



The impact of subspecialty services on health care delivery – a community health centre based study

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Objectives. The objective was to evaluate the role of a paediatric surgical consultant at a primary health care facility.

Design. Descriptive and prospective.

Setting. In the process of planning and implementation of the 2010 health plan of the Provincial Government of the Western Cape, a shift occurred in the delivery of health care to children from a provincially based hospital system to a municipally based primary health care system. To contribute towards enabling this process, the Department of Paediatric Surgery at Red Cross War Memorial Children's Hospital established a paediatric surgical day clinic at a local community health centre during 2001.

Subjects. Information was obtained from patient data sheets containing details of consultations at the sub-specialist surgical clinic at Michael Mapongwana Community Health Centre.

Results. Over a 58-month period 1 171 children were seen, of whom 655 were male and 427 female. Their ages ranged from 0 to 19 years, the largest group being under 1 year. Eighty

per cent of patients were accompanied by their mothers. The correct diagnosis was established by the nurse practitioners in 71%. General paediatric surgical conditions predominated, followed by medical, dermatological, orthopaedic, trauma, otolaryngo-pharyngology, infectious diseases, ophthalmology, urology, neurosurgery, malignancy and maxillofacial conditions. The details are set out in the report. In total 597 patients were referred directly to an appropriate care facility and 574 patients could be managed entirely at the clinic level.

Conclusions. This study demonstrated the significant public health problem of paediatric surgical disease. It emphasised the preventative and cost-effective role of a surgical clinic at primary health care level. The clinic allowed for timely surgical intervention in 65% of surgical cases, thereby decreasing inappropriate tertiary referrals. We believe that bringing specialists into the community can only strengthen the 2010 health care plan.

S Afr Med J 2006; **96**: 945-949.

'Small steps and big leaps'

The process of planning and implementation of the 2010 health plan of the Provincial Government of the Western Cape brought about changes in the delivery of health care to children. These changes emanated from a need for a more equitable, efficient, affordable and integrated health care system. To achieve these goals, a pragmatic evolution of care for a service delivery platform was adopted by the provincial and municipal health authorities. This approach resulted in the introduction of municipality-based health care centres.

A network of municipality primary health care clinics (PHCs) functions as the first level where patients gain entry into the health system. These centres are situated in the community. Within this new dispensation, nurse practitioners would primarily be responsible for managing childhood

ailments. Should more advanced diagnosis or treatment be required, patients would be referred to community health centres (CHCs), or secondary level or tertiary health facilities. The referral system is depicted in Fig. 1.

While the Provincial Health Department had previously been directly responsible for providing health services, it now assumes the role of providing guidelines, co-ordination, funding, monitoring and supporting the PHCs, which have become the primary providers.

A quantum shift therefore occurred in the delivery of health care to children from a provincially based hospital system to a municipally based PHC system. To contribute towards enabling this process, the Department of Paediatric Surgery at Red Cross War Memorial Children's Hospital (a tertiary referral centre) decided to establish a paediatric surgical day clinic at a local community health centre during 2001. The health centre is 1 of 9 CHC facilities that provide health services to the local community with a drainage population of approximately 300 000 inhabitants.

This site was chosen because 11% of children with surgical conditions seen at the tertiary hospital originated from this community. The clinic was established after extensive negotiations with the health authorities and the local communities. A specialist paediatric surgeon conducted a weekly 3-hour clinic. Children were referred from five PHCs or seen *de novo*. A dedicated nurse was allocated to the clinic.

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