery to patients.

IT has created huge positive energy within the Department but it requires effort and heightened responsiveness to service and patient needs. Dr Engelbrecht supported this by referring to the challenge of understanding the magnitude of the service of connecting 45 acute hospitals, over 400 clinics and over 240 ambulances could lead to better decision making.

3. Interoperability – Provincial Health Data Centre (PHDC):

Dr Andrew Boulle, Medical Specialist: Health Impact Assessment (HIA), WCGH

Dr Boulle explained that a data centre has been created to store all information from hospitals, laboratories, databases and other systems in order to collate all recorded patient information. The PHDC is an integrated data system that consolidates all available person level health data in a designated data centre which is led by the Department and the University of Cape Town. The primary objective is to facilitate a single view of all patient information that supports accurate patient care. It can also identify if patients are visiting the referred facilities and communicate with patients via SMS. There is also a separate community database that can be accessed by external stakeholders such as Non-Profit Organisations (NPOs) but information is limited. Cascades determine the outcome of the patients' treatment which can be done electronically. The purpose of the graphical view for each patient is to determine the patients' visits and if they are receiving follow up treatment.

Dr Boulle is also working towards detecting when a patient has had some sort of encounter at any of the clinics or services. This will be done by matching services to a patient even if the patient went privately or via NPO. Patient data will be standardised with international coding systems. Data that is stored separately can be governed better with less risk because this allows that only relevant information to be shared. However, information can still be linked for clinical purposes and as needed. Data that is collected has to be accessible and reliable therefore good record keeping is required. This can only be achieved if every hospital is linked and information is loaded on a daily basis. Better record keeping results in good reporting, and patient care will become easier to manage. Reporting by managers will also be better. Reports help to measure patient progress vs provincial targets to see where the focus is lacking and where it should increase.

He debated the use of identity numbers (IDs) rather than the patient number system for record keeping purposes. The problem with ID numbers is that every patient who attends the hospital is not in possession of their ID but they cannot be refused treatment. Similarly, best practices dictate that you cannot link private and confidential information that could be used as codes. Therefore the patient number system has been implemented and has now been adopted nationally.

A potential public private partnership could be where the public and private sector has access to an information portal that medical aid practitioner can view. This is ultimately the objective of the NHI. Having the patient information on one system will enable reporting from an accurate population wide perspective. The weakness of the public sector is that the detail is more information based than that of the private sector. Dr Engelbrecht added that the Department serves between 70%-80% of the Western Cape population. Furthermore, community based services partnering with NPO's see around 8 million patients annually. This data gets lost and then patient numbers appears less to National Treasury. Dr Engelbrecht reiterated that the overall objective of the PHDC is to improve patient care.

4. External – Approaches to Communication:

Professor Ronel Rensburg: Communication Management Division, Faculty of Economic & Management Sciences, University of Pretoria

Professor Rensburg introduced communication as having many disciplines and areas of specialisation of which health communication is one that deserves more attention. She congratulated the Department for doing so well with their IT systems and extended an open invitation to utilise post graduate students for research in health communication.

Communication is the process of creating and interpreting messages that solicit responses and hopefully action. Communication within the health sphere is a transaction influenced by factors. It is a cultural and social equaliser but it is often forgotten in an operational environment. It is not only about ICT and media but also about cultivating relationships in an era of engagement - we are disengaging.

A communication model should have an emotional aspect to get the message across. There are various models of external communication of which all has a sender, message, an idea and audience. The key is to explore how to bring that idea to the audience. Technology will always advance our way of communicating but that should not replace the quality of human interaction. Face to face communication affects the quality of relationships especially in health. The kind of communication model should be determined by the objective of the message. There are stage theories in which the public should be informed using a step by step method. The spectrum of external communication is to educate the audience by engaging and collaborating with them which will empower the community. A communication plan and strategy should include research of the environment to determine its objective, audience and to include alliances with community or partnerships with media. Keep the message simple and factual, use multiple platforms and provide opportunity for feedback. Get everyone involved with implementation.

Professor Rensburg said that 'reputation is everything' and in light of that, the skills and capabilities of the authors of communication should be reviewed. Identity, image and reputation should be aligned for an organisation to be an effective communicator. She also advised that one thing for the Department's communication strategy plan is to listen to the environment, listen to the organisation speaking and listen to the community. Dr Engelbrecht concluded that the Department will consider the offer of research students and will continue in driving connectedness. Furthermore, she said that one has to care about the theory of change before communicating a message.

