Evaluating Primary Care Performance in the Western Cape: A Follow-Up Study Using the Primary Care Assessment Tool

MMed Family Medicine mini-dissertation

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DECLARATION

I, Dr Johanna Sophia Weenink, hereby declare that the work on which this dissertation/thesis is based is my original work (except where acknowledgements indicate otherwise) and that neither the whole work nor any part of it has been, is being, or is to be submitted for another degree in this or any other university.

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Acknowledgements, format and contributions

The South African Family Practice author guideline for the original research article was followed to write this thesis.

Supervisor: A/Prof Klaus von Pressentin
Supervised the design, data collection, and analysis and provided reflections on the written manuscript.

Co-author: Omotayo Alaofin
Support with uploading ZA PCAT AS, PE and FE surveys on REDCap®, the data collection process, and data cleaning and analysis.

This dissertation utilised work data collected from Evaluating the Performance of South African Primary Care: a cross-sectional Descriptive Survey for the results of timeframe 1.

This manuscript has neither been submitted nor accepted for publication.

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Abbreviations

CDC	Community day centre
CHC	Community health centre
CHW	Community health worker
CNP	Clinical nurse practitioner
COPC	Community oriented primary care
COVID-19	Coronavirus disease 2019
DHB	District health barometer
HCW	Health care workers
HREC	Human Research Ethics Committee
ICRMF	Ideal Clinic Realisation and Maintenance Framework
ICT	Information & Communication Technology
LMIC	Low- and middle-income countries
MMed	Master of Medicine
NCD	Non-communicable diseases
NHI	National Health Insurance
PC	Primary care
PCAT	Primary Care Assessment Tool
PCAT AS	Primary Care Assessment Tool Adult Short
PCAT FE	Primary Care Assessment Tool Facility Expanded
PCAT PE	Primary Care Assessment Tool Provider Expanded
PCF	Primary care facility
PRIMAFAMED	Primary Care and Family Medicine Network for sub-Saharan Africa
PHC	Primary health care
REDCap®	Research Electronic Data Capture
RN	Registered nurse
SDG	Sustainable developmental goal
SAAFP	South African Academy of Family Practitioners
SAMRC	South African Medical Research Council
SPSS	Statistical Package for the Social Sciences
WCDHW	Western Cape Department of Health and Wellness
WONCA	The World Organisation of Family Doctors
UHC	Universal health coverage
UCT	University of Cape Town
ZA PCAT	South African validated Primary Care Assessment Tool

Abstract

Background: Primary health care is a fundamental pillar of universal health coverage, ensuring accessible, equitable, and cost-effective health services. The Western Cape Department of Health and Wellness prioritises strengthening primary care to advance universal health coverage. However, resource constraints, service delivery inefficiencies, and accessibility gaps persist. This study aimed to evaluate the performance and progress of primary healthcare in the Western Cape province over time using the Primary Care Assessment Tool.

Methods: A repeated cross-sectional study was conducted at four public-sector primary care facilities. The Primary Care Assessment Tool was administered between June 2015 and March 2016 (timeframe 1) and repeated between August 2023 and January 2024 (timeframe 2).

Results: For the follow-up study, data from 48 patients, 15 healthcare providers, and eight managers were analysed. Compared to timeframe 1, patient-reported scores declined in timeframe 2, while provider and manager ratings remained stable. Although the median primary care score and the extended score remained within 'acceptable to good', the percentage of patients who agreed declined, whereas the percentage of managers increased. The change in primary care score was not statistically significant (p-value 0.582), but the primary care extended score showed a significant difference (p-value <0.001). Ongoing care was the only domain that scored <3 across all respondent categories (p-value 0.005). Among patients, access to care received the lowest score (mean 1.7; CI 1.2-3.4).

Conclusion: Disparities between patient experiences and staff evaluations highlight the need for targeted improvements in healthcare delivery. Addressing these gaps can help policymakers make informed decisions, optimise resource distribution, and implement strategic interventions to enhance patient experiences and outcomes.

Contribution: The Primary Care Assessment Tool remains a valuable instrument for bridging the gap between patient perspectives and clinical evaluations, thereby supporting the shift toward evidence-based, patient-centred healthcare. Repeated assessments provide critical insights into performance trends over time.

