

# Evaluating the core functions of primary care performance in Amathole District, Eastern Cape, South Africa

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# Background

- Strengthening primary health care (PHC) is a global priority to achieve universal health coverage and the sustainable development goals.
- Ever since 1994 implementing high quality PHC has been a policy goal.
- Several health reforms have focused on improving the performance of PHC.



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# Ideal Clinic South Africa

HOME

LOGIN

SNAP SHOT OF PROGRESS MADE

DOCUMENTS

CONTACT US

## Ideal Clinic Monitoring System

### Progress on facilities

#### Ideal Primary Health Care Facilities

Provinces	# of Facilities	2015/2016		2016/2017		2017/2018		2018/2019		2019/2020		2020/2021		2021/2022		2022/2023		2023/2024	
		#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
EC	777	14	2	139	18	157	20	249	32	251	33	100	13	178	23	192	25	491	63
FS	219	22	10	78	35	114	51	168	76	153	69	94	43	143	66	154	70	200	91
GP	372	89	24	215	58	291	79	330	90	335	91	322	88	341	92	358	97	357	96
KZN	608	141	23	288	47	383	63	461	76	449	74	450	74	551	84	559	92	592	97
LP	477	27	6	51	11	121	25	165	34	139	29	72	15	167	35	109	23	201	42
MP	295	19	7	66	23	87	30	133	46	147	51	86	30	173	59	235	80	287	97
NC	161	3	2	67	41	89	55	92	57	56	35	19	12	35	22	27	17	57	35
NW	309	7	2	92	30	121	40	141	46	173	56	147	47	180	58	205	67	299	97
WC	255	0	0	41	16	144	55	181	69	203	77	154	59	200	76	207	81	222	87
SA	3473	322	9	1037	30	1507	43	1920	55	1906	55	1444	42	1928	55	2046	59	2706	78

## Structures

District health services support (29)

## Inputs

Infrastructure: signage, hygiene, cleanliness, space, maintenance (1, 18, 22)

Workforce: identity, dress code, size and mix (2, 15)

Health information system: pat record management, ICT, DHIS (4, 25, 26)

Medicine, supplies, equipment, furniture (13, 24, 23)

Financing (17)

Laboratory services (14)

Transport, EMS, referral system (21, 30, 31)

## Processes

Models of care: service package, integration, availability services (5,6)  
Management: intrn comms (27)  
Community linkages and engagement (8.

Systems for quality improvement: guidelines, IPC, waiting times, satisfaction, PMDS

