

Question and answer session with Gauteng health MEC Qedani Mahlangu
31 October 2016

*This transcript has been edited slightly for clarity, readability and length.

Maybe you could explain a little bit behind the move and the rationale behind it?

QM: We've been through that. I should start by saying that we have met with a lot of people, many stakeholders and the majority of them were at the march on Thursday. We even have notes and attendance [records]. I keep being concerned as to [the fact that] we sit in meetings and discuss issues ... but when people take things to the street as if there is no engagement with the department it worries me a lot as to what exactly is the intention of this.

While the ombudsperson is investigating, we are collaborating and submitting every piece of information they are looking for. There's no way we are going to walk away from that process because we requested the minister to appoint someone independent to investigate these processes.

When we started the process of moving patients we had said... we will try to place them at NGOs or to institutions that fit the bill... We just added a number of patients that needed to go to Sterkfontein Psychiatric Hospital because their conditions could not be managed by NGOs. Those [kinds of patients] were sent to Sterkfontein and Westkoppies psychiatric hospitals and some were sent to Cullinan Care and Rehabilitation Centre.

Cullinan is not an NGO. It's a facility that has existed since 1974 or somewhere there... During the elections, we visited [Cullinan Care and Rehabilitation Centre], and [the NGOs operating there] this Siyabadinga and Anchor [Centre]. We observed there was no working relationship between the two NGOs. My exact words were, 'We are all looking after the patient on behalf of the state you have got to use the common kitty that is provided to you...'

Later... took a decision that we should not continue with them and when they started taking us to court, of course, things became much more tricky. Finally, the court ruled in our favour.

The process to employ Siyabadinga was not procedural. As to the action we took against the CEO who was there at the time... the disciplinary processes related to that will probably be completed soon. Siyabadinga is no longer on the premises...

We really are trying our best to ensure that the referrals in the different clinics are working well, and to ensure that [mental health patients'] mediation is available.

We have also taken a decision that... our regional pharmacists must deliver the medication to the different places where patients are so that we don't have situations where people have run out of [medication].

Our mental health team is visiting the NGOs weekly. We look at the report as to what have been the issues [to see] where we can intervene.

We've employed additional nurses and we continue to do so. At the moment, some of them have to be trained specifically to understand the work related to mental health and that work is ongoing.

We also agreed that the subsidy – or the amount of money that we are spending on patient care – needs to be reviewed and this includes the human resource norms or [staffing norms].

We are working with the national department of health on the human resource norms per patient, per care worker, per registered or professional nurse. I think that work is almost finished so we should be able to have, based on those norms, the right levels of staffing.

Originally the decision to terminate the contract with Life Esidimeni was about cost containment. Are you finding that you need to increase the spending ultimately to meet the new norms, to increase the staffing?

QM: No. The work that we have done so far has enabled us to understand better... at what level can we have a care worker, how much care in the evening at night do we need... We are working at coming closer to the norms as the national mental health legislation is suggesting.

So scaling up care and reaching staffing norms will still be cheaper than the Life Esidimeni contract?

QM: Yes. The question is not about cheaper what we are focusing on is efficient, looking after the patient interest more than the costs.

In the case of Siyabadinga, the former CEO [of Cullinan who appointed the NGO] is under disciplinary procedures. In the case of the Anchor Centre and Bophelong NGO, you have also pulled patients out. How do facilities that, for instance like Bophelong, allegedly don't have enough toilets or proper ablutions, get licensed?

QM: Bophelong had facilities. I went there, we were a huge team, with the mental health review board, the team from the national department of health and ourselves.

In the house, they had three toilets, and the outside room they also had three toilets. What was in short [supply] at the time in September were basins.

We said to them put basins and a week later they added basins. [We said to them] the patients must utilise [the facilities] in the house. I think there was also a bathtub inside the house.

The main issue for me with some of the NGOs is that you go in today and you find a professional nurse. You go in next week and something has happened and the staffing [levels] have changed. As to why things change after a few days, I don't know, we're dealing with human beings here.

Families of Bophelong patients have alleged that water was withheld from their loved ones and that conditions, especially in the back of Bophelong were quite bad. What ultimately led you to pull patients out of that NGO?

QM: The problem with Hammanskraal, and this is a perpetual problem that we have it even in the hospital, is their water supply... I am hoping and praying that the [new] reservoir [will help] but with this water rationing, we just have to look at what else to do. But for me, the issue was that you have a professional nurse today and tomorrow the professional nurse is not there.

You've had a lot of facilities with a lot of issues – the Anchor Centre, Bophelong, Siyabadinga. How has this made the department rethink how it monitors mental health facilities?

QM: In our [medicine] stock visibility programme... we have asked the team to add the mental health medicines. The second thing we are doing is this weekly visit by the teams, which are scheduled. But [we will] also do more unannounced visits. We do these in the evenings.

[To] some of the NGOs including the Treatment Action Campaign and Section27, I have said, 'I am going to invite you to the NGOs when I go there.' Then we'll be able to see people at work, are people being fed, what is the quality of the food.

We've also said to our hospitals that where they have a [nearby NGO with patients] that medical doctors, not only psychologists must visit [the NGO]. They must run it as an [outreach] clinic and extend services to those places so that they can medically assess patients... so that we can know who is sick."

The Cullinan Rehabilitation and Care Centre has been operating for many years as you said. We know that two patients have died after being sent to the facility. Is the department investigating Cullinan?

QM: We are increasing staff. There's a new CEO and... we will continue to really pay attention to Cullinan.

