# NATIONAL ASSEMBLY

**FOR WRITTEN REPLY**

**QUESTION NO. 1986**

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**(INTERNAL QUESTION PAPER NO. 19)**

**Ms H Ismail (DA) to ask the Minister of Health:**

(1) On what date will the findings of the forensic investigation into two companies (names furnished) be made available;

(2) whether he will furnish Ms H Ismail with a detailed report on the (a) services, (b) challenges and (c) shortfalls of the emergency medical services in the North West province;

(3) what are the details of (a) the involvement of Aurum’s Rustenburg Clinical Research Institute and his department and/or the SA Medical Research Council and (b) their contractual agreements; if not, why not; if so, what are the relevant details;

(4) whether he will provide Ms H Ismail with a full report regarding the senior officials in the SA Medical Research Council who were suspended; if not, why not; if so, what are the relevant details?

###### NW2220E

**REPLY:**

(1) (i), (ii) The NWDOH has not conducted any forensic investigation related to any of the Buthelezi entities. However a case was opened with the SAPS (Hawks) and the case number is: Mmabatho Case Number: 89/02/2018.

(2) (a) Services

The service is currently managed provincially with services decentralized to the sub-district level within Districts. The NWDOH has developed a Policy Framework and Strategy which details a number of interventions that the department is implementing to ensure improvements in EMS delivery. Key to the strategy is the centralization of EMS Command to the EMS district and provincial offices, moving away from the current decentralized command where district health services were responsible for management of EMS. However before vertical reporting of EMS could be implemented, a need was identified to capacitate both the districts and provincial EMS offices particularly with administrative support staff to enable the office to function. Critical vacant positions have been identified after funds were secured for this financial year and the department in process of advertising, and recruitment currently. Plans are that the centralization of command would be effected within the next financial year as the department continues to prepare accordingly.

Two other main objectives in the policy framework entails centralizing the 4 existing district call centres which are working on manual systems into one highly digitalized central communication centre and the establishment of the Planned Patient Transport (PPT) sub-program. The Infrastructure Development and Technical Services unit of the department has been allocated funds and has recently appointed consultants to refurbish and furnish the building identified for the Emergency Communications Centre. With regards to Planned Patient Transport the sub-programme responsible for budget (financial planning) within EMS is utilized to procure red fleet and does not have any staff attached to it. The function of PPT is currently done with the same EMS resources and this negatively impacts EMS operations. The revised EMS staff structure includes PPT and the entire ideal departmental structure is awaiting approval.

The primary response times of EMS in both rural and urban areas continue improving in order to meet the national norms and standards. The revised national standard for EMS response time is that Priority 1 (P1) patients should be reached within 60 minutes in rural areas and within 30 minutes in urban areas for 75% of the cases. EMS in the province over the previous financial year (2020/2021) registered an improved 76 per cent of rural patients and 70.9% per cent of urban patients serviced within the national norms. The target set for P1 urban and P1 rural in the current Annual Performance plan is ≥60% and ≥70% respectively given the resources available. EMS currently attends to 67 per cent of urban P1 patients in 30 minutes and 73 per cent of rural P1 patients within 60 minutes.

Currently there are 37 operational Paramedics and Emergency Care Practitioners (ECP) appointed across the districts which has helped reduce the reliance on private services. A number of ambulances are also upgraded to be utilized as Advance Life Support ambulances for ICU related cases.

 (b) Challenges

The NWDOH is experiencing a shortage of ambulances. In addressing the gap the department has been using outright purchasing by procuring red-fleet using National Treasury approved RT57 contract. In 2018/2019 final year, the Department of Community Safety and Transport Management’s (DCST) Head of Department issued a circular instructing all provincial departments to cease procuring any fleet directly from RT57 as it results in unwarranted audit findings. DCST further indicated that they will no longer assist any department that procure their own fleet with any support from their Transport section, which is responsible for registration on e-Natis, licensing, e-fuel installations and maintenance/repairs of vehicles.

Following the circular, the Department transferred funds to DCST for procurement of red-fleet. However in January 2020, DCST returned funds to the Department proposing that the Department apply for roll-over of the same funds from Treasury. This was because the delivery period as per contract was going to overlap into next financial year whilst vehicle manufacturers were experiencing production challenges. As a result, the Department could not procure red-fleet in 2020/21 financial year. The Department applied for roll-over of funds to this financial year but the provincial Treasury did not approve the roll-over of funds.

For the 2021/22 financial year the department has already transferred R33 million allocated for motor vehicles to DCST to procure 41 ambulances and the DCST have committed a purchase order and is currently awaiting conversion of panel vans to ambulances before delivery to the NWDOH. The department is internally identifying funds which needs to be re-prioritized towards implementing an alternative strategy of procurement of red fleet through full maintenance leasing (this alternative procurement model is currently undergoing consultation processes). A further R30 million is estimated as the required budget for this initiative as part of the first phase.

 (c) EMS Shortfalls

The lack of efficiency in the current manual based district call centers is affecting service delivery as well as management of resources and information management. The introduction of a comprehensive emergency communication solution which is technology based will greatly assist and also improve public access to these services. As already indicated above, a building has been handed over by the Department of Public Works and IDTS has appointed consultants to establish the central Emergency Communications Centre.

The inability to inject new fleet in the previous financial year has contributed adversely on the prevailing shortages, most specifically of ambulances. Furthermore, the current turnaround time for repairs (1 – 365 days) as well as replacement and repairs of red fleet is not responsive to the needs of the department, hence the department is pursuing leasing of vehicles as an alternative.

(3) (a) The SAMRC has a collaborative research agreement with Aurum Rustenburg to be a clinical trial site for Sisonke, the phase 3b open-label study of the Ad26 SARS-CoV-2 vaccine administered to health care workers.

(b) SAMRC entered into a collaborative agreement with Aurum to provide for funding to Aurum sites to participate in the Sisonke clinical trial. In terms of the agreement, Aurum is required to implement the study at its sites in accordance with the approved protocol and good clinical practice.

(4) There are no senior officials at the SAMRC that have been suspended.

END.