THE PROVINCE OF GAUTENG

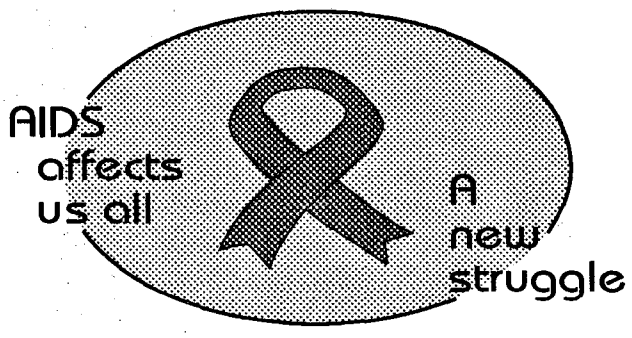
DIE PROVINSIE GAUTENG

Provincial Gazette Extraordinary
Buitengewone Provinsiale Koerant

Selling price • Verkoopprys: **R2,50**
Other countries • Buitelands: **R3,25**

Vol. 7 PRETORIA, 5 JULY JULIE 2001 **No. 117**

We all have the power to prevent AIDS



AIDS
HELPLINE
0800 012 322
DEPARTMENT OF HEALTH

Prevention is the cure

CONTENTS

GENERAL NOTICE

NOTICE 3788 OF 2001

White Paper for Emergency Medical Services in Gauteng

Contents

Definitions

For the purpose of this White Paper the following definitions will apply

1. **"Accredited Emergency Medical Service"** means an emergency medical service accredited by the MEC for Health as suitable for the medical management of persons in an emergency care situation.

2. **"ACLS"** refers to Advanced Cardiac Life Support

3. **"ALS"** refers to Advanced Life Support, which defines the skills accredited to a person registered as a Paramedic, Professional Nurse or Medical Practitioner with the Health Professions Council of South Africa (HPCSA) or the Nursing Council, and includes the use of equipment which would be used by such a person in the execution of these skills.

4. **"ATLS®"** refers to Advanced Trauma Life Support

5. **"Ambulance"** refers to an appropriately equipped vehicle, waterborne, airborne or land-based, designed or adapted to treat and convey a patient in an emergency care situation, marked in such a way as to indicate the category of medical care and transportation of the said vehicle and staffed with a minimum of 2 registered emergency care providers.

6. **"BLS"** refers to Basic Life Support, which defines the skills accredited to a person registered as a Basic Ambulance Assistant or higher with the Health Professions Council of South Africa (HPCSA) or the Nursing Council, and includes the use of equipment which would be used by such a person in the execution of these skills.

7. **"Disaster"** refers to any event happening with or without warning, causing or threatening death or injury, damage to property or the environment, or disruption to the community; which because of the scale of its effects cannot be effectively dealt with by the emergency services & other support services as part of their, day to day activities, and which is declared in terms of the relevant Act.

8. **"EMS"** refers to emergency medical service(s).

9. **"Emergency Medical Service"** means any private or state organization that is dedicated, staffed & equipped to offer:

9.1. pre-hospital medical treatment and / or,

9.2. inter-hospital medical treatment and / or,

9.3. transport of the ill and/or injured and / or

9.4. the medical rescue of patients from a medical rescue situation, detrimental to the health of an individual or community.

10. **"Emergency Medical Care"** refers to the evaluation, treatment and care of an ill or injured person(s) in an emergency situation and the continuation of treatment and care during the transportation of such person(s) to or between medical facilities.

11. **"Emergency Medical Care Incident"** refers to an event threatening or causing acute injury and / or illness, which requires immediate preventative and / or remedial medical intervention.

12. **"Emergency Medical Service Communications System"** refers to any system established which serves as a central communications system to dispatch and co-ordinate the personnel, facilities and equipment of an emergency medical service and which;

12.1. utilises emergency medical telephonic screening

12.2. utilises a published emergency telephone number

12.3. has direct communications with personnel, facilities

13. **"Emergency Care Personnel"** refers to personnel appropriately registered with the Health Professions Council of South Africa as medical practitioners, paramedics, ambulance emergency assistants, and basic ambulance assistants.

14. **"HPCSA"** refers to Health Professions Council of South Africa.

15. **"ILS"** refers to Intermediate Life Support which defines the skills accredited to a person registered as an Ambulance Emergency Assistant or higher with the Health Professions Council of South Africa (HPCSA) or the Nursing Council, and includes the use of equipment which would be used by such a person in the execution of these skills.

16. **"Inspecting Officer"** refers to an appropriately qualified registered medical practitioner or registered Paramedic appointed by the MEC for Health for the purposes of inspecting an emergency medical service, with regard to compliance with regulations.

