

# NEXT PLEASE

## Client experience of Primary Health Care services prior to and post the implementation of appointment systems in City Health Clinics

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### BACKGROUND

The aim of this Explorative Qualitative Study was to explore and understand clients' experience, their perceived role in shaping the recently established appointment system and how they were introduced to the appointment system within city health clinics in the Western Cape Province.

The study is part of a pilot initiative and focused on understanding how the appointment system has impacted on clients' experience at five city health clinics in five sub-districts. The research explored aspects of the clients' perception of value-add or any unintended consequences created by the new appointment system. The research allowed clients accessing PHC services to voice their experiences of the appointment system. The information will enable City Health to determine whether their appointment system addresses the client and community needs adequately.



### METHODOLOGY

Explorative Qualitative study, sampling 5 PHC facilities targeting 3 clients per facility. The sample of PHC facilities included 1 small facility, 2 medium facilities and 2 large facilities in the City of Cape Town. Interviews were conducted with 15 participants using an interview guide.

The research findings and recommendations do not represent the official view of the City of Cape Town

FACILITIES	HEADCOUNT	AVERAGE WAITING TIME
Small	3000	Minimum 10 mins – Maximum 180 mins
Medium	3001 – 5000	More than 180 mins
Large	More than 5000	Minimum 40 mins to Maximum 311 mins

Categories provided by City Health Programme Managers.

*"If you have an appointment you are treated differently, staff look at your card and help you, if you missed an appointment or have no appointment, they look at your card and tell you to go and sit."*

Female, 33, Medium Facility

### OUTCOME THEMES

#### 1 Differences between small, medium and large health facilities

There were marked differences highlighted between small, medium and large facilities. There was no standardization to the implementation of ASLI. Each facility and service acted autonomously when they introduced a system, which they attempted to tailor to the context of their staffing and to a lesser extent the community dynamics. Clients in smaller facilities appeared satisfied with the quality of services irrespective of the implementation of the appointment system. More confusion and lack of communication appeared multiplied within the bigger facilities which presented much more complex appointment scheduling which is programme specific.



#### 2 Communication while waiting

The study highlighted the situation in smaller facilities as being more acceptable to clients, which was in contrast to medium and larger facilities. Some participants have noted that if they received adequate communication during the wait, they would be less likely to feel dissatisfied.



*"I can now speak to the sisters and nurses at the clinic, they listen attentively and give me the opportunity to question them..."*

Female, 45, Small Facility

#### 3 Clients' awareness about advocacy platforms

The majority of the clients had not heard of advocacy platforms available to them. Clients did not realize these platforms existed but noted that they would gladly participate on these platforms in order to shape their health services. Not all clients felt they would participate in such platforms, less than half who were interviewed stated it was not for them, with some being concerned about the time implications of participating in a health committee or forum.



*"With or without an appointment, we leave together."*

#### 4 Community participation, development and engagement

None of the clients interviewed were aware of a campaign or awareness programme, which communicated the new appointment system within their health facilities. Most had heard about it by word of mouth in the community. The inputs from the community may give some valuable reshaping to the current systems and might decrease the number of unbooked clients within the facility. Thus, having the representation from the community within a health forum and as part of systems design processes, allows the HCP to adjust their approaches to a more acceptable, responsive and appropriate appointment system which considers all the social determinants that the respective community is facing.



### CONCLUSION

This research provided insight into what was known anecdotally with regard to appointment systems and waiting times. It has shown that clients' perception of the appointment system is largely linked to their perception and experiences of broader issues of quality of care and waiting times. This is corroborated by many studies about waiting time, quality of care and appointment systems. A lack of communication has featured strongly in this study, the participants echoed a sense of being left behind in the planning and implementation of the ASLI.

The differences noted between smaller facilities and larger ones are in contradiction with NCS and ICRM, as clients felt the appointment system did not add value to their experience and that their PHC services were satisfactory prior to the appointment system. This speaks to a more contextual approach to ASLI rather than a 'one size fits all', national approach.

### RECOMMENDATIONS

- **Engage communities** in the establishment of the appointment system and its reshaping. The establishment of health committees should be revisited and a robust communication plan should be implemented to ensure representation from all groups within the community.
- **Communication processes should be reviewed** and a standardized communication process should be relayed by all health facility staff during their engagement with communities.
- Although an appointment system should be flexible, there should be **standardization within a facility** as it creates confusion if each service adopts a different modality. Deciding on a modality with the staff and community and implementing it throughout the facility to create uniformity and an agreed process that can be known by both staff and clients is recommended.