

## CIRCULATION

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## JOURNAL POLICY

SA Family Practice is published monthly by the SA Academy of Family Practice/Primary Care.

It offers a voice to local family practice, placing original contributions from the research of family practitioners/primary health care workers as a priority. It aims at stimulating original research amongst family practitioners. The length of articles should preferably not exceed 2 000 words. References should be used in SA Family Practice according to the Vancouver system. Three copies of a contribution, typed in double spacing should be submitted. Articles will be sent to expert referees before acceptance for publication. The Journal also has an update or continuing education section, placing review articles that take cognisance of the information needs and frames of reference of primary health care clinicians. SA Family Practice further serves as the mouthpiece of the Academy. As such, meetings are reported on, along with other news. Special topics are discussed in Forum, and future events are published.

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# editorial

## FROM PLANNING TO DELIVERY

In the public and private sectors almost everybody in health is planning. Do we have the will and the capacity to go onto delivery? We have the broad guidelines of the government's health policy and the RDP as starting points. Central government, the provinces and many districts are planning endlessly to work out how to put this into effective action.

The priority given to Comprehensive Primary Health Care, decentralisation and the health team are concepts that are foreign to the experience of almost all role players. Our upbringing in the health system, especially in PHC has been in highly selective PHC run by nurses only with a process that was very much centrally controlled. Can health workers, who have been raised for fragmentation and non-cooperation with other professions, function in our new system? Will there be room for family physicians in the new PHC? There was none in the old.

No matter how much planning we do there is going to be no delivery without giving us health workers an opportunity to learn new ways of thinking, doing and behaving towards patients and colleagues.

The private sector is equally active. Managed care is the new fashion word. Information meetings abound. People even pay to attend. Companies and groups are springing up everywhere and it seems, are at times run by people who only know how to spell the words, managed care. Will we be able to deliver all that's promised?

There are saboteurs able to destroy the efforts of both the state and private sectors. Human beings can make any system non-functional. There are, for instance, more nurses in government service than any other category employed anywhere in the government. If all health workers are unaware of the rules of the new game we are playing, will it work? If most of us are unsympathetic or actively against the new ways of doing things in health care delivery we will make sure it does not work as intended.

Very powerful people who have dominated the system are against change that will promote PHC. The bulk of tertiary care specialists are afraid of losing power. So also are present medical students unhappy and uncertain. In the past many students were campaigning for a socialistic system of health care but almost universally going into private practice or leaving South Africa to earn more money. Now I hear more and more students willing to say that they are against community service, that they are leaving South Africa as soon as they can and that the district health system will not work.

The planning and schemes in the public and private sectors can only work well if the health workers in all sectors want to make it work. Do we?