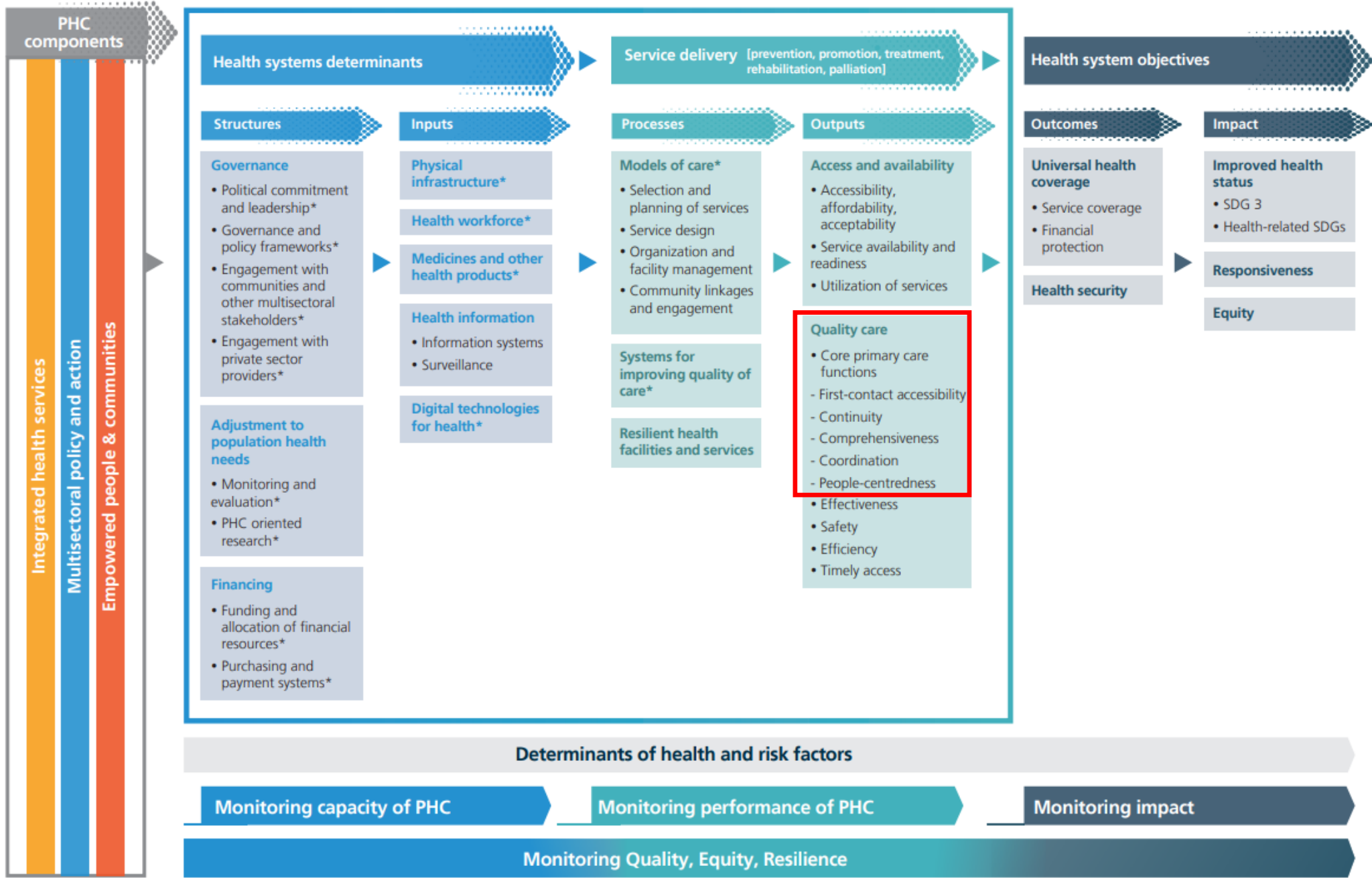
Resilience facilities and services: outbreaks and

## Outputs

Access, availability, utilization: organization and appointments, (3, 7)

Core primary care functions: first contact access, continuity, comprehensiveness, coordination, person-

Quality: effectiveness, efficiency, security, timely access (19)