5. Internal Communications – Case Studies on National Health Services (NHS):

Dr Gyles Morrison, United Kingdom (UK) based Clinical User Experience Specialist

Dr Morrison was live streamed from the UK via the InTouch Health Lite robot focusing on the National Health Service (NHS), related statistics and issues.

One of the problems currently is the assumption that if you know something, it is not to understand it and to bring about change you must acquire the knowledge as well as the understanding.

Experts in healthcare are not experts in design thinking and this leads to uninformed decision making such as the NHS National Programme for IT (NPfIT) - an initiative by the Department of Health in England to move the NHS in England towards a single, centrally-mandated electronic care record for patients and to connect 30,000 general practitioners to 300 hospitals, providing secure and audited access to these records by authorised health professionals. The NPfIT started in 2002 but was scrapped in 2011 at an estimated cost of £20 Billion. Contributing factors was a lack of user engagement and poor implementation.

The purpose of User Experience (UX) is to make people happier by enhancing their lives. UX is measured by interactions, saves time and money, achieves success, and improves self-service, loyalty and respect. Dr Morrison suggested that to reach success in healthcare, you need to be user-centred, solve the right problem, research

and understand stakeholders, be able to do user ability testing and share your success globally. The Double Diamond Design and Guerrilla Research were used to conduct research. UX should be mapped to do a gap analysis. Dr Morrison ended off saying that optimising UX is vital for the future of healthcare.

Dr Engelbrecht shared Managing Director of eHealth Group, Mr Elliot Sack's e-mail address - Elliot@ehealthgroup.co.za for anyone needing more information of the robot.

6. Group panel inputs and open discussion

The panel consisted of: Mr Ian de Vega, Professor Ronel Rensburg, Ms Marika Champion, Mr David Smythe, Dr Robin Dyers and Mr Joseph Reddy.

Panel members that did not present provided a brief 5 minute input towards the theme discussion.

Mr Joseph Reddy: Solutions Consultant and Open Data Evangelist

Mr Reddy framed Open Data as the open community communication engagement tool. IT is in an exciting era with the explosion of Data - Social Data, IoT Data, with technologies like Big Data and Cloud Computing assisting the growth and analysis thereof. Open data entails data that can be freely used and redistributed without restrictions. South Africa is ranked poorly in terms of open data where it is positioned at 47th globally and 3rd in Africa. Cape Town has an open data portal providing popular datasets on tenders, water and street addresses and for health data, only air quality and the location of clinics is available. More data is needed and more can be done to improve the data sets. There are three local developments that take place Cape Town:

- A drug prices portal used by doctors to quickly find the generic version of certain drugs - https://mpr.code4sa.org/;
- The mobile circumcision service, similar to the Uber model using an appointment system via USSD for communication enabling easier mobile booking and clinic location. The user sees dates for that nearby clinic and they select a date and automatically get an SMS with the details of their appointment and a reference code. An android app at clinics tracks conversion of patients at the clinics and runs follow-up SMS campaign to get users to go if they missed their appointment - SWHP Dashboard (dial *134*450#) by BCA and Numberboost; and
- An open data portal which has both private and public sector data available, allowing users to do analysis.

He openly called for the sharing of quality and aggregate Cape Town hub data.

Mr David Smythe, Director: Strategic Planning, Foote Cone & Belding (FCB)

Mr Smythe mentioned that the world of marketing and advertising is changing and the impact is due to behavioural economics and neuro marketing. The way forward in communication is to strike a healthy balance in terms of fact and logic and also to know how to appeal to people's emotions. As public policy around health shifts over time, health needs to change too. Communication is to understand the behavioural economics and to know how to shift behaviour and incite action.

Ms Marika Champion, Director: Communications, WCGH

Ms Champion mentioned that historically, the public health sector thinking behind the communication model dealt with only media and public information campaigns. There are now opportunities to reframe this thinking and include a broader approach of communication with the public incorporating the voice of the patient. This will help to build a trusting relationship with the public and will improve the reputation of the Department. The public will only listen if there is trust which can be achieved. Currently the Department is devising a communication strategy and today's inputs and discussions with contribute to the strategy formulation aspect thereof. The strategy should be about people creating the element of UX, incorporating the neuro scientific evidence available, research, considering various stakeholders and their needs. Communication should be done at a systems level sustainably and what can realistically be maintained.

Dr Robin Dyers, Medical Specialist: Health Impact Assessment, WCGH

Dr Dyers substituted for Dr Boulle for the question and answer session.

6.1. Mr Akhona Mkosi from WCGH referred to the previous conversations around new developments in machine learning. He enquired from the panel how to use machine learning as an enabler to communicate and obtain feedback from the community considering austerity measures in certain areas?

