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Western Cape Provincial Parliament
IPalamente yePhondo leNtshona Koloni

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COMMITTEE REPORT

**Report of the Standing Committee on Health on its oversight visits to health facilities in Swellendam
on 11 August 2021**

Report of the Standing Committee on Health on its oversight visits to health facilities in the Swellendam area on 11 August 2021, reports as follows:

The delegation

The delegation of the Standing Committee on Health included the following Members:

Democratic Alliance

Allen, RI

Botha, LJ

Philander, WF (Chairperson)

African National Congress

Windvogel, R

Additional Member

Bans, AP (ANC)

Bakubaku-Vos NG (ANC)

Mackenzie, RD (DA)

Makamba-Botya, N (EFF)

Apology

Xego, M (EFF)

1. Background

The Standing Committees on Health conducted oversight visits to the health facilities in Swellendam on 11 August 2021.

The purpose of the visits was to inspect the safety protocols and the services that were offered at these health facilities. In addition, the Committee wanted to determine the progress made in administering and rolling out the COVID-19 vaccination in Swellendam and the surrounding areas.

2. Salient points that emanated from the visit to the Railton Clinic in Swellendam

- 2.1 Sister Van Wyk, the Operational Manager for the Railton Clinic (The Clinic) welcomed, briefed and took Members to a walkabout of the facility.
- 2.2 She informed the Committee that the Clinic operates on weekdays only, Monday to Friday from 07:00-16:00.
- 2.3 The Clinic offers primary healthcare services such as women's health, child health, mental health, oral health, and rehabilitation services, as well as infectious disease treatment, and curative and chronic care.
- 2.4 On arrival, the Committee noticed a long queue of people standing outside the Clinic waiting to gain entry to the Clinic. It was reported that patients start queuing from 6 o'clock in the morning.
- 2.5 Sister Van Wyk informed the Committee that due to insufficient space at the Railton Clinic, unfortunately, patients had to queue outside.

- 2.6 She reported that there was a shortage of space, the main waiting room was small, could accommodate 10 patients and with the rise of the COVID-19 positive cases in Swellendam, it becomes a challenge to maintain the social distance inside the Clinic due to lack of space.
- 2.7 Sister Van Wyk informed the Committee that she was grateful for the new prefab structure at the back of the Clinic. The new prefab structure was used for the curative care.
- 2.8 The Committee noticed that there was no exit from the new prefab structure at the back of the Clinic, this could pose a danger if fire could erupt within the facility, and there will be no exit for the officials and patients in the new prefab structure.
- 2.9 Sister Van Wyk further mentioned that due to the shortage of space and the long queues, the facility was giving preference to sick children, older persons and persons living with disabilities, however, children were mostly seen in the afternoon.
- 2.10 It was reported that the Clinic attends to about 150-200 patients per day and the number has greatly increased since the closure of the Swellendam Clinic.
- 2.11 The shortage of staff was reported as a challenge at the Railton Clinic. Due to the shortage of staff, it was difficult for the Sister to attend training.
- 2.12 The staff complement for the Clinic consists of one Professional Nurse, two Clinical Nurses, three Staff Nurses, one Contract Nurse, one Receptionist, and one Intern. In addition, a Sessional Doctor visits the Clinic once daily.
- 2.13 The Committee was informed that the Clinic was not a vaccination site, the vaccination rollout for the area was done in the Town Hall.
- 2.14 It was reported that the clinical staff from the Clinic also do relief work in the mobile clinics.
- 2.15 Parking was also reported as a challenge, the Clinic does not have a designated parking area.
- 2.16 Sister Van Wyk indicated that all the challenges that were discussed with the Committee were reported in 2012 to Ms van der Westhuizen, District Manager for the Overberg Region.
- 2.17 The Committee observed that there was no social distance amongst the people that were queuing outside the Railton Clinic.

