



Wes-Kaapse Provinsiale Parlement  
Western Cape Provincial Parliament  
IPalamente yePhondo leNtshona Koloni

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**COMMITTEE REPORT**

**Report of the Standing Committee on Health on its oversight visit to health facilities in Kraaifontein  
on 6 May 2022**

The Standing Committee on Health having conducted oversight visits to health facilities in Kraaifontein on 6 May 2022, reports as follows:

### **The delegation**

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

#### **Democratic Alliance**

Kaizer-Philander, WF (Chairperson)

Plato, D

#### **African National Congress**

Windvogel, R

#### **Economic Freedom Fighters**

Xego, M

### **1. Background**

The Standing Committees on Health conducted oversight visits to the Kraaifontein Day Hospital, Scottsdene Clinic, and Wallacedene Clinic in Kraaifontein on Friday 6 May 2022.

The purpose of the visits was to assess how the health facilities offer the full package of health services to various communities in Kraaifontein after the decrease in the COVID-19 cases in the province. In addition, the Committee visited the facilities to assess the high service pressure in Kraaifontein. Members also conducted a walkabout of the facilities and posed questions. The health officials answered all questions posed during the visit.

### **2. Salient points that emanated from the visit to the Kraaifontein Day Hospital**

Mr. Tutu, Facility Manager, for the Kraaifontein Day Hospital welcomed the Committee. He informed the Committee that the Hospital operates from 07 am to 4 pm on weekdays and the trauma unit operates 24 hours a day.

The hospital provides health services to 700 patients a day and to a total of 14000 patients a month. The waiting time for patients at the Hospital is approximately three hours. The hospital provides a full package of health services such as Mother and Child Health, Chronic Diseases Care, Women's Health, HIV and TB Care, Men's Health, Mental Health, Acute Services, and abortion.

During the walkabout of the facility, the Committee noticed long queues inside and next to the gate at the entrance of the hospital. The Committee was informed that the area next to the gate was used as a holding area due to inadequate space. It was reported that space was a challenge at the Hospital, the holding area next to the gate did not have a shelter, which becomes a challenge during the winter season. The Committee was informed that in September 2022, the hospital will be refurbished, however, there are no extensions planned.

Mr. Tutu reported that the 24-hour trauma unit was busy, especially on weekends. There are high cases of stab wounds and gunshots. The staff complement for the trauma unit consists of three doctors and five nurses per shift.

Mental health cases were reported to be on the rise at the Kraaifontein Day Hospital. Mr. Tutu reported that drug use was the main challenge and the cause of high mental health cases in Kraaifontein and surrounding areas.

The antenatal section was reported to be busy at the hospital. Bloekombos and Wallacedene Clinic refer patients to Kraaifontein Day Hospital. It was reported that there were two Clinical Nurse Practitioners within the antenatal section and the third one resigned and her position was vacant.

During the walkabout of the facility, the Committee noted an E-local Display for the chronic medication. It was reported that E-local Display was one of the innovations by the Department of Health to fast-track the dispatch of chronic medication. Members of the public who are on chronic medication collect their six-month prescription from the E-local without queuing. The E-local Display is opened and locked with pin codes. It was reported that the project started in January 2022 and there were 38 patients involved in the pilot project. Kraaifontein Day Hospital has four Pharmacists and seven Pharmacists Assistants. The hospital provides ARV's a total of 3000 patients on monthly basis.

Long queues, staff attitude, shortage of staff, and inadequate office space and waiting areas were reported as major challenges at the Hospital.

The Committee commended Mr. Tutu for the way he manages the Kraaifontein Day Hospital and for answering all questions posed by Members during the Visit.

### **3. Visit to the Scottsdene Clinic**

The Committee conducted an unannounced visit to Scottsdene Clinic. On arrival, Sister Matlhodi welcomed the Committee. She reported that the Clinic was a combined facility, it provides health services for the provincial Department of Health and the other side was providing health services for the City of Cape Town.