Introduction

Primary health care (PHC) system is a comprehensive, society-wide approach aimed at strengthening national health systems and making health and well-being services more accessible to communities. The Astana Declaration reaffirmed PHC's crucial role in achieving universal health coverage (UHC) and advancing Sustainable Development Goal (SDG) 3—ensuring healthy lives and promoting well-being—while responding to global health challenges, such as non-communicable diseases (NCDs), ageing populations, and pandemics. (1, 2)

According to Starfield, primary care (PC) services are essential for improving health outcomes and are characterised by four key functions: first contact, continuity of care, comprehensiveness, and coordination. (3, 4) These principles serve as policy targets for PHC-oriented systems, particularly in low- and middle-income countries (LMIC). (3-5) PHC systems ensure that health systems meet individuals' needs through health promotion, disease prevention, treatment, palliation, and rehabilitation. (6, 7) This person-centred approach is cost-effective for achieving Universal Health Coverage (UHC) and enhances the resilience of health systems, particularly in crisis situations. (1, 3, 8)

The COVID-19 pandemic served as a stress test, exposing significant weaknesses in global healthcare systems and underscoring the consequences of underinvestment in PHC. (9) Regular performance evaluations are crucial for strengthening these systems, but in many LMICs, the absence of electronic databases for routine monitoring presents a significant challenge. (7, 10) Effective PC systems should be structured around four fundamental dimensions: structure, process, outcome, and equity. Governance is key in shaping PC system policies through regulations, data collection, and decision-making.

In Sub-Saharan Africa, PC services are the first point of contact for individuals seeking medical care. However, systemic challenges persist, including limited resources, healthcare worker shortages, and the dual burden of infectious and NCDs. Strengthening PC service infrastructure, integrating services, and expanding access to essential health resources can significantly improve health outcomes and progress toward UHC. (6, 11-13) Several studies have been conducted in Sub-Saharan Africa using the Primary Care Assessment Tool (PCAT) to evaluate PC performance. (6, 13-16) The first PCAT workshop was held in 2016 during the PRIMAFAMED network meeting. Following initial validation in South Africa, the tool was subsequently applied in Malawi, Kenya and Uganda. (7, 11, 12, 17)

In 2011, South Africa initiated a PHC re-engineering process to improve access and quality at the community level, aligning with the National Health Insurance (NHI) objectives. (16, 18) The NHI aims to achieve UHC through a single-payer system that ensures equitable access to quality healthcare while addressing disparities between public and private healthcare sectors. (19) For many individuals, PC services are their first point of contact with the healthcare system. They are critical in maintaining health, managing chronic conditions, and enabling early intervention for complex health problems. (8, 19) The National Patients' Rights Charter further promotes patient-centred care by safeguarding rights such as informed decision-making. Community health workers (CHWs) have also been deployed to support health promotion and home-based care in underserved areas. (20)

Eight nationally validated instruments, namely the South African and Malawian versions of the PCAT (ZA PCAT and PCAT-Mw respectively); the electronic Tool to Improve Quality of Healthcare; the Nigerian Patient Evaluation Scale; the South African Ideal Clinic Realisation and Maintenance (ICRM) instrument; SafeCare Essentials tool; the European Task Force for Patient Evaluation of General Practice; and the Client Satisfaction Survey Questionnaire, are currently available to measure PC services in Africa. (13) Originally developed by the Johns Hopkins Bloomberg School of Public Health, the PCAT is widely used to evaluate the effectiveness and quality of PC services. (3) Unlike other assessment tools, the PCAT examines a broader range of domains and items, ensuring a comprehensive evaluation. It also incorporates perspectives from multiple stakeholders, including patients, healthcare providers, and managers, making it a valuable tool for assessing demand and supply-side performance. (6, 13) The District Health Barometer (DHB) and Ideal Clinic Realisation and Maintenance Framework (ICRMF) are essential tools for monitoring and improving healthcare in South Africa's public healthcare system. (21, 22) While their functions differ, both work synergistically to enhance healthcare quality at district and facility levels. (22) The DHB evaluates key health system outputs related to disease programmes and tracks progress toward UHC and SDG, while the ICRMF assesses individual health facilities' progress toward an "ideal" status by evaluating health system inputs and service delivery processes. (21) However, most PC service evaluation strategies, including ICRMF, focus on facility self-assessment with minimal input from healthcare users. (21, 22) In 2014, the Western Cape Department of Health and Wellness (WCDHW) introduced its Healthcare 2030 vision, "The Road to Wellness", emphasising a shift from curative to preventative healthcare to achieve "access to person-centred care". (23) The majority of Western Cape residents, particularly those in disadvantaged communities, rely on the PHC system for their health needs. Despite legislative progress

