# NATIONAL ASSEMBLY

**FOR WRITTEN REPLY**

**QUESTION NO. 2415**

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**(INTERNAL QUESTION PAPER NO. 24)**

**Dr S S Thembekwayo (EFF) to ask the Minister of Health:**

What (a) total number of backlogs on surgeries do hospitals have across the Republic as a result of the delays caused by COVID-19 and (b) steps have been taken to deal with the backlogs?

###### NW2841E

**REPLY:**

The Provincial Departments of Health provided the information as follows:

1. Table below

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| Province | Total number of backlogs on surgeries |
| Eastern Cape | 5373 |
| Free State | 1923 |
| Gauteng | 13433 |
| KwaZulu Natal | Waiting for response |
| Limpopo | 4229 |
| Mpumalanga | 190 |
| North West | 5531 |
| Northern Cape | Waiting for response |
| Western Cape | 77139 |

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| Gauteng Province | Hospital Name | (b)What steps have been taken to deal with the backlogs |
|  | Chris Hani Baragwanath Academic hospital, Charlotte Maxeke Academic hospital, Dr George Mukhari Academic Hospital,Steve Biko Academic Hospital,Tembisa Provincial Tertiary Hospital,Kalafong Provincial Tertiary Hospital,Rahima Moosa Mother and Child Hospital | Chris Hani Baragwanath* There is a plan to purchase 1 boiler or convert existing ones from coal to gas
* Contractors sourced to repair and maintain tunnel washers
* Purchasing disposable linen to compensate for the shortfalls
* Electronic theatre booking system
* Contractor appointed for repair and maintained Autoclaves
* Two additional gas sterilizers have been ordered
* Appointing a dedicated clinical Manager to oversee all 46 theatre efficiencies
* Washing linen outside (privately) or using Masakhane, Danswart, Edenvale Laundry services, etc.
* From the local DID information, the plans are aligned with the presentation

Charlotte Maxeke Academic Hospital* District outreach surgical teams provide services once a week per quarter and spent time in a district conducting various surgeries utilising all hospitals (Rural Health Matters campaign).
* A team of volunteers (orthopaedics and anaesthetics) from other provinces form part of the outreach teams.
* Through the National Health Insurance Grant, public patients are taken to accredited private service providers (hospitals) where surgery is conducted as part of addressing the surgical backlog.

Dr George Mukhari Academic hospital* In- and outreach activities for procedures that can be done at a lower level of care will be planned once our Covid numbers are declining on a regular basis.
* Surgical department’s theatre allocations have been reduced due to the shortage of staff. Surgical bookings and scheduled operations are cancelled, and the ones admitted are postponed and have to wait longer for their operations in the ward.
* Theatre has 14 posts in-active: 4 vacant consultant posts and 6 registrar post (Maternity) and 4 vacant medical officer posts (Interviewed April and awaiting appointment).
* Outreach is only done if the cluster hospital allocates the anaesthetist otherwise the bookings will be cancelled.

Steve Biko Academic hospital* Utilizing other facilities within the cluster for procedure appropriate to each hospital

Tembisa hospital* Resumed all Elective Surgery post COVID waves/ surge
* Re-purposed and re-allocated COVID Theatre back to General surgery, and re-allocated a second theatre for Ophthalmology
* We also re-purposed COVID wards to increase post-operative care space
* Conducted Cataract Blitz for a week (25-29 October 2021) and achieved a total of 74 cataract operations
* Allocated extra theatre on Fridays for Urology
* Renovation of Burn’s Theatre to increase the number of functional theatres
* Allocated an extra Community Service Medical Officer for Anaesthesia

Kalafong hospital* Dedicate specific “catch-up” days e.g., surgical cataract marathons in Ophthalmology.
* Additional Orthopaedics list on Fridays.
* Weekly Urology, ENT, Ophthalmology lists.
* Optimization of theatre utilization in collaboration with cluster hospitals (Pretoria West District Hospital).
* Constant supervision on change over times in between cases not to be more than 10 minutes, thereby improving the efficiency.
* Rescheduling of elective surgeries; Planning to increase High Care Unit beds;
* Beefing up of human resource through sessional appointments for specialists and nursing agencies for nurses.

