Attitudes to the provision of primary health care at the day hospitals in Cape Town

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Summary
Day hospitals in Cape Town are examined against the criteria in the definition of primary health care of the World Health Organization’s Declaration of Alma Ata. A survey of patients attending a day hospital was undertaken to ascertain the consumer perspective regarding access to and quality of the service offered. The provider’s perspective was obtained from secondary sources and in-depth interviews. It was found that the services are generally acceptable to the users, but that factors such as waiting time and transport create problems for patients. Community participation is also very limited. The separation of preventive and curative services also places limitations on the day hospitals—they provide only curative health care. The most important reason given by patients for using the day hospitals is the low cost.

Meeting basic needs is a major developmental goal which focuses attention on the social welfare of human beings concurrently with, and as part of, attempts to promote economic growth. The core basic needs identified by the International Labour Organization1 are food and nutrition, clothing, housing, water, sanitation, public transport, education, and health services.

In a broad sense, these basic needs are themselves the main determinants of health. In a narrower sense, many theorists see the provision of primary health care (PHC) as a means of meeting the basic health needs of the majority of the population. The World Health Organization’s definition of PHC, outlined in the Declaration of Alma Ata, states: ‘Primary health care is essential health care made universally available to individuals and families in the community by means acceptable to them through their full participation, and at a cost that the community and the country can afford. It forms an integral part of both the country’s health system, of which it is the nucleus, and of the overall social and economic development of the community.’

The PHC approach has been criticized for failing to take into account political and economic factors which determine the distribution of resources, including health resources, in the first instance; but it can facilitate the attainment of rapid, if limited, health benefits in the short to medium term if it is integrated into the overall social and economic system of the community.

In South Africa, while PHC is part of the national health policy,1 the emphasis is on the provision of health services for all, rather than on health for all, and this narrower definition means that health care provision is not integrated with other social services. In addition, there is a division between the provision of services by the public and by the private sector and curative and preventive services are often physically separated.1 Little research has been done to evaluate community participation in decision-making and the running of community health centres where they exist, and questions of access (universal availability and cost) and quality (acceptability of essential health care) have also seldom been the subject of assessment programmes.

In the Cape Peninsula (the 01 Metropolitan Region), the Day Hospitals Organization was started in 1969 to provide a PHC service in the community for people in the lower-income group not covered by medical insurance, and to relieve the overburdened outpatient departments of general hospitals.6 The day hospitals provide a mainly curative service for (i) common episodic illnesses; (ii) serious disease or trauma requiring immediate emergency care or referral; (iii) long-term or progressive illness requiring management and periodic evaluation (chronic patients); (iv) aftercare and rehabilitation of patients following discharge from hospital; and (v) uncomplicated obstetric cases.

In addition to medical practitioners and nursing staff, the day hospitals have, in most cases, a social worker and a family-planning sister. Some also have theatre facilities, an X-ray unit and a physiotherapist.6 A fairly recent innovation has been the introduction of PHC sisters (trained in basic clinical skills) in some of the day hospitals. It emerged in interviews that there was some opposition to this from certain doctors who felt that the care provided by these sisters could be inferior and that only doctors should do clinical work.

At present there are 19 day hospitals in the Cape Peninsula in poor socio-economic areas and in areas with few general practitioners (GPs).6 This study compares the PHC provided by the day hospitals with the criteria outlined in the Alma Ata Declaration.

Methods
To assess whether the criteria of the Alma Ata Declaration were met it was necessary to ascertain the views of both the providers and the consumers of health care. During 1982 the perspective of the providers was obtained from secondary sources6 7 and a series of in-depth interviews conducted with a wide range of staff at three day hospitals.

The consumer perspective was studied through a hospital-based survey conducted at the Elsies River Day Hospital during 1983. The sample was chosen after studying the daily
attendance records for a month. It included representative proportions of patients utilizing the normal day hospital facilities and of those attending the 'clubs' — weekly clinics for chronic ailments such as hypertension and diabetes. Children were excluded as it was found during the pilot study that they were often accompanied by escorts other than family members who could not provide complete information. Maternity cases were also excluded. The survey was spread over a month to allow for any differences in reasons for attendance at different times of the month. Sequential sampling was used to select a sample of 100 patients. A pre-tested questionnaire was administered by a trained interviewer. The questionnaire was structured to obtain: (i) demographic information, i.e. age, sex, education level, income and social class; (ii) access-related data, i.e. distance of home from clinic, means of transport, waiting time and cost (patients who also used GP services, the alternative source of PHC in the community, were asked to compare the two services); and (iii) impressions of quality of service.

Results

Demographic data

Fig. 1. shows the age and sex pyramid of the sample. Women comprised 70% of the sample, and 36% of the sample were women under 35 years of age.

There was no significant difference between males and females as regards educational level achieved. Of the patients in the study population 69% had only primary school level education and 13% had no schooling at all.