ensuring free healthcare for vulnerable populations, persistent challenges remain, including unmet health needs. Over the past fifteen years, research has focused on evaluating the quality of the PHC-oriented system in the province and identifying areas for improvement. (6, 15, 16)

The key drivers for change in PHC systems are enhancing patient experience and ensuring the sustainable delivery of high-quality healthcare services to address the growing disease burden and promote wellness. Achieving these goals requires fostering a culture of care and improving staff engagement. (23) The Western Cape's UHC Strategy 2020-2025 reinforces its commitment to SDG 3 by strengthening four key capabilities in the health system: service delivery, governance, workforce, and learning. (24) These elements are fundamental to fulfilling healthcare rights for all residents. The province prioritises integrated care, continuity, comprehensive services, and personalised care to improve health outcomes. (25) System priorities include redesigning PC services for improved wellness and UHC preparedness, with a focus on technical efficiency, workforce competence, and service accessibility. (23, 24)

This study is particularly innovative, as it compares PC service performance in the Western Cape across two timeframes: 2015/2016 (Timeframe 1) and 2023/2024 (Timeframe 2). Such information is relevant across different levels of the health system—from the micro (local) to the macro (national) and can guide both PHC teams and policymakers in developing appropriate, evidence-based interventions. In the context of health system recovery following the COVID-19 pandemic, these insights are important for improving PC delivery. No previous study in South Africa has compared two time periods regarding these facilities' ability to provide high-quality, comprehensive PCs from the perspectives of users and PC providers. It identifies service delivery gaps and provides policymakers and healthcare administrators with insights to enhance healthcare quality. Given the dynamic contextual factors in South Africa—such as the COVID-19 pandemic, austerity measures, NHI implementation, and the Western Cape health policies—the need for continuous PC performance measurement remains crucial. (23, 26).

This study aims to measure and compare PC performance across these two timeframes in the Western Cape province, South Africa, from the view of patients, healthcare providers, and managers. The study addresses the following objectives: firstly, to measure current PC performance from the perspective of three categories of PCAT respondents: users, providers, and managers. Secondly, the baseline study findings will be compared to the most recent PC performance using the ZA PCAT tool, in terms of individual PC domains and the combined PC score. Thirdly, the findings will be compared with the provincial strategic plans, and areas for improvement in PHC services in the province will be identified. Finally, to do a comparative analysis of urban vs rural PCFs.

Research methods and design

Study design:

This Master of Medicine (MMed) research project examines a subsection of a national PCAT study led by the MMed supervisor (KBvP). The study was conducted as a repeated cross-sectional evaluation of PC performance in the Western Cape, South Africa.

Study setting:

The national research study will be a multi-centre observational cross-sectional study to measure PC performance in selected public-sector PC facilities across four South African provinces (Gauteng, North West, KwaZulu-Natal and the Western Cape), to build on the previous PCAT work in these provinces. The MMed project describes the PC performance evaluation of the facilities selected from the Western Cape, one of South Africa's nine provinces. Its estimated population is 7.43 million, the third-highest in South Africa, and its dependency ratio is 42.2%. (27) The province leads in job creation, outperforming all other provinces, with the unemployment rate declining by bor%. (28)

This study was conducted in a public health district setting, where health services are provided through a single metropolitan district encompassing the City of Cape Town and five rural health districts (Figure 1). Health districts are further divided into subdistricts; the City of Cape Town district, also known as the Cape Metro Health District, is home to a population of 4.77 million people and is subdivided into eight subdistricts. The City of Cape Town district is divided into four substructures, each managing two subdistricts, while the remainder of the province is not further segmented into substructures. The Central Karoo district has a population of 102,173 people, with the Beaufort West municipality being the largest, housing 72,972 residents.