17. **"Medical Rescue"** is defined as access and the release and/or extrication of a person requiring, or who may require, medical attention or treatment from a confined position or from a position of entrapment or other situation which threatens the health of an individual or community.

18. **"Medical Rescue Vehicle"** refers to a vehicle, waterborne, airborne or land-based designed and adapted to convey specialised rescue personnel and equipment to release a patient from a medical rescue situation, and which is staffed by a minimum of 2 emergency care personnel, both trained to a minimum level of basic medical rescue, and of whom at least one member shall be

registered as an Ambulance Emergency Assistant, Paramedic or Medical Practitioner.

19. **"Medical Response Vehicle"** refers to an appropriately equipped non-patient carrying vehicle, waterborne, airborne or land-based, designed and adapted to convey specialised medical equipment and to respond to a patient(s) in an emergency care situation. This vehicle is to be staffed by at least a paramedic or Medical Practitioner.

20. **"Minister or MEC"**, in the context of this document, refers to the Provincial Minister of Health or Member of Executive Council for Health.

21. **"National Minister"** refers to the Minister of the National Department of Health.

21. **"PALS / APLS"** refers to Paediatric Advanced Life Support / Advanced Paediatric Life Support.

22. **"Professional Board"** refers to the Professional Board of Emergency Care Personnel established in terms of the Health Professions Act, 1974 (Act no. 56 of 1974).

23. **"Responsible person"** refers to the person, or the nominee in the case of a company or an association of persons (whether corporate or not) or governmental organization, who establishes, extends, conducts, maintains or renders an emergency medical service.

24. **"Scope of Practice"** refers to regulations published by the National Minister in terms of section 33(1) of the Health Professions Act, 1974 (Act no. 56 of 1974) defining the scope of the profession of Emergency Care Personnel.

25. **"Supervising medical practitioner"** refers to a registered medical practitioner employed or retained by an emergency medical service in a supervisory clinical control capacity, who is consulted by personnel on a regular basis and who ensures compliance with the capabilities and protocols of HPCSA approved levels of pre-hospital care personnel. It is recommended that the supervising medical practitioner has successfully completed the ATLS, ACLS and APLS / PALS courses.

26. **"Training institution"** refers to a training institution accredited by the Professional Board: Emergency Care Personnel to offer approved emergency care courses.

Chapter 1—Executive Summary

AIM OF THE WHITE PAPER

1. To guide the development of legislation which will the provision of an ambulance service in the Province within a framework of cost-effectiveness and equity.
2. To provide for the accreditation/ certification of private ambulance/emergency medical services in Gauteng.

Chapter 2—Background

HISTORY

Prior to 1977, the provision of ambulance services was done on an *ad hoc* basis by Local Authorities. Services varied widely, and there was little, if any medical input, and no Acts or Regulations determining any facets of Ambulance Services.

During 1977 Section 16 of the Health Act (Act 63 of 1977), made the provision of ambulance services the responsibility of the four provincial administrations. The Provinces inherited very basic ambulance services, which served only communities located within Local Government boundaries, and in many parts of the country no services existed at all. It was a case of "islands of excellence in seas of mediocrity".

The Province of Natal decided to run the Natal Ambulance Service as a provincial service, with the staff on the provincial staff establishment. The other 3 provinces decided to make use of Local Authorities (LAs) as agents. The staff were employed by the Local Authorities, and were therefore operationally subject to existing LA structures. In the Transvaal, in particular, the LAs made ambulance services a sub-division of Fire Brigade Services.

In the Transvaal this relationship with Local Government was governed by a Memorandum of Agreement. The Transvaal Provincial Administration (TPA) paid the LAs for the provision of the service. The TPA owned and maintained all ambulances but all staff were employed by Local Government and were part of emergency services which included fire services. Some of the problems identified with this were that the services were not medically controlled but were managed within a division which did not have a professional understanding of health care delivery and requirements. In addition, it meant that the career path of ambulance professionals became very limited.

The Memorandum of Agreement addressed the payment of local authorities by the Department of Health. This also stipulated that the TPA was the Principal in the agreement and had a responsibility to define the service to be rendered by the Local Authority agents. All revenue collected by Agents had to be paid across to the Provincial Authorities, therefore there was little incentive for Agents to collect revenue. The Memorandum also stated that local authorities should comply with provincial guidelines and standards as set out in government circulars.

In 1994 regulations were promulgated making it compulsory for all emergency care practitioners to register with the South African Medical and Dental Council (SAMDC) and national curricula for emergency care at BLS, ILS and ALS were also published.

To date there are no regulations relating to the operation of ambulance services. The only associated regulations that exist are those pertaining to the training and registration of emergency services personnel published by the HPCSA.