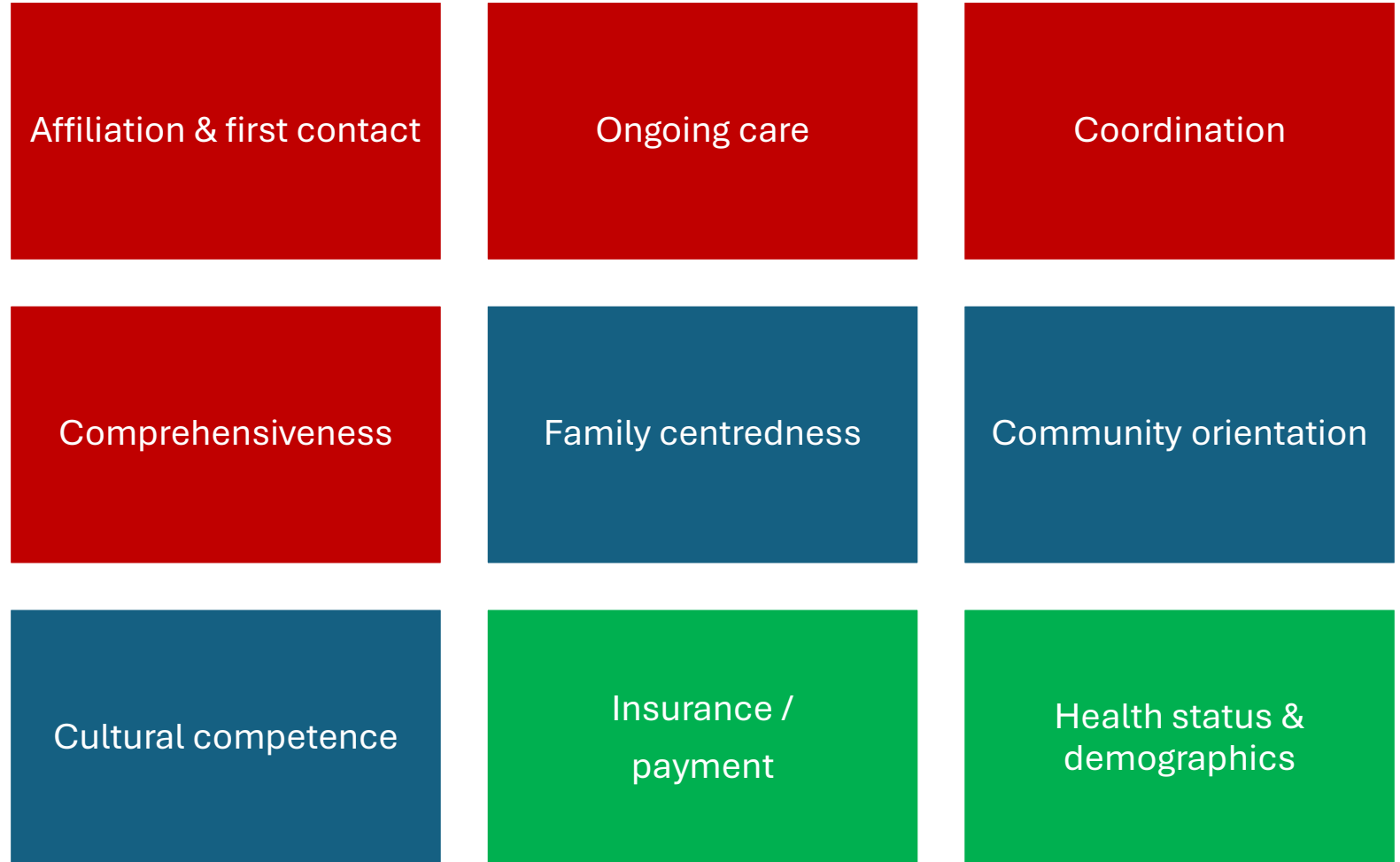




How can we evaluate the core functions of primary care performance?

# Domains in the original USA Primary Care Assessment Tool (PCAT)

- Four core domains
- Three additional domains
- Two characteristics of users



# How the tool works

Based on the adult user short version

# Multiple items on a Likert scale for each domain/subdomain

## B. FIRST CONTACT – UTILIZATION

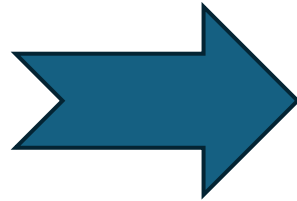
Please check the **one** best answer.

	Definitely	Probably	Probably not	Definitely not	Not sure/don't remember
B1. When you need a regular general checkup, do you go to your PCP before going somewhere else?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
B2. When you have a new health problem, do you go to your PCP before going somewhere else?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
B3. When you have to see a specialist, does your PCP have to approve or give you a referral?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>

# Development of PCAT

## Original USA

- First contact access
- Ongoing care
- Coordination
- Comprehensiveness
- Family centredness
- Community orientation
- Cultural competence
- **Insurance / payment**
- Health / demographics



## South Africa and Kenya

- First contact access
- Ongoing care
- Coordination
- Comprehensiveness
- Family centredness
- Community orientation
- Cultural competence
- **PHC team composition**
- Health / demographics

# Adaptation and validation of the PCAT-SSA

- Integration of all options from Uganda, Kenya and South Africa
- Workshop at PRIMAFAMED meeting 2023 – draft PCAT-SSA
- Delphi study within the PRIMAFAMED network – consensus on the PCAT-SSA
- Further policymaker/stakeholder engagement in Benin, Uganda and South Africa
- Final version of the PCAT-SSA

# Aim and objectives

**The aim:** to test the regional PCAT in Amathole District in the EC, to measure and monitor the core functions of primary care and drive improvement in quality of care.