Mr De Vega responded that a good infrastructure backbone is required for machine learning to function as a facilitation role. In EMS machine learning facilitates the identification of potential risk such as consideration of weather patterns and the manipulation of public photos to influence a response. There are more that can be done but it needs high power equipment which is currently still underway through a partnership with Broadband. Mr Reddy mentioned that we project both 1st and 3rd world tendencies but we do not have the basics right yet. Data is not being collated properly therefore it cannot be viewed correctly. Once this is accomplished then we can do machine learning and determine analogies.

6.2. Mr Thomas Koorts, consultant in the Eastern Cape for the National Department of Health mentioned that the Eastern Cape Province has a need for patient care at all levels. How do the WCGH interact with other departments? Can they be allowed to do site visits to the rural facilities in the Province?

Dr Engelbrecht responded that it took 20 years to achieve the current status. There are a lot of interactions with other Departments and stakeholders. A system was developed over years from the bottom up with lots of engagements and support in development. Mr Thomas is welcome to email the HOD for site visits at the facilities.

6.3. Mr Nhlanhla Xaba from Mediclinic requested Mr De Vega's comments with regards to the use of social media and information sharing; it seems free for all in certain applications such as Yammer in the public sector. However, in the private sector it seems more emphasis is on information privacy and that some of these tools are not conducive for clinical information sharing.

Mr De Vega mentioned that the way information is governed is by secure infrastructure, technology and firewalls. He alluded to the incident recently whereby the Department was attacked by a global cybercrime but was technically secure in most areas. Information security is driven aggressively within the Department by hosting workshops, regular interactive sessions to relevant stakeholders, visible communication at facilities, the POPI Act

and strengthening data management. The Department with the Department of the Premier (DotP) is currently having a major drive for best practice of data governance. Dr Engelbrecht added that DotP has connected every school in the Province to have access to broadband and is moving towards Wi-Fi which will provide access to the community.

Dr Dyers added that Yammer is for the enterprise to share ideas and knowledge and for outside stakeholders to partake in the discussion. It is not a platform to share clinical information and has controls in place. eCCR has the look and feel of social media to accommodate for the new era considering that 65% of clinicians are millennials and in two years' time the iGeneration will be recruited. It is important to keep up with modern applications to make the user experience excellent for staff as well. Professor Rensburg added that everyone has a space to create and share their content on social media but there are certain areas that are vulnerable to fake news. These areas should be monitored by health institutions because it can impact the trust and communication of the health environment. Dr Engelbrecht added that it is unfortunate that the author believes that their message is true whether it is or not. It is a challenge to change community members' behaviour and monitor social media but Minister Mbombo and her team is very focussed on understanding what is happening in that space as well as the Premier.

6.4. Ms Bell mentioned that with Big Data trends there are so much data available with limited insights. She posed the question to all the panel members on how do we access insight that guide strategy formulation and which starting elements are needed considering the demographics of the Province.

Ms Champion responded that there is an external and internal audience to consider. The Department has 33 000 staff from different fragments. It is challenging to communicate favourably to both parties and we have to be guided by what people want to know. The source of information has to be trusted and the information has to be patient / staff centred. Innovative thinking is definitely needed. Communication is about building relationships.

Mr Smythe added that data is useful to perform insights and those discoveries are used to determine the type of messaging. It does not measure the non-quantitative statistics such as how the audience perceive the message. Perception feedback from the audience will establish if the message was relevant and if it builds the trust relationship. If the insights are right, then there will be a better understanding of human behaviour and this will define what the communication strategy should be.

Dr Morrison added that there are talented and capable people to get the job done. Everyone in the organisation has to agree on the same message and idea and be transparent about motivations and objectives for a successful way forward. Tell a story that people would care about.

Professor Rensburg mentioned that sometimes we over communicate whereas we should rather be looking at the communication need.

Mr De Vega added that it is critical to package information correctly according to the need when communicating to users especially via the USSD platform. An IT solution can assist in how to transfer and communicate.

Dr Dyers added that we have been collecting data for clinical, corporate and managerial purposes and we should look at how to align it into metrics that can be communicated. The Department is experiencing poor

performance in capturing clinical concept coding but is exploring ways to strengthen the process of capturing clinical intent and are aware that there are new technologies to capture rich data. He mentioned that the challenges with clinical Big Data is abstracting and distilling information for managerial decision making and then communicating to staff, communities at a systems level and then to patients in a 1-1 encounter when the Department needs to build agency with the patient. The critical metric will tie into reputation management will support relationships. Therefore there should be an alignment with the abstraction of data for corporate use and for the patients that communicates to the communities. Ms Bell added that the key to remember is to utilise opportunities to balance internal competencies and resources. There are many things that the Department would like to do, but what can be done must be realistic in the current environment.

