

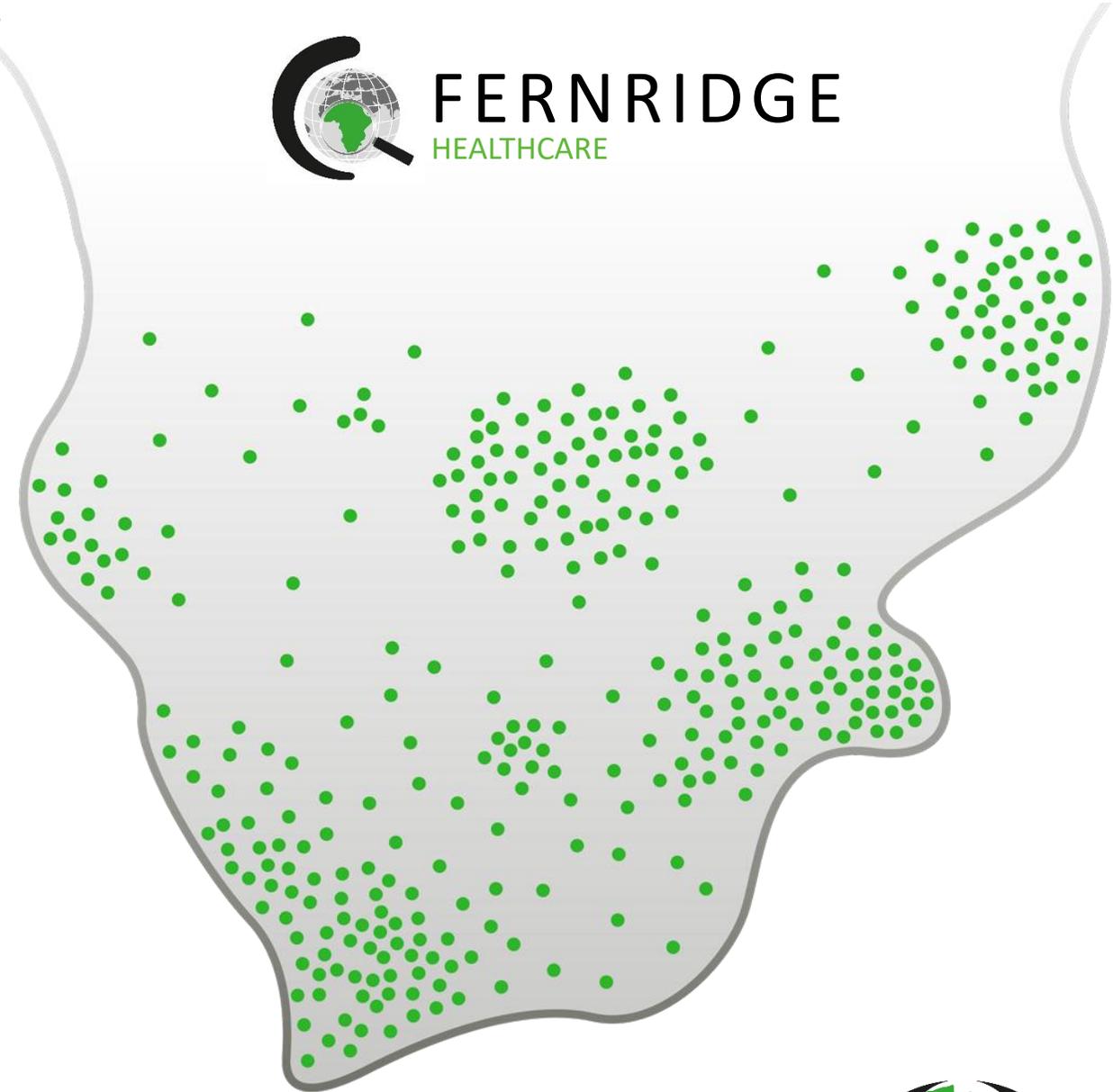
PLEASE NOTE: This is an objective, independent market report with the sole aim of limiting risk for our client and to optimize development potential. Similarly, Fernridge cannot be held responsible for the failure or under performance of any development, as many other aspects, apart from demographic potential, determine the ultimate success or failure of a scheme.



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HEALTHCARE

Hartland Private Hospital Full Market Study

**Hartenbos, Mossel Bay,
Western Cape
February 2024**



AFRICA EYE

Important Notes:

1. This report is Confidential as it contains Data, Information and Intellectual Property of Fernridge Consulting (Limited Distribution) Copyright 2024: Fernridge Consulting.

Objective

The objective of the project is to conduct a desktop market feasibility study for a private full hospital proposed in Hartenbos, Mossel Bay, Western Cape. The proposed hospital will form part of the the larger Hartland Lifestyle Estate. The study will focus on the relevant demand drivers to present a demand model for a medical facility (bed-demand) for the proposed private hospital in Hartenbos.

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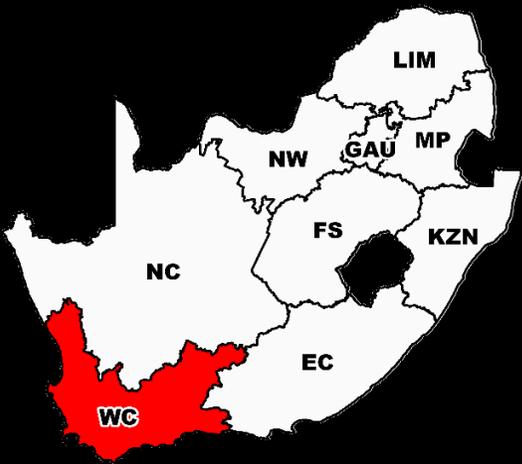


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A map with several red pushpins and a white vertical line. The map is the background, showing a road network. A white vertical line is positioned to the left of the text. There are four red pushpins: one in the foreground on the left, and three others in the background, one to the left and two to the right of the text.

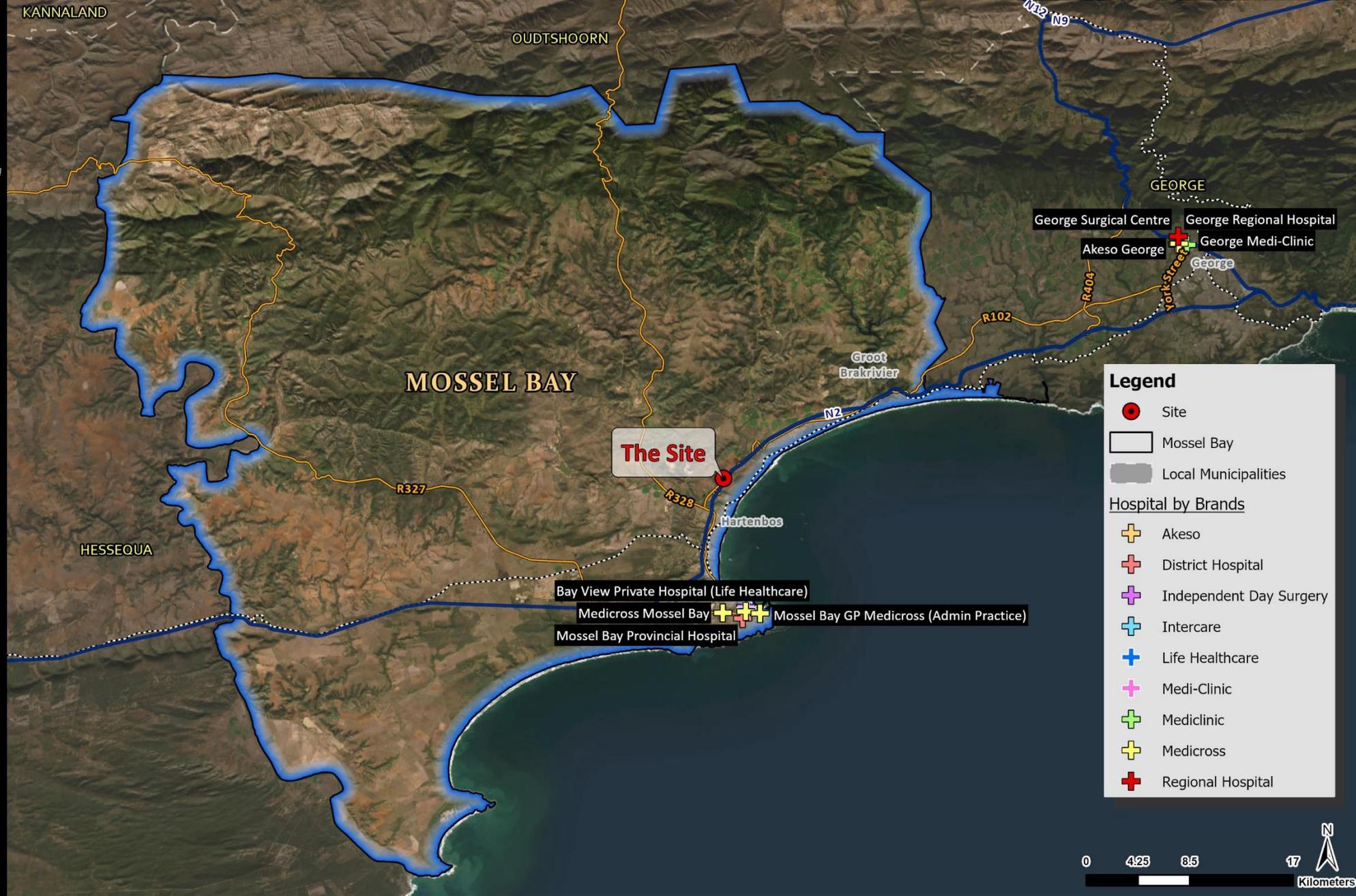
1. Regional Orientation & Economic Overview

Provincial Orientation



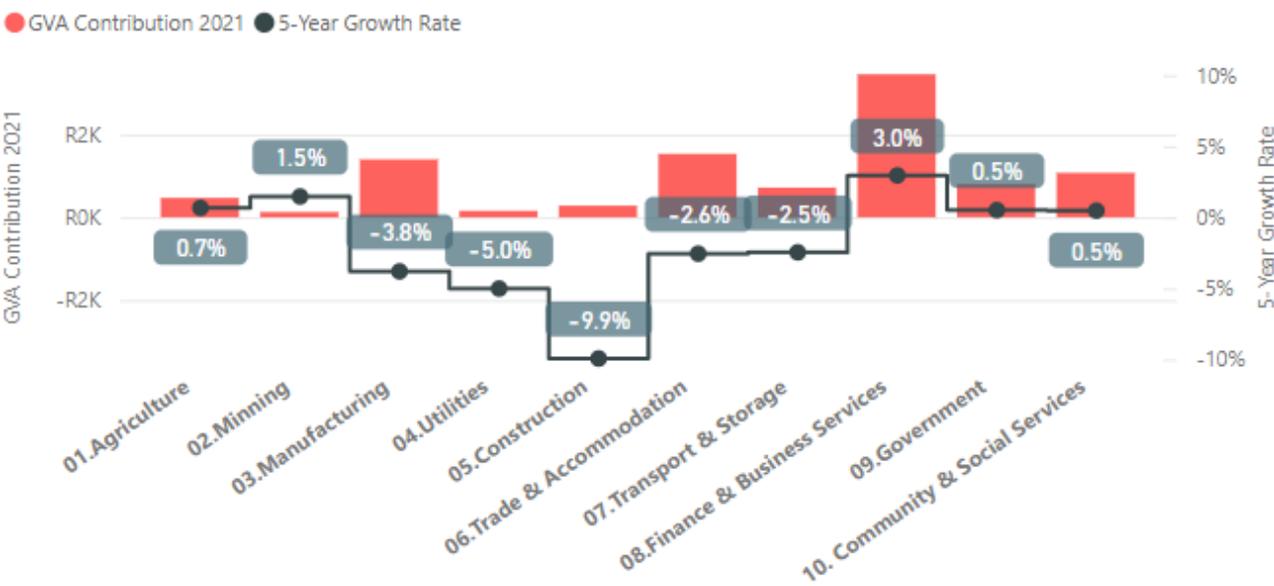
Macro Locality

- The study will focus on a private hospital within Hartenbos.
- Hartenbos is a coastal town located in the Mossel Bay Local Municipality in the Western Cape province. It is situated along the Garden Route, a popular tourist destination known for its stunning natural scenery and outdoor activities.
- Hartenbos is located just north of Mossel Bay, approximately 40 kilometres west of George. It is easily accessible by road and is situated along the N2 highway.
- The site is located along the R102 and will be part of the larger Hartland Development.
- The map on the right illustrates the location of the proposed site in relation to the greater Mossel Bay and George areas.



The local economic profile presents the size and growth of the respective economic sectors within the market area's economy in order to identify trends likely to impact the demand for additional medical services. The economic composition also reveals the economic sectors that are performing well within the region. The site falls within the Mossel Bay Local Municipality.

GVA Contribution and 5-Year Growth per Sector

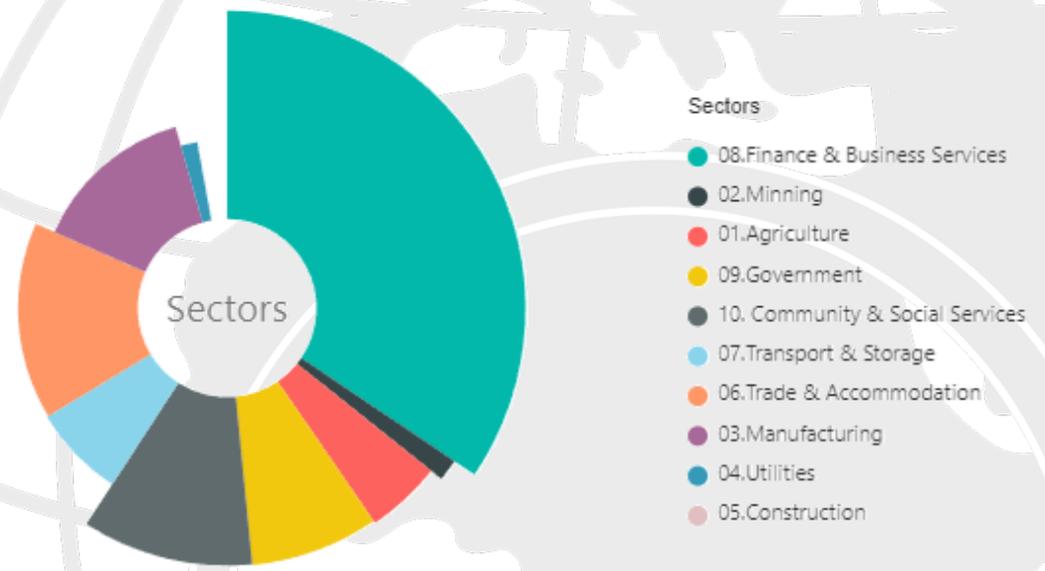


Geography

Mossel Bay (WC043)

| Total GVA (R-millions) | Annual Growth |
|------------------------|---------------|
| R10 026 | -0.6% |
| 2021 Current Prices | 5-Year |

Growth Sectors (Growth + Size)



Contribution to Provincial GVA (R-Millions)

| R758,362 Provincial GVA (Current Prices 2021)

R10,026 1.32%



The Mossel Bay Local Municipality economy contributed 1.32% of the total Western Cape Provincial GDP (R10 Million). The largest sector in the region is the Finance & Business Services sector. However, it is important to note that 5 of 10 sectors experienced a decline in GVA per annum in the last 5 years, with the Finance & Business Services sector showing the highest growth of 3%.

Economic Performance

- The graphs are representative of the Mossel Bay LM economy, in the Western Cape Province.
- The region experienced a negative average annual economic growth rate of -0.6% between 2017 and 2021. The region, like most others in South Africa, was negatively impacted by the COVID-19 pandemic.
- Please note that while the region experienced negative average annual growth, the South African economy is expected to rebound, and it is expected to be observed at the regional level too.

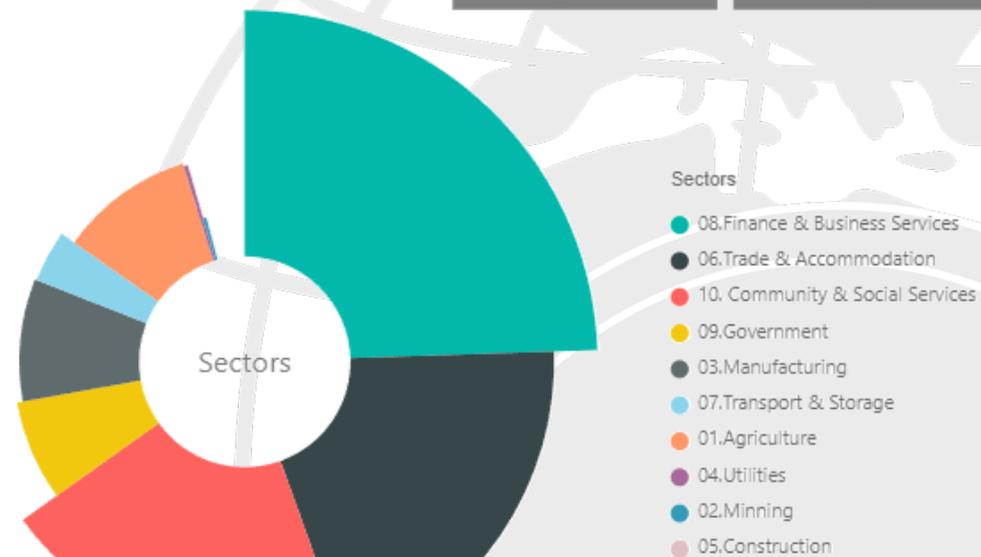
The local employment profile presents the total employed population working within the various local economic sectors. Employment and employment growth are important drivers for income and affordability. Employment trends need to be considered to understand how the patients are earning money and what is happening on the local job front. The site falls within the Mossel Bay Local Municipality.