INTERNATIONAL EXPERIENCE IN EMS

A modern EMS is a specialised field providing life saving treatment to the critically ill and injured, the emphasis being on rapid access, triage, stabilisation, on-site treatment and continuing care en route to and between medical facilities.

Ambulance services have developed significantly in the last 12 to 20 years. From being basic ambulance transport vehicles with drivers and First Aid attendants, with minimal equipment, they have evolved into high-tech rapid response emergency care providers as well as patient transporters.

Systems vary throughout the world, but there are essentially two main models in existence, The American-British System and the Franco – German System.

American-British System

In this system the object is to safely move the patient as quickly as possible from the scene to hospital emergency departments. Emergency care is initiated on scene by highly trained paramedics, who operate under medical control. Advanced paramedics provide advanced life support interventions in the pre-hospital environment to maintain high care on the way to hospital. Response to scene may be rapid response vehicle, ambulance or helicopter. The Anglo American System operates in U.S.A., U.K., Canada, Australia, New Zealand, China, Israel, Japan, The Philippines, South Korea, Taiwan.

The organization of these systems varies enormously. There are national ambulance services, as in U.K., state and provincial services as in U.S.A., Canada, Australia, and local authority services as in U.S.A. In the U.S.A. a significant number of services are run by Fire Departments, and private companies play a leading role. In other countries NGO's provide the main ambulance service e.g. St. John Ambulance in New Zealand.

Franco – German System

In this system physicians and technology are sent to the scene. The service is very physician dependant (often anesthesiologists). In Germany they often respond in ambulance vehicles and the SAMU service in France has response vehicles. The ADAC medical helicopters in Germany are entirely physician staffed. The idea is to "bring the hospital to the patient". Consequently ambulance personnel have not developed to the level of advanced paramedics. Emergency departments are less well developed, as it is attempted to deliver patients directly to in patient specialty services. This form of care exists in France, Germany, Belgium, Eastern Europe, Scandinavia, Baltic, Switzerland, and is usually run by the province, state or local authority.

The Franco – German System has been subjected to some criticism. Many of the physicians are not trained or experienced in pre-hospital medicine, and there have been complaints of long response times and high mortality / morbidity figures.

What has emerged from both models is that successful ambulance services must be part of an Emergency Medical services System, with medical control, professional dispatch systems, interaction with hospital emergency departments.

In Third World countries many of the services are poor, if not rudimentary. Often ambulance response is very slow, acting mainly as a transport vehicle. Pre-hospital care is First Aid at best, and ambulance personnel are considered of low status. Many such countries are now developing better services, and most have chosen the American-British model. Improved system development is under way in Asia, Latin America, Eastern Europe and the Middle Eastern crescent.

In Africa as a whole services are poor, often rudimentary, with South Africa being the only country with advanced services. The American-British model is favoured in South Africa.

MANDATE

The provision of ambulance services is a Schedule 5, part A responsibility in terms of the Constitution, which states that ambulance services are a functional area of exclusive provincial legislative competence. The Constitution also states that nobody may be refused the right to emergency medical treatment.

The White Paper on the Transformation of Health Services in South Africa includes specific goals and objectives. These are inter alia:

- Improved response to emergencies.

- Increasing the proportion of health regions which have access to 24 hour dispatching centres, communication systems, vehicle maintenance programmes and human resource development.

- Increasing the proportion of qualified emergency health service staff

  - ♦ All operational staff to have at least Intermediate Life Support training.

  - ♦ 5% all staff to be trained to a Paramedic (Advanced Life Support) Level

The Provincial Health Restructuring Committee (PHRC) agreed in principle in 1999 that all combined ambulance and fire services should be separated by the end of 1999. If services were to be provided by Local Authorities, these ambulance services should be placed under the leadership of a health professional who has experience in EMS, and that these services should operate with their own budget independently of any fire services.

The PHRC further recommended that consideration should be given to having all ambulance services run directly by the Provinces.

Chapter 3—Current Service Provision

SCOPE OF SERVICE

Emergency Medical Care refers to the evaluation, rescue, treatment and care of an ill or injured person(s) in an emergency situation and the continuation of treatment and care during the transportation of such person(s) to or between medical facilities.

HEALTH PROBLEMS ATTENDED TO:

- Morbidity profile
- Gravity profile

EXISTING SERVICES

PROVINCIALLY FUNDED SERVICES

At present, the Gauteng Health Department has Memoranda with 15 local authorities which in the course of 2001 will be reduced to 6 Local Governments.

The Ambulance Services are provided by the Local Governments in terms of the Memorandum of Agreement. The Department of Health subsidises the services by providing the emergency vehicles, equipment and operating budget.