We have anonymised the primary care facilities (PCF) to ensure confidentiality and prevent unintended consequences for the facilities and their employees. Three PCFs are classified as urban and fall within the Cape Metro Health District and the

City of Cape Town metropolitan area. The first PCF operates in the Tygerberg Eastern Health District, PCF 2 in the Greater Athlone Health District, and PCF 3 in the South Peninsula Health District. The fourth PCF operates in the Central Karoo Health District and is classified as rural.

The PC service package provides a comprehensive range of services designed to address everyday health needs, including preventive care (immunisations, screenings, and health education), health promotion (wellness campaigns), curative services (diagnosis and treatment of acute and chronic conditions), rehabilitative care, and palliative services. It also provides maternal and child health services, mental health support, essential medicines and diagnostics. Regarding the human resources for health, PC services are provided by a multidisciplinary team of specialist family physicians, medical doctors, clinical nurse practitioners (CNPs), registered nurses (RNs), pharmacists, and allied health professionals. A CNP is a highly trained and licensed advanced practice registered nurse with a one-year postgraduate training in diagnosing and managing various health conditions. PCFs encompass Community Health Centres (CHCs), which provide 24-hour services and day clinics. The district's clinics are smaller than Community Day Centres (CDC)/CHCs, mainly staffed by nurses. CHCs and CDCs are more extensive facilities that include doctors, CNPs, pharmacists, and allied health professionals. Additionally, CHCs feature a dedicated emergency unit (without inpatient services) and a midwife-obstetric unit for low-risk deliveries.

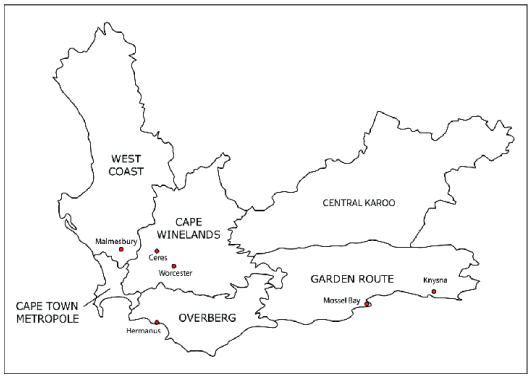


Figure 1: Map of Districts and Subdistricts of WC

Source: Mash RJ, Viljoen W, Swartz S. et al. Retention of medical officers in the district health services of the Western Cape, South Africa: An exploratory

Sample size:

The sample size for the baseline study [6] (timeframe 1) was calculated to compare health centres with and without family physicians. The calculation was based on the diabetes management score, and the 14 health centres in each arm provided 80% power to detect an effect size of 10% with a 5% type I error. (6) Sample size calculations for the follow-up study (timeframe 2) were based on the expected difference in mean primary care score using the coefficient of variation of 0.13 from the baseline data. (6) This sample size was calculated for the follow-up evaluation of PC performance in South Africa, which examines 15 facilities. Fifteen clusters, each with 12 users, provide 80% power to measure a difference of 0.5 in the mean primary care score. The final sample comprised 48 users across all four PCFs, with 12 users per facility.

Sampling:

The four PCFs were randomly selected using simple random sampling. A sampling frame was created in Excel, which included all the PCFs in the initial dataset, which included seven PCFs in the Western Cape. Numbers were assigned to each facility and the four PCFs were selected using a random number generator. Twelve users from each facility were sampled using systematic random sampling (n^{th} method). The inclusion criteria included users who had previously attended the PCF for at least three visits and were 18 years of age or older. Users who missed three consecutive clinic appointments were excluded from the study to ensure a good understanding and experience of the service delivery at the PCF.

The study aimed to conduct interviews with two users per day over six days. This average of two users per day was based on the pilot phase, and to take into account the clinical responsibilities of the Family Medicine registrar who conducted the interviews. An average of 25 patients had scheduled chronic appointments per day. On each study day, folders (users) were selected systematically (every n^{th} folder) from the booked chronic consults stream following the admissions order. Folders containing user appointments were retrieved by the clerk and taken to a dedicated clubroom. The selection was carried out from these folders by systematically choosing every seventh folder (25: 7 = 12) from the chronic appointments pile, using inclusion and exclusion criteria, until the designated number for the day was reached. In cases where the user didn't meet eligibility criteria or consented to participate in the study, the following folder was selected.