Employment Contribution and 5-Year Growth per Sector

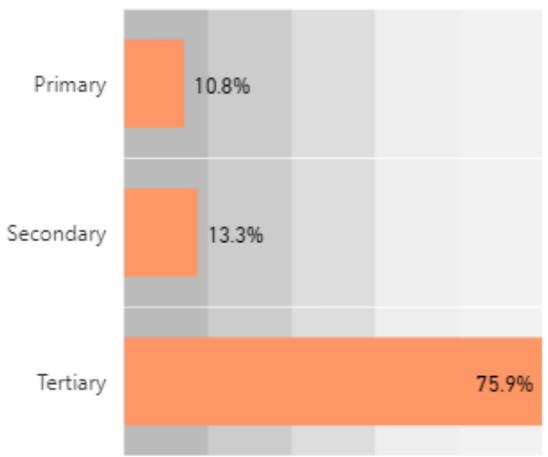


| | |
|-------------------------|----------------------|
| Total Employment | Annual Growth |
| 25 420 | 0.6% |
| 2021 | 5-Year |

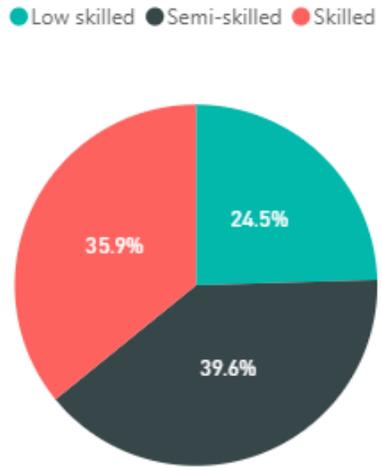
Growth Sectors (Growth + Size)



Employment by Main Sector



Employment by Skill Level



Employment

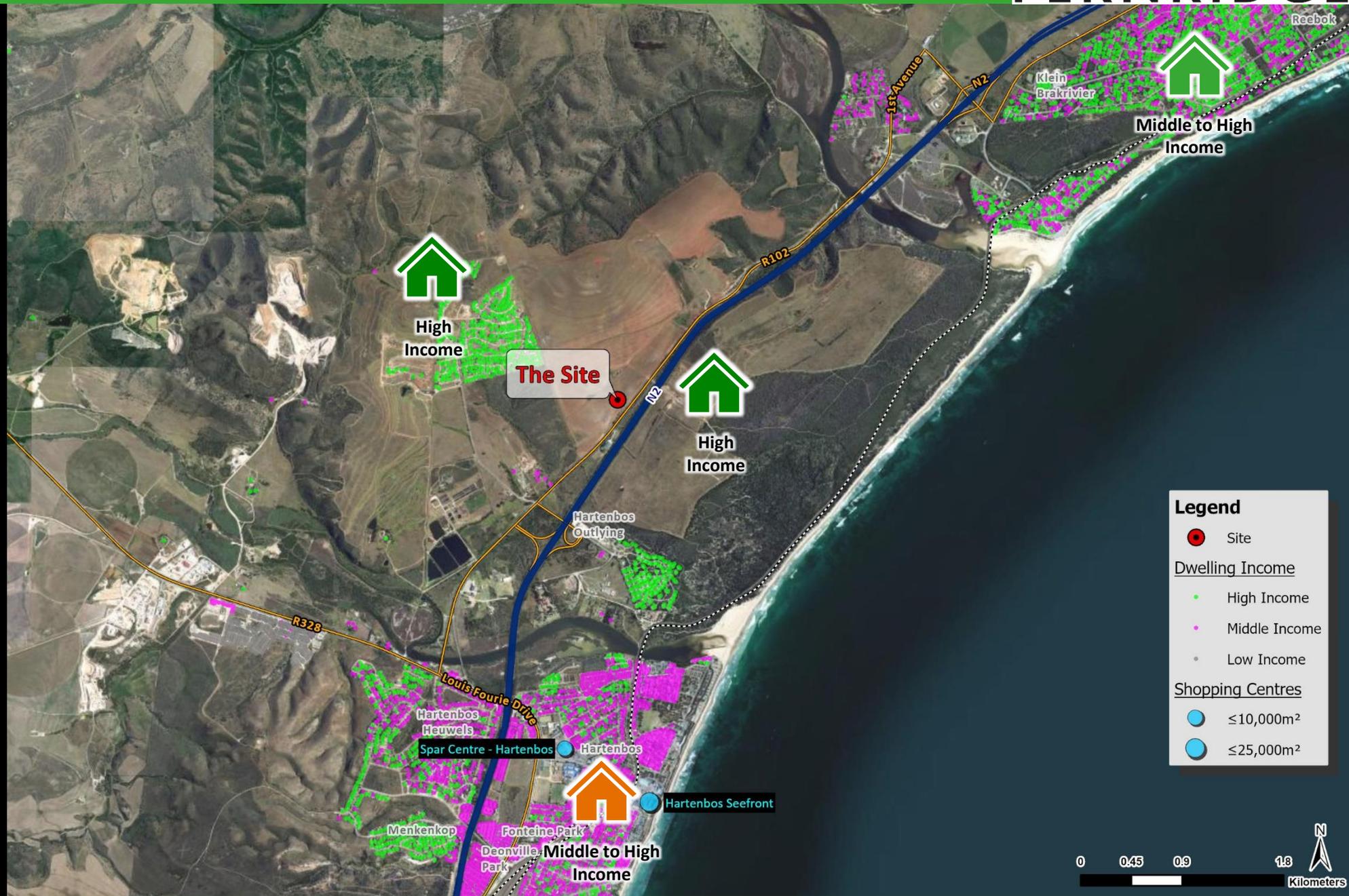
- The above-illustrated graphs indicate the employment trends and fluctuations of employment in the various sectors over the latest published 5-year period (2017 - 2021).
- In total, ±25,420 persons were employed (2021) within the Mossel Bay Local Municipality.
- The Finance & Business Services sector, Trade & Accommodation, and Community & Social Services Sector are the largest contributors to employment.
- 35.9% of the employed population are skilled and 75.9% are employed in the tertiary sector.
- Please note that the municipality experienced a marginally positive employment growth rate over the last 5 years, despite the impact of the COVID-19 pandemic.**

A high-angle photograph of two men in white shirts sitting at a table, reviewing a large architectural drawing. The drawing is a conceptual site plan for a residential development, featuring a central building, parking areas, green spaces with trees, and a creek. The plan is annotated with various labels such as 'CONCEPTUAL SITE PLAN', 'RESTORED RIVER ON HEADWATERS', 'TRAIL ALIGNED WITH EXISTING ROAD', and 'CREEK'. The men are pointing at different parts of the plan, and the table is cluttered with markers, pens, and a rolled-up document. The overall scene is dimly lit, with the drawing and the men's hands being the primary focus.

2. Site Overview & Evaluation

Local Orientation

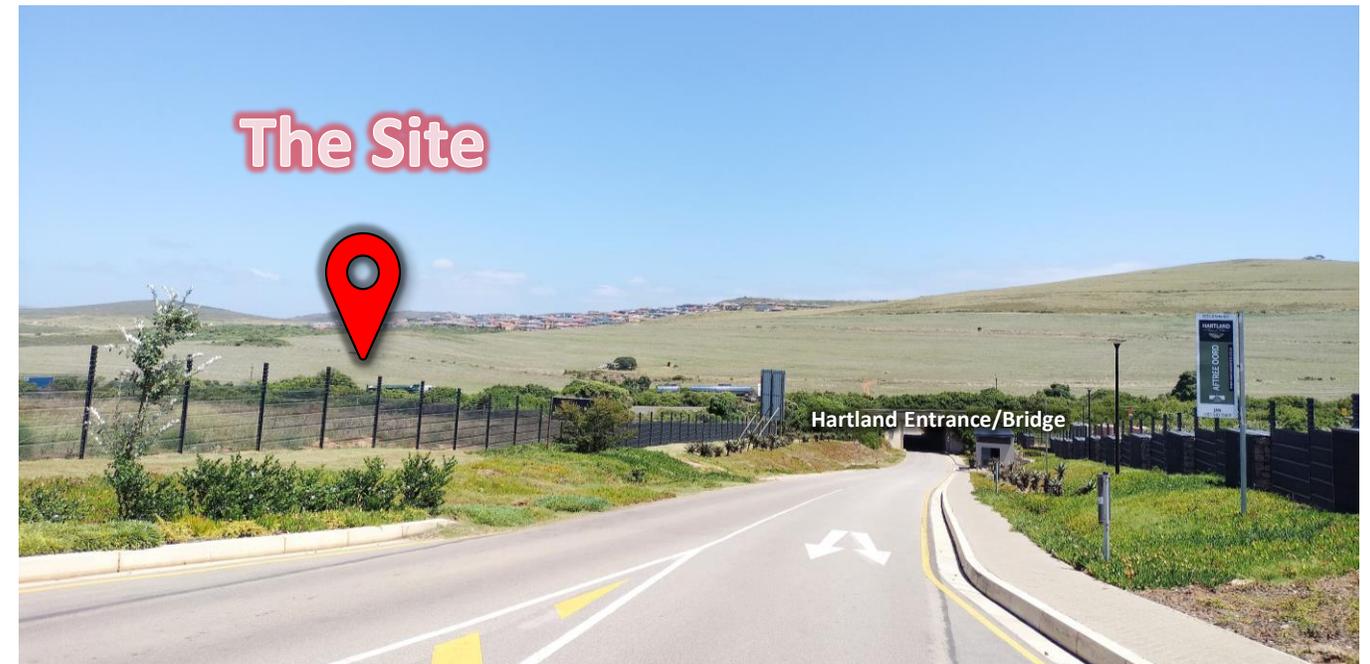
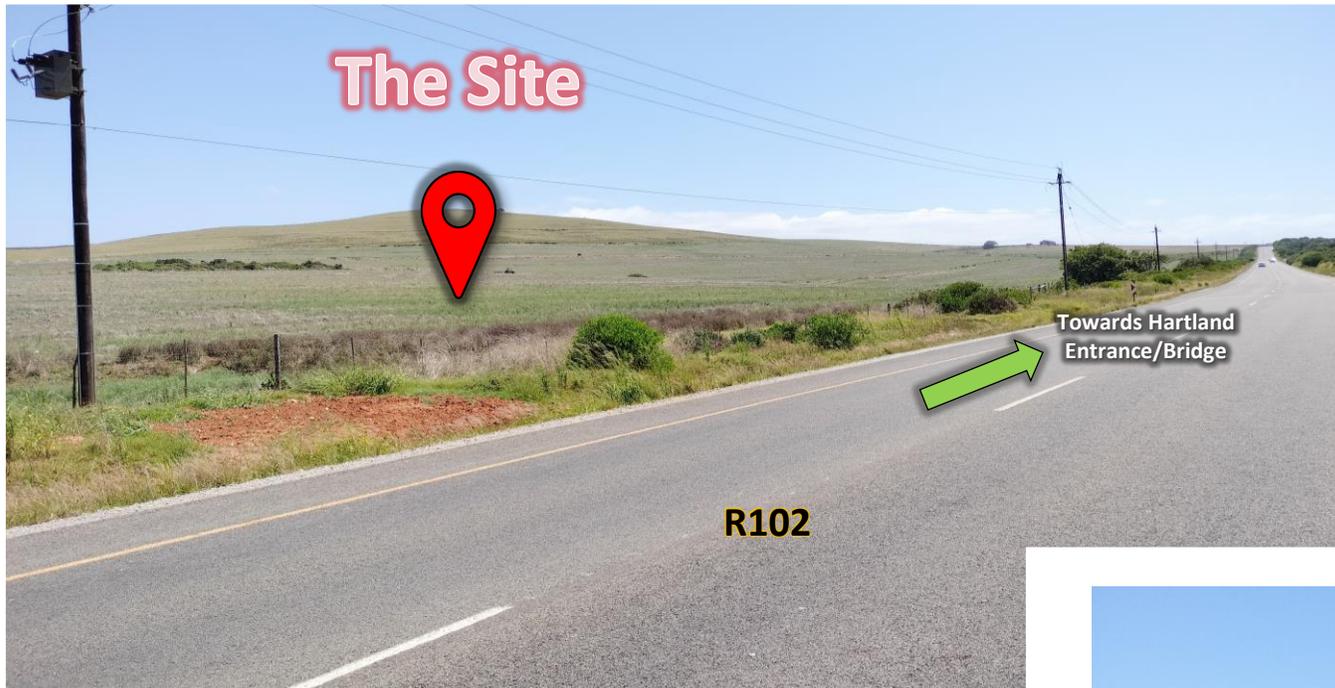
- It was important for the purpose of this study to also consider the local orientation.
- The map on the right illustrates the proposed site and its location in terms of its surrounding environment.
- The proposed site is ideally located along the R102 and will form part of the larger Hartland Estate development.
- Based on the map it is evident that although the area surrounding the site is mostly vacant, the residential houses in Hartenbos are mainly middle- to high-income.
- What was confirmed by the local town planner is that the greater Hartenbos area has numerous residential units that are planned for the next 15-20 years – also supported in the Mossel Bay SDF 2022.
- The fact that the proposed site is located along a regional road makes it easily accessible from the surrounding areas and provides good macro-level access.



Site Profile

- The following conclusions were drawn from the fieldwork conducted in 2024.
- The proposed private acute hospital will be part of the future Hartland Lifestyle Estate (a larger site across the existing development).
- There were moderate to high traffic volumes observed passing past the site throughout the day, which will provide the site with excellent top-of-mind awareness.
- The proposed commercial node/retail shopping centre close by, will also add to the synergy for the site.
- It would be an added advantage if the proposed hospital were given adequate strategic marketing to increase top-of-mind awareness of the proposed facility.





- The proposed site is currently vacant and is large enough to hold the proposed private hospital.
- During fieldwork it was noted that there are moderate to high levels of traffic that pass the site throughout the day via the R102.
- Excellent visibility and accessibility of the site from the R102.
- From the Hartland Lifestyle Estate gate, there is clear visibility of the site.

Site Evaluation

**Overall Site
Rating
86/100**

| Criteria | Description | Weight | Weight Definition | Rating |
|---|--|--------|--|-----------|
| Location: Quality of Area (Suitability) | The standard of the geographic area where the hospital is proposed. In addition, the socio-economic status of the population in the area and reasonable portion of target community-beneficiaries. | 15 | Excellent 11-15 Average 6-10 Poor 0-5 | 11 |
| Accessibility | The ease of entry and exit at a specific site that influences the propensity of beneficiaries to stop. | 15 | Excellent 11-15 Average 6-10 Poor 0-6 | 15 |
| Ease of Connection (Macro Connectivity) | The condition and level of linkage of road networks considering travel time. Proximity to major interchange or Freeways. | 15 | Excellent 11-15 Average 6-10 Poor 0-7 | 15 |
| Competition | Existing facilities with same offering in catchment and proximity. | 15 | Low 11-15 Medium 6-10 High 0-8 | 13 |
| Synergy | An indicator of other facilities that complement the establishment. | 10 | Sufficient 7-10 Limited 4-6 Insufficient 0-3 | 6 |
| Compatibility with Surrounding Land Uses | The compatibility (residential, recreation, commercial etc.) or conflict (industrial, landfill, mining etc.) of facility with urban fabric. | 10 | Compatible 7-10 Medium 4-6 Incompatible 0-3 | 6 |
| Residential Growth | The future potential population of the catchment area. | 10 | High 7-10 Medium 4-6 Low 0-3 | 10 |
| Area Change | The state of the area, between rejuvenation, maintenance or decay. | 10 | Rapid 7-10 Maintenance 4-6 Decay 0-3 | 10 |
| | | | | 86 |

Strengths

- Located within a strong middle- to high-income catchment area.
- Conveniently located along the R102, which offers good visibility and accessibility.
- The residential population is growing fast for Mossel Bay.
- Located in a fast-developing area of the town.

Weaknesses

- While in the future there will be good synergy with surrounding land-uses, currently, the site is mostly surrounded by vacant land.

Proposed Site

Opportunities

- Being located within a growing area provides an opportunity to be the second private hospital within a market that currently only has one private hospital.
- For the private hospital to capture more medically insured population (less outflow to George).
- For the facility to provide specialized treatments, especially in Oncology.

Threats

- Continued outflow to George for private healthcare.
- The nature of Hartenbos being a seasonal town and with increased populations during peak seasons could result in added pressure on private medical facilities.