Currently the emergency medical services utilise the following resources:

1. Ambulances
2. Primary Response Vehicles
3. Emergency Care Personnel
4. Emergency Service Stations

5. Emergency Control and dispatch Centres
6. Administrative and other support services
7. Medical, communications and rescue equipment

The attached spread sheets contain an analysis of the current levels of service provision across the previous local authorities. The analysis reveals marked differences in the measured indicators between local authorities, some due to understandable factors such as population density, others not so easily explicable. Work is still underway to enter the data relating to the new municipalities into the spread sheet.

PRIVATE SECTOR

Since the 1980's there has been a consistent growth in the Private Ambulance Sector with a marked boom in the late 1990's brought about most likely by the increased subscriber base of the Medical Aid Schemes and perceived poor service delivery by Provincial Ambulance Services.

The standard of care provided by the Private Ambulance services varies from basic patient transport services with minimal first aid equipment to well equipped and staffed Mobile Intensive Care Units.

At present all Air Ambulance Services are provided by the Private Sector.

The Private Ambulance Association of Southern Africa (PAA) was established to represent the interests of the Private Sector at various fora including the Representative Association of Medical Aid Schemes (RAMS), now known as the Board of Health Care Funders (BHF). Norms and Standards were compiled by the PAA in 1996 to which member services had to comply. These standards are currently also used by the BHF to evaluate services before assigning a practice number to these Private Ambulance Services. The mentioned practice number is

required by services to receive payment from Medical Aid Schemes for services rendered to members of the Scheme.

The new Road Accident Fund has also created an opportunity for the Private Sector to provide Ambulance Services to Motor Vehicle Accident victims, an area which was in the past avoided by private services due to the high financial risk of non payment by patients treated.

PROBLEM STATEMENT

1. Memorandum of Agreement with Local Authorities:

1.1. Memorandum of Agreement with Local Government addresses the payment of LG by the GHD.

1.2. The Memorandum does not include any service delivery standards or mechanisms for the monitoring or evaluation of existing services.

2. Personnel:

2.1. Inadequate numbers of personnel – many staff leaving for the private sector

2.2. lack of posts

2.3. variable opportunities for training

2.4. inequitable salaries

2.5. unsuitable working conditions in certain areas

2.6. unsatisfactory career path.

3. Continuity of Care:

3.1. There is a lack of integration of care between pre-hospital EMS and emergency departments

4. Norms and Standards:

4.1. Lack of regulations, norms and standards for the operation of emergency medical services

5. Access:

5.1. Areas without access especially where local government boundaries do not correlate with referral patterns.

6. Financial:

6.1. Local Authorities indicate that an amount of R214 million is required to provide a reasonable service at LG salaries however the current provincial budget for Ambulance Services is R115 million

6.2. Uncertain costs of implementing Basic Conditions of Employment Act

7. Public Relations:

7.1. A number of complaints from the public and media regarding service delivery

8. Hospital Services:

8.1. Regular closures of Hospitals for certain categories of patients adds an additional burden on the EMS.

Chapter 4—Vision of the Department of Health

1. **PRINCIPLES**

1.1. The Gauteng Department of Health shall ensure that the total population of Gauteng has equitable access to emergency health care as defined in the Constitution of the Republic of South Africa.

1.2. The GDoH EMS will examine all possible mechanisms of funding and governance to ensure that Gauteng EMS is rendered in the most cost-effective way possible.

1.3. The equitable access to Emergency Health Care as defined in the Constitution (par. 1.1 above) represents the lowest acceptable level of care and Gauteng EMS would wish to improve on this with the ultimate aim of attaining standards of best practice as accepted world wide, within the constraints of budgetary realities.

2. The ultimate EMS system for Gauteng should be a professional career orientated service dedicated to harnessing all possible resources in order to provide the best possible emergency care for the entire populace of Gauteng.

3. This implies continuity of care from the point of injury or illness to the point where the patient is either discharged or admitted for definitive care. There must be rapid transportation with appropriate life support, delivering patients to appropriate medical institutions.

4. There must be adequate interface and a degree of integration with hospital emergency departments, ensuring a seamless transition to in-hospital care. This should be supported by interface with academic departments for the purpose of adequate training of doctors, nurses, ambulance personnel and others in emergency medicine and emergency care. This requires the establishment of University departments of Emergency Medicine.

5. The totality of EMS should be supported by a state of the art communications network which provides for clinical, operational and administrative functions of EMS as an integrated whole, encompassing control rooms, bed availability, patient movement, data capture, audit, resource management and Command and Control.

6. As the EMS system with probably the most resources of all EMS systems in the 9 Provinces, Gauteng EMS has a responsibility to other Provinces to deliver support in situations where local / Provincial resources are being

overwhelmed. In particular disaster situations like flooding, tornadoes, earthquakes and other natural and man-made disasters are likely to overwhelm most Provinces' resources. The Gauteng MEC for Health should either personally enter into assistance agreements, or authorize EMS to enter into such agreements. This is very similar to the Federal Emergency Management Agency's (FEMA) role in the United States of America.