According to Sister Matlhodi, from 1 July 2022, some of the City health facilities will be combined with the provincial health facilities and managed by the provincial Department of Health. It was reported that Scottsdene Clinic was one of the facilities in which the health services provided by the City health will be merged with the provincial Department of Health. The Committee was informed that the City of Cape Town was providing preventative health services that include children's health care services for children from birth until 13 years of age. In addition, the City was responsible for TB and family planning. Sister Matlhodi reported that the province at Scottsdene Clinic was responsible for the provision of comprehensive health services, this includes providing health services to children from 13 years and older, HIV, all chronic illnesses, and family planning.

Sister Louw, Clinical Manager for the City of Cape Town, joined the Committee during the walkabout of the facility. She reported that the Scottsdene Clinic building belongs to the City of Cape Town and the City was responsible for maintenance. The staff complement for the City of Cape Town at Scottsdene Clinic was 12 personnel, and three were Clinical Nurse Practitioners. On the provincial side of the Clinic, there were 12 staff members, two were Assistant Nurses and one was a Professional Nurse.

Sister Matlhodi reported that the Clinic provides health services to 70 patients per day. Staff shortage was reported as a major challenge at the Clinic. It was reported that when clinical staff is on sick leave it becomes a problem to get agent staff. The Clinic has a triage system in place. It was reported that

clients with green cards are sometimes turned away from the Clinic and told to come to the Clinic the next day when there is a shortage of staff. The Committee noted that the waiting area was small and patients were queuing outside the locked gate. Sister Louw reported that in 2016, the City of Cape Town asked for a prefab structure as a temporary measure and to be used as a waiting area at the Clinic and they are still waiting.

The safety of clients was reported as a challenge at Scottsdene Clinic. The Committee was informed that when the gangs are fighting and shooting, the Clinic closed the gates, however, the patients that are waiting to gain entry to the Clinic are not safe. In addition, with the winter season approaching, the inadequate waiting room at the Clinic becomes a challenge because people have to queue outside even during the rainy season.

### **3.1 Recommendation**

The Committee recommends that the Department of Health should address the challenge of the inadequate waiting area at Scottsdene Clinic as a matter of urgency to ensure that patients queue under shelter during the winter season. The Department should consider the installation of a prefab structure to address the inadequate waiting at Scottsdene Clinic.

### **4. Visit to the Wallacedene Clinic in Kraaifontein.**

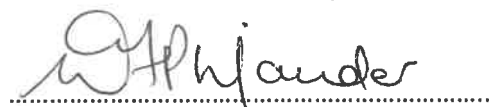
The Committee conducted an unannounced visit to the Wallacedene Clinic. Sister Jones welcomed the Committee. She reported that Sister Bosman, the Operations Manager for the Wallacedene Clinic was working offsite during the Committee visit.

Sister Jones reported that the Wallacedene Clinic was a City of Cape Town Clinic, however, the Clinic will fall under the provincial Department of Health from 1 July 2022. She reported that due to inadequate space, the ARV section was operating from 5-room containers within the clinic premises. The Committee also noted an SAMRC Mobile Clinic within the premises of the Clinic. It was reported that the Mobile Clinic was utilised by the Stellenbosch University for research on TB and patient results were issued the same day after TB tests.

It was reported that there was one Pharmacist and four Assistant Pharmacists at the Clinic. The Committee observed that there was inadequate space for the TB patients at the Clinic. The TB default rate was reported to be very high at the Clinic and the tracing of TB patients was a challenge due to patients that constantly change addresses. In addition, Sister Jones reported that there was no space for a Pap smear. The Committee was informed that Wallacedene Clinic provides health services to 400 patients per day.

The Committee concluded its visit to the Wallacedene Clinic and departed for Bloekombos. The Committee went to the Bloekombos Clinic, upon arrival, the Committee noticed that the Clinic was a City Clinic. Members resolved not to visit the facility due to issues relating to the separation of powers. The Provincial Parliament does not have an oversight mandate over City facilities.

The Committee successfully concluded its visit.



**MS WF KAIZER-PHILANDER, MPP**  
**CHAIRPERSON: STANDING COMMITTEE ON HEALTH**  
**WESTERN CAPE PROVINCIAL PARLIAMENT**