A long-exposure photograph of a city street at night, showing light trails from cars and buildings. The image is dark with streaks of yellow, orange, and white light. The text is overlaid in white.

3. Mobile Movement Data Analysis and Catchment Delineation

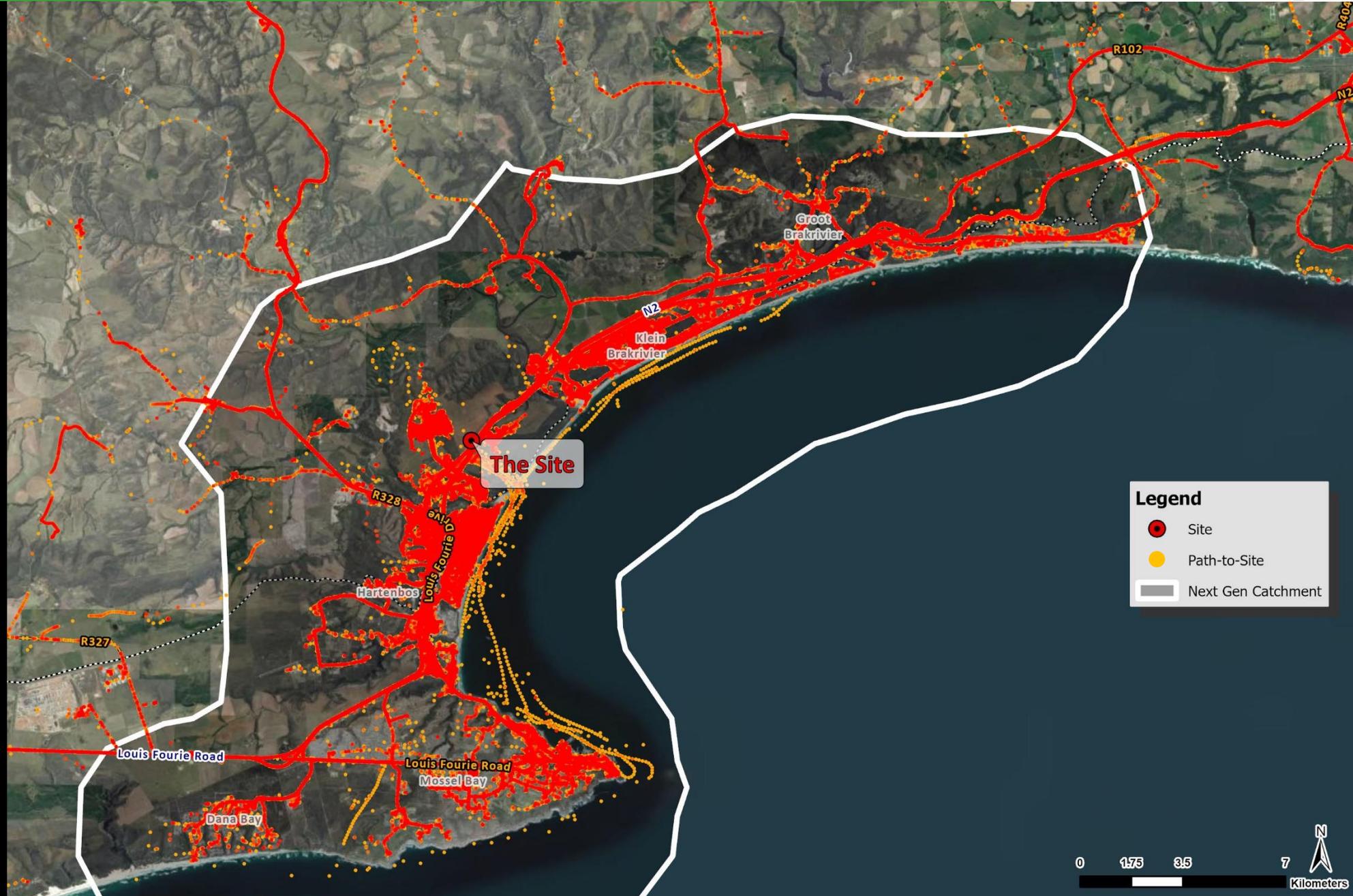


Mobile movement data analysis

- Fernridge’s mobile movement data provides an analysis of the spatial-temporal behaviour of patients.
- Mobile movement data is measured from smartphone applications that have location services enabled. All data is anonymised and/or aggregated to comply with data privacy legislation.
- A timeline of a year and five months was used (1 January 2022 – 1 January 2024).
- The sample size for the intersection between the R102 and Monte Cristo Rd was 8,590 unique device IDs and the number of visits to the intersection over the timeframe was 32,413.
- The mobile movement data analysis considered the following elements:
 - Common evening (home) location.
 - Common daytime (work) location.
 - Path-to-visit 30 minutes before and after visiting the site.
 - Next gen catchment delineation based on the above elements.

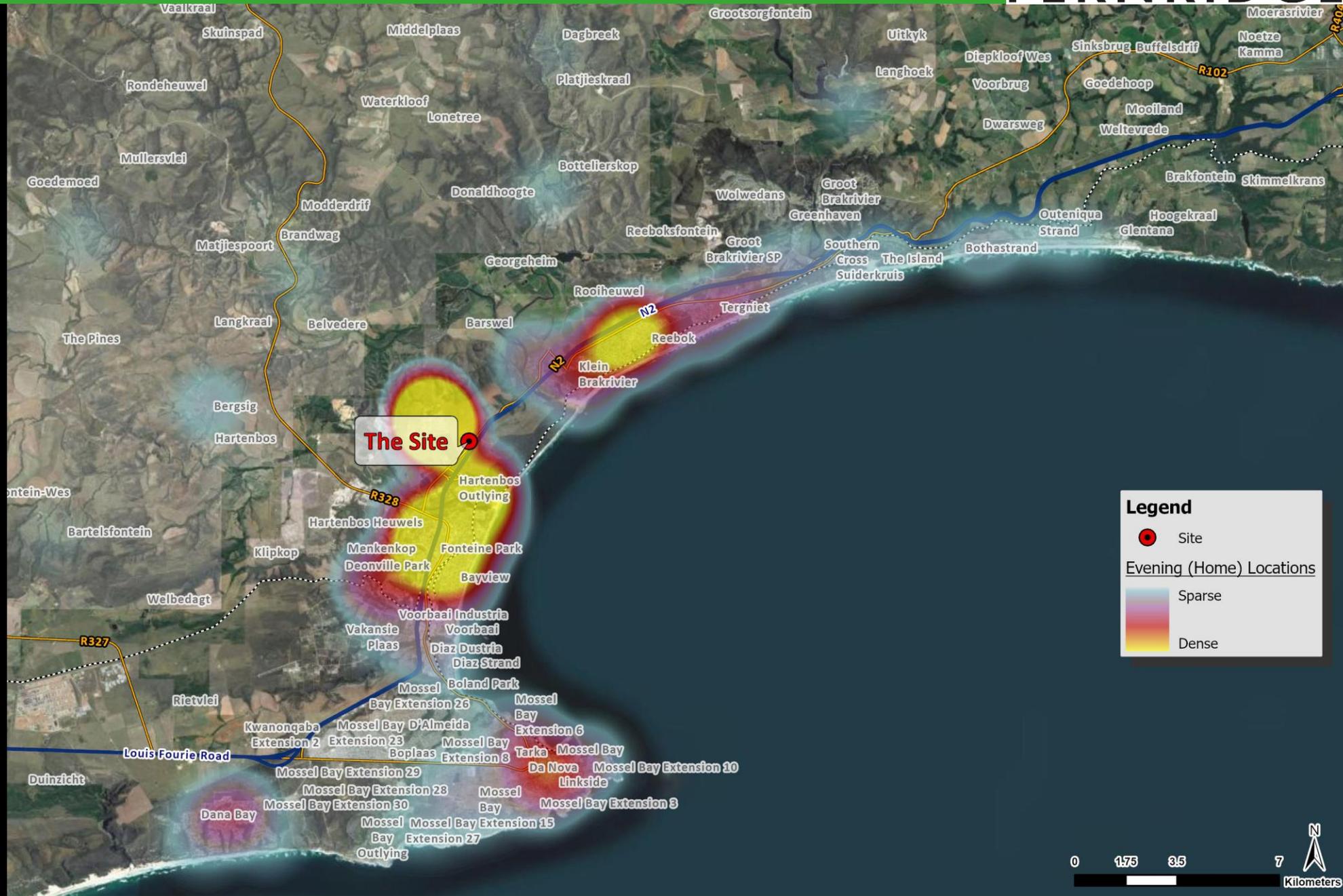
Path-to-Site and Next-Gen Catchment

- A path-to-purchase analysis was used to visually determine where the majority of motorists passing at the intersection were coming from 1hour before and after their arrival at this location.
- Pathing is a tool that indicates the location of these visitors and highlights the most frequented paths to and from the location.
- Based on the map it is evident that visitors travel along some of the main arterial routes, especially the R102.
- The delineation of the Next Gen catchment takes into consideration the location of the common evening and common daytime locations as well as the path-to-visit of all visitors over the measured timeframe.
- Due to the fact that the proposed site is located on a vacant site, we considered the mobile movement for the intersection between the R102 and Monte Christo Rd. It is important to keep in mind that the mobile movement data analysis is very insightful as it represents a view of real-world visitors to the area. However, it is important to remember it is still only a sample of all visitors.
- The mobile movement data analysis was used as an input in the market catchment delineation.



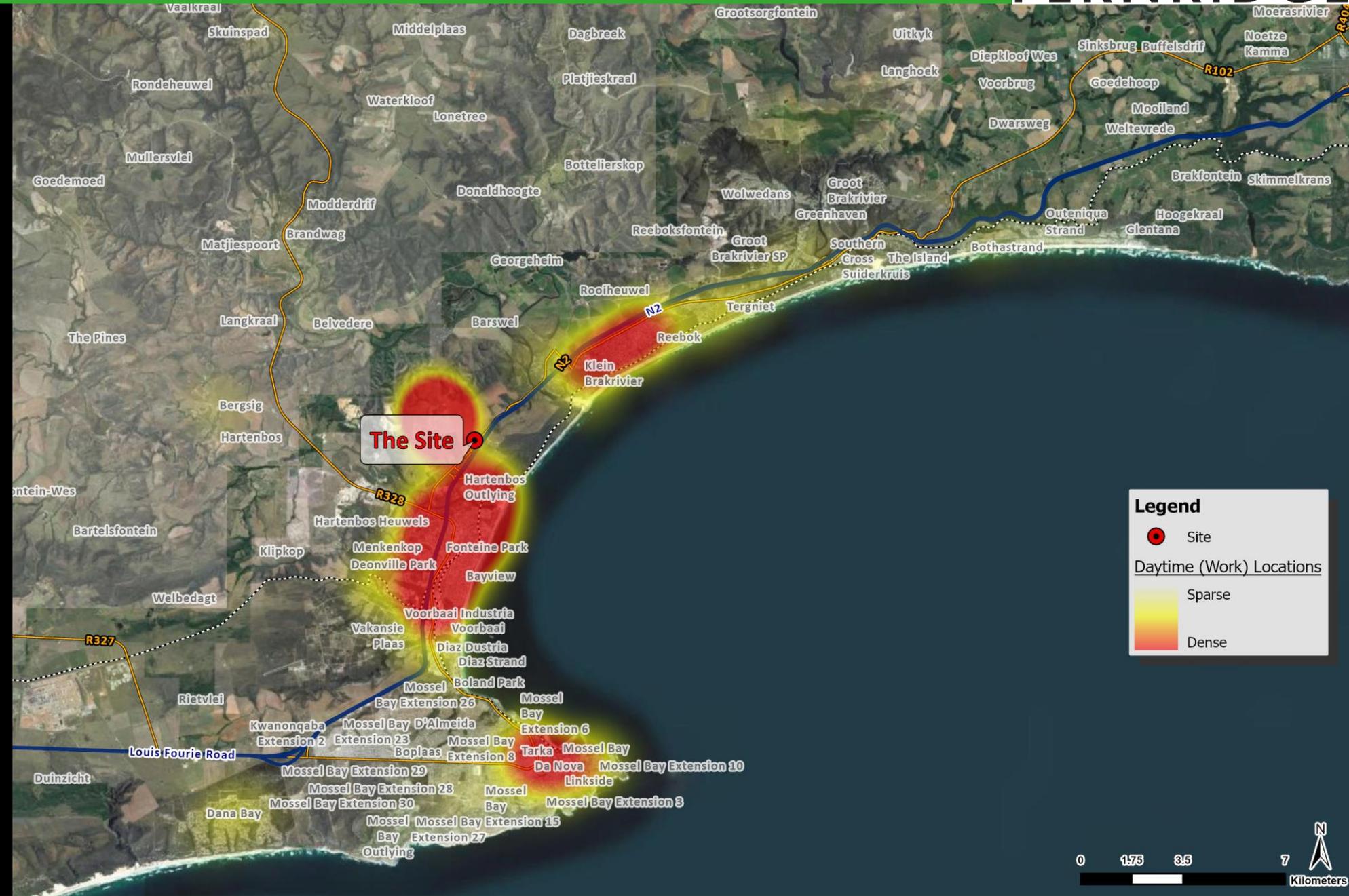
Evening (Home) Locations

- The evening (home) location refers to the common night-time location. This is where a device commonly rests between 6 pm and 8 am the next morning, as well as over weekends.
- The map on the right illustrates the common evening locations for visitors to the intersection between the R102 and Monte Christo Rd.
- Based on the map it is evident that the majority of the evening locations are within the areas of Hartenbos and Klein Brakrivier.



Daytime (Work) Locations

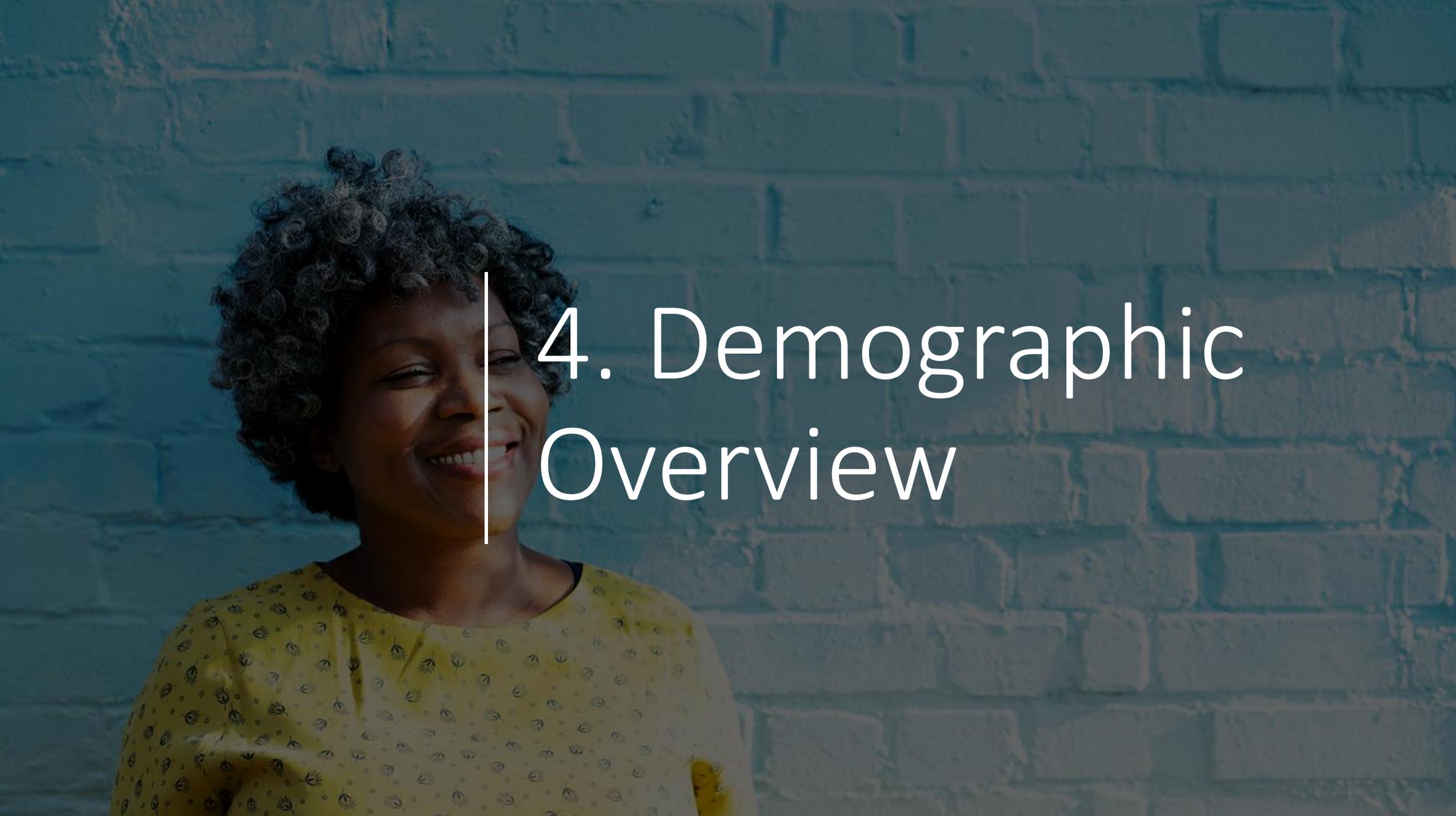
- The daytime (work) location refers to the common daytime location. This is where a device commonly rests between 8 am and 6 pm during weekdays.
- The map on the right illustrates the common evening locations for visitors to the intersection between the R102 and Monte Christo Rd.
- Based on the map it is evident that the majority of the daytime locations still include Hartenbos and Klein Brakrivier, however, there is a shift/move to include the central parts of Mossel Bay as well.
- Since the start of the COVID-19 pandemic considerably more people have started working from home (at least some of the time), hence the daytime/night-time locations are aligning more with the “work-from-home phenomenon”.
- The fact that the daytime and night-time locations are very similar is evident in the map to the right, which illustrates some concentration of work locations within the Hartenbos area.