7. In a similar vein, and based on the same reasoning, the MEC Health should approach the Department of Foreign Affairs with an offer to make resources available to neighbouring countries in pre-defined circumstances. This would be in line with the role envisaged by the Government for this country in Sub-Saharan Africa.

8. The Gauteng EMS is committed to the establishment of a well-trained and professional Provincial Ambulance Reserve Corps (PARC). The PARC would operate in a similar fashion to the SAPS Reserve force, and is not designed to decrease the number of full-time posts, but rather to increase the level of service, to improve community participation, to serve as a source for future full-time appointments, etc. The PARC should enjoy a large degree of autonomy, although within well-defined limits, and at all times under the ultimate control of the Gauteng EMS Management.

NORMS AND STANDARDS

1. Gauteng EMS will utilize the following Key Performance Indices (KPI's) to determine the quality and levels of service rendered:

1.1. Response time: Urban 12 minutes; rural 30 minutes

1.2. Mission time: Urban 30 minutes; rural 60 minutes

2. The level of equipment and staffing of Emergency Vehicles (ambulances, PRV's & Rescue Vehicles) will be to the ILS level as a minimum, with a proportion equipped and staffed at ALS level.

3. Emergency Communication Centres will be established to provide radio, telephonic and data communications on a 24-hour basis with emergency vehicles in the region.

4. Recruitment will be in accordance with national and provincial policies regarding employment equity as well as requirements for an acceptable level of education and registration with professional and statutory bodies.

5. Vehicles and staffing

Emergency vehicles will be categorized into the following categories:

- Ambulances
- Primary Response Vehicles (PRV)
- Medical rescue vehicles

For each type of vehicle, the following norms will be established to ensure equitable and adequate services:

- Population based norm, with population density acting as a modifying factor.
- Mininum staffing levels

OPTIONS FOR DELIVERY OF SERVICES:

The Department of Health shall consider all funding and service delivery options in order to achieve a comprehensive, cost-effective emergency medical services. Such options shall include:

- EMS funded and operated directly by the Provincial Department of Health
- EMS provided by Local Authorities or other service providers on behalf of the Province.
- EMS funded and / or operated through partnerships with private sector

PROVINCIALISATION

It is unclear how " provincialisation "is defined. It could be:

(1) Complete split of all functions from combined Fire and Ambulance Services, taking on Medical Rescue.

(2) Split of some functions from combined services, leaving medical rescue, dispatch or other components with Fire Services.

(3) Leaving Ambulance Services with Local Authorities, but with strict Provincial control over operations, training, dispatch, standards, audit.

OPTION 1.

Advantages

- Total Provincial control
- Redistribution of resources as deemed appropriate
- Direct control of dispatch
- Direct monitoring, audit, quality control, CPD
- Standardisation of salaries and terms of service
- Ambulance service career path can be developed
- Interface with hospital Emergency Departments facilitated

Disadvantages

- Difficult in small services, where multi–skilling is only practical and cost–effective option.
- Will require establishment of medical rescue equipment, personnel and training – expensive and already exists in Fire.
- Will require new control centres with funding implications for staff, equipment, running costs.
- Alienation of Fire Service.
- Will require relocation of ambulance from Fire Stations.

OPTION 2.

Advantages

- More direct control of service
- Can redistribute core resources.
- Selected functions e.g. Dispatch, Medical Rescue can remain with Fire – much cheaper.
- Audit, monitoring of core functions improved.
- Ambulance Service career path can be developed.
- Possibility of ambulance vehicles remaining based at selected appropriate fire stations
- Emergency Department interface facilitated.

Disadvantages

- No direct control over Medical Rescue
- Variable control over Dispatch

OPTION 3.

Advantages

- Least costly, as changes less
- Much closer control of all activities.
- Strong influence over salaries, career path.

Disadvantages

- Requires much tighter Memorandum of Agreement with Local Authorities, may reject.
- Dangers of reverting to existing sub–optimal situation.

- Continuing fire dominance
- Continuing salary discrepancies.
- Less control over career path.

FUNDING AND REVENUE

- The Department shall explore innovative ways of collaborating with the private sector to provide efficient ambulance services in the province.
- Any public private partnerships shall facilitate the provision of high quality and cost effective emergency health care and will be in line with the Departments strategic plan and overall strategic goals.

- The Department of Health shall determine the fees payable by a person on whose behalf the service is provided in respect of:
  - The use of the service and equipment
  - Any materials consumed

- For as long as Local Government provides ambulance services on behalf of the province, a proportion of the revenue collected shall be paid to the Department for equitable redistribution.