2.2. Recommendation

The Committee Recommended that:

- 2.2.1 The Railton Clinic should build a relationship with the Municipality and request permission to utilise the Municipality Hall next to the Clinic to accommodate patients queuing outside the Clinic especially during the rainy season.
- 2.2.2 The Clinic should introduce a manual card or electronic system to control the queues and to maintain social distance.
- 2.2.3 The Department should engage with the library next to the Clinic to seek permission to convert the space behind the library as an exit point from the prefab structure at the Railton Clinic.

2.3. Resolutions

The Committee Resolved to:

- 2.3.1 Schedule an in-person meeting and engage with the departmental officials and officials from various Municipalities from all the areas that the Committee had visited thus far to find ways to address some of the challenges noted by the Committee during its visit to different health facilities across the province. The Committee will engage with the programming authority to secure a date for this meeting.
- 2.3.2 Visit the Swellendam Clinic to inspect the health services offered since it was alleged that the Clinic was no longer providing health services to the community members of Swellendam.

2.4 Information requested

The Committee requested that the Department should furnish the Committee with copies of correspondences between the Clinic and the Department since 2012 to see the progress made in addressing the challenges of the Railton Clinic.

The Committee departed from the Railton Clinic to the Swellendam Hospital.

3. Visit to the Swellendam Hospital

The Committee proceeded to conduct an unannounced visit to the Swellendam Hospital. On arrival, the Committee was welcomed by Sister Whittles in the absence of Dr. du Toit, the CEO of the Hospital, who was in Bredasdorp Hospital during the Committee visit in Swellendam.

- 3.1 Sister Whittles reported that the Swellendam Hospital was a 24-hour Emergency and in-patient services health facility.
- 3.2 The Hospital was a District Provincial Hospital that offers out-patient and in-patient services to the community of Swellendam and the surrounding areas.
- 3.3 The health services that are offered at the Swellendam Hospital includes x-rays, maternity services, doctor, sonographer, trauma, and emergency care, dermatologist, dentist, psychiatric nurse, optometrist, ear, nose, and throat, occupational therapist, dietician, physiotherapist, psychologist, and speech therapist.
- 3.4 It was reported that all clinical staff at the Swellendam Hospital can attend and care for trauma patients.
- 3.5 During the visit, the Committee was informed that elective surgery was suspended due to the COVID-19, however, the Hospital was attending to the emergency cases.
- 3.6 It was reported that there was a rise in cases of stab wounds, drunk and driving, and birth cases in Swellendam and the surrounding areas.
- 3.7 The Committee was informed that there was a low neonatal and mortality rate in Swellendam Hospital.
- 3.8 The optometrist and gynecology services at the Hospital were outreach services from Worcester Hospital.
- 3.9 The Emergency Medical Services are stationed within the Hospital premises. The Committee was informed that the waiting times for the ambulance was 30 minutes to 2 hours due to a shortage of ambulances and distance.
- 3.10 It was reported that there was high absenteeism of nurses at the hospital due to staff burnout and COVID-19. The majority of nurses were reported to be in isolation for longer days due to being in contact with COVID-19 positive persons.
- 3.11 The Committee was informed that 95% of staff at the Hospital were vaccinated.
- 3.12 The Committee posed questions about the allegations of poor communication at the Hospital and the panic buttons that were reported not to be working.
- 3.13 Sister Whittles indicated that the Hospital was working on improving the response time to attend to the patients. The panic buttons in different hospital wards were reported to be fully functional during the visit.

The Committee thanked the health workers and the management of the Swellendam Hospital for the good work during the pandemic and the upkeep of the hospital. The Committee noted that Swellendam Hospital was very clean and neat.

The Committee departed from the Railton Clinic to the Swellendam Clinic within the premises of the Swellendam Hospital.

4. Visit to the Swellendam Clinic

The Committee proceeded to conduct an unannounced visit to the Swellendam Clinic. Swellendam Clinic is situated on the Swellendam Hospital grounds.

The Committee resolved to visit the Swellendam Clinic after the visit to the Railton Clinic where the Committee observed long queues, inadequate space, and shortage of staff. Upon engaging with Sister Van Wyk at the Railton Clinic, the Committee was informed that the long queues were caused by the closure of the Swellendam Clinic. It was alleged that the Swellendam Clinic stopped providing health services and it was only vaccinating people. The patients from the Swellendam Clinic were assisted at the Railton Clinic, this was contributing to the long queues and the challenge of space at Railton Clinic.