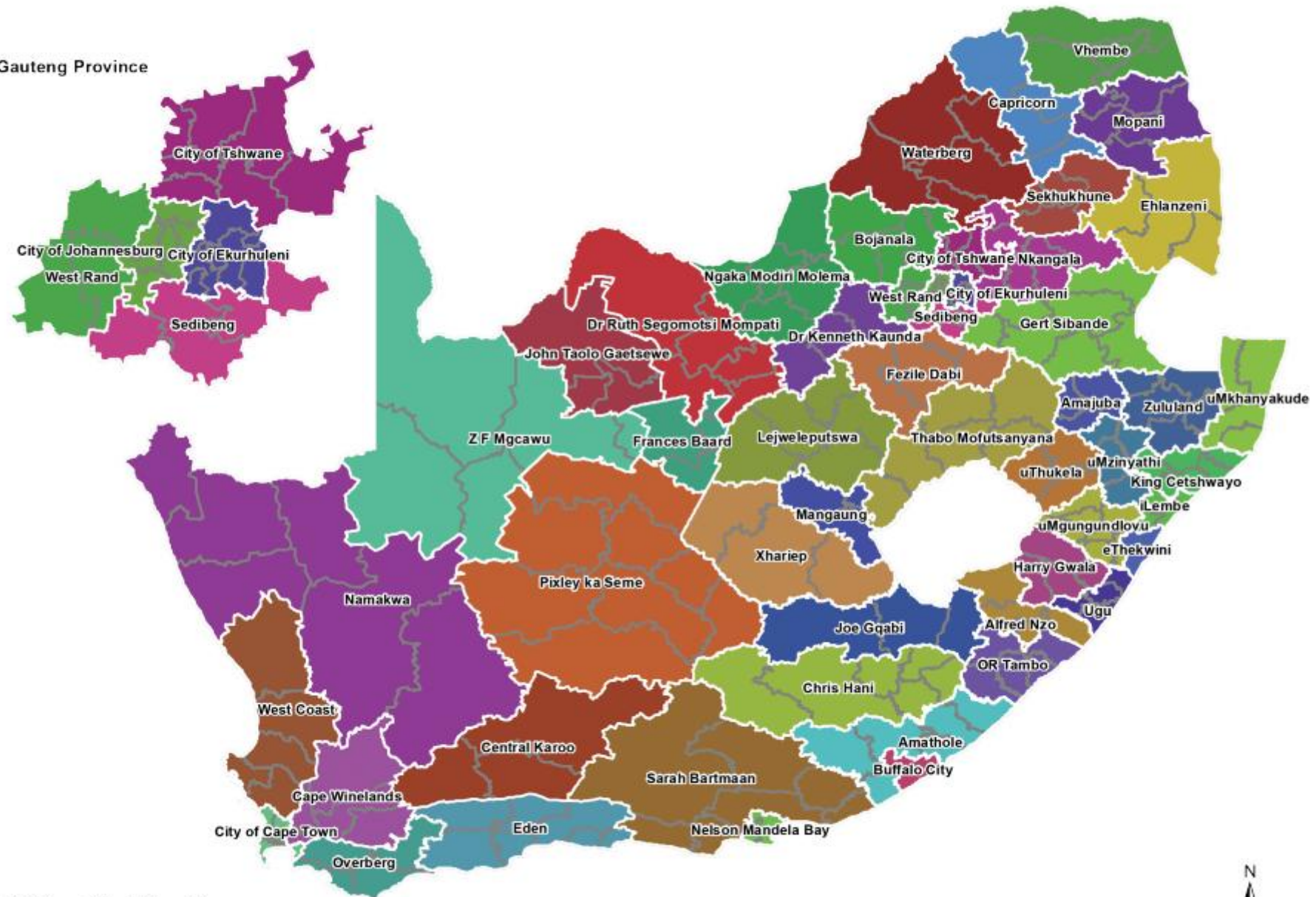
**Key objectives include:**

- 1. To measure the core functions of primary care in Amathole District.** The PCAT had never been used to evaluate primary care performance in the EC.
- 2. To engage local stakeholders in the PCAT findings and plan interventions to improve the quality of primary care**