Training

- The Gauteng Department of Health will ensure cost-effectiveness and excellence in training through the use of accredited and registered Training Centres and Service Sites.

- The Department will ensure that the demographic profile of students shall become fully representative.

- More readily accessible tertiary level training for all personnel providing Emergency Care will be used to positively contribute to attracting and retaining competent staff.

Chapter 5—Governance

OPTIONS FOR GOVERNANCE

The following two options are seen as possibilities for the governance of ambulance services in Gauteng:

- An administrative structure operating at both provincial and regional levels OR
- A provincial Board appointed by the MEC for Health

CONSULTATION

- Patients should know what they might expect in terms of quality and quantity of ambulance service.

- There should be an effective and responsive channel for complaints.

Accreditation private ambulance services

- All emergency medical services shall be registered in accordance with the regulations set out in the regulations.

- All agents rendering an ambulance service in the Gauteng Province shall apply for accreditation from the Gauteng Department of Health in accordance with the prevailing regulations.

MEMORANDUM OF AGREEMENT

made and entered into by and between

The Gauteng Provincial Government in its Department of Health
(hereinafter referred to as the "Competent Authority")

duly represented by_____

in his / her capacity as_____

and

_____

(hereinafter referred to as the "Local Government")

duly represented by _____

in his / her capacity as_____

and properly authorised thereto by the said

_____

by a resolution made on_____

DRAFT 2

9th May 2001

WHEREAS, it is, in terms of the provisions of section 16(b) of the Health Act, No 63 of 1977, the function of a Provincial Government to ensure that Ambulance Services are provided within that Province;

AND WHEREAS the Constitution of the Republic of South Africa, 1996 (Act No. 108 of 1996) (Section 238), the Local Government Transition Act, 1993, (Act No 209 of 1993) (Section 10 C (3) (c) and 10 D (1) (b) and (2) (b) the Delegation of Functions Act (Gauteng), 1996 (Act No. 1 of 1996) make it possible that the Competent Authority may delegate any power or function that is to be exercised or performed in terms of legislation to the Local Government;

AND WHEREAS the Competent Authority is desirous of the delegation of certain of its powers and functions relating to the provision of Ambulance Services to the Local Government;

AND WHEREAS the Local Government is willing to accept the delegation of the powers and functions as agreed to by the Local Government by Resolution No..... namely to :

(a) render an Ambulance Service, as contemplated in this Agreement within the area as defined;

(b) organise and co-ordinate, for the purpose of reaching the intended objective, where necessary, in co-operation with other Institutions of Local Government, Ambulance Service within the Province in such a manner that a service, which complies with the requirements of the Competent Authority as set out in this Agreement, and which complies with relevant legislation, Health Professions Council (HPC) regulations, Emergency Medical Services circular letters and other directives issued from time to time by the

Head of Department (HoD), Gauteng Health Department (GHD) is rendered as cost-effectively as possible in all parts of and to all population groups equally within the Province and

(c) to manage and co-ordinate the use of funds supplied by the Competent Authority in terms of this Agreement, and funds acquired by the Local Government from its own or other sources to render the Ambulance Service.

NOW THEREFORE, the parties agree as follows:

1. For the purpose of this Agreement –

(a) "ambulance" refers to any means of transport especially designed, equipped and manned for the emergency medical treatment and transportation of a patient;

(b) "ambulance account" refers to the account referred to in clause 8;

(c) "ambulance services" refers to-

(i) The transportation and emergency medical treatment up to and including Advanced Life Support, rendered to a patient from point of injury or illness to stabilization and admission to an appropriate medical facility; and

(ii) the administration of this service.

(d) "estimates" refer to the estimates referred to in clause 10;

(e) "HoD (Health)" refers to the Head of the Health Department of the Gauteng Provincial Government;

(f) "Official" refers to an Official performing a function regarding the rendering of the Ambulance Services;

(g) "expenses" refer to the costs and expense items referred to in clause 5:

(h) "Local Government area" refers to the area of jurisdiction of a Local Government instituted by the Local Government Transition Act, 1993. (Act No. 209 of 1993) as well as the Demarcation Act;

(i) "Province" refers to the area of jurisdiction of the Province of Gauteng;

(j) "Full Maintenance Lease Contract" refers to agreement entered into in respect of those vehicles that are acquired by the Competent Authority and negotiated in terms of the agreement between the Competent Authority and the Private Contractor.