On arrival, at the Swellendam Clinic, the Committee was welcomed by Sister. Slyne the Operational Manager for the Swellendam Clinic. She informed the Committee that the Swellendam Clinic offers primary healthcare services such as women's health, child health, mental health, oral health, and rehabilitation services, as well as infectious disease treatment, and curative and chronic care.

Sister Slyne reported that the Swellendam Clinic was rendering all health services, however, during the visit, the Clinic was closed to prioritise the COVID-19 testing. She mentioned that people who were tested for COVID-19 at the Swellendam Clinic were referred to the Clinic by doctors and by the tracing team.

Sister Slyne reported that, due to the closure of the Swellendam Clinic, all the health services that were previously offered at the Swellendam Clinic were offered at other facilities including the Railton Clinic. She mentioned that some of the staff members from the Swellendam Clinic were assisting at these facilities and some were relieving in Bredasdorp.

The Committee departed from the Swellendam Clinic to the Buffeljagsrivier Clinic.

4.1. Request for the information

The Committee requested the Department of Health to provide the following information:

- 4.1.1 A detailed information on the reasons that informed the closure of the Swellendam Clinic.
- 4.1.2 What are the time lines for the reopening of the Swellendam Clinic?
- 4.1.3 The copy of the letter that authorised the closure of the Swellendam Clinic.
- 4.1.4 A status update on the functioning of the Clinic Committees at the Swellendam Clinic and Railton Clinic.
- 4.1.5 A Report on the correlation between the number of active COVID-19 cases versus the number of COVID-19 tests conducted and the number of vaccination cases in the area.

4.2 Recommendation

The Committee recommended that the Department should consider reopening the Swellendam Clinic to take off service pressure from the Railton Clinic.

5. Visit to the Buffeljagsrivier Clinic

The Committee proceeded to conduct an unannounced visit to the Buffeljagsrivier Clinic. On arrival, the Committee was welcomed by Sister. Frankland, Operational Manager for the Buffeljagsrivier Clinic.

- 5.1. Sister. Frankland informed the Committee that the Buffeljagsrivier Clinic offers primary healthcare services such as women's health, child health, mental health, rehabilitation services, as well as infectious disease treatment and curative and chronic care.
- 5.2. The Clinic operates on weekdays from Monday to Friday from 07:30 - 16:00.
- 5.3. The Committee was informed that the COVID-19 cases were on the rise in Buffeljagsrivier and surrounding communities due to people that were not adhering to the COVID-19 regulations such as wearing of face masks and keeping social distancing.
- 5.4. It was reported that the majority of community members in Buffeljagsrivier refused to isolate when tested positive for COVID-19 and this contributed to the rise in the number of positive COVID-19 cases in Buffeljagsrivier.
- 5.5. Inadequate space was reported as a challenge at the Clinic.
- 5.6. The Committee observed that the waiting room was very small and this makes it difficult for patients to keep a social distance when visiting the Clinic. It was reported that due to the shortage of space at the Clinic, patients queue outside and this becomes a challenge during the winter season.
- 5.7. The Clinic needs a proper space for waste management. In addition, the Clinic needs a sluice room.
- 5.8. The Committee was informed that the waiting times for the ambulance was 2 hours due to a shortage of ambulances and distance.
- 5.9. It was reported that the Clinic had two clinical staff that consists of one Sister and one Staff Nurse. The Committee was informed that the Clinic needs an additional Neonatal Nurse.
- 5.10. Mr. Jacobs, a Community Leader from Buffeljagsrivier requested the clinical staff at the Buffeljagsrivier Clinic to be sensitive when dealing with patients. He reported that some of the community members had anxiety due to the COVID-19 and the clinical staff needs to be thoughtful when dealing with people, this will improve patient experience when visiting the Clinic.

The Committee successfully concluded its visit.



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