The ZA PCAT PE was given to eligible providers who agreed to participate in the study. This group included all permanent doctors and CNPs employed at the facility for at least six months. Exclusions were made for interns, community service doctors, locum practitioners, and permanent staff with under six months of experience at that facility. The ZA PCAT FE was distributed to all facility managers, family physicians, and operational managers who had worked full-time at the PCF for at least six months.

Data collection tool:

The ZA PCAT (
Table *1*), which consists of ten domains, is combined to calculate an overall primary care and primary care extended score. Each domain consists of several items to determine performance. Participants were required to rate their perceptions of the domains using a four-point Likert scale (Table 2). The providers' and managers' versions also evaluate an additional domain, the PC team's effectiveness. The same ZA PCAT version as in the baseline study was used in this follow-up measure of PC performance. (6) All three questionnaires of the ZA PCAT, adapted and validated for South Africa, were utilised: ZA PCAT Adult Short (AS) for patients, ZA PCAT Provider Expanded (PE) for providers, and ZA PCAT Facility Extended (FE) for managers.

Data collection process:

Using a standardised fieldwork protocol, two fieldworkers—the University of Cape Town (UCT) MMed student who was a third-year family medicine registrar at the time of data collection and a research assistant involved in the baseline study—were trained in administering the ZA PCAT across four facilities. The training was led by the principal investigator of the main research project (KBvP), who utilised the PCAT training manual. The training focused on confidentiality, data collection, general interpersonal communication skills and those specifically applicable to the ZA PCAT tool. All were fluent in at least two of the three major languages spoken in the Western Cape (English, isiXhosa and Afrikaans).

The paper versions of all three instruments of the ZA PCAT tool were uploaded to REDCap® and piloted to assess reliability and user experience. The ZA PCAT questionnaires were available in isiXhosa, Afrikaans, and English and were back-translated. Recruitment materials, such as flyers and posters, were distributed at participating facilities. The registrar conducted three of the four PCFs. A research assistant collected data at one PCF under the supervision of the same registrar. As outlined in the sampling method, the interviewer approached the systematically selected user in a designated room while waiting for their consultation. They had no prior relationship with the facilities. The consenting user was then taken to a pre-identified space in the PCF for the interview. Every effort was made to avoid delaying the user's care at the clinic that day.

Research staff administered the user survey questionnaires, while the facility staff completed the providers' and managers' questionnaires independently. Each participant completed the questionnaire independently at their convenience. The investigators addressed questions for clarification. Responses were recorded on hard copies and subsequently entered into REDCap® by the registrar. According to the institutional data management policies, all data was deposited into a secure central database at the UCT. Data were collected at the facility level between June 2015 and March 2016 for timeframe 1 and from August 2023 to January 2024 for timeframe 2.

Table 1: ZA PCAT dimensions and definitions (3, 6)

Dimensions	Number of items (AS)*	Definition
1. First contact (access)	5	Evaluate how accessible PC services are for individuals. This includes ease of appointment, walk-in services, and care availability when needed.
2. First contact (utilisation)#	3	When the need for care arises in how PC services are utilised, first contact refers to the PC provider's role in helping the client navigate the healthcare system for any healthcare services without a referral.
3. Ongoing care	9	Longitudinal care refers to using a consistent and continuous source of care over time, not restricted to specific healthcare needs. This concept encompasses establishing a sustained patient-provider relationship characterised by mutual trust and a comprehensive