2. The duration of this agreement shall be from the 1st April_____ to the 31st March_____.

3. The Local Government undertakes, subject to clause 3 and taking into account the advance payments made to it in terms of clause 12, to see to it, with effect from .....that the Ambulance Service, as set Out in the preamble to this Agreement, be rendered on behalf of the Competent Authority in order to enable the Competent Authority to fulfil its function in terms of section 16 (b) of the Health Act, No. 63 of 1977, and in particular -

(a) to facilitate the inspection and audit of the ambulance service by an authorised official of the competent authority at any reasonable

time, and, subject to the availability of funds, to rectify any lack or shortcoming that exists in the opinion of the Competent Authority in terms of agreed norms and standards within such period as determined by the Competent Authority;

(b) subject to the Local Government's ability to recruit suitable staff, to staff such Ambulance Service according to the relevant legislation and requirements of the Competent Authority; and.

(c) The Competent Authority shall not be prevented from performing the powers and functions delegated in terms of this Agreement and may at any time in writing withdraw the delegation.

4. The Local Government shall render the Ambulance Service within the Local Government's area, and, when requested by the Competent Authority also in any other part of the Province of Gauteng or an adjacent Province if circumstances allow. This assistance will be rendered at the cost of the Competent Authority.

5. All movables and immovables regarding the Ambulance Service that the Competent Authority places at the disposal of the Local Government, or which is acquired from funds supplied by the Competent Authority to the Local Government, or generated as per clause 9 shall remain the property of the Competent Authority.

6. The Competent Authority undertakes to compensate the Local Government for all budgetary expenses approved by the Competent Authority for the Ambulance Service, taking into account the growth margin allowed by the Gauteng Department of Finance for Local Government.

7. The personnel structure shall be under the terms and conditions of the

Local Government. The staffing of the Ambulance Services shall be subject to:

7.1 approval by the Competent Authority

7.2 amendments by Circular Letters

8. The staff of the Ambulance Services have to be currently registered with the Interim National Medical and Dental Council and will be responsible for their own annual registration fees. Exemption for the registration of certain posts is to be negotiated with relevant parties concerned.

9. The Local Government shall keep a closed account reflecting all revenue and expenditure regarding the rendering of the Ambulance Service according to accepted financial practice among Local Governments.

10. The Local Government shall charge, for the rendering of the Ambulance Services the Board of Healthcare Funders (BHF) fees for private patients and the fees laid down by the National Government of the Republic of South Africa for indigent or state patients. The Local Government shall credit the account with the fees received, and shall apply all reasonable means to collect the fees owed for the rendering of the Ambulance Service.

11. Each year before the last day of September, the Local Government shall submit to the Competent Authority ***their plans for service delivery as well as the respective*** estimates of revenue and expenditure to be incurred in the following financial year (1 April – 31 March), which estimates shall reflect the expected revenue and expenditure with regard to the rendering of the Ambulance Service in the financial year in question, according to accepted financial practice among Local Governments.

12. The Competent Authority may, after consultation with the Local Government reject or alter any estimated expenditure reflected in the said estimates before or after their approval.

13. (a) The Competent Authority -

(i) agrees to advance quarterly payments to the Local Government in the course of the financial year to cover the expected expenditure reflected in the approved estimates; and

(ii) may, over and above the payments referred to in paragraph (I) above, make a further advance payment to the Local Government in respect of expenses that the Competent Authority regards as special.

(b) For the purpose of clause 14, an advance payment referred to in sub-clause (a) is to be reflected in the Local Government's budget.

14. The Local Government shall submit to the HoD Health), as soon as practicable, but not later than 6 months after the financial year referred to in clause 10 has ended, an audited account and an audited balance sheet in respect of the Ambulance Service.

15. (a) The Competent Authority shall, within thirty (30) days after the submission of the audited account and balance sheet referred to in clause 13 pay the Local Government the difference, if any, between the approved estimated expenditure and the advance payments referred to in clause 12 (a), as

reflected in the revenue and expenditure account provided that, if the Local Authority should omit or refuse to rectify any lack or shortcoming which is in the ability of the Local Government to rectify contemplated in clause 2(a) of this Agreement within the period determined by the Competent Authority, the Competent Authority may cut or withhold payments until such lack or shortcoming has been rectified to the Competent Authority's satisfaction.

(b) A percentage of the revenue originating from service charges levied, ***shall be paid over to*** the Competent Authority for equitable redistribution, ***in consultation with the Provincial Treasury***. All revenue generated as per clause 9 may only be utilised to defray costs for the rendering of Ambulance Services. A monthly balance sheet in respect of Ambulance Services, indicating all revenue and expenses, should be furnished by the Local Government to the Gauteng Health Department within fourteen days after the month end.

16. The Local Government shall supply at time intervals as determined by the competent authority, information, such as staff establishment, equipment inventories, ***services delivered, response time*** etc. and documentation in respect of the Ambulance Service as the Competent Authority may require from time to time.