Delineation of the Catchment

- For the purpose of this study a catchment area was delineated for the proposed private hospital in Hartenbos.
- A primary and secondary catchment area was delineated.
- A drive distance of 40km, 50km, and 60km was used to guide the delineation of the respective catchment areas.
- The existing competition and other physical and psychological barriers were also considered during the delineation of the primary and secondary catchments.
- Based on the map it is evident that the primary catchment area was constrained due to the next-gen catchment.
- The eastern boundary was constrained due to the existing competition in George (a prominent destination).
- Based on the map it is also evident that Mossel Bay acts as a central place within the area and because of this the proposed private hospital could also potentially attract support from the surrounding towns like Stillbaai and others west of Mossel Bay – high inflow is expected from surrounding towns.



A smiling woman with curly hair, wearing a yellow patterned top, is positioned on the left side of the frame. The background is a brick wall. A vertical white line is positioned to the left of the text. The text '4. Demographic Overview' is written in white, sans-serif font, centered vertically and horizontally on the right side of the image.

4. Demographic Overview

Fernridge AfricaEye Income Categories

| Income Group | | Monthly Income |
|--------------|--------|---------------------|
| HIGH | A++ | > ±R100,000 |
| | A+ | ±R50,000 – ±R99,999 |
| | A | ±R30,000 – ±R49,999 |
| MIDDLE | B | ±R18,000 – ±R29,999 |
| | C | ±R11,000 – ±R17,999 |
| LOW | D | ±R3,500 – ±R10,999 |
| | D Low | ±R1,200 – ±R3,499 |
| | D Zero | <±R1,200 |

Fernridge Granular Data vs Medically Insured Population Link

- According to the 2017 General Health Survey (Stats SA), roughly 17.4% of the national population is covered by medical aid (± 10.5 million people).
- Later, the 2019-2020 Council of Medical Schemes Annual Report indicated an average coverage of 14.8% translating to ±8.93 million people.
- When compared to the AfricaEye demographic dataset of South Africa this translates the entire income groups of A++ to B = ±7.5 million people.
- Additionally, 100% of the C-income group was also included as these dwellings are seen as the aspirational market.
- The published medical aid memberships do not include out-of-pocket patients – likely from the upper-income groups.

Fernridge considers the main target market for the private facility, or otherwise referred 'Potentially Medically Insured Population', as the A++ to C income market in the primary market.

Potentially Medically Insured Population: Linking Fernridge's Granular Data vs Medically Insured Population

| Published medically insured population | | |
|---|-------|-------------------|
| Report | % | Pop |
| 2017 General Household Survey | 17.4% | 10,499,220 |
| 2020/19 CMS report | 14.8% | 8,930,371 |
| 2021 Total Population | | 60,340,348 |
| A++ to B income | | 7,485,551 |
| C income required | 60% | 3,007,443 |
| C income required | 27% | 1,353,349 |
| Percentage of C income required to equal medical aid coverage | | |
| 20% | | 1,002,481 |
| 27% | | 1,353,349 |
| 40% | | 2,004,962 |
| 60% | | 3,007,443 |

Source 1: Statistics South Africa 2017 General Household
Source 2: Council of Medical Schemes 2020/2019 Annual Report



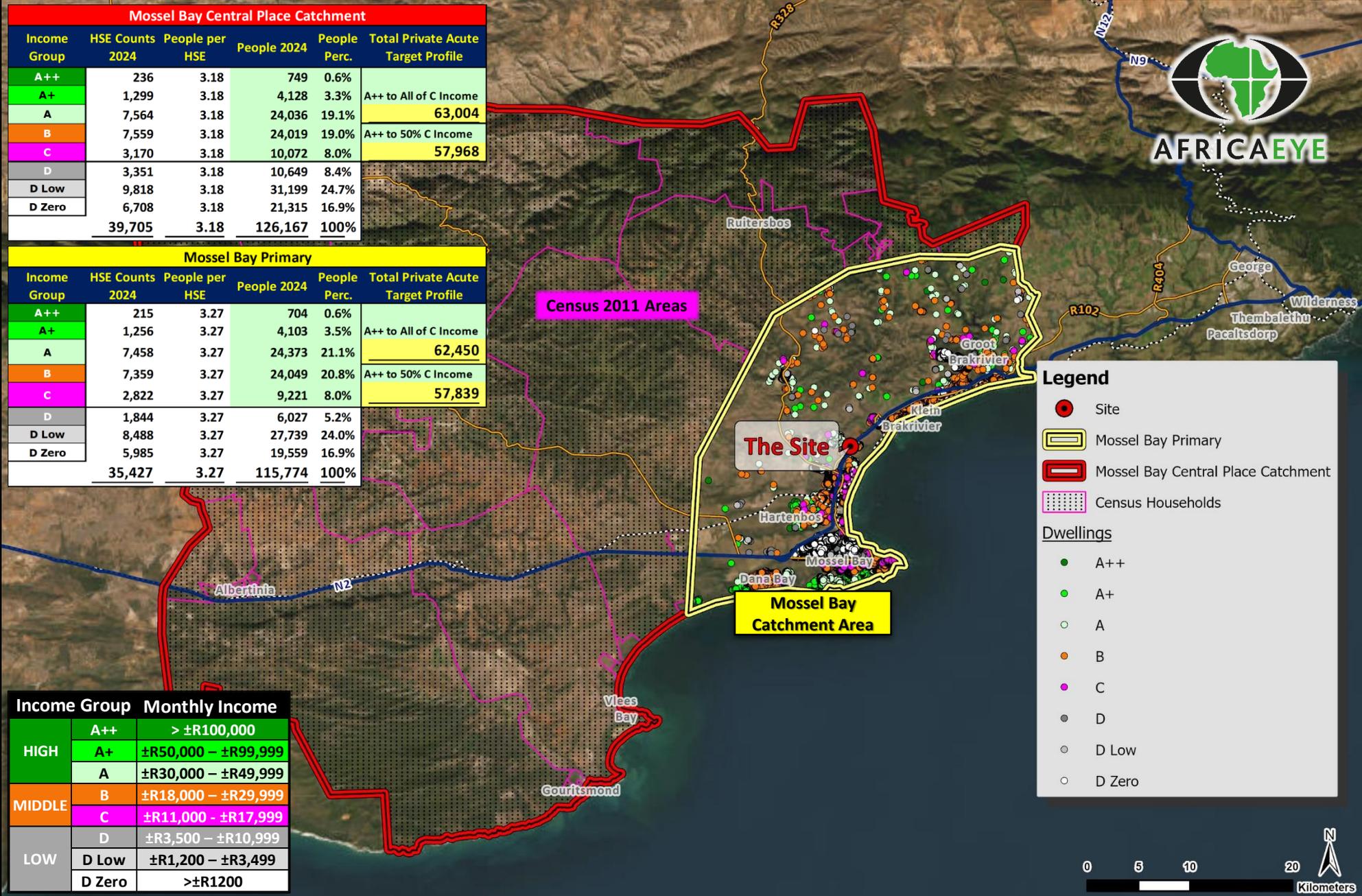
Catchment Area Demographics

- The dwelling counts and income data for the catchment were derived from a combination of AfricaEye Data and projected Census 2011 data.
- The tables to the right illustrate the dwellings and total acute target market within the Mossel Bay Primary Catchment and the Mossel Bay CPC.
- The primary catchment area has a total of ±35,427 dwellings.
- Demographics for the primary catchment area indicate that there are ±62,450 medically insured people (A++ to C) or ±57,839 people if the A++ to 50% of C income is considered as the target market.
- Based on the 2022 Census population and Dwelling counts, there were on average ±3.27 people per household within the Mossel Bay Primary Catchment and 3.18 people per household in the Mossel Bay Bay CPC.
- The support for the proposed private hospital can be generated from the Mossel Bay Central Place Catchment.
- The CPC has ±63,004 medically insured people (A++ to C) or ±57,968 people if the A++ to 50% of C income is considered as the target market.**

| Mossel Bay Central Place Catchment | | | | | |
|------------------------------------|-----------------|----------------|----------------|--------------|---|
| Income Group | HSE Counts 2024 | People per HSE | People 2024 | People Perc. | Total Private Acute Target Profile |
| A++ | 236 | 3.18 | 749 | 0.6% | A++ to All of C Income 63,004 |
| A+ | 1,299 | 3.18 | 4,128 | 3.3% | |
| A | 7,564 | 3.18 | 24,036 | 19.1% | |
| B | 7,559 | 3.18 | 24,019 | 19.0% | |
| C | 3,170 | 3.18 | 10,072 | 8.0% | |
| D | 3,351 | 3.18 | 10,649 | 8.4% | A++ to 50% C Income 57,968 |
| D Low | 9,818 | 3.18 | 31,199 | 24.7% | |
| D Zero | 6,708 | 3.18 | 21,315 | 16.9% | |
| Total | 39,705 | 3.18 | 126,167 | 100% | |

| Mossel Bay Primary | | | | | |
|--------------------|-----------------|----------------|----------------|--------------|---|
| Income Group | HSE Counts 2024 | People per HSE | People 2024 | People Perc. | Total Private Acute Target Profile |
| A++ | 215 | 3.27 | 704 | 0.6% | A++ to All of C Income 62,450 |
| A+ | 1,256 | 3.27 | 4,103 | 3.5% | |
| A | 7,458 | 3.27 | 24,373 | 21.1% | |
| B | 7,359 | 3.27 | 24,049 | 20.8% | |
| C | 2,822 | 3.27 | 9,221 | 8.0% | |
| D | 1,844 | 3.27 | 6,027 | 5.2% | A++ to 50% C Income 57,839 |
| D Low | 8,488 | 3.27 | 27,739 | 24.0% | |
| D Zero | 5,985 | 3.27 | 19,559 | 16.9% | |
| Total | 35,427 | 3.27 | 115,774 | 100% | |

| Income Group | Monthly Income |
|--------------|-------------------------|
| HIGH | A++ > ±R100,000 |
| | A+ ±R50,000 – ±R99,999 |
| | A ±R30,000 – ±R49,999 |
| MIDDLE | B ±R18,000 – ±R29,999 |
| | C ±R11,000 – ±R17,999 |
| LOW | D ±R3,500 – ±R10,999 |
| | D Low ±R1,200 – ±R3,499 |
| | D Zero >±R1200 |



Legend

- Site
- ▭ Mossel Bay Primary
- ▭ Mossel Bay Central Place Catchment
- ▭ Census Households

Dwellings

- A++
- A+
- A
- B
- C
- D
- D Low
- D Zero



Dwelling Density

- The dwelling density technique is applied to the demographic data in order to establish where the densest household areas are in the area.
- This technique highlights the areas with the highest existing density of dwellings.
- A spatial grid is “weighted” by the number of dwellings to create this hot-to-cold shading. The densest areas (red) have a high density of dwellings.
- It is clear that the highest dwelling density is found in Mossel Bay Central, south of the site.



Value Density

- The household income density technique is applied to the demographic data in order to establish the household density; thus this technique incorporates two important variables for (consumer-driven) property development namely, number of dwellings and income.
- Each dwelling is “weighed” by the average house price of the property (according to income group classification) and value is presented in a hot to cold shading.
- The densest areas (red) have a high density of household income, representing areas with high-value density.
- Relative to the dwelling density on the previous page, it is clear that the value density has now shifted towards the site (Hartenbos) as well as Klein Brakrivier.