We've heard 36 former Life Esidimeni patients have died. What is the number now and how are you keeping track of who is where?

QM: All information that we needed to send for the period, we've sent that to the ombudsperson. As to the mortality rate and numbers *vis a vis* the broader population, I don't have at the top of my head but we are tracking everything.

All NGOs must report on quarterly basis. All CEOs report to the DHIS, which is the District Health Information System and that is recorded daily as patients come in and out of the hospitals. We report them in our annual report.

Of course, one thing that does not wait is the seriously adverse events. Those numbers come in daily.

[Note: Serious adverse events are defined as incidents in which the medical management of a patient admitted to a medical facility has resulted in harm to the patient, according to the health department's 2015 patient safety policy.]

But those numbers don't tell you who is a former Life Esidimeni patient? How are you keeping track of those almost 2000 patients?

Remember, the numbers that get reported daily are the serious adverse events. The general number of health facilities get reported through the District Health Information System. If it's an NGO, there are guidelines for how they must report.

How many NGOS still have former Life Esidimeni patients?

QM: Sho, I wouldn't know off the top of my head.

How were NGOs identified and vetted?

QM: I never visited NGOs (before the patient transfers.) I visited them from September. I would not have visited NGOs and I think it would be not in my responsibility as an MEC.

The law is very clear what my responsibilities are. My main issues related to the patient charter is about ensuring that patients' interests are looked after at all times...

The administrative things done on a daily basis are the responsibility of the heads of departments and the managers. Of course to the extent that [issues] impact on the patients, I have interest in that.

Before the move happened from Life Esidimeni out to NGOs, how were those NGOs selected and vetted?

QM: The mental health team that would have decided these are the NGOs and [reported on] the number of beds and that some of them are new or existing NGOs.

If the NGOS were all vetted by the mental health team – and considering the seemingly high number of fatalities – has anybody been put under fire for the decision?

QM: We are waiting for the report from the ombudsman. They've been doing this work for a while, these NGOs have been doing work for the past 10 years so let's wait for what the report says and we'll take it from there.

Will you be making the report public?

QM: We requested it [the report] but as to how the ombudsman is going to release it, on that we will be guided by him.

The department committed to assisting families with burials. How many families have you assisted?

QM: I wouldn't know the exact numbers. Whoever came before us we were able to support them. We have assisted families with burial as far as the Northern Cape. There are undertakers working with government on the paupers' burials so those were mobilised to work with the respective families. Some families have been grateful to come back and even call, saying 'we are burying today and thank you very much and everything went well.'

We have tried our best to support the families that needed it and we will continue to do so. Even today a mother came to me and said, 'MEC, I don't have much of a problem but my son is too far can he be moved?' We facilitated the move.

Where families want patients to be moved closer, we're making sure that they are moved closer and we are continuously open to that. [Families] can always communicate with us.

Even when Nompilo [from the Life Esidimeni family committee] was preparing for the march two weeks ago, I was talking to her almost every second or third day. Even on the night before the vigil, I sent an email to her to say that as you know that I will not be in town on the day but the head of the department will receive the memorandum. They [protesters] knew when they came to the building that I was not going to be there.

I've said can we meet and discuss whatever issues prior to the vigil and march, but they said we will only meet you after 27th. I said okay I respect your decision. It's okay it's not up to me to judge whether I have been judged fairly. The report will come out and where there is a need for me to take legal action against certain people I will take it.

Legal action in terms of prosecuting health facilities or NGOs?

QM: No. I am saying where my name has been used inappropriately in certain things I will definitely be able to do. I mean you do so much in trying to do what is right. No one said it is going to be easy to lead and I fully understand that. But I am working with lots of people who work extremely hard; sometimes they will make mistakes... the question is how do you learn from the mistakes that happened in any organisation to build people

and to do things better going forward. But yes, I will exercise my option personally as to how I am going to deal with these issues.

Some families hinted that prior to the vigil you said they could either speak to you or they could have their vigil but they couldn't do both. Is that true?

QM: How can you do that? You can see the trails of emails between myself and Nompilo and I copied a number of officials. I said to them, 'can we have a conversation to understand what your issues are and to be able to respond.'

The initial emails [from them] were very rude but I chose to be calm. I asked can we meet with you to understand your issues. [The said], 'thank you for sharing your number with us but we still want to march' I said okay... Why would I say to them don't march?

Will you be providing demonstrators with in a written response as per the memorandum?

QM: Section27 has asked us for the list and we've told them that we can't. Why do you want the list? Andrew [Peterson] from the family committee says, 'no, we want to pray for them.'

If you want to pray for people, Andrew why do you need the list. We know what they want to do with the list but it's incorrect to share other people's details without their consent.

What do they want to do with the list?

QM: Section27 wants to sue the department so they want the list for that purpose. They've said it in our formal meeting with them. They came with their lawyers, we came with our lawyers so they have said we want the list but we said its not possible to share the list so that is their demand as Section27.

The families, as part of the memorandum, have asked for a plan to ensure the safety of other patients that are still out there either in state care or state care via NGOS. Will you be providing them with a plan?

QM: We will meet with them to share with them the plan as to what we are doing because we are doing everything every day to make sure that every patient in our [care] or that we are looking after is taken care of.

Remember when you march you [must ask], 'do you want to get a response in the march or do you want to engage the person?' We've been appealing to them - let's have a meeting, a conversation. They knew I wasn't going to be in the building but I am being insulted for not being there.