



Province of the
EASTERN CAPE
HEALTH

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TO : THE MEC FOR HEALTH: HON NOMAKHOSAZANA METH

FROM : HEAD OF DEPARTMENT: DR ROLENE WAGNER

**SUBJECT : RESPONSES TO IQP NO 33 WITH QUESTION NO 680 & 681 FOR
WRITTEN REPLY**

DATE : 02 September 2022

RESPONSES TO IQP NO 33 WITH QUESTION NO 680 & 681 FOR WRITTEN REPLY

681. Ms J Cowley to ask the MEC responsible for Health:

Noting that the Emergency Medical Services (EMS) Directorate in the province is allegedly severely understaffed and under-equipped:

QUESTION	RESPONSE		
(1) What is the full list of all the EMS stations in the province, per district;	EMS stations in the EC province		
	District	Number	Name of EMS station
	A Nzo	8	Mt Ayliff, Ntabankulu, Isiphethu, Mt Frere, Matatiele, Bizana, Mzamba, Greenville
	Amathole	10	Peddie, Adelaide, Bedford, Fort Beaufort, Alice, Keiskammahoek, Cathcart, Stutterheim, Butterworth, Komga
	BCM	3	East London, Mdantsane, KWT
C Hani	16	Queenstown, Whittlesea, Molteno, Sterkstroom, Tarkastad, Thornhill, Cradock,	

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			Middelburg, Hofmeyr, Lady Frere, Indwe, Dordrecht, Elliot, Cala, Ncgobo, Cofimvaba
J Gqabi	10		Aliwal north Bergersdorp Venterstart- clinic Stynberg Jamestown Sterkspruit Lady grey Barkly east Maclear Mt Fletcher
NMBM	5		EMS Dora Nginza Hospital EMS Uitenhage Prov Hospital EMS Prov Hosp PE EMS West End Clinic EMS Motherwell CHC (Satellite base)
OR Tambo	11		Mthata main Base, Ngcwanguba base, Tombo base, Dr. Malizo base Flagstaff base. Qumbu base, Ngqeleni base, Libode base, Lusikisiki base, Xhora base and Xhora mouth base
S Baartman	21		Aberdeen Alexandria Alicedale Bushmans Cookhouse Graaff-Reinet Grahamstown Humansdorp Jansenville Jeffreys bay

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			Joubertina Kareedouw Kirkwood Klipplaat Patensie Paterson Pearston Port alfred Somerset east Steytlerville Willowmore
	EC Province	84	

(2) what are the staff vacancies, per station;

RESPONSE

The vacancy rates reported below are based on the 2007 approved Organogram. The challenge that is facing the EMS program is that it was designed 15 years ago, and even then, it didn't meet the operational needs of EMS program. These are the Operational staff doing operational duties; other staff are on Rescue, ALS, Shift Leader and Station Manager.

Vacancy rate at EMS stations distributed by districts

District	Total Posts	Filled	Vacant	Vacancy rate (%)
ADM/ BCM (Combined)	648	595	53	9
A NZO	376	171	205	55
C HANI	796	278	518	65
J GQABI	326	210	116	36
NMB	136	103	33	24
ORT	599	338	261	44
SB	388	372	16	4
EC Province	3269	2067	1202	58

3)what are the ambulance shortages, per station;	<p>Total Ambulances needed in EC province: 671 (based on standard ratio of 1: 10 000 population for the total population of 6 714 789)</p> <p>Total Ambulances currently available = 447 (shortage: 224 Ambulances or 33.4% of total 671 needed)</p> <p>Total Ambulances currently rostered, Max = 200 (i.e 44.7% of total available ambulances)</p> <p>Rostered Ambulances are those that are readily available at any point in time to be on the road and provide the service. The reasons for the 247 of the available ambulances not to be functional are:</p> <ol style="list-style-type: none"> 1. Staff shortages which is the main limiting factor: EMS at present has a total staff capacity of 2373; thus, it's under staffed by 2230 and 4327 staff
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of total available and total needed ambulances respectively. To have the 447 available ambulances on the road, the Department need to employ the 2230 staff which will make available and put on the road the number of ambulances in parentheses in the shortage column in the Table below. Short term and sporadic intervention is to allow overtime which is not always possible due to budget constraints and the staff getting exhausted need to be seriously considered.

2. Maintenance and repairs: take the ambulances off the road due to repairs and/or scheduled maintenance.

The Table below shows the ambulance allocation at Joe Gqabi and Sarah Baartman being out of adjustment to the standard of 1: 10 000, they are allocated more ambulances. This is due to long distances travelled in these districts when transferring patients either to Gqeberha or East London as well as long distances within the district.

District	Total population	No required ambulances (following national standard of 1:10,000 pop)	No available ambulances	No of Rostered Ambulances	Shortage Overall (due to staff shortages)
A Nzo	830 066	83	63	15	18 (48)
Amathole	787 417	79	60	18	19 (42)
BCM	796 759	80	42	18	38 (24)
C Hani	721 434	72	62	37	10 (25)
J Gqabi	340 685	34	47	14	+13 (33)
NMBM	1 214 324	121	39	26	82 (13)
OR Tambo	1 541 080	154	73	28	81 (45)
S Baartman	483 024	48	61	26	4 (35)
EC Province	6 714 789	671	447	182	265 (265)

(4) how many stations are fully compliant with national EMS regulations with regard to equipment and personnel requirements;

(5) how many stations are fully compliant with national Occupational Health and Safety regulations;

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Responses to Question (4) and (5) above	
EMS regulation	No of stations compliant
Compliance with equipment	9
Compliance with personnel requirements	0
Compliance with National Occupational Health and Safety regulations;	4

(6) what (a) plans has her Department put in place with a view to ensuring that the EMS Directorate becomes fully staffed, equipped and functional and (b) are the time-frames attached to these plans?

RESPONSE

The frequent transfers of patients put a heavy burden on the emergency medical services as there are no ambulances to do inter-facility transfers and therefore the emergency ambulances are used to transfer patients from hospitals to other hospitals at long distances with no ambulances left for emergency response at community level, hence poor response times or no response at all. To try and solve this problem, the ECDOH has identified 28 priority hospitals (including referral hospitals) with the proposed EMS strategy that will be implemented in 3 phases to free some ambulances for local/ community response.

Phase 1: Will recruit 120 staff for inter-facility transfers during the day; this will free 28 ambulances that will be available to respond and serve the communities. The memorandum for this implementation phase has already been submitted for approval.

Phase 2: An additional 120 staff will be appointed to allow for a 24-hour shift system to be operated among the 28 hospitals (will cater for the night service as well).

Phase 3: EMS intends to recruit another 120 staff for the remaining transferring hospitals (excluding the 28 priority hospitals) to have an effective transfer service which will free up the emergency ambulances to respond to emergency cases.



Dr R. Wagner
Head of Department
Department of Health

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