		understanding of the patient's medical history and family context. This model creates a "health care home" for each patient, facilitating the delivery of ongoing, holistic care irrespective of the patient's disease status.
4. Coordination (system)	10	Integrating healthcare events and services is a fundamental aspect of PC. PC providers are responsible for transmitting relevant information to and receiving it from other healthcare entities involved in a patient's care. Additionally, they are tasked with developing and executing a comprehensive plan for managing healthcare and preventing disease.
5. Coordination (info)	3	Coordination necessitates the development of systems for transmitting information and integrating that information into the client's care plan.
6. Comprehensiveness (available)	23	PC provides a comprehensive range of essential health services to promote and maintain health and manage illness and disability.
7. Comprehensiveness (provided)	9	PC offers essential personal health services that promote and preserve health and provide care for illness and disability.
8. Family-centredness	3	Care acknowledges the influence of family characteristics on the development and prevention of illness and the response to medical and psychosocial interventions. Family-centred PC integrates an understanding of the family context—including resources, risk factors, and social determinants—into the planning and provision of primary healthcare services.
9. Community orientation	6	Care encompasses efforts to identify and address the primary healthcare needs of a specific population. The efficient provision of services to individuals and communities relies on understanding community needs and integrating a population-based approach in health care delivery. PC providers play a key role in community assessment, health surveillance, and monitoring and evaluating health outcomes.
10. Culturally competent	5	Care integrates cultural considerations into the delivery of primary healthcare. Services are tailored to be appropriate and acceptable to community members, who may share common values, language, heritage, and beliefs regarding health and illness. The perspectives of these groups should be identified and incorporated into the formulation of policies, priorities, and strategies concerning healthcare service provision.
11. PHC team available	6	The accessibility of professionals from the multidisciplinary primary healthcare team, including social workers, therapists, and CHW.
12. Primary care score	(52)	Mean of the scores for the six subdomains in the four core domains (First Contact—Utilisation; First Contact—Access; Ongoing Care; Coordination —Information Systems; Comprehensiveness—Services Available; Comprehensiveness—Services Provided).
13. Primary care expanded score	(72)	Mean of the score for the six subdomains in the four core domains and four derivative subdomains. (First Contact—Utilisation; First Contact—Access; Ongoing Care; Coordination —Information Systems; Comprehensiveness—Services Available; Comprehensiveness—Services Provided; Family Centredness; Community orientation; Culturally Competent and Primary Health Care Team)

*Adult User Short (AS) version. Item numbers differ for users, practitioners, and managers; their roles determine these.
#These questions are only included in the patient questionnaire

Table 2: Likert scale

Response options	Definitely	Probably	Probably not	Definitely not	Not sure / don't remember	Missing data
Code assigned	4	3	2	1	9	8

Data analysis:

The data were analysed using the PCAT data analysis manual as a guide per the baseline study. (6) The method used in the baseline study was used to compare the results with the original study's results. Data were exported from REDCap® (Research Electronic Data Capture) software to the Statistical Package for the Social Sciences (SPSS) version 29.0 (IBM Corporation, Armonk, State of New York, USA) for frequency and descriptive statistics data analysis. Participant characteristics were calculated and summarised using frequencies and percentages. A one-sample t-test was used to determine the mean and confidence interval for PC domains and mean facility primary care score across the three respondent categories. In contrast, an independent sample t-test was used to compare the means between rural and metropolitan locations. The level of statistical significance was set at $p \leq 0.005$.

Scores for each domain were calculated separately for the three respondent categories: users, providers, and managers. Responses from the three categories were coded on a scale of 1 to 4 (Table 2). 'Not sure/ don't remember' was coded 9 and missing data was coded 8 in SPSS to facilitate the analyses. It was coded as 2 except for the comprehensive services domain, where 'not sure/don't remember' was scored 0. The domain total was divided by the number of items in that domain to determine the mean domain score. The weighted mean score for each domain was computed by multiplying each unweighted mean by a new variable Y (weighting), which was created as the product of X (the number of respondents per facility) and n/N (the number of facilities divided by the total number of respondents). To mitigate the impact of missing data during data analysis, primary scores were not calculated if more than 50% of the data were missing on six or more domains in the overall PCAT. The average of the remaining items was used to calculate the primary score in situations where more than 50% of the responses are missing on three or fewer core items.

The radar chart was developed by categorising the mean score for each domain into those with a score of < 3 and ≥ 3, as a mean score of ≥3 indicates agreement that the performance for a particular domain was borderline to acceptable quality. The frequency and percentage of people in these two categories were then analysed for each domain. Pearson's chi-square test compared domain score categories for users, providers, and managers.