6.5. Mr Dirk du Toit, clinical pharmacist from Baykem Pharmacy in Gordons Bay wanted to congratulate the Department on doing an excellent job. He mentioned that their biggest challenge is to find the patient and they cannot seem to get this right.

7. Closing Comments

Minister Mbombo mentioned that the meeting should be meaningful and everyone should agree on resolutions and actions to guide the way forward. She thanked all the speakers for their time and effort.

She mentioned her attendance at the Health Innovation Summit of South Africa where she was asked to report on IT and Mr de Vega helped to guide the discussions along with other staff members like Dr Boulle. She has only been involved with ICT since 2011 which is when she realised that you needed to be involved in transversal issues due to the vastness of the Department. She is happy to learn whatever will contribute to patient care and improve health services. The Department communicates to 75% of the diverse population which should be done at all levels depending on the audience. Consideration should be given to people's culture and rural or metro location. The message should be packaged appropriately in order to meet the desired outcomes. Feedback should also be received to establish the level of trust of audiences. Information sharing should consider legislation. Currently private and public does not share all data. Community Health workers does not upload data to the Department because the systems are different and therefore the head count is less. This count disadvantages the Department when Treasury is considering equitable shares.

The Department is very progressive with innovation compared to other Provinces. Although the National Government has a good e-health policy which was issued in 2012 they still struggle with implementation. The Province is even doing better than Singapore who also had a National Health Innovation Framework in 2014. Minister advocated that this information should be shared with other provinces so that everyone can work towards information sharing between provinces since patients move across provinces too.

Technology, IT and communication forms part of the building blocks to strengthening the health system and improving health outcomes. IT should form part of the planning process within the Department as well. The outcomes should also add value to the patient and empower them at their own level.

The qualitative service assessment takes place in November where service delivery will be assessed at all levels, to the private sector and including all stakeholders. The important fact is that the overall objective of improving patient care is achieved.

The Minister suggested that all resolutions achieved from PPHF meetings be compiled and used as building blocks for ideas and information sharing.

Ms Bell thanked everyone for attending.

The meeting closed at 12h42.

Speaker Presentations of the meeting will be available on the PPHF website:
https://www.westerncape.gov.za/general-publication/public-private-health-forum-pphf

ANNEXURE A

Nomafrench Mbombo	MEC: WCGH
Ahmed Bayat	ICPA
Akhona Mkosi	WCGH
Albie van Zyl	MERC – Cape Town
Andrew Boulle	WCGH
Annastatia Smith	WCGH
Annecke du Toit	Baykem Pharmacy
Anthony Hawkridge	WCGH
Arne von Delft	WCGH & UCT
Audrey Khumalo	MERC – Cape Town
Beth Engelbrecht	Head: WCGH
Bev Pedro	Medscheme
Bibi Goss-Ross	Advanced Health
Bonanzo Gerber	Bonshell
Bonga Magwentshu	Western Cape Medical Devices Cluster
Clinton Van Zitters	Aspen Pharmacare
David Smythe	FCB (Foote, Cone & Belding) Cape Town
Dirk du Toit	Baykem Pharmacy
Donald Jansen	MediRite Pharmacies
Douglas Newman-Valentine	WCGH
Dylan Moodley	Private
Elliot Sack	eHealth Group
Eugene Samuels	Vencorp Group
Fernando Acafrao	Mobile Specialised Technologies
Gareth Kantor	Insight Actuaries and Consultants
Glaudina Loots	National Department of Science and Technology
Gordon Govender	Cipherwave
Grant Byron	Mobile Specialised Technologies
Gyles Morrison	Dr-Hyphen
Harold Amaler	Cipla
Hashiem Da Costa	Vision Medical Suite
Hazel Cooper	Private
Helen Gildenhuys	Ixande
Hélène Rossouw	Spear Health
Ian de Vega	WCGH
Inge Cunningham	WCGH
Jacqui Stewart	COHSASA
Janice Jacobs	Private
Janice Jacobs	Serenity Wellbeing
JC Stegmann	Department Of The Premier
Jean le Roux	Mediclinic
Jenni van Niekerk	The Health Foundation
Jennifer-Anne Chipps	University of Western Cape
John Prevost	Priontex Microclean Pty Ltd
Joseph Reddy	Solutions Consultant
Kathy van Vuuren	Mobile Specialised Technologies
Kobus Venter	Masincedane
Krish Vallabhjee	WCGH
Krista Roberto	Mobile Specialised Technologies
Lameesa Ismail	WCGH

