

# PARLIAMENT OF THE PROVINCE OF THE WESTERN CAPE

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## QUESTIONS FOR WRITTEN REPLY

FRIDAY, 8 MAY 2026

**Mr M Booysen to ask Ms M M Wenger, Minister of Health and Wellness:**

With reference to clinic healthcare appointment systems in the province:

- (1) (a)(i) How many public healthcare facilities currently utilise a formal booking appointment system and (ii) at which facilities are these systems implemented, (b)(i) what types of appointment systems are in use and (ii) what criteria are used to determine their implementation and (c) what outcomes have been recorded from the use of clinic appointment systems in terms of patient waiting times and service efficiency;
- (2) whether any success stories have been documented regarding the implementation of appointment systems at clinics; if so, what are the key findings;
- (3) (a) what plans are in place to improve appointment systems at clinics in the province and (b) what targets have been set in this regard?

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## RESPONSE FROM THE DEPARTMENT OF HEALTH AND WELLNESS

(1)(a)(i) Formal appointment systems have been implemented across the Western Cape Department of Health and Wellness hospital and primary healthcare platform.

Provincially, appointment systems have been developed and implemented in 53 hospitals and 280 PHC clinics, moving to online digital systems connected to the WCDHW health-IT enterprise systems.

In Rural Health Services, the Clinicom outpatient management appointment system has been rolled out to 32 hospitals, and the PHCIS booking appointment system has been rolled out to all 145 fixed PHC facilities. The Clinicom system is planned for rollout to Nelspoort Hospital by December 2026, subject to completion of a network upgrade.

It should be noted that, while systems are in place, utilisation varies across facilities and services. Some facilities use booking systems for selected services only, such as doctor reviews, antenatal care, chronic care, medicine collection, child health, mental health, eye care, wound care, and allied health services. Appointment systems are not used for acute services, which are managed as walk-in presentations.

(a)(ii) The formal, integrated systems implemented at hospitals and PHC facilities across the province.

Albertinia Clinic	Kensington CDC
Alma CDC	Lady Michaelis CDC
Amalienstein Clinic	Lotus River CDC
Asla Clinic	Maitland CDC
Blanco Clinic	Mamre CDC
Bongolethu Clinic	Protea Park CDC
Bridgeton CDC	Retreat CHC
Calitzdorp (Bergsig) Clinic	Saxon Sea CDC
Crags Clinic	Vanguard CHC
D'almeida CDC	Wesfleur Hospital
De Rust (Blommenek) Clinic	Barrydale Clinic
Dysselsdorp Clinic	Botrivier Clinic
Eyethu Clinic	Bredasdorp Clinic
Great Brak River Clinic	Buffeljagsrivier Clinic
Heidelberg Clinic	Caledon Clinic
Hornlee Clinic	Gansbaai Clinic
Khayeletu Clinic	Genadendal Clinic
Knysna CDC	Grabouw CHC
Knysna Town Clinic	Greyton Clinic
Kranshoek Clinic	Hawston Clinic
Kuyasa (George) Clinic	Hermanus CDC
Kwanokuthula CDC	Hermanus Hospital
Ladismith (Nissenville) Clinic	Kleinmond Clinic
New Horizon Clinic	Napier Clinic
Oudtshoorn Clinic	Otto Du Plessis Hospital
Oudtshoorn Hospital	Riviersonderend Clinic
Pacaltsdorp Clinic	Struisbaai Clinic
Plettenberg Bay Clinic	Suurbraak Clinic
Riversdale Clinic	Swellendam Hospital
Sedgefield Clinic	Swellendam PHC Clinic

Thembaletu CDC	Villiersdorp Clinic
Toekomsrus Clinic	Paarl Hospital
Touwsranten Clinic	Worcester Hospital
Zoar Clinic	Abbotsdale Clinic
Gustrouw CDC	Chatsworth Clinic
Kleinvlei	Citrusdal Clinic
Macassar CDC	Clanwilliam Clinic
Mfuleni CDC	Darling Clinic
Michael Mapongwana	Diazville Clinic
Nomzamo CDC	Graafwater Clinic
Strand cdc	Hanna Coetzee Clinic
Crossroads CDC	Klawer Clinic
Dr Abdurahman CDC	LAPA Munnik Hospital
Gugulethu CHC	Laingville Clinic
Hanover Park CHC	Lalie Cleophas Clinic
Heideveld CDC	Lamberts Bay Clinic
Inzame Zabantu CDC	Langebaan Clinic
Mitchells Plain CHC	Louvville Clinic
Nyanga CDC	Lutzville Clinic
Bellville South CDC	Malmesbury Infectious Disease Hospital
Bishop Lavis CDC	Moorreesburg Clinic
Bothasig CDC	Piketberg Clinic
Delft CHC	Porterville Clinic
Durbanville CDC	Radie Kotze Hospital
Elsies River CHC	Riebeek Kasteel Clinic
Fisantekraal CDC	Riebeek Wes Clinic
Goodwood CDC	Saldanha Clinic
Kraaifontein CHC	Swartland Hospital
Parow CDC	Van Rhynsdorp Clinic
Ravensmead CDC	Velddrif Clinic
Reed Street CDC	Vredenburg Clinic
Ruyterwacht CDC	Vredenburg Hospital
Scottsdene CDC	Vredendal Central Clinic
Symphony Way CDC	Vredendal Hospital
Brooklyn Chest Hospital	Vredendal North Clinic
Cape Town Reproductive Health	Hope Street Oral Health Clinic
District Six CDC	Grassy Park CDC
Du Noon CHC	Green Point CDC
False Bay Hospital	Hout Bay CDC

