

Gauteng health 'pushing hospital upgrades'

GAUTENG health MEC Hope Papo and his senior managers yesterday sought to assure parliament they were doing their utmost to speed up hospital upgrading projects, blaming mistakes made by predecessors for the backlog. The National Department of Health intervened last year as the central government moved to fix crippling service delivery problems in several provinces: in Limpopo the government went a step further, placing its health department under central administration. Papo took office in July, while many of the top positions in the Gauteng health department were filled late last year. Gauteng's head of health, Nomonde Xundu, frankly admitted to parliament's portfolio committee for health that many of the revitalisation projects intended to improve the capacity of the province's biggest and most specialised hospitals were behind schedule and over budget. Red tape frequently held up projects, as dozens of steps had to be followed in both the province's department of infrastructure and the department of health before suppliers could be paid, she said. Plans had been repeatedly changed at some hospitals, as health officials had not been involved in the initial project scoping and mistakes had been spotted late in the day. For example, at Bertha Gxowa Hospital, Xundu's department had been forced to approve changes to the initial plans so that backup power was included, at an additional cost of R3.25m. There had been interest charges on delayed projects and no budget initially for information technology systems. At the new Natalspruit Hospital, the department of health had stepped in after plans had been drawn up to make changes to the design of the wards. The original plans for the psychiatric ward failed to meet SA's mental health guidelines, the radiology unit was too small to accommodate essential equipment, and there were inadequate provisions for isolation units and to separate adults from children. Papo said he had agreed with his counterpart in Gauteng's infrastructure department that they needed to speed up payments and simplify the bureaucracy involved. While the health department had been chronically underfunded for years, this was not an issue that affected infrastructure delivery as the hospital revitalisation budget came from a ring-fenced grant.

Tamar Kahn: Business Day, 6 September 2012