Domain scores were checked for normality of distribution and transformed if non-normally distributed. The primary research question, comparing domain scores across the two surveys, was assessed using generalised estimating equation modelling at the participant level and clustering at the facility level. The main effect of the time point (2015 vs 2024 populations) was assessed while controlling for relevant measured confounding variables. Coefficients and 95% confidence intervals for all independent variables were reported. Exploratory subgroup analyses were done for location (rural vs. urban), although they were not powered to detect such subgroup differences. (6)

Ethical considerations:

This research is a sub-study of 'A follow-up evaluation of primary care performance in South Africa: A Primary Care Assessment Tool study protocol'. The study was approved by the University of Cape Town Human Research Ethics Committee (UCT HREC Ref: 634/2022). The WCDHW and each facility manager approved access to each facility (WC_202302_005). Written consent was obtained from participants who participated voluntarily and had the right to withdraw. Consent forms were available in English, Afrikaans and isiXhosa. Confidentiality of the information of each participant was maintained. Each user participant was reimbursed with an R100 shopping voucher at the end of the session, which aligns with national health research ethical guidelines. People living with chronic conditions may experience mental health conditions, and during the fieldwork process, a distress protocol was available to support patients who needed further support.

Results

Table 3 summarises the profile of all respondents for both time frames and the four PCFs. The ZA PCAT AS was administered to 58 patients during timeframe 1, and for the follow-up study, 48 patients consented to participate. For the baseline study, 32 providers responded. For the follow-up among the 20 eligible healthcare providers in the studied PCFs, 15 completed the ZA PCAT PE, resulting in a response rate of 75%. Overall, more doctors agreed to participate compared to other healthcare workers. Out of the 11 eligible managers, eight completed the ZA PCAT FE tool, leading to a response rate of 73%. PCFs 1 and 2 are smaller facilities and do not have specialist family physicians. Care at PCF 4 is given by community nurses, with occasional support from the medical doctors at the district hospital. The managers included facility managers, family physicians, and operational managers; questionnaires were completed and analysed by practitioners (n = 15) and managers (n = 8). All surveys were analysed as outlined in the data analysis section.

Error! Reference source not found. Table 3 outlines the characteristics of the patients who participated in the study. These demographic findings indicate that the mean age for both time frames was comparable and that 58% of patients are fifty or

older. Most patients identify as female in timeframe 1 (65.5%) and 2 (68.8%). According to the 2022 national census, 51.5% of the Western Cape population identifies as female. (31) More than half of the users (58.3%) were over 50. Figure 2 depicts the duration patients have attended the specific facility; for timeframe 2, the duration varied more.

Table 3: Characteristics of users

Variable	Timeframe 1		Timeframe 2	
	N= 58	Percentage (%)	N= 48	Percentage (%)
Age (mean + SD)	49.34±10.72		52.88±14.96	
Age group				
< 50	24	41.4	20	41.7
≥ 50	34	58.6	28	58.3
Gender				
Male	20	34.5	15	31.3
Female	38	65.5	33	68.8
Language				
English	3	5.2	12	25.0
Afrikaans	50	86.2	27	56.3
IsiXhosa	5	8.6	5	10.4
Others	-	-	4	8.3
Employment				
Employed	23	39.7	15	31.2
Self-employed	4	6.8	3	6.3
Homemaker	8	13.8	1	2.1
Pensioner	5	8.6	18	37.5
Unemployed	-	-	11	22.9
Disabled	4	6.9	-	-
Refuse to answer	14	24.1	-	-
Education				
No schooling	5	8.6	1	2.1
< Grade 7	5	8.6	7	14.6
Grades 8 to 12	23	39.7	24	50.0
Completed high school	17	29.3	8	16.7
Completed technical training	6	10.3	3	6.3
Incomplete degree/ college	1	1.7	1	2.1
Completed degree/ diploma	1	1.7	4	8.3
Place of residence				
Shack/backyard dwelling	57	98.3	6	12.5
Brick house or flat	-	-	39	81.3
Refuse to answer	1	1,7	3	6.3