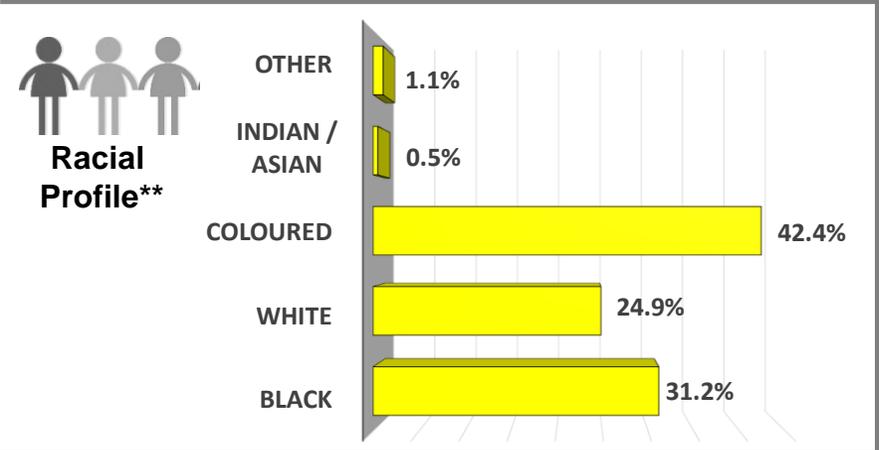
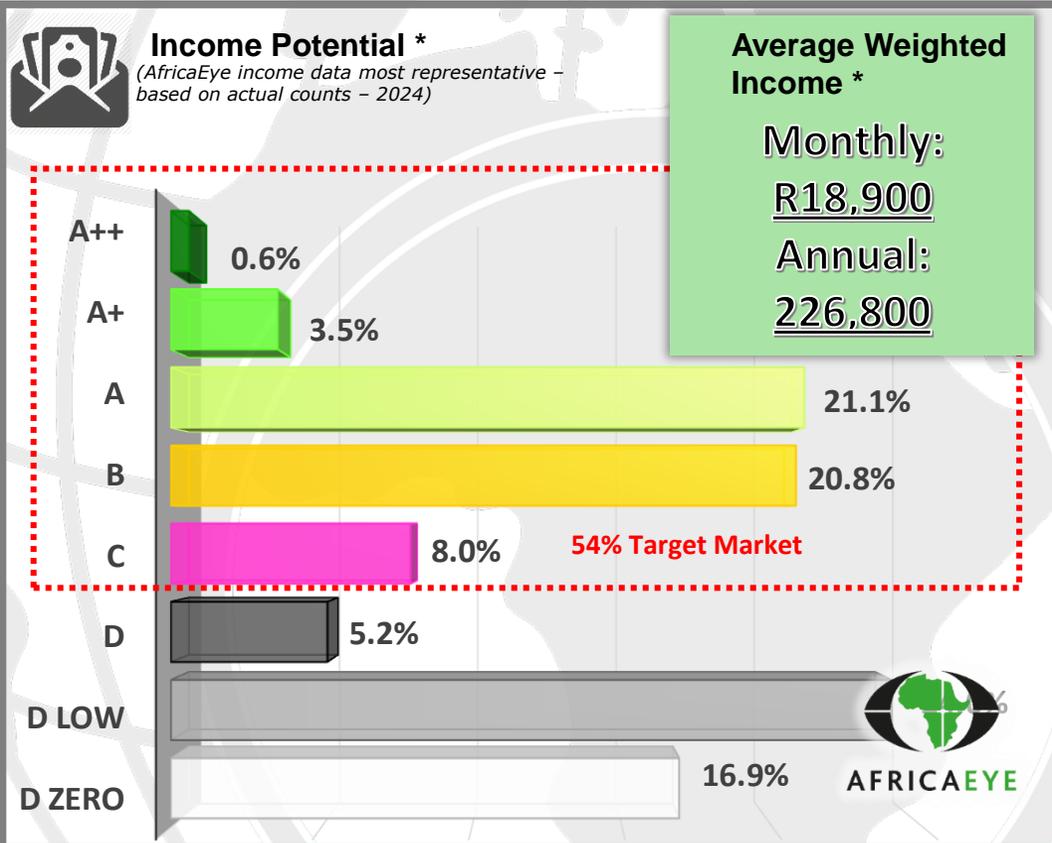
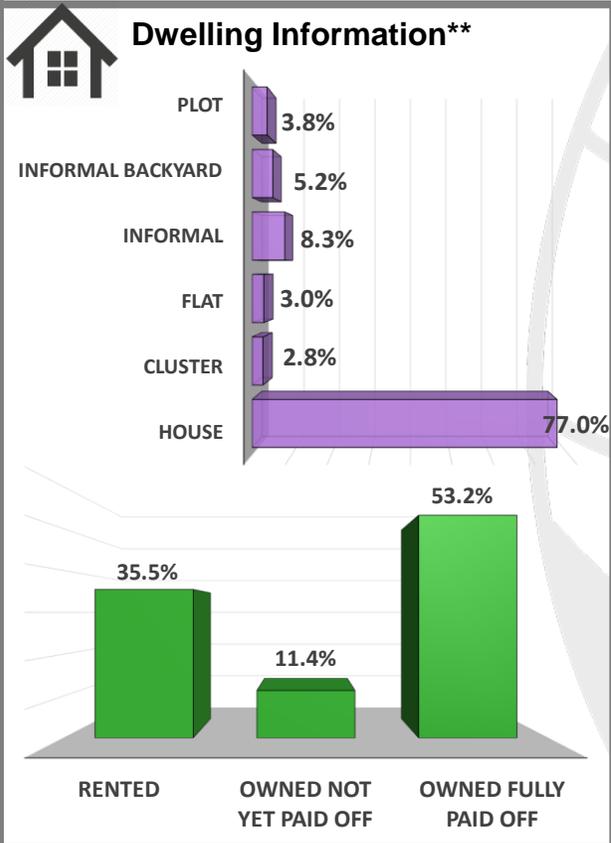
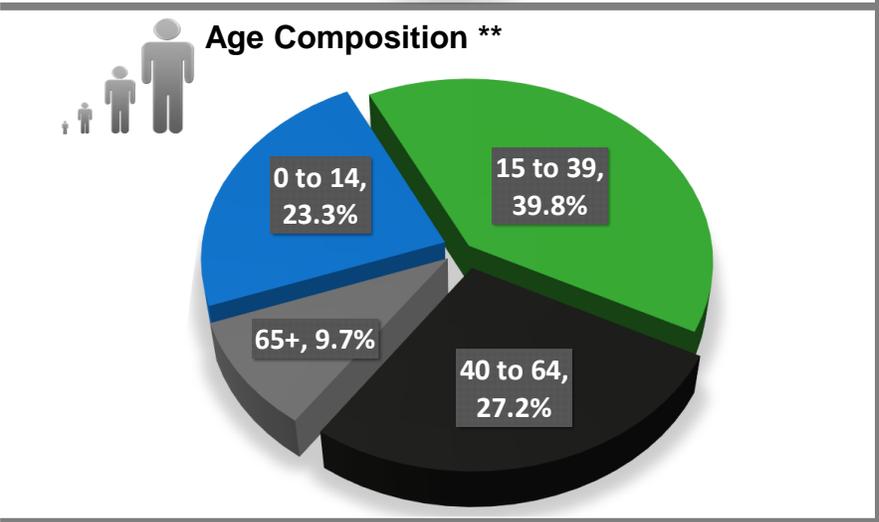
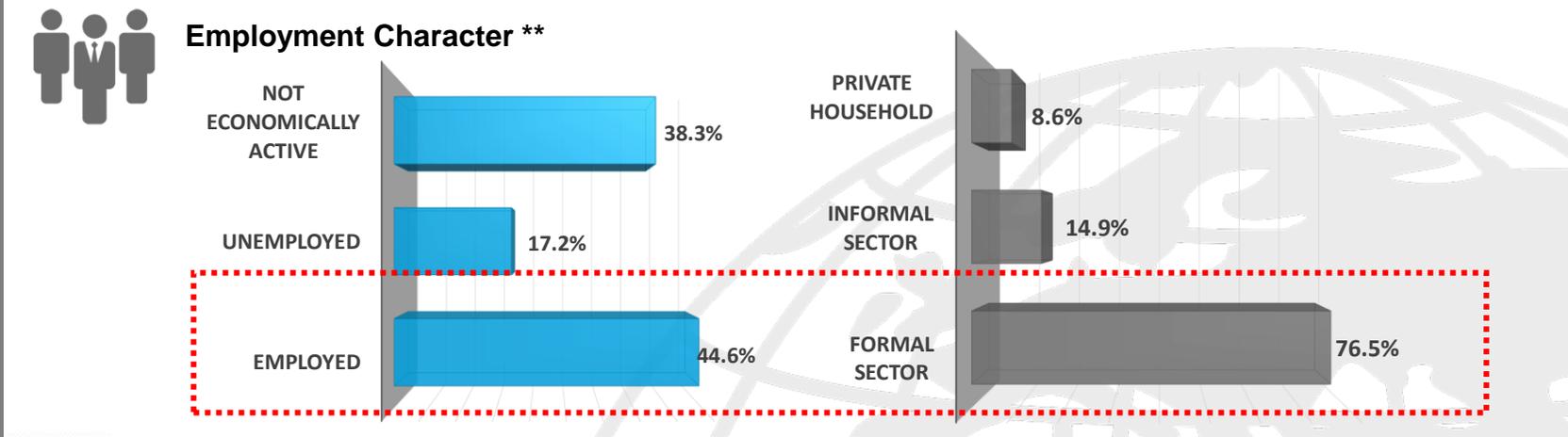
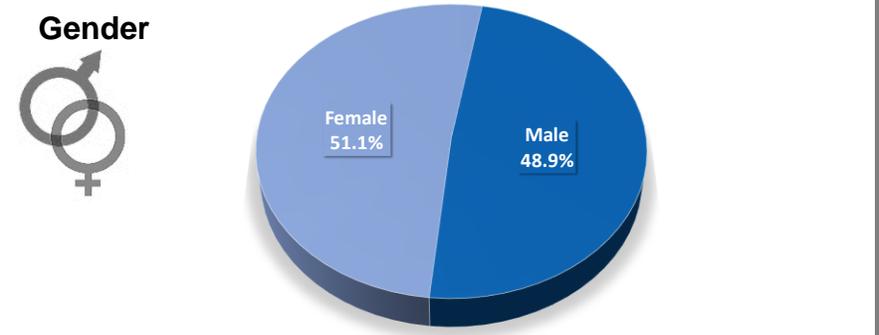
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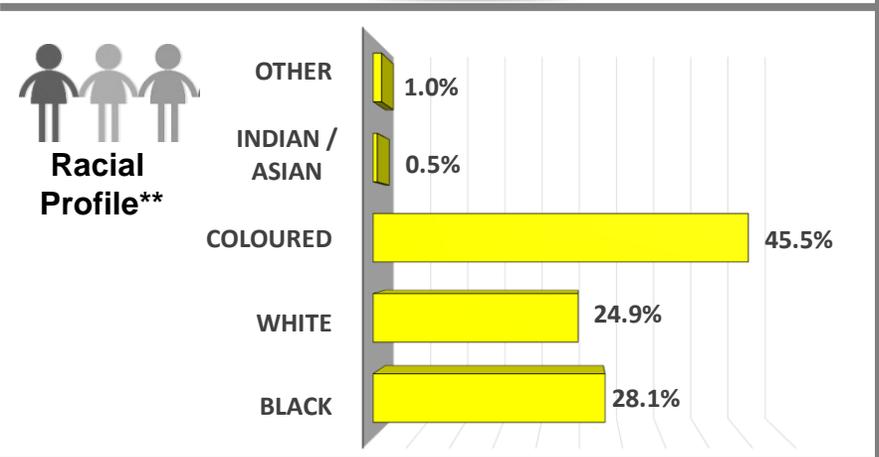
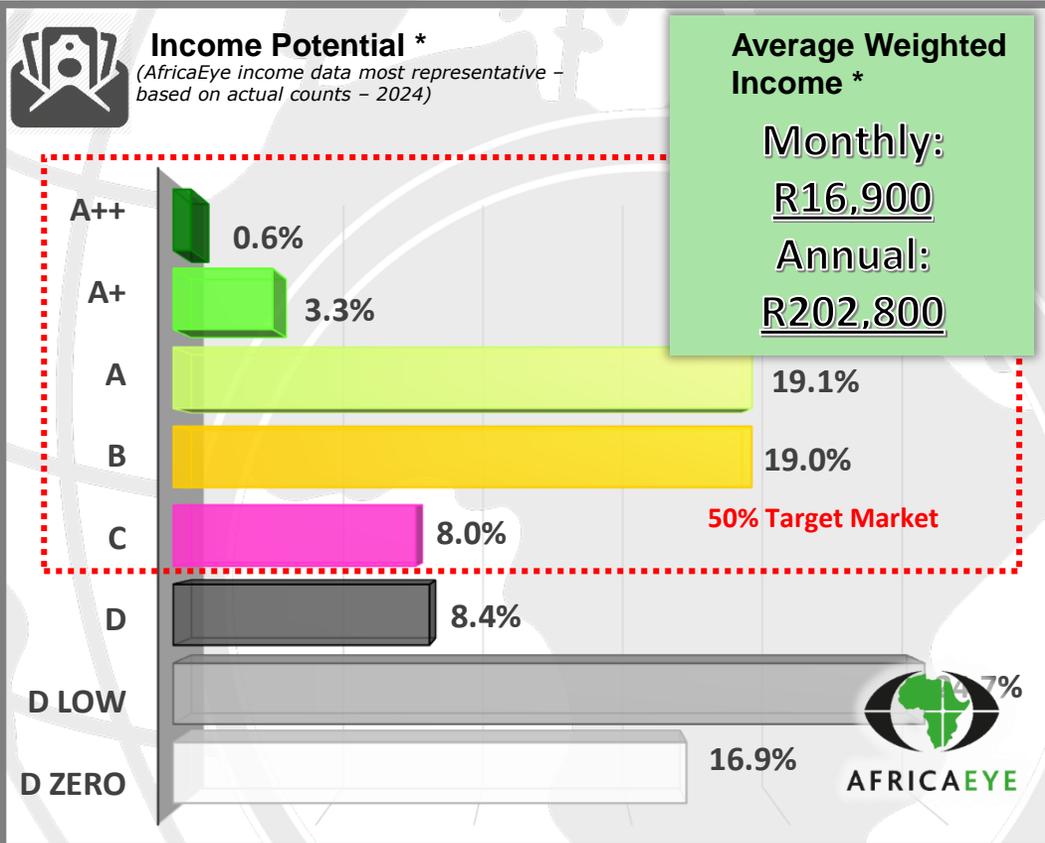
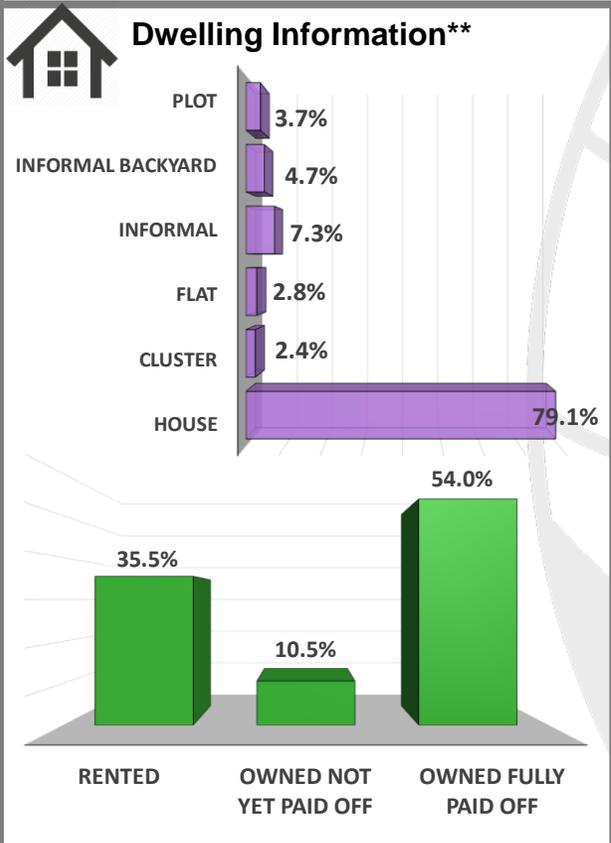
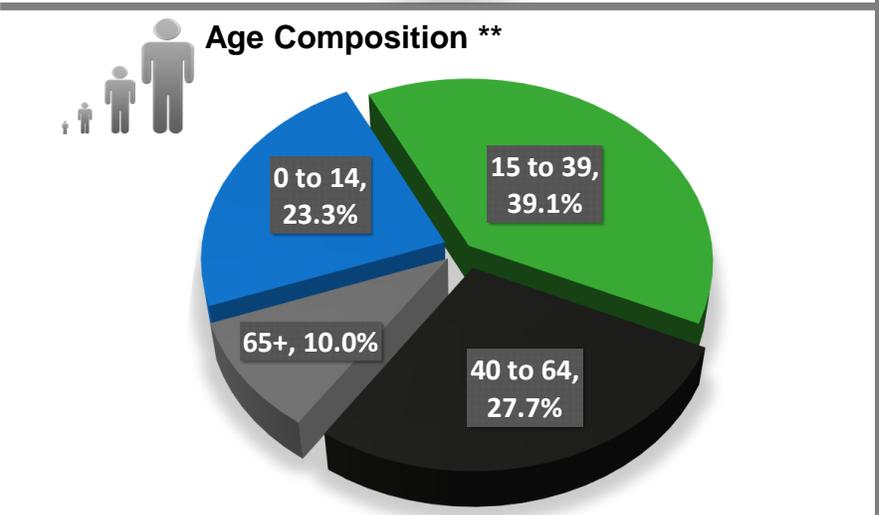
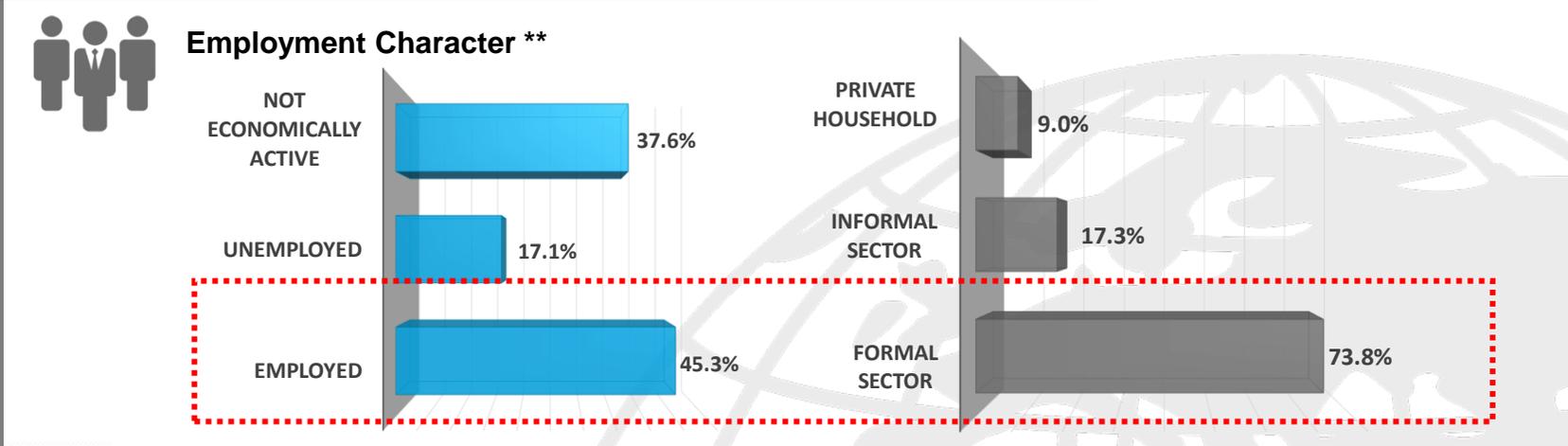
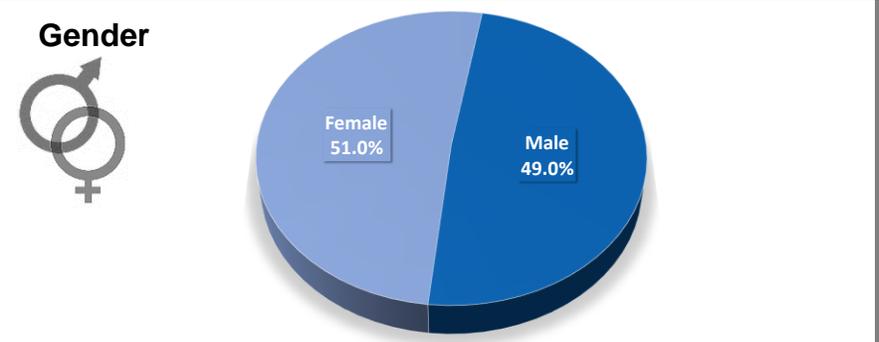
- Site
- ▭ Mossel Bay Primary

Value Density

- Sparse
- Dense







A construction site at dusk or dawn, featuring a crane lifting a large concrete slab. The scene is silhouetted against a dark sky, with scaffolding and structural elements visible. A worker is seen on a platform below the slab.