# Use of the PCAT findings

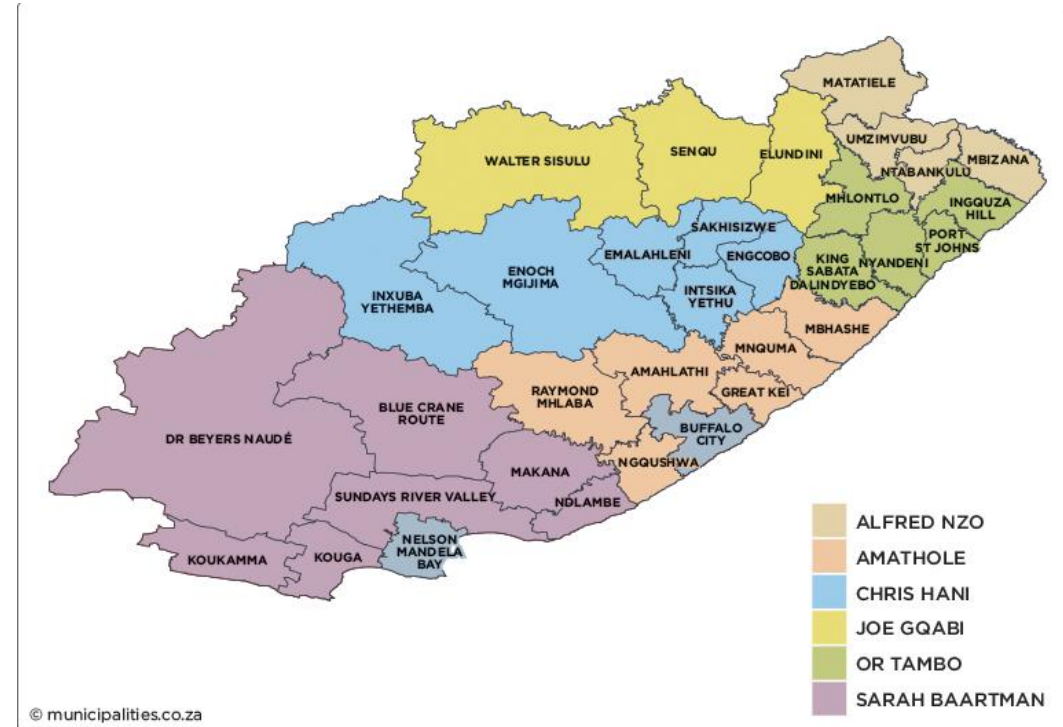
- By researchers to
  - Measure performance of primary care
  - Compare provinces or countries
  - Compare changes over time
  - As outcome measure
- By service delivery managers and clinicians
  - Identify gaps in performance
  - Prioritize, plan and implement interventions
- By health system managers
  - As part of health information system
  - Monitor primary care performance

Gauteng Province



# Amathole District

- 4 Subdistricts (6 LSAs)
- 12 district hospitals
- 5 community health centre



# Primary care facilities in Amathole

Subdistrict/LSA	CHC	Clinic	Mobile	Total	Primary care headcount
Raymond Mhlaba	1	36	4	41	396759
Ngqushwa LSA	0	22	3	25	184645
Mnquma	1	28	3	32	539295
Mbashe	3	29	6	38	593940
Great Kei LSA	0	4	0	4	83634
Amahlati	0	25	7	32	308385
Total	5	114	23	172	2106658

# Methods

- Descriptive cross-sectional survey
- Sample size – 385
- Sampling – sample stratified by headcount per subdistrict and then by clinic (40 clinics randomly selected)
- Patients selected per facility on systematic random sampling
- Questionnaire administered in Xhosa using REDCap mobile app by research assistants (3 unemployed post community serve doctors). Afrikaans and English questionnaires also available.
- Data analysed in SPSS
- Likert Scale from 1-4 ( $\geq 3$  seen as acceptable quality)

# Characteristics of participants (N=386)

- Mean age 49.1 years (SD 17.5)
- Women 77.2%
- isiXhosa 99.5%
- Did not complete high school 70.7%
- Unemployed 39.9%
- Informal dwelling 26.0%
- Potable water in the house 11.4%
- Toilet in the house 13.2%
- Electricity in the house 94.8%