Table 1 shows the social class composition of the sample. The majority of subjects (81%) were from social classes IV and V, i.e. semi-skilled and unskilled workers.

As regards income levels, 74% of the subjects earned less than R300 per month; 84% of the patients had no medical aid and 14% had access to medical aid, while 2% had had medical aid in the past.

The purpose of the visit to the day hospital was evenly distributed between acute ailments (50%) and chronic ailments (defined as a condition suffered for longer than 6 months) (50%).

<table>
<thead>
<tr>
<th>TABLE I. SOCIAL CLASS</th>
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</thead>
<tbody>
<tr>
<td>Social class</td>
</tr>
<tr>
<td>I Professional</td>
</tr>
<tr>
<td>II Intermediate</td>
</tr>
<tr>
<td>III Skilled</td>
</tr>
<tr>
<td>IV Semi-skilled</td>
</tr>
<tr>
<td>V Unskilled</td>
</tr>
<tr>
<td>No record</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Access to medical services

By far the greatest percentage of the sample (69%) walked to the day hospital, while the remainder used buses, trains, cars or taxis.

Seventy-six per cent of respondents said they used the day hospital exclusively, while 24% said they would sometimes use the day hospital and sometimes a GP.

Fig. 2 indicates the perceptions of the 24 subjects who made use of both services about the relative merits of each. While 50% of the sample were closer to the day hospital and 50% closer to a GP, GPs scored better on the hours of service available and on waiting times (although 5 patients (21%) found no difference in waiting times). An overwhelming proportion of patients (83%) found the day hospital cheaper, and it was also considered by the majority of patients (54%) to give better service, although 38% found no difference in quality of service.

Fig. 1. Age and sex distribution of sample.

Fig. 2. Patients' perception of access to day hospital and the GP (section of sample who used both services).

In answer to a question aimed at determining how patients who used both services would decide where to go (day hospital or GP), the responses covered a wide range (Table II).

Fig. 3 indicates the reasons why the 76% who only used the day hospital did so. Some respondents gave more than one reason. By far the most frequent reason was financial — that the day hospital was cheap. Of the reasons given, 21% were that the day hospital was nearer than a GP. Other reasons
TABLE II. PATIENT'S REASONS FOR CHOOSING EITHER DAY HOSPITAL OR GP

<table>
<thead>
<tr>
<th>Day hospital</th>
<th>GP</th>
</tr>
</thead>
<tbody>
<tr>
<td>If I have no money</td>
<td>If I'm in a hurry</td>
</tr>
<tr>
<td>Only when it's open (weekdays only)</td>
<td>Because of the medical aid</td>
</tr>
<tr>
<td>Only for hypertension — otherwise GP</td>
<td>For emergencies</td>
</tr>
<tr>
<td>Because it opens early</td>
<td>Over weekends</td>
</tr>
<tr>
<td>Because it's more friendly</td>
<td>Because the GP examines — the day hospital just asks questions</td>
</tr>
<tr>
<td>Because it has X-ray facilities</td>
<td>Because it's nearer home</td>
</tr>
</tbody>
</table>

*Section of sample used both services.

TABLE III. PATIENT'S SUGGESTIONS FOR IMPROVEMENTS IN THE SERVICE

<table>
<thead>
<tr>
<th>Access/General</th>
<th>Doctors</th>
<th>Access</th>
<th>Miscellaneous</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>Should examine patients more fully</td>
<td>Build bigger waiting-room</td>
<td>Have play facilities for children</td>
</tr>
<tr>
<td>More doctors needed (mentioned twice)</td>
<td>Get more staff to shorten queues and waiting time (mentioned twice)</td>
<td>Educate patients about the day hospital (mentioned by 3 subjects)</td>
<td></td>
</tr>
<tr>
<td>Should be more helpful</td>
<td>Have shorter tea and lunch breaks (for staff)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access</td>
<td>Provide transport for old people</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Be open over weekends</td>
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Discussion

The study set out to ascertain how health care provided by the day hospitals compared with the criteria of the Alma Ata Declaration. Demographic variables such as social class were also measured since these have an important influence on factors such as acceptability. Essential health care

What constitutes essential health care must be defined in terms of the morbidity patterns of the community served by the health care facility. The survey showed that the day hospitals served a predominantly working-class community. Such communities suffer from a high incidence of infectious diseases which are often easily preventable. Preventive services exist at separate facilities, mainly local authority clinics. It is questionable whether this separation leads to maximum utilization, particularly of preventive services. There is also a high incidence of chronic diseases (conditions persisting for longer than 6 months) in the population studied. The day hospitals have attempted to cope with this by the establishment of special chronic disease clinics. The other services offered by the day hospitals were outlined in the introduction.

Access (availability and cost)

The day hospitals are an attempt to make curative PHC available in the community. There are still areas with large populations, e.g. Mitchell's Plain, which have only very limited day hospital facilities. From the patients' point of view access is made up of a number of factors.