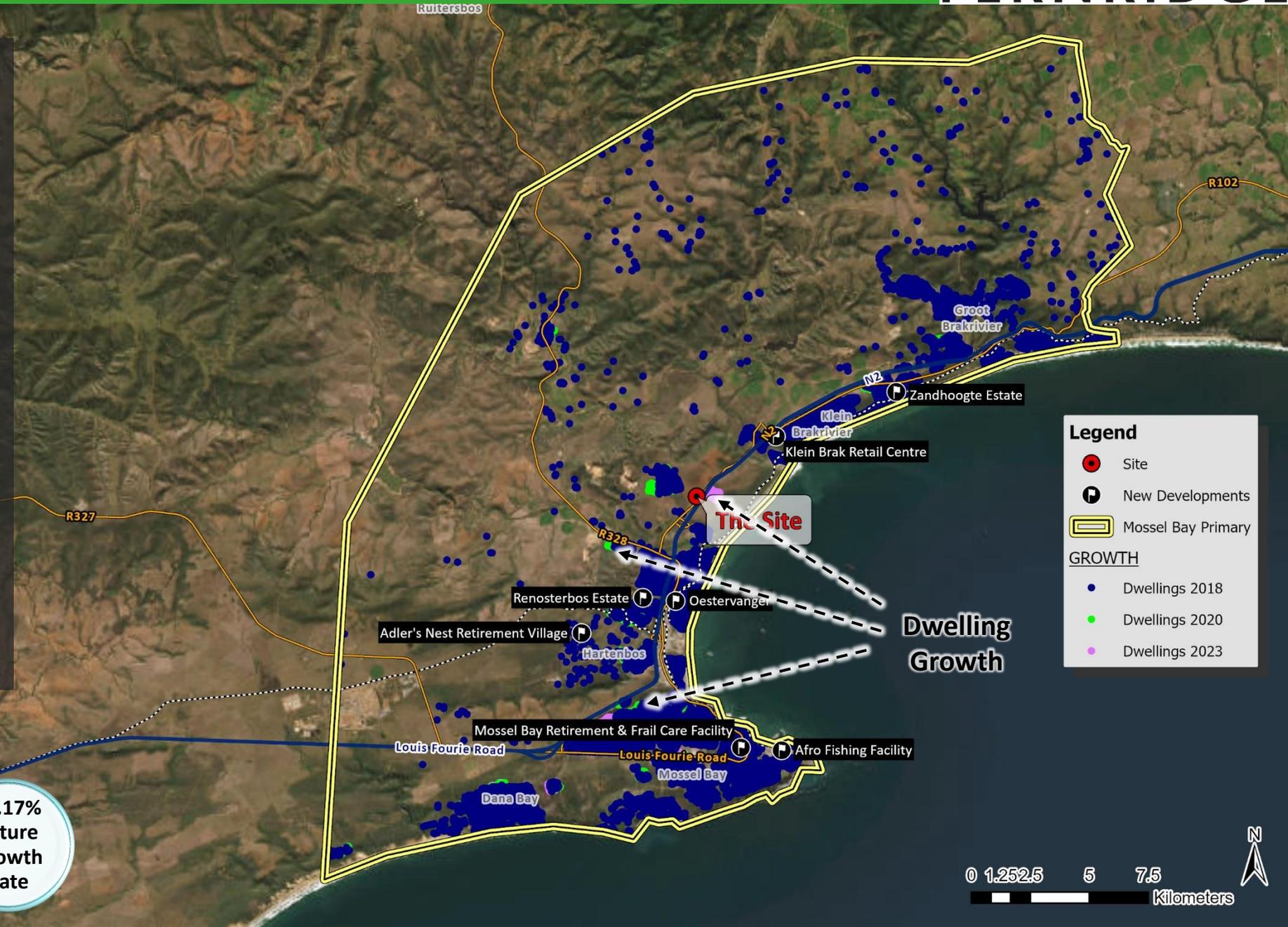
5. Growth & New Developments

Growth

- AfricaEye Dwelling counts for 2018, 2020, and 2023 are applied to determine the annual dwelling growth rate of the Mossel Bay Primary Catchment.
- The identified dwelling growth rate will be applied in future demographic projections to be utilised in the relevant demand model.
- According to historic AfricaEye datasets the average growth is $\pm 1.17\%$ in the catchment area between 2020 and 2024.
- The map to the right shows that the majority of the growth occurred – pointed out on the map.

New Developments

- The new developments were outlined within the catchment area. The mapped developments are currently underway/ procedural/ conceptual or design process.
- There are 7 developments shown on the map.
- A comprehensive description of developments is given on the following slide.



Legend

- Site
- Ⓜ New Developments
- ▭ Mossel Bay Primary

GROWTH

- Dwellings 2018
- Dwellings 2020
- Dwellings 2023

Dwelling Growth



| Name | Land-Use | Project Timing | Project Status | Project Description |
|---|-----------------------|------------------------|----------------|---|
| Adler's Nest Retirement Village | Residential | Unknown at this stage | Procedural | Construction of the Adler's Nest Retirement Village on portion 196 of the Farm Vyf Brakke Fonteine situated in Mossel Bay. |
| Afro Fishing Facility | Factory & Warehousing | 2023 - onwards | Procedural | Expansion to the existing facility to include the following, Fish meal and oil reduction plant, fishing freezing plant, cold store, fish meal warehouse and new canning product warehouse. Quay 1, Mossel Bay Harbour. |
| Mossel Bay Retirement & Frail Care Facility | Residential | 2023 - TBC | Design | Construction of the proposed Mossel Bay Retirement & Frail Care Facility which will consist of 54 units within 3-storey building blocks, a gym, lounge and administration buildings situated on portion A of erf 13100 as well as erven 13104-13106, 13109 & 13110, Mossel Bay. |
| Oestervanger | Residential | March 2023 onwards | Underway | Construction of Oestervanger on 25 Port Natal Avenue in Hartenbos, Mossel Bay, Western Cape. This development comprises of 4 phases, each phase consists of 6 apartments. |
| Renosterbos Estate | Residential | February 2022 Onwards. | Underway | Construction of apartments and freestanding houses within the Resnosterbos Estate, situated in Vyf Brakke Fontein No 220, Hartenbos, Garden Route, Mossel Bay, Western Cape. |
| Zandhoogte Estate | Residential | 2024 Onwards | Awarded | Construction of group housing within the Zandhoogte Estate located on remainder of the Farm Zandhoogte No. 139 in Tergniet. Mossel Bay Municipality. |
| Klein Brak Retail Centre | Retail | 2024 onwards. | Procedural | Construction of the 3.566ha Klein Brak Retail Centre, situated on Erf 1027 between the R102 and the N2, Fraaiuitsig vicinity near Klein Brak River off-ramp, Klein Brak River. |

Oestervanger



Garden Walk SC



Mossel Bay Cove



Developments

- The table above gives a summary of developments that are planned for the area.
- An increase in residential dwellings as well as an increase in commercial and industrial activity will benefit the proposed additional hospital beds.
- Expected 78 units proposed.

The three pictures above show developments that are currently underway within the catchment area. Two of the developments are residential in nature. The closest development to the site is the Garden Walk Shopping Centre, construction hasn't begun but there was a board at the proposed site during fieldwork. All residential growth/development in the catchment area will benefit the proposed private hospital, as this would mean growth in population.

Residential Development

- There are various planned residential developments set out to occur in the area surrounding the proposed site.
- various other developments are also planned and are set out to be completed in the next 5 to 20 years (based on discussions with the town planner). These developments include:
 - Hartland Lifestyle Estate – 2,500 units
 - Outeniquabosh Wildlife Village – 2,500 units
 - Monte Cristo – 500 units
 - Hartenbos Lifestyle – 55 units
 - Mystic Views - 200
 - Hartenbos Landgoed – 184 units
- Upon completion of all the indicated developments an additional $\pm 6,434$ residential units will be added to the residential fabric of the town.
- With an additional 78 units (previous slide) then the total expected residential units in the catchment area are $\pm 6,512$.

6,512 Middle- to Upper-Income Residential Units in the future (next 5 to 20 years) will be modelled.

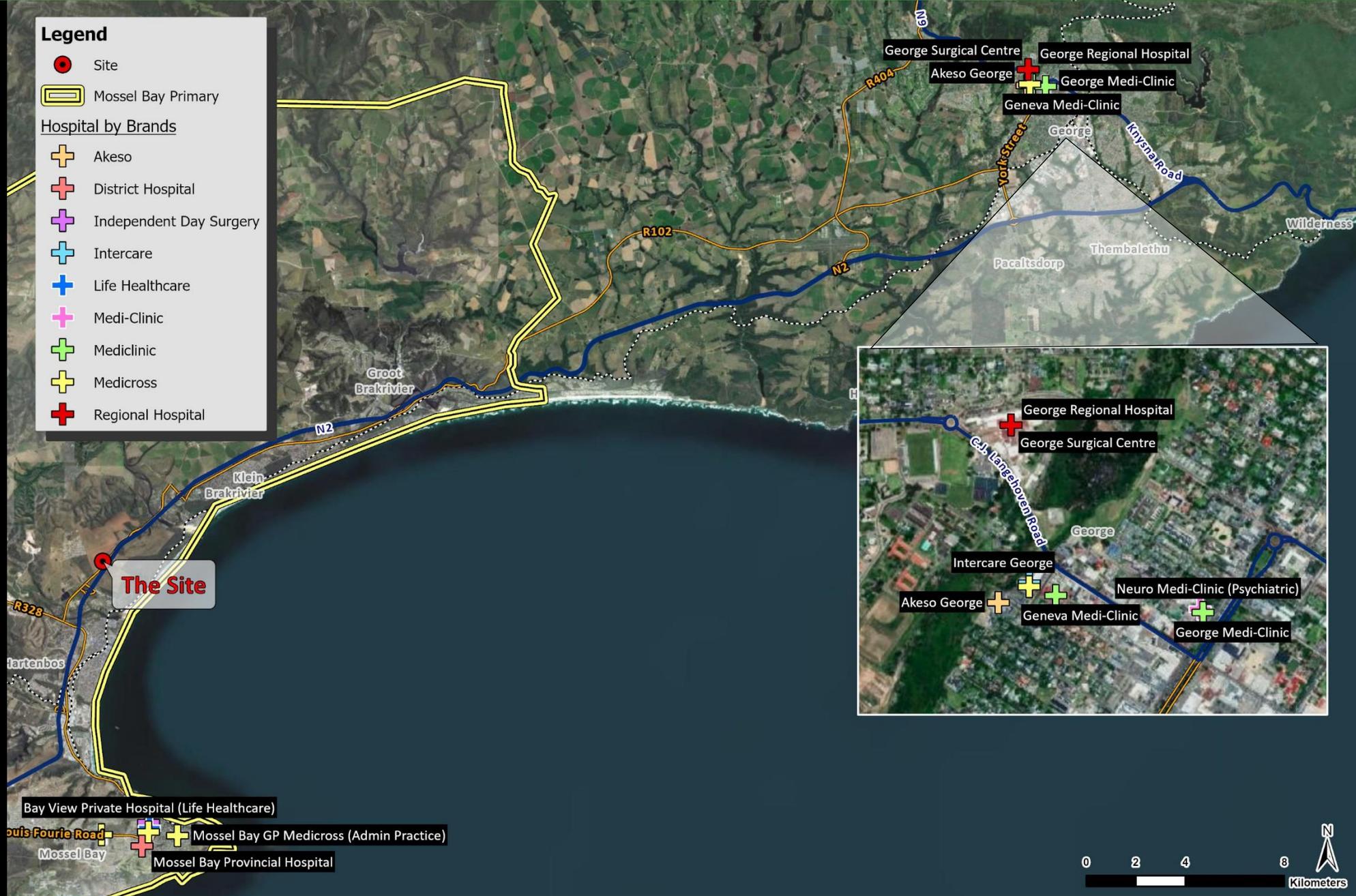


An aerial night photograph of a large, modern hospital building. The building is illuminated from within, and its facade features the 'EKA HOSPITAL' logo with a red cross symbol. The surrounding area includes a parking lot with several cars, a road with traffic, and trees. The text '6. Hospital Supply and Competitor Impact' is overlaid in white on the right side of the image.

6. Hospital Supply and Competitor Impact

Hospital Supply - George

- The map demonstrates the current hospital supply in George and Mossel Bay.
- This map focuses on the supply available in George.
- There is a total of 8 healthcare facilities within George of which 7 are private and 1 is public.
- Geneva Medi-Clinic and George Medi-Clinic are the 2 facilities that offer full (acute) private hospitals and have a combined bed count of 224.
- Currently, there is high outflow from Mossel Bay that occurs to George for private healthcare and an additional private acute hospital at the proposed site would help reduce this outflow.



The Site

Bay View Private Hospital (Life Healthcare)
 Louis Fourie Road Mossel Bay
 Mossel Bay GP Medicross (Admin Practice)
 Mossel Bay Provincial Hospital

Hospital Supply – Mossel Bay

- This map focuses on the supply available in Mossel Bay.
- There is a total of 6 healthcare facilities within Mossel Bay of which 5 are private and 1 is public.
- Of the 5 private facilities there is only 1 full private acute hospital, Bay View Private Hospital (Life Healthcare) which has 147 beds.
- The Mossel Bay Provincial Hospital is a public hospital with 90 beds, according to residents even the medically insured population uses this hospital for their healthcare needs if there is no room/beds available at the private hospital.
- More detail is provided on other medical facilities within Mossel Bay and George on the following slides.



| Name | Area/ Suburb | Type | Classification | Brand | No. of Beds |
|---|--------------|-----------------------|-----------------------|-------------------------|-------------|
| Mossel Bay Provincial Hospital | Mossel Bay | Public | District Hospital | District Hospital | 90 |
| Bay View Private Hospital (Life Healthcare) | Mossel Bay | Private | Full Hospital | Life Healthcare | 147 |
| Vidamed Private Hospital | Mossel Bay | Private | Clinics - Day Surgery | Independent Day Surgery | |
| Da Nova Medicross (Admin Practice) | Mossel Bay | Private Day Sub Acute | Day Clinic & Other | Medicross | |
| Medicross Mossel Bay | Mossel Bay | Private Day Sub Acute | Day Clinic & Other | Medicross | |
| Mossel Bay GP Medicross (Admin Practice) | Mossel Bay | Private | Day Clinic & Other | Medicross | |
| MOSSEL BAY CATCHMENT AREA | | | | | 237 |
| George Regional Hospital | George | Public | Public Full Hospital | Regional Hospital | 226 |
| Geneva Medi-Clinic | George | Private | Private Full Hospital | Mediclinic | 59 |
| George Medi-Clinic | George | Private | Private Full Hospital | Mediclinic | 164 |
| George Surgical Centre | George | Private | Clinics - Day Surgery | Independent Day Surgery | |
| Akeso George | George | Private | Psychiatric | Akeso | |
| Intercare George | George | Private | Day Clinic & Other | Intercare | |
| Neuro Medi-Clinic (Psychiatric) | George | Private | Specialised | Medi-Clinic | 40 |
| Riverside Medicross (Admin Practice) | George | Private | Day Clinic & Other | Medicross | |
| GEORGE CATCHMENT AREA | | | | | 489 |
| GRAND TOTAL | | | | | 726 |

Hospital Supply

- The table on the left shows a summary of the healthcare facilities in Mossel Bay and George.
- Mossel Bay has 1 private acute hospital (Bay View Private Hospital) that has 147 beds.
- George has 2 private acute hospitals with 223 beds – Geneva Medi-Clinic and George Medi-Clinic.
- Mossel Bay also has a public acute hospital with 90 beds.
- Clear from this analysis is that Mossel Bay has very limited private care in terms of full hospitals.
- The new Vidamed Private Hospital supports the Bay View Hospital by providing a day clinic

High-Level Overview of the Current Mossel Bay Private Medical Sector

- According to interviews conducted with the medical professionals within Mossel Bay, there is definitely a need for additional private acute beds.
- Bay View Private Hospital being the only private acute facility is under a great deal of pressure, and as a result, patients are sometimes triaged to determine the urgency of each medical condition.
- There are limited oncology treatments available in Mossel Bay, meaning outflow to George for some patients to receive treatment.
- In our professional opinion we strongly believe that there is an urgent need for an additional private acute hospital in Mossel Bay, to help relieve the pressure and reduce outflow. It would be an added advantage if the new hospital could add an oncology unit as Bay View Private Hospital does not have.

Life Bay View Hospital



This is a 147-bed facility located in Mossel Bay and is the only private acute hospital in the area.

Medical services:

- Anaesthesiology
- Cardiology
- Cardio-thoracic surgery
- Ear, nose and throat surgery
- Endoscopic surgery
- Endovascular surgery
- Gastroenterology
- General surgery
- Gynaecology and obstetrics
- Neurosurgery
- Orthopaedic surgery
- Paediatrics
- Plastic surgery
- Urology

VIDAMED Hospital



Vidamed is a day hospital, sub-acute, and rehabilitation unit under one roof. Located behind the Life Bay View Hospital in Mossel Bay.