Leanne Bagley	National Renal Care
Lee Roering	Philips Commercial SA
Leensie (Streicher) Lötter	WCGH
Len Deacon	LDA
Leon Wolmarans	Health Systems Technologies (HST)
Liba Magwali	The Health Foundation
Linda Mureithi	Health Systems Trust
Lizelle Viljoen	Essential Health Pharmacy Group
Mandi Bell	WCGH
Marc Katzwinkel	Mobenzi
Marika Champion	WCGH
Mariki Smit	Vencorp Group
Marlene Truter	MTC
Martie Lureman	MediKredit Integrated Healthcare Solutions (Pty) Ltd
Martin Weiss	Jembi Health Systems NPC
Merlyn Adams	Afri-Sky Medical
Merlyn Adams	MDG Health
Michael Manning	WCGH
Michael Vismer	WCGH
Michelle Geneva	WCGH
Millicent Wolmarans	Premium Consulting
Muhammad Moosajee	WCGH
Muneer Omar	Mediclinic
Nabiel Behardien	National Bargaining Council for the Clothing Manufacturing Industry
Nazli Johaardien	WCGH
Ndoda Mavela	WCGH
Ngubekhaya (Khaya) Gobinca	PHA
Nhlanhla Xaba	Mediclinic Southern Africa
Nicole Watson	Mobenzi
Nkhumbuleni Maphangwa	Road Accident Fund
Nolan Daniels	Netcare Kuils River Hospital
Owen Francis	The Business Advocacy Group
Raeesa October	WCGH
Randell Ford	RJF Investments
Reinhardt Stander	RJF Investments
Rene Nassen	University of Stellenbosch
Robin Dyers	WCGH
Rone Murray	Alpha Pharm
Ronel Rensburg	Faculty of Economic and Management Sciences, University of Pretoria
Rory Elshove	Immploy Medical Recruitment
Rosemarie Ford	RJF Investments
Roshan Saiet	WCGH
Rozan Newfeldt	Nurture Cape View & Newlands
Russell Eva	TB HIV Care
Sachin Nathoo	Melomed
Sadiyya Sheik	WCGH
Salie Ahmed-Kathree	WCGH
Samantha Brinkmann	WCGH
Samierah Achmat	WCGH
Sara Hilliard Garratt	Vula Mobile

Sarah Driver-Jowitt	Uhambo Foundation
Sarita Sehgal	GSB UCT
Shane Maclons	Immploy Medical Recruitment
Shemaine Alfonica	The Business Advocacy Group
Shona McDonald	Uhambo Foundation
Shrikant Peters	WCGH
Sikhumbuzo Hlabangane	ehealthnews
Simone van Willingh	TB/HIV Care
Sithembiso Magubane	WCGH
Sonet le Roux	WCGH
Taryn Springhall	ehealthnews
Terri Chowles	ehealthnews
Thomas Koorts	IMDOC
Trudy Petersen	Life Path Health
Uwe Schön	Biomedhelix
Vonita Thompson	WCGH
Wayne Pinto	Pfizer
Willie Kruger	Mediclinic
Yaseen Harneker	Busamed
Yusrie Jacobs	WCGH
Yusriyyah Lutta	WCGH
Zena Erasmus	Premium Consulting
Zimkitha Mquteni	WCGH

APOLOGIES

Annemarie Visser	Netcare N1 City Hospital
Brian Farrell	Wynberg Pharmacy
Bridget Adams	Quin Health
Christine Malan	Life Kingsbury Hospital
Diliza Mji	Busamed
Dirk Truter	Netcare Blaauwberg Hospital
E A van Wyk	Netcare N1 City Hospital
Garry Whitson	PN Medical
Helen du Pless	Sentinel Motherhood Clinic
Jackie Maimin	ICPA
Jenni Noble - Luckhoff	Medscheme
Judy Ludwick	Private
Kandel de Bruyn	WCGH
Keith Cloete	WCGH
Mandi Mzimba	Discovery Health
Marilyn Keegan	The Council for Health Service Accreditation of Southern Africa NPC
Michael C Schultz	L.A.Health Medical Scheme
Praneet Valodia	Praneet Valodia Consulting (Pty) Ltd
Sarel Malan	University of the Western Cape (UWC) School of Pharmacy
Solly Fourie	DEDAT
Sophia Warner	Pebbles Project
Thabang Tladi	WCGH
Tracey Naledi	WCGH