**NATIONAL ASSEMBLY**

**FOR WRITTEN REPLY**

**QUESTION NO. 3869 (Oral 749 transferred)**

**DATE OF PUBLICATION IN INTERNAL QUESTION PAPER: 28 OCTOBER 2022 (INTERNAL QUESTION PAPER NO. 42)**

**Mrs E R Wilson (DA) to ask the Minister of Health:**

Since his reply to question 2474 on 15 September 2022, what (a) is the current extent of the backlog of surgeries in the public health sector and (b) steps has his department taken to address the specified backlog?

**REPLY:**

**NW4823E**

1. The National Department of Health is still consulting with Provincial Departments of Health to verify the figures in each province. This information will be furnished to the Honourable Member as soon as it is received from Provinces.
2. The table below illustrates the steps taken to address the backlog

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| **Province** | **(b) What steps have been taken to address the specified backlog** |
| **Eastern Cape** | Information not yet received |
| **Free State** | * Increased number of days for Elective slates: from 2 days (2021) to 4 days (2022) theatre allocation.
* Prioritized emergency surgery within first 6 to 12 hours.
* Developed quality improvement plan to monitor theatre utilization and efficiency via Theatre User Committee Meeting.
* Expedite appointment and transfer of two Theatre trained nurses form KZN and other areas by 31 October 2022
* Submission to temporarily use four agency nurses from 1 November 2022
* Appoint one medical officers by 01 January 2023.
* All the backlog patients have elective dates for surgery.
* Emergencies done daily.
* Gynaecologist electives are reduced with seven (7) operations weekly.
* Obstetric electives or backlogs are reduced with ten (10) operations weekly.
* Electives will stop on 31 December 2022, and resume 2nd week of January 2023.
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| **Gauteng** | * Procurement of Brachytherapy machines and rental of mobile units as an interim measure.
* Filling of critical posts at institutional level.
* Setting up surgical camps within clusters.
* Extending sessional work to private sector staff to assist to reduce surgical backlogs at public hospitals.
* Utilising the Public Private Partnerships to address the backlogs, depending on the budget.
* Working with Eskom to exempt most facilities from load shedding schedules.
* Working with Johannesburg water to exempt facilities from water shedding.
* Maximise the referral pathways and channel the patients to the appropriate level of care for surgical procedures by down referring and up referring patients.
* Working with Department of infrastructure to strengthen maintenance issues at facility level.
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| **KwaZulu Natal** | * Catch-up has been done by increasing theatre times.
* Elective slates done over the weekend to catch up.
* Camps have also been planned.
* Using after-hours to reduce backlog.
* Elective theatre slates run after hours.
* Maximum utilization of theatres with added slates on weekends.
* An elective marathon is planned to further reduce the backlogs.
* Cataract camps are regularly conducted.
* All slates have re-commenced with increased theatre times and using after-hours to reduce backlogs.
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| **Limpopo** | * The Outreach Surgical Services occur monthly rotating in the five districts to ensure that specialised clinical and surgical operations are conducted at district hospitals. Teams of specialists allocate each other for seven days a month to conduct these surgeries, thus address the backlog.
* Limpopo Department of Health has a Public Private Partnership with three private hospitals, wherein some of the elective surgery like hysterectomies, hip replacements, urology and general surgery cases are conducted for an agreed fee
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| **Mpumalanga** | **Rob Ferreira Hospital:*** A sessional Orthopaedic Surgeon was appointed during the second quarter and operating days has been increased to four days in a week. Additionally, the orthopaedic team also operates in Barberton District Hospital four days in a week.

**Witbank Hospital:*** Expanded outreach to Ermelo, Evander, Middelburg and Kwa Mhlanga.
* Increased operating times for orthopaedics from office hours to after hours and weekends.
* Improved efficiencies in orthopaedics by streamlining its functions into responsible units.
* Theatre time during office hours, was increased.

**Ermelo Hospital:*** Appointed fulltime orthopaedic surgeon with effect from 01 October 2022.

**Mapulaneng Hospital:*** Appointed fulltime orthopaedic surgeon who conduct surgeries and does outreach to surrounding district hospitals.
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|  | **Themba Hospital:*** Increased theatre time by opening the 4th theatre.
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| **Northern Cape** | Information not yet received |
| **North West** | * Currently Klerksdorp/Tshepong theatres are undergoing revitalisation and multiple theatres are being renovated. Most of the theatres are likely to be handed over back by the end of the year. However, all efforts are made to make theatres functioning efficiently to reduce backlog. Weekend blitz is planned next year once theatre renovations are completed.
* Outreach to Moses Kotane Hospital. First round started 13 October 2022.
* General Surgery recruited a Surgeon commencing on 01 October 2022
* In Ophthalmology weekend blitz was started on 22nd October 2022
* Urology specialist employed and planned outreach to start as soon as new ordered equipment is delivered
* In Gynaecology number of theatre days have been increased
* Ear, Nose and Throat Specialist was recruited starting on 01 November 2022
* Daily optimization of operations thus increasing output during working hours.
* Doctors on call to perform minor procedures whilst on call.
* Every weekend, 2 doctors on call with an intern to continue with some cases from the backlog.
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|  | * First part of the recruitment of additional nursing staff required for maximum theatre utilization has been completed, and the process of other staff member is underway.
* Utilization of other facilities for referring minor cases such as cataracts.
* Planned weekend marathons have been started particularly in orthopaedic cases.
* Procurement of autoclave and sterilising machines underway.
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| **Western Cape** | * Operations increased by dedicated budget increase and efficiency gains.
* Operations increased by outreach support and efficiency gains.
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END.