Procedures:

- Dentistry
- Ear, nose & throat surgery
- General surgery
- Gynaecology
- Maxillofacial & oral surgery
- Ophthalmology (eye surgery)
- Orthopaedic surgery
- Plastic surgery
- Urology

Day Hospital Facilities:

- 25-day beds
- 2 modern theatres
- Modern and clean facility with hi-tech medical equipment
- Situated close to doctor's rooms
- Cost-effective rates for same-day surgical procedures
- Reduced risk of hospital-acquired infections due to same-day treatment
- No over-night stay
- Recuperate at home in a known environment
- Pharmacy for TTO's

Sub-Acute Facilities:

- Facilities
- 15 beds
- Comprehensive medical care and rehabilitation
- Rehabilitation room (gym)

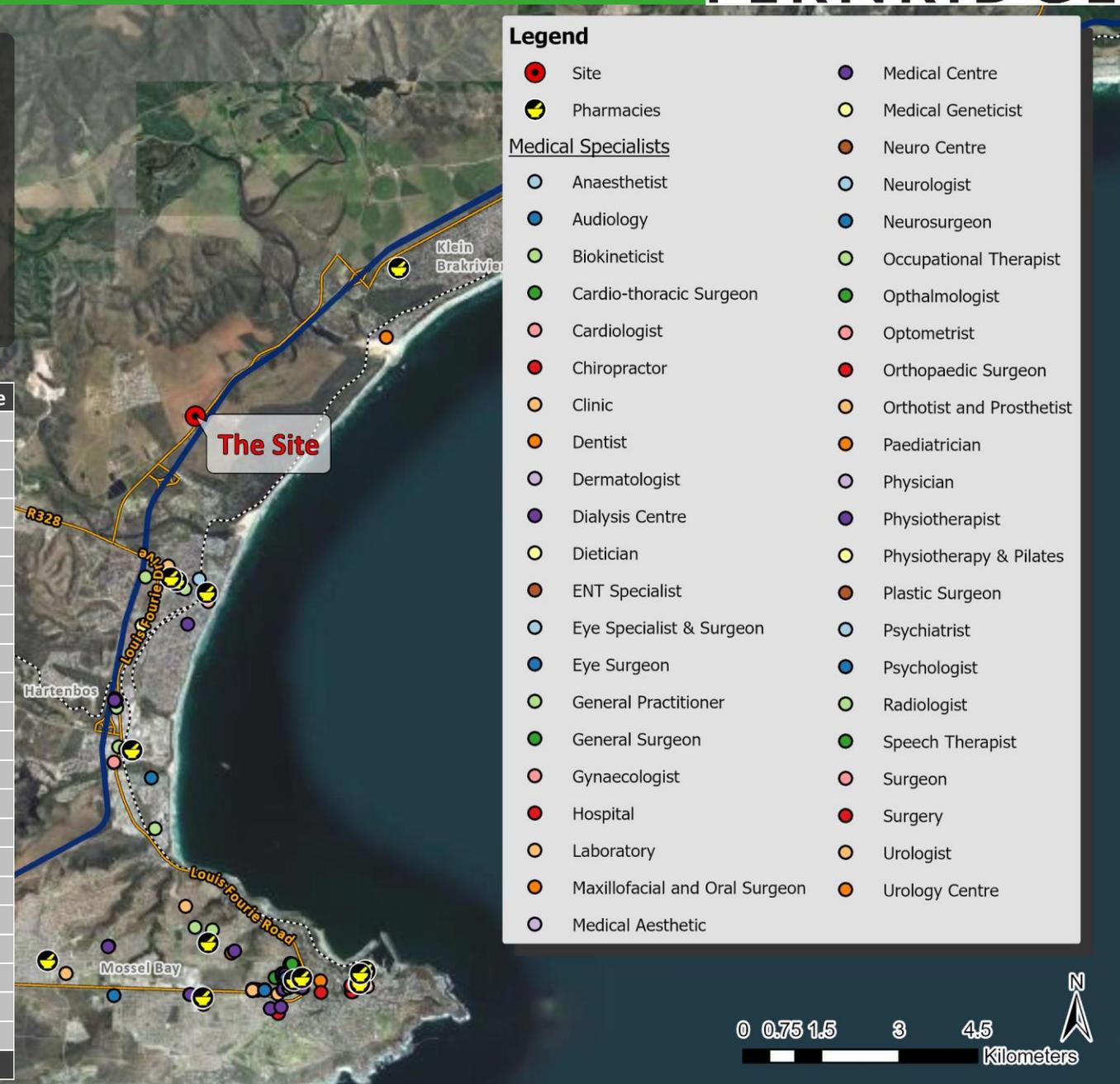
Mossel Bay Provincial Hospital



Mossel Bay Hospital is a District Hospital. The 90-bed hospital caters for the Mossel Bay sub-district as well as the surrounding farming areas. There is a clinic that operates as part of the hospital.

Pharmacies & Medical Specialists

- All the medical specialists and pharmacies were sourced and mapped as indicated on the map.
- A total of ±213 specialists were mapped within the catchment area.
- The majority of the identified specialists are Dentists, GPs, Physiotherapists, and Optometrists.
- The proposed acute hospital will have a sufficient number of professionals to use in the facility.
- There are ±19 independent pharmacies within the catchment area.



| Legend | |
|--|--|
| ● Site | ● Medical Centre |
| ● Pharmacies | ● Medical Geneticist |
| Medical Specialists | |
| ○ Anaesthetist | ● Neuro Centre |
| ○ Audiology | ○ Neurologist |
| ○ Biokineticist | ○ Neurosurgeon |
| ○ Cardio-thoracic Surgeon | ○ Occupational Therapist |
| ○ Cardiologist | ○ Ophthalmologist |
| ○ Chiropractor | ○ Optometrist |
| ○ Clinic | ○ Orthopaedic Surgeon |
| ○ Dentist | ○ Orthotist and Prosthetist |
| ○ Dermatologist | ○ Paediatrician |
| ○ Dialysis Centre | ○ Physician |
| ○ Dietician | ○ Physiotherapist |
| ○ ENT Specialist | ○ Physiotherapy & Pilates |
| ○ Eye Specialist & Surgeon | ○ Plastic Surgeon |
| ○ Eye Surgeon | ○ Psychiatrist |
| ○ General Practitioner | ○ Psychologist |
| ○ General Surgeon | ○ Radiologist |
| ○ Gynaecologist | ○ Speech Therapist |
| ○ Hospital | ○ Surgeon |
| ○ Laboratory | ○ Surgery |
| ○ Maxillofacial and Oral Surgeon | ○ Urologist |
| ○ Medical Aesthetic | ○ Urology Centre |

| Medical Specialist | No. | Percentage | Medical Specialist | No. | Percentage |
|------------------------|------------|-------------|--------------------------------|-----|------------|
| Dentist | 37 | 17.4% | Psychiatrist | 2 | 0.9% |
| General Practitioner | 34 | 16.0% | Cardio-thoracic Surgeon | 2 | 0.9% |
| Physiotherapist | 18 | 8.5% | Neurosurgeon | 2 | 0.9% |
| Optometrist | 11 | 5.2% | Ophthalmologist | 2 | 0.9% |
| Medical Centre | 9 | 4.2% | Laboratory | 2 | 0.9% |
| Psychologist | 8 | 3.8% | Paediatrician | 2 | 0.9% |
| Orthopaedic Surgeon | 7 | 3.3% | Dermatologist | 2 | 0.9% |
| Clinic | 7 | 3.3% | Dietician | 1 | 0.5% |
| Anaesthetist | 7 | 3.3% | Speech Therapist | 1 | 0.5% |
| Biokineticist | 6 | 2.8% | Surgeon | 1 | 0.5% |
| Physician | 6 | 2.8% | Physiotherapy & Pilates | 1 | 0.5% |
| Radiologist | 5 | 2.3% | Neuro Centre | 1 | 0.5% |
| Cardiologist | 5 | 2.3% | Plastic Surgeon | 1 | 0.5% |
| General Surgeon | 4 | 1.9% | Orthotist and Prosthetist | 1 | 0.5% |
| Occupational Therapist | 3 | 1.4% | Medical Geneticist | 1 | 0.5% |
| Hospital | 3 | 1.4% | Urology Centre | 1 | 0.5% |
| Urologist | 3 | 1.4% | Dialysis Centre | 1 | 0.5% |
| Surgery | 3 | 1.4% | Audiology | 1 | 0.5% |
| Chiropractor | 2 | 0.9% | Maxillofacial and Oral Surgeon | 1 | 0.5% |
| ENT Specialist | 2 | 0.9% | Medical Aesthetic | 1 | 0.5% |
| Gynaecologist | 2 | 0.9% | Eye Surgeon | 1 | 0.5% |
| Neurologist | 2 | 0.9% | Eye Specialist & Surgeon | 1 | 0.5% |
| Total | 213 | 100% | | | |



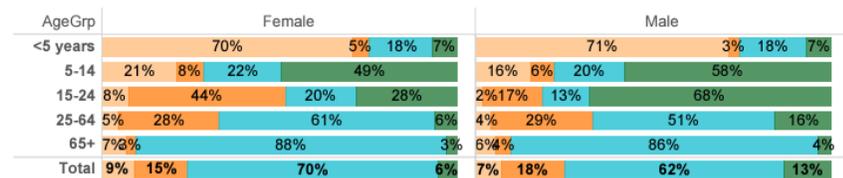
7. Burden of Disease

Burden of Disease

- The burden of disease shown on this slide was sourced from the District Health Barometer (DHB) published by the Health Systems Trust.
- The DHB names premature mortality as Years of Life Lost (YLL). YLL is a measure of premature mortality based on the age at death and thus highlights the causes of death that should be targeted for prevention.
- The leading causes of YLL nationally were HIV-related conditions, Tuberculosis, and lower respiratory infections in 2017.
- The percentage of deaths by broad cause, is classified into four groups, namely: (i) injuries; (ii) non-communicable diseases (NCD); (iii) HIV and TB; and (iv) communicable diseases together with maternal, perinatal, and nutritional conditions.
- The leading broad causes of death in the Garden Route District Municipality between 2012 and 2017 were NCD for both females and males.

Percentage of deaths by broad cause and leading causes, 2012–2017

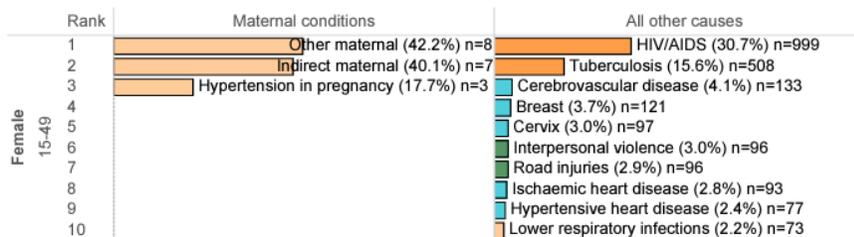
WC, Garden Route DM: DC4, 2012 - 2017



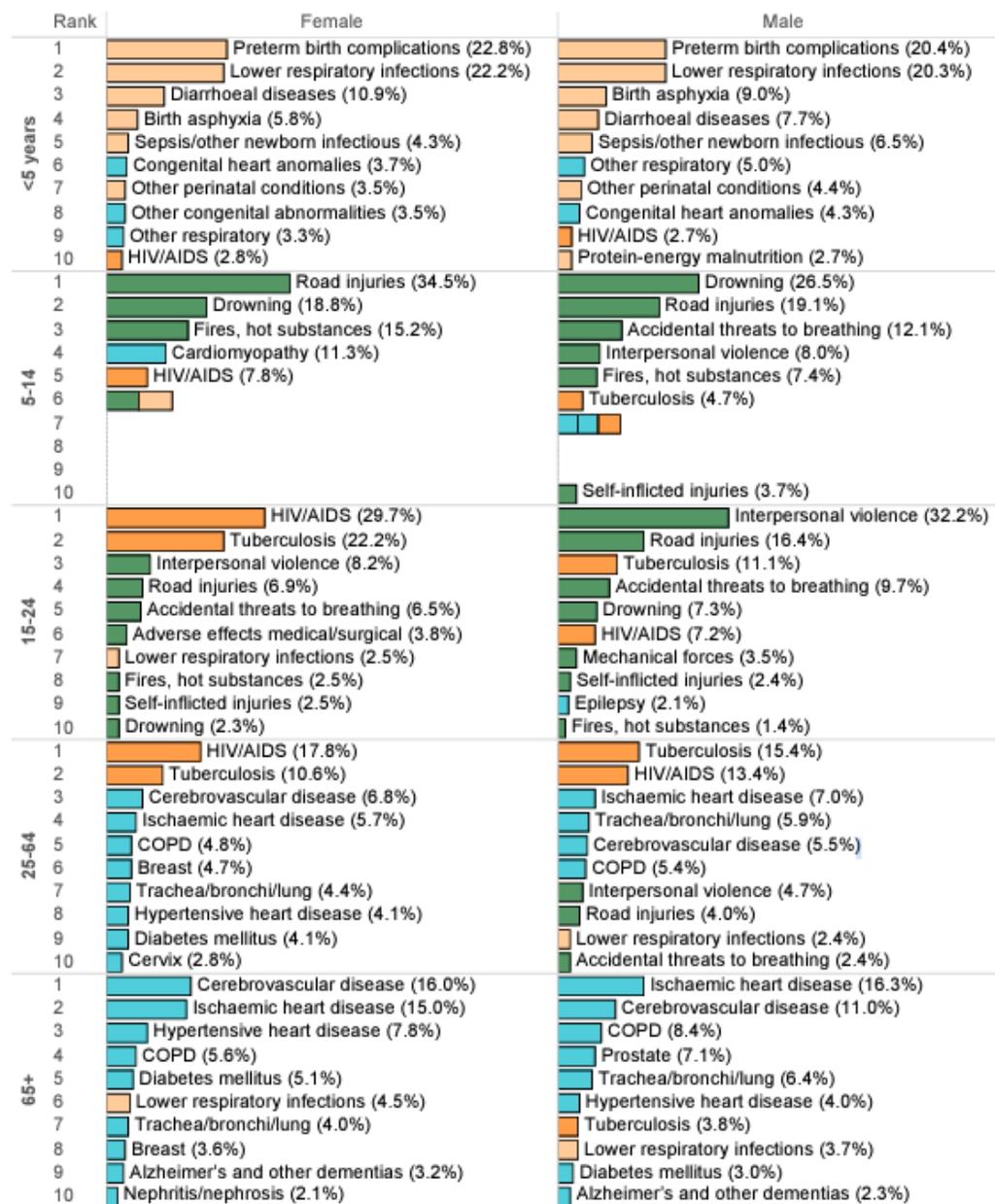
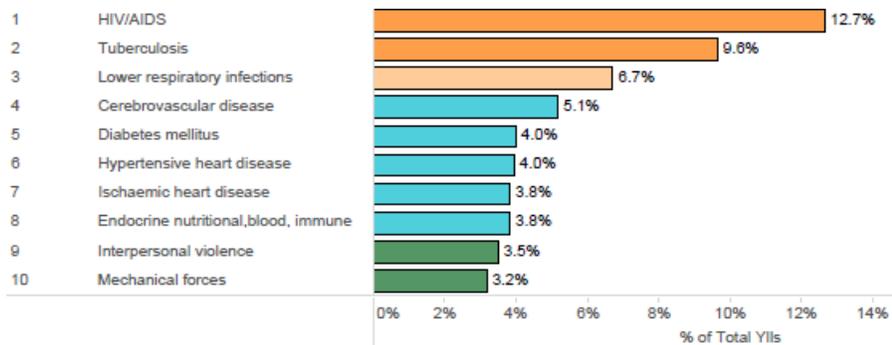
Broadcause

- Injury
- NCD
- HIV and TB
- Comm_mat_peri_nut

Percentages are shown according to all the deaths within the age/gender category of each box, although only the leading 10 causes are displayed.



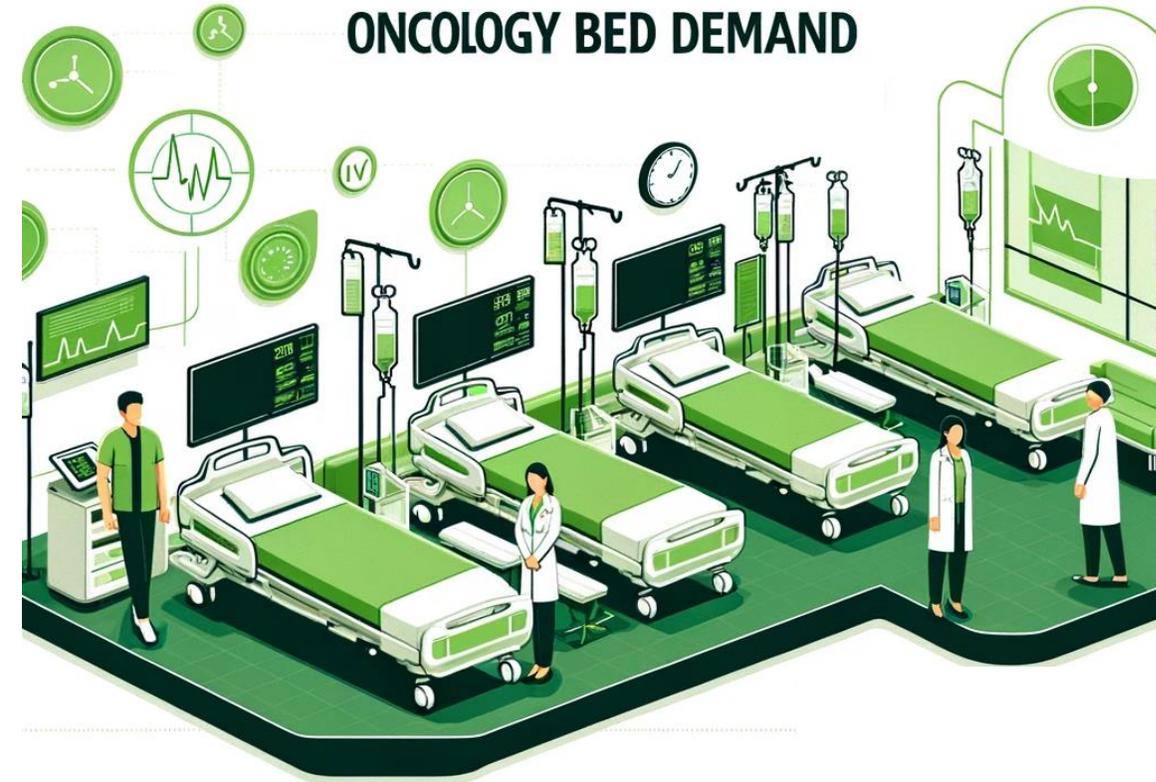
Leading causes of YLL for SA, 2017



A photograph of a hospital room. In the foreground, a hospital bed with a blue mattress and a green blanket is visible. To the right, an IV stand with a drip chamber is positioned. The room has light-colored walls and a tiled floor. The text "8. Hospital Bed-Demand & Medical Specialist Demand" is overlaid in white, with a vertical line to its left.