# Relationship with primary care facility

- Number of visits in last 2 years: Median 12 (IQR 8.0-14.7)
- Patient for > 5-years: 68.6%
- Strong affiliation: 77.1%
- Reasons to attend this clinic:
  - Geographically close 60.1%
  - Good quality 64.0%
- Self-reported health status:
  - Good to excellent 73.0%
  - Chronic condition 23.0%

# Performance of core functions

Function	Median score (IQR)	Scoring $\geq 3$ n (%)	Interpretation
Primary care (N=333)	3.3 (3.2-3.5)	308 (92.5)	Acceptable
Access (N=385)	1.7 (1.0-2.9)	96 (24.9)	Poor
Utilisation (N=384)	4.0 (4.0-4.0)	384 (100.0)	Good
Comprehensiveness (N=344)	3.3 (2.9-3.6)	259 (75.3)	Acceptable
Continuity (N=379)	3.2 (3.1-3.6)	332 (87.6)	Acceptable
Person-centredness (N=380)	4.0 (4.0-4.0)	368 (96.8)	Good
Coordination (N=386)	4.0 (4.0-4.0)	366 (94.8)	Good

# Feedback on items

- Access: no access outside working hours at facility, in home, or telephonic
- Comprehensiveness: dental care, social problems, minor injuries, minor surgery, disabilities, hearing and vision, palliative care and older adults
- Continuity: no relational continuity

# Relationship to location, health status and socio-demographics

Lower PC scores ( $p < 0.05$ ) in:

- Three subdistricts (Mbashe, Raymond Mhlabha, Ngqushwa)
- Those with poorer health and chronic conditions
- Poorest households (informal and no water or toilet)
- Most affluent households (formal, inside water and toilets)
- Students vs unemployed

# Comparison with other studies using PCAT

Core function	South Africa	Kenya	Uganda	Amathole
Primary care	3.1	2.6	3.0	3.3
Access	2.5	2.3	2.6	1.7
Utilisation	3.4	3.1	3.0	4.0
Comprehensiveness	3.2	2.1	3.0	3.3
Continuity	2.9	2.8	2.6	3.2
Person-centredness	-	-	3.5	4.0
Coordination	3.3	2.9	2.3	4.0

# Conclusions

- Researches were pleasantly surprised by the high PCAT scores obtained in Amathole, a rural district in the EC.
- Clear issue of access needs to be addressed.
- Workshop with district management team to seek further insights.
- Explore how to address access issues
- Explore how to improve comprehensiveness and continuity

# Core functions of primary care in Amathole District, South Africa: a descriptive study

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## Abstract

**Background:** Strengthening primary care is a priority globally and for the South African health system. The current measurement tools in South Africa do not assess the core functions of primary care: first contact access, comprehensiveness, coordination, continuity, and person-centredness. A regional version of the Primary Care Assessment Tool (PCAT) has recently been validated and can measure these core functions.

**Aim:** To field test the regional PCAT and measure the core functions of primary care performance.

**Design & setting:** A descriptive cross-sectional survey in Amathole District, South Africa.

**Method:** Data were collected from 386 randomly selected patients from 40 clinics and six subdistricts. Data were collected using the REDCap mobile application and analysed in the Statistical Package for Social Sciences (version 27).

**Results:** The median primary care score was 3.3 (interquartile range [IQR] 3.2–3.5) where a score  $\geq 3$  was seen as acceptable performance and  $\geq 3.5$  as good. Person-centredness, coordination, and utilisation were all scored as good (4.0, IQR 4.0–4.0). Comprehensiveness (3.3, IQR 2.9–3.6) and continuity (3.2, IQR 3.1–3.6) were scored as acceptable. Access to care was scored as poor (1.7, IQR 1.0–2.9). There were significant differences in primary care scores between subdistricts. Patients with a worse health status or chronic condition gave lower scores. The most affluent and the poorest groups also gave lower scores.

**Conclusion:** The district needs to focus on improving access to care as well as some aspects of comprehensiveness, continuity, and coordination. The newly validated regional PCAT can provide the district with novel information for performance management and improvement.

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**Competing interest:** The authors declare that no competing interests exist.



“If you want to go fast, go alone. If you want to go far, go together.”  
African Proverb