Location. The fact that the day hospital was close to their home was given as a reason for using the facility by 21% of the people who only used the day hospital; 50% of the people using both day hospital and GPs found the GP to be closer.

Transport. The fact that most people (69% of the sample) walked to the day hospital seemed to indicate: (i) that people more readily use a service if it is within walking distance; and (ii) that for people who live beyond this distance, access to any service may be a problem in terms of transport, especially with the rising cost of public transport on which most members of lower socio-economic groups are dependent.

Waiting time. At the day hospital, especially in comparison with other PHC services, waiting time was one of the biggest problems. A study done in 1978 showed a mean patient waiting time of 1.9 hours at a day hospital. This seemed to be a more important issue for patients than day hospital staff realized. One day hospital doctor felt that 'the patients are used to long waits': A receptionist felt that the fault lay with the patients: 'The patients just don't want to wait. They don't understand that we are short-staffed.' The day hospitals do attempt to help employed patients by giving them deferral forms to show their employers if they have waited all day without being seen.

Hours. Day hospitals are only open during normal working hours. This limits access to health services after hours and for employed people who are unable to take long periods off work. This was reflected in the reasons people gave for using a GP (Table II). The predominance of women in the sample may be partially accounted for by excess morbidity but may also reflect limited access for employed men.

Cost. Fees at the day hospital are relatively low, ranging from 50c for people with a monthly income of less than R50 to
R4 for those with incomes between R100 and R200. People with an income over R240 are not supposed to make use of the day hospitals except in an emergency or in special circumstances. Cost was the overriding factor given for using the day hospitals. Only 16% of the patients had had access to medical aid at any stage. It is also necessary to consider the added cost of transport for those patients not able to walk to the day hospital.

Acceptability

The providers of health care in the day hospitals appear satisfied with the quality of care offered, usually in comparison with provincial hospitals, as illustrated by the following quotes: ‘The day hospitals are much better, for patients and staff, than big hospitals. They are smaller and less alienating’ — day hospital sister.

The patients do wait, but the treatment they receive is worth it. Here they can have almost everything done under one roof, and it is far quicker than going from department to department in the large hospitals’ — head of day hospital.

The limited time for consultation, 5 minutes per patient on average, is seen as a potentially limiting factor to the quality of service provided.

The patients themselves had few complaints about the services: 11% gave ‘satisfaction with treatment’ as a reason for using the day hospital and 7% the ‘friendly attitude of the staff’. Only a small percentage of the sample (24%) had used the alternative form of PHC in the community, namely GPs; of these, only 4% felt that GP provided better treatment. The objectivity of these results may have been influenced by the fact that the survey was conducted in the day hospital. The study also makes no attempt to assess the attitudes of non-users.

Participation

Community participation has been seen as a crucial element in the effectiveness of PHC. There are very limited opportunities for patients to participate in the day hospitals. In some cases the day hospitals have committees, for example the Share committee at the Retreat Day Hospital, in which patients can participate. This committee is mainly concerned with fund-raising activities. The impression gained on visiting day hospitals was that of great passivity in the patients. In all clinics observed the patients sat silently waiting to be called up one by one.

In considering ways in which this lack of participation can be overcome it is necessary to take into account the wide class and educational differences between the providers and the consumers.

Conclusions

The Day Hospital Organization occupies an important role in health care delivery in the Cape Peninsula, being the only source of curative PHC located in the community for the majority of the people who cannot afford the services of private practitioners. The day hospitals have also been associated with health improvements such as the decrease in hospital admissions for gastro-enteritis and a decrease in the infant mortality rate.

Certain limitations in terms of the Alma Ata definition of PHC are placed on the day hospitals as a result of the State’s health policy, e.g. the separation of preventive and curative services and the separation of health services and other aspects of development such as housing, education, etc. Within the sphere of curative medicine the day hospitals provide essential health services within the community. These are limited by the distribution of day hospitals and the resources available to them; for example, only 4% of the annual Cape Provincial Administration hospital budget is spent on the day hospitals.

Availability of these services may be limited by factors such as transport and the long waiting times at day hospitals. Affordability was the most important reason given by people using the day hospitals. However, incomes were low and cost might be a factor for people not using the day hospitals, something which could not be ascertained in a hospital-based survey.

In general, the services seemed acceptable to the people using them, although, as a result of their limited access to other types of health service, they had little on which to base a comparison. The method used — a hospital-based survey — might also have inhibited people’s response.

The day hospital system fails to meet the criterion of full participation. There are also barriers that would have to be overcome before this could occur such as the wide difference in social class and education between the providers and the consumers. Surveys of consumers’ attitudes to health services are necessary to ensure that the needs of the people using them are met. Community based surveys, although more difficult to do, provide more comprehensive information, especially with regard to people who do not use the services.

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REFERENCES