8. Hospital Bed-Demand & Medical Specialist Demand

ONCOLOGY BED DEMAND



- ❑ The current challenge is that Mossel Bay lacks oncology beds and the burden of travel for treatment is hard on patients. Mossel Bay currently faces a critical shortage in the availability of oncology beds. This gap in healthcare services forces patients, to undertake strenuous and often repeated travels to George for treatment. The physical, emotional, and financial toll of these journeys on patients and their families is substantial and unnecessary. This situation not only compromises patient comfort and recovery prospects.
- ❑ There is an opportunity to provide for localized, specialized care with the addition of 70 oncology beds in Mossel Bay. The additional 70 beds will provide high-quality, specialized cancer care locally. This can significantly reduce the need for patients to travel out of town for treatment, thereby enhancing the quality of life for our residents and easing the burden on the healthcare system in the region.
- ❑ Reassuringly, there is a strong willingness among medical professionals, including oncologists and related specialists, to relocate their practices to Mossel Bay. This readiness from doctors highlights the feasibility and sustainability of this initiative. It also ensures that patients will receive care from skilled and experienced professionals.
- ❑ The long-term benefits of establishing these oncology beds are not merely a response to current demands but a forward-looking step in making Mossel Bay a hub for medical excellence in the region. It will:
 - Ensure timely and efficient cancer care for patients.
 - Alleviate the pressure on healthcare facilities in George.
 - Attract and retain top medical talent in the community.
 - Boost local employment through the creation of new healthcare jobs.
 - Enhance Mossel Bay's reputation as a city committed to comprehensive healthcare.
- ❑ The addition of 70 oncology beds in Mossel Bay's proposed hospital is a crucial step toward meeting the urgent healthcare needed in the town. It is an investment in the well-being of the current and future residents and a commitment to the advancement of healthcare services in Mossel Bay.

Oncology Bed Demand

- ❑ The healthcare landscape of Mossel Bay, a growing community with rising healthcare needs, is due for attentional hospital beds.
- ❑ A group of doctors have voiced the need for oncology beds and have further committed to joining the proposed hospital.

MOSSEL BAY CATCHMENT AREA

| Private Acute Model <i>Target Market: A++ to All of C Income</i> | 2025 Projection | | 2030 Projection | | 2035 Projection | | 2040 Projection | |
|--|-----------------|---------------|-----------------|---------------|-----------------|---------------|-----------------|---------------|
| | ALOS 3 Days | ALOS 5 Days |
| % of total population which is medically insured / insurable (Medical aid Target Market) | 63,732 | 63,732 | 67,372 | 67,372 | 71,843 | 71,843 | 76,398 | 76,398 |
| Number of admissions (per 1,000 people for uninsured population) | 212.2 | 212.2 | 212.2 | 212.2 | 212.2 | 212.2 | 212.2 | 212.2 |
| Average Length of Stay (Days) - Source: CMS | 3.4 | 5.3 | 3.4 | 5.3 | 3.4 | 5.3 | 3.4 | 5.3 |
| Estimated number of admissions | 13,521 | 13,521 | 14,294 | 14,294 | 15,242 | 15,242 | 16,209 | 16,209 |
| Estimated patient days | 46,378 | 71,122 | 49,027 | 75,185 | 52,281 | 80,174 | 55,596 | 85,257 |
| Estimated number of beds (patient days / 365) | 127 | 195 | 134 | 206 | 143 | 220 | 152 | 234 |
| Scalability / Estimated number of beds | 212 | 325 | 224 | 343 | 239 | 366 | 254 | 389 |
| Number of private beds required | 212 | 325 | 224 | 343 | 239 | 366 | 254 | 389 |
| INFLOW 31% | 66 | 101 | 69 | 106 | 74 | 113 | 79 | 121 |
| Less Existing Private Acute Beds | 147 | 147 | 147 | 147 | 147 | 147 | 147 | 147 |
| Total Private Bed Demand | 130 | 278 | 146 | 303 | 166 | 333 | 186 | 363 |

- The Private Bed Demand Model is based on:
 - Medically-insured population.
 - Admission ratio benchmarks and average length-of-stay benchmarks published by the Council for Medical Schemes.
 - Inflow into the market catchment area – a 31% inflow was used to the fact that surrounding towns west of Mossel Bay will form part of the market for the proposed private hospital.
 - Medically insured population in the catchment area is shown as the current population (2025), 2030, 2035 and 2040 in order to show what is the expected projection for the town.
- The model shows that there is demand for 130 acute beds, which can be supported by the local market (±63,732 medically insured) at an average length of stay of 3.4 days, for a private acute hospital in 2025.

- This demand grows to 186 beds, which can be supported by the local market (±76,398 medically insured) at an average length of stay of 3.4 days, for a private acute hospital in 15 years (2040).
- Based on the Private Bed Demand Model, there is demand for 130 private beds, which can be supported by the local market (±63,732) at an average length of stay of 3.4 days, for a private acute hospital in 2025.

Private Acute Model

New Developments

| Private Acute Model <i>Target Market: A++ to All of C Income</i> | New Developments | |
|--|------------------|--------------|
| | ALOS 3 Days | ALOS 5 Days |
| % of total population which is medically insured / insurable (Medical aid Target Market) | 6,512 | 6,512 |
| Number of admissions (per 1,000 people for uninsured population) | 212.2 | 212.2 |
| Average Length of Stay (Days) - Source: CMS | 3.4 | 5.3 |
| Total Private Bed Demand | 22 | 33 |

NEW DEVELOPMENT GROWTH

The table to the left shows that upon completion of the 6,512 residential units planned for the catchment area, then there are 22 private beds that can be supported at an average length of stay of 3.4 days.

Oncology Demand Model

| Model Inputs | Assumptions | 2025 | 2030 | 2035 | 2040 |
|---|-------------|-----------|-----------|-----------|-----------|
| Risk of getting cancer (Female aged 0-74) (1 of x people) | 8 | | | | |
| Risk of getting cancer (Male aged 0-74) (1 of x people) | 6 | | | | |
| Study Area Medically Insured Population | | 63,732 | 67,372 | 71,843 | 76,398 |
| Female Patients | 51% | | | | |
| Male Patients | 49% | | | | |
| Number of Cancer Patients - Female | | 4,063 | 4,295 | 4,580 | 4,870 |
| Number of Cancer Patients - Male | | 5,205 | 5,502 | 5,867 | 6,239 |
| Total Patients | | 9,268 | 9,797 | 10,447 | 11,110 |
| Cancer Patients Average Length of Stay (days) | 4 | | | | |
| Estimated Patient Days | | 37,071 | 39,188 | 41,788 | 44,438 |
| Estimated No of Oncology Beds Required | | 102 | 107 | 114 | 122 |
| Market Share | 45% | 46 | 48 | 52 | 55 |
| Inflow | 25% | 25 | 27 | 29 | 30 |
| Total Oncology Bed Demand | | 71 | 75 | 80 | 85 |

ONCOLOGY BED DEMAND

- The table on the left shows the bed demand for Oncology Beds in Mossel Bay.
- Based on various assumptions we can justify a demand of 71 oncology beds in 2025.
- Bed demand is expected to increase to 85 beds by 2040.
- In total there is a demand for 201 beds (130 private acute beds + 71 oncology beds) in 2025.*

Medical Specialist Admissions Demand Estimate

| MOSEL BAY CATCHMENT AREA | | | | | |
|--|---|-------------------------------------|----------------------------|-----------------------|--|
| Service | Ave. patients per 1,000 beneficiaries (CMS ratio) | Ave. visits per patient (CMS ratio) | Demand: Visits Per Weekday | Supply: # Specialists | Effective Demand Ratio: Visitations/Medical Specialist/Day |
| GP | 668.3 | 3.2 | 477.4 | 34 | 14.0 |
| Dentist | 191.7 | 1.7 | 75.1 | 37 | 2.0 |
| Pathologist | 367.7 | 2.0 | 168.7 | 1 | 168.7 |
| Physiotherapist | 51.2 | 3.6 | 41.0 | 18 | 2.3 |
| Psychologist | 28.2 | 4.4 | 27.7 | 8 | 3.5 |
| Oncology | 0.7 | 4.7 | 0.7 | 5 | 0.1 |
| Radiologist | 7.5 | 1.1 | 1.9 | 5 | 0.4 |
| Optometrist | 122.7 | 1.2 | 31.8 | 11 | 2.9 |
| Medically Insured Patients/Population | 58,638 | | 824 | 119 | 193.9 |

| MOSEL BAY CATCHMENT AREA | | | | | |
|----------------------------------|---|-------------------------------------|----------------------------|-----------------------|--|
| Service | Ave. patients per 1,000 beneficiaries (CMS ratio) | Ave. visits per patient (CMS ratio) | Demand: Visits Per Weekday | Supply: # Specialists | Effective Demand Ratio: Visitations/Medical Specialist/Day |
| GP | 668.3 | 3.2 | 85.3 | 34 | 2.5 |
| Dentist | 191.7 | 1.7 | 13.4 | 37 | 0.4 |
| Pathologist | 367.7 | 2.0 | 30.2 | 1 | 30.2 |
| Physiotherapist | 51.2 | 3.6 | 7.3 | 18 | 0.4 |
| Psychologist | 28.2 | 4.4 | 5.0 | 8 | 0.6 |
| Oncology | 0.7 | 4.7 | 0.1 | 5 | 0.0 |
| Radiologist | 7.5 | 1.1 | 0.3 | 5 | 0.1 |
| Optometrist | 122.7 | 1.2 | 5.7 | 11 | 0.5 |
| Cash Patients/ Population | 10,480 | | 147 | 119 | 34.7 |

- The Medical Specialist Demand Model is based on the average patient and visit ratios published by the Council of Medical Schemes (CMS) in their 2019/2020 annual report.
- The model applies the above-mentioned ratios to the medically insured population in the catchment area to calculate the total number of visits to the specified services per weekday (typical operating days of the medical services).
- In 2025 the catchment will be home to ± 58,638 potentially medically insured people (A++ to 50% of C), resulting in a total of 824 visits per weekday to the listed specialists (typically offered in a hospital).
- When considering the non-insured population/cash patients (± 10,480 people = 50% C income + 50% D income) there are ± 147 total visits per weekday expected.
- D Low and D Zero patients are not considered as they are most likely to visit free facilities for healthcare services.
- In general GPs (General Practitioners), Dentists and Pathologists see the most/highest number of patient visits per day, with Oncologists seeing the least number of patients.
- This then implies that the catchment area has a high demand for GPs, Dentists and Pathologists, and a low demand for Oncologists without considering the existing supply.
- After considering the existing supply of medical specialists, the effective demand is determined.
- The Effective demand indicates the number of patients that each individual medical specialist would see on a daily basis. The higher the ratio, the higher the need for such services.
- The Effective demand indicates that there is a high demand for Pathologists (168.7 patients/day) in the area followed by General Practitioners (14.0 patients/day) – medically Insured Patients.

The catchment is home to ± 58,638 potentially medically insured people (A++ to 50% C), resulting in a total of ± 824 visits per weekday and when considering the non-insured population there is a demand for ± 147 total visits per weekday expected.

8. Summary & Recommendations

Summary



- The objective of the study was to determine the feasibility of a private acute medical facility, in Hartenbos, Mossel Bay, Western Cape.
- The proposed site is located along the R102 in Hartenbos and will form part of the larger Hartland Lifestyle Estate.
- The Mossel Bay Local Municipality economy contributed 1.32% of the total Western Cape Provincial GDP (R10 Million). The largest sector in the region is the Finance & Business Services sector.
- Mossel Bay acts as a central place within the area and because of this the proposed private hospital could also potentially attract support from the surrounding towns like Stillbaai and others west of Mossel Bay – high inflow is expected from surrounding towns.
- There were moderate to high traffic volumes observed passing past the site throughout the day, which will provide the site with excellent top-of-mind awareness.
- The proposed commercial node/retail shopping centre close by, will also add to the synergy for the site.
- Based on an as-is scenario the site rated as 86/100 - excellent site rating.
- Mossel Bay has 1 private acute hospital (Bay View Private Hospital) that has 147 beds.
- There was an average dwelling growth of $\pm 1.17\%$ between 2020 to 2024 within the catchment area, a growth rate used to project to the 2025 dwellings.
- The average household size, according to the 2022 Census is 3.18, which works out to a population of $\pm 126,167$ people by 2024 for the catchment area.
- Approximately 50% of the population is representative of the private healthcare target market group (Beneficiaries of both Open and restricted schemes).
- The underlying Demand for the catchments was determined from our most recent AfricaEye demographic database combined with other Stats SA secondary data. The medically insured population was calculated from the latest AfricaEye Demographic Income Segmentation.
- The target market / insured population is defined as 100% of C to A+ income dwellings, based on Fernridge’s Benchmark Model.
- From the aforementioned demographic data sets, it was deduced that the catchment area consists of $\pm 63,732$ people who form the estimated private healthcare target market (beneficiaries) in 2025.
- The insured population was modelled based on admission of 212.2 per 1,000 people to calculate the demand for a private acute hospital.
- **Based on the Private Bed Demand Model, there is demand for 130 private beds, which can be supported by the local market ($\pm 63,732$) at an average length of stay of 3.4 days, for a private acute hospital in 2025. In addition to the 130 private acute beds, there is a demand for 71 dedicated oncology beds as part of the proposed private hospital. This then brings the total bed demand to 201 beds in 2025.**
- In our professional opinion we strongly believe that there is an urgent need for an additional private acute hospital in Mossel Bay, in order to help relieve the pressure and reduce outflow to George.

Medical Services to be Provided

Internal Medicine
 Obstetrics and Gynaecology
 Paediatrics
 General Surgery
 Orthopaedic Surgery
 Neurosurgery
 Otorhinolaryngology
 Intensive Care
 Neonatology
 Emergency Medicine
 Oncology
 Theatres

Theatres

Minor Theatres : 3
 Major Theatres with Laminar Flow : 5

High-Level Recommendations on Bed Configuration

High-Level Recommendations on Bed Configuration

| | |
|-----------------------------|------------|
| Adult General Medical beds | 30 |
| Adult General Surgical beds | 30 |
| Day Ward beds | 6 |
| Medical Oncology beds | 35 |
| Surgical Oncology beds | 36 |
| Gynaecological beds | 10 |
| Obstetric beds | 10 |
| Paediatric beds | 10 |
| Adult ICU beds | 16 |
| Adult High Care beds | 12 |
| Neonatal ICU beds | 2 |
| Neonatal High Care beds | 4 |
| Total Beds | 201 |



Fernridge Solutions was founded in 2002. We are based in Johannesburg, South Africa and specialize in spatial analysis using GIS (Geographic Information Systems) technology, the latest demographic data and client information.

Our Purpose:

We empower clients with insights to make informed business decisions by providing location-based proprietary data and solutions in sub-Saharan Africa.

We conduct ± 15 shopping centres / mixed use market studies per month conducted in all nine South African provinces, as well as neighbouring countries (such as Namibia, Botswana, Swaziland, Lesotho, Mozambique, Zimbabwe) and other African countries (Zambia, Malawi, Ghana, Nigeria, Kenya, Uganda, Rwanda, DRC etc). We offer this service to banks, landlords, property managers, corporate and private investors and developers.

We also assist some of the leading retail and other groups in their store expansion and rationalization strategies, location analyses etc. Our clients include, among others: Spar, Woolworths, McDonald's, Pepkor, Netcare, Virgin Active, Advtech, Midas, Clicks, Massmart etc.

This will be an objective, independent market report with the sole aim of limiting risk for our client and optimize development potential. Fernridge will endeavour to take every care in the preparation of the existing report. The sources of information to be used are believed to be accurate and reliable, but no guarantee of accuracy or completeness can be given. Neither Fernridge, nor any director, representative or employee of Fernridge, accepts liability for any direct or indirect loss arising from the use of the existing document or its content. The information and opinions to be contained in the existing report are subject to change without notice. Many other aspects, apart from demographic potential, determine the ultimate success or failure of a scheme.

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