Rahima Moosa Hospital* Theatre time allocating for the year organized in blitz weeks.
* Workable additional plant to operate at Yusuf Dadoo and South Rand Hospital requires appointment of medical officers in surgery and anaesthesia for mobile teams to these institutions.
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| Limpopo Province | Hospital Name | (b)What steps have been taken to deal with the backlogs |
|  | Letaba, Mokopane, PhiladelphiaSt RitasTshilidziniMankwengPietersburg | * District outreach surgical teams provide services once a week per quarter and spent time in a district conducting various surgeries utilising all hospitals (Rural Health Matters campaign).
* A team of volunteers (orthopaedics and anaesthetics) from other provinces form part of the outreach teams.
* Through the National Health Insurance Grant, public patients are taken to accredited private service providers (hospitals) where surgery is conducted as part of addressing the surgical backlog.
* Lists of patients are coordinated by the tertiary hospitals that have the overall information on patients that need surgery.
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| Mpumalanga Province | Hospital Name | (b)What steps have been taken to deal with the backlogs |
|  | Rob FerreiraWitbank MapulanengThembaErmelo  | * The hospitals have rescheduled all non-emergency operations.
* The suspension of operating non-emergency cases was lifted, and operations are back to normal.
* Shortage of specialists however also contribute to the backlog.
* The tertiary hospitals conduct outreach service where minor orthopaedic operations in the district hospitals are performed.
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| Northwest Province | Hospital Name | (b)What steps have been taken to deal with the backlogs |
|  | Klerksdorp/Tshepong Job Shimankana Tabane Mafikeng Provincial Joe Morolong Memorial Potchefstroom  | * Implementation of surgical blitz
* Providing theatre services during the weekends and extended hours to reduce backlogs
* Utilization of all available theatres to improve efficiency
* Public/Private partnership where it is feasible
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| Free State Province | Hospital Name | (b)What steps have been taken to deal with the backlogs |
|  | UniversitasPelonomiDihlabengBongani | * Monthly monitoring of waiting time
* Marathons arranged if department notices backlog
* Patient education to ensure patients show up for appointments
* A team on call for emergency theatres
* Sometimes using theatre at private hospitals
* Recruitment of additional staff
* Increase of theatre time
* Prioritizing according to severity or quality of life
* Conducting Blitz over weekends
* Outreach to district hospitals
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| Eastern Cape Province | Hospital Name | (b)What steps have been taken to deal with the backlogs |
|  | Nelson Mandela Academic HospitalLivingstone hospitalPort Elizabeth Provincial hospitalFrere HospitalCecilia Makiwane HospitalDora Nginza hospitalFrontier hospital |  |

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| Western Cape Province | Hospital Name | (b)What steps have been taken to deal with the backlogs |
|  | Alan Blyth HospitalBeaufort WestBreedeValeyCaledonCeresCitrusdarlClanwilliamEerste RiverFalse BayGeorgeGroote SchuurHelderbergHermanusKarl BremerKhayelitshaKnysnaLaingsburgMitchells PlainMontaguMossel BayMurraysburgNew SomersetOtto du PlessisOudtshoornPaarlPrince AlbertRed Croos War Memorial ChildrenRiversdaleRobertsonStellenboschSwartlandSwellendamTygerburgVictoriaVredenburgVredendalWesfleurWorcester | Operations increased by dedicated budget increase and efficiency gains |

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| KZN NATAL State Province | Hospital Name | (b)What steps have been taken to deal with the backlogs |
|  | Madadeni HospitalKing Edward HospitalRK Khan HospitalIALCHNgwelezana HospitalPort Shepstone RegionalMurchison HospitalGJ Crookes HospitalGrey’s HospitalHarry Gwala Regional HospitalNorthdale HospitalManguzi HospitalMosvold HospitalLadysmith Regional Hospital | * Catch up has been done by increasing theatre times
* Elective slates done over the weekend to catch up. Camps have also been planned
* Increase theatre times
* Use after hours to reduce backlog
* Elective theatre slates run even after hours
* Electives commenced in 2021
* Emergencies are given priority
* Maximum utilization of theatres with added slates on weekends.
* Weekend camps are planned

The hospital is increasing theatre time. Additional days added* Weekend cataract camps held to reduce the backlog
* Additional half day theatre planned for every Thursday
* No waiting for emergencies or malignancies as these were all done under emergency slates. No new dates given but electives are called back according to priority and bed availability.
* For GIT procedures i.e. endoscopy and colonoscopy- are limited to emergencies only, e.g. GI bleeds, malignancy and selected elective cases after discussion with a specialist.
* There is a plan to conduct a marathon (i.e. request for 2 theatres to do only elective cases)
* Theatre time increased
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Information from NC still outstanding.

END.