(b)(i) The following appointment systems are in use:

- Clinicom for hospital outpatient appointment management.

- PHCIS for PHC facility appointment booking.
- Hybrid systems using both electronic and manual processes.
- Manual systems, including appointment books, diaries, registers, blue appointment cards, and appointment dates recorded in patient folders.

In the RHS survey of 79 fixed facilities, 33 facilities used an electronic system, 42 used a combination of manual and electronic systems, and 4 used a manual system only. Appointment structures differ by facility and service. These include hourly slots, two-hourly slots, four-hourly blocks, service-specific sessions, and allocated numbers of patients per slot.

(b)(ii) The provincial goal is to implement formal appointment systems in all hospitals and PHC facilities. Implementation is determined by facility readiness, including network connectivity, hardware availability, staff training, and staff capacity to create and manage appointment slots.

Facility-level criteria also include service package, demand, number of clinicians, stability of patients, need for follow-up care, treatment adherence, and whether the service is suitable for scheduled care.

(c) The appointment systems have improved service efficiency where they are used consistently and where patients adhere to their appointment times. Reported benefits include:

- better management of chronic care appointments;
- improved patient flow and queue management;
- reduced congestion and bottlenecks at reception;
- improved daily planning, including scheduling different service types at different times of the day;
- pre-drawing of folders before appointments;
- preparation of test results before the patient arrives;
- improved ability to plan staffing and service loads;
- better tracking of missed appointments; and
- improved data availability for planning and decision-making.

Some facilities reported measurable improvements in waiting times. However, a recurring challenge is that some patients still arrive much earlier than their allocated appointment time, while others miss appointments. This affects the full benefit of the system and can increase pressure on reception and clinical staff.

(2) Yes. Successes have been documented.

Key findings include that appointment systems improve access to the correct level of care and clinical expertise, allow staff to prepare folders and results in advance, reduce waiting times where appointment slots are used effectively, and support better planning through improved data on service demand and patient needs.

Facility-level examples include:

- improved organisation of patient flow for booked services;
- reduced overcrowding in specific service streams;
- improved continuity of care through scheduled follow-ups;
- improved workload planning;
- reduced complaints related to waiting times at some facilities;
- better patient experience and reduced frustration;
- improved ability to plan medicine collection, chronic care, and well-baby services; and
- better ability to reschedule appointments when staff leave or service disruptions are known in advance.

Some facilities reported that success is limited by missed appointments, patients arriving outside allocated times, staffing challenges, and walk-in demand.

(3)(a) The following plans are in place to improve appointment systems:

- ensuring that patient contact details are updated at every PHC encounter;
- using PHCIS pop-up reminders to prompt staff to verify patient details;
- sending SMS appointment reminders two days before scheduled appointments;
- using contact details for tracing patients, especially those appearing on ART or TB lost-to-follow-up lists;
- holding support sessions with PHC staff to improve use of appointment systems;
- using Clinicom SMS reminders for hospital clinic appointments and appointment changes;
- developing interoperability so that health staff can view and request appointments across services;
- expanding booking systems to additional service streams where feasible;
- standardising booking processes;
- improving staff training on PHCIS appointment modules;
- improving patient education on the importance of arriving at the correct appointment time;
- involving CHWs, health promoters, and health committees in appointment awareness; and
- exploring patient-facing digital tools.

Facility-level plans also include expanding appointment systems to additional services such as immunisation, oral health, women and child health, CDU collection, and walk-in management where appropriate.

(3)(b) The following targets have been set:

- provide the ability for all health staff to view and request appointments online across health facilities;
- continuously improve adherence to timeslots within booking appointment systems;
- pilot a patient-facing application so that patients can view their own appointments and request appointments;
- improve use of appointment systems in facilities where utilisation is still limited;
- expand booking to additional service areas over time; and

- reduce waiting times, with several facilities using the three-hour waiting time benchmark as a local service improvement target.

Some facility-level targets were also provided, including gradual implementation of appointment systems in facilities not yet fully using them, moving one or two service areas at a time over six to twelve months, implementing improved PHCIS appointment slots at selected facilities, improving appointment adherence, reducing complaints, and increasing patient satisfaction.

**MINISTER OF HEALTH AND WELLNESS**

**DATE**