17. The Local Government accepts responsibility for any damage sustained to or loss suffered by the Local Government or its employees or any other person (including the Competent Authority), where such damage or loss has been caused by the willful or negligent conduct of the Local Government or its employees in rendering the Ambulance Service, and the Competent Authority is hereby indemnified against all claims, legal costs or other expenses resulting from such damage or loss.

18. The Local Government undertakes to provide:

(i) comprehensive insurance on all Ambulances not provided on the Full Maintenance Lease contract, as well as all capital equipment provided by the Competent Authority and used with regard to the Ambulance Service, and to maintain such insurance for the duration of this Agreement, either by providing cover from a recognised insurance company, or by itself undertaking the insurance according to accepted financial practice among Local Governments (including re-insurance), and to use any amount that the Local Government may receive by virtue of such insurance for the intended purpose of the insurance. The Competent Authority will be responsible for comprehensive insurance on all vehicles provided on the Full Maintenance Lease contract; and

(ii) comprehensive insurance coverage for the Local Government's liability with regards to clause 16 hereof.

19. The Local Government shall maintain any movable and immovable equipment belonging to the Competent Authority under its control, at the prior approved cost of the Competent Authority.

20. (a) The Competent Authority and the Local Government shall review this Agreement annually.

(b) Should this Agreement be terminated due to breach of agreement by a party, the resettlement or retrenchment of personnel as employed by the

Local Government to render an Ambulance Service will be the

responsibility of the party breaching the Agreement.

21. In the case of a breach of agreement by any one of the parties, the other party may give the party in breach of the agreement notice in writing of 60 days to rectify the breach, and on failure to do so within the stipulated period the other party may cancel this Agreement on NINETY (90) days written notice without the infringement of any other rights which the aggrieved parties may have.

22. Should this Agreement be terminated by any one of the parties, all movables and immovables used with regard to the Ambulance Service shall be dealt with by the parties, on the principle set out in clause 4 above.

23. No rights or obligations in terms of this Agreement may be ceded by the Local Government without the prior written consent of the Competent Authority.

24. This is the full and complete Agreement between the parties, and it may be amended only in writing and shall be valid only if signed by both parties.

25. The parties choose as their **domicilia citandi et executandi**, for the serving of all notices and process on them, the following street addresses:

The Competent Authority: .....

.....

.....

The Local Government: .....

.....

.....

SIGNED at ..... on this ..... day of

..... 2001.

WITNESSES:

1 ....
Competent Authority

2. .....

SIGNED at ..... on this ..... day of

..... 19.....

WITNESSES:

1 ....
Local Government

2. .....

Dog ate your Gazette?
... read it online

www.SA Gazettes.co.za

A new information Portal keeping you up to date with news, legislation, the Parliamentary programme and which is the largest pool of SA Gazette information available on the Web.

- Easily accessible through the www!
  - Government Gazettes - from January 1994
  - Compilations of all Indexes pertaining to the past week's Government Gazettes
  - All Provincial Gazettes - from September 1995
  - Parliamentary Bills - as of January 1999
- Available in full-text, with keyword searching
- Sabinet Online scans, formats, edits and organize information for you. Diagrams and forms included as images.
- No stacks of printed gazettes - all on computer. Think of the storage space you save.
- Offer Bill Tracker - complementing the SA Gazettes products.

For easy electronic access to full-text gazette info, subscribe to the SA Gazettes from Sabinet Online. Please visit us at www.sagazettes.co.za

SABINET Online

Tel: (012) 663-4954, Fax: (012) 663-3543, Toll free: 0800 11 11 73, e-mail: info@sabinet.co.za, www: http://www.sabinet.co.za

Looking for back copies and out of print issues of the Government Gazette and Provincial Gazettes?

The National Library of SA has them!

Let us make your day with the information you need ...

National Library of SA, Pretoria Division
PO Box 397
0001 PRETORIA
Tel.:(012) 321-8931, Fax: (012) 325-5984
E-mail: infodesk@nlsa.ac.za

Soek u ou kopieë en uit druk uitgawes van die Staatskoerant en Provinsiale Koerante?

Die Nasionale Biblioteek van SA het hulle!

Met ons hoef u nie te sukkel om inligting te bekom nie ...

Nasionale Biblioteek van SA, Pretoria Divisie
Posbus 397
0001 PRETORIA
Tel.:(012) 321-8931, Faks: (012) 325-5984
E-pos: infodesk@nlsa.ac.za

Printed by the Government Printer, Bosman Street, Private Bag X85, Pretoria, 0001, for the **Gauteng Provincial Administration**, Johannesbu
Gedruk deur die Staatsdrukker, Bosmanstraat, Privaat Sak X85, Pretoria, 0001, vir die **Gauteng Provinsiale Administrasie**, Johannesbu