Figure 2: Duration of attendance of users at PCF

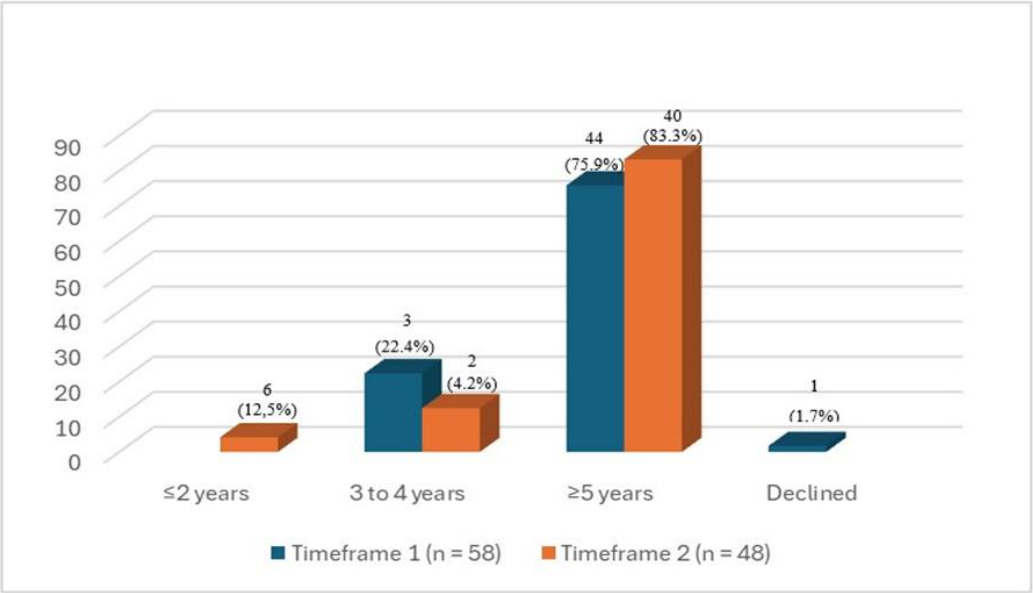


Table 4 presents a comparison of the mean scores for users (AS), providers (PE), and managers (FE) across each PCAT domain, examining the two timeframes. In timeframe 1, the mean scores indicate that users overall had a positive experience across all domains. Users consistently reported lower scores in Timeframe 2, particularly for first contact access, ongoing care, family centeredness, and community orientation. Overall, ongoing care was the poorest-performing domain across all groups and for both timeframes. Providers rated eight domains as 'acceptable to good' in timeframe 1, which improved to 10 in the subsequent period. Providers' and managers' scores mainly remained stable or improved slightly over time. In the baseline study, managers considered ongoing care and family-centeredness unacceptable; in the follow-up, they felt that family-centeredness had improved.

Figures 3 & 4 visually represent the results in Table 5. This spider-web diagram illustrates that patients and healthcare workers experienced the most significant differences in access to first contact.

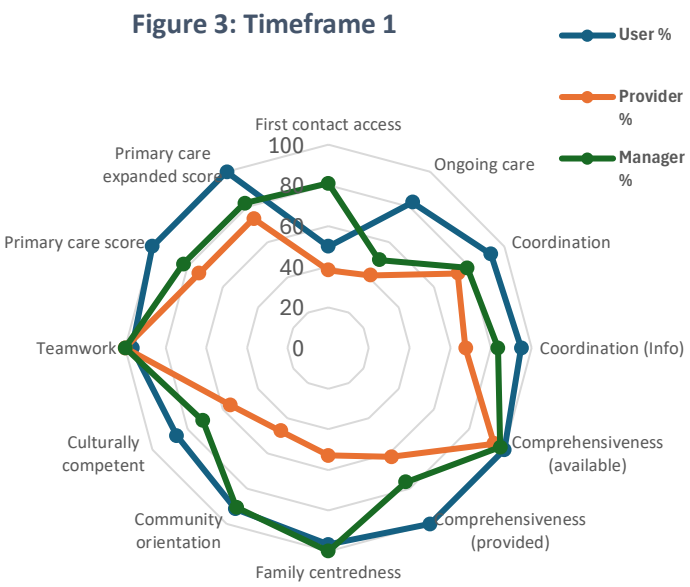
Table 4: Mean scores of users (AS), providers (PE) and managers (FE) for PCAT domains

Variable	Timeframe 1				Timeframe 2			
	AS Mean (95% CI)	**PE Mean (95% CI)**	**FE Mean (95% CI)**	**p-value**	**AS Mean (95% CI)**	**PE Mean (95% CI)**	**FE Mean (95% CI)**	**p-value**
First contact (utilisation)	3.3 (3.2-3.6)	-	-	**< 0.001***	3.3 (3.0-3.5)	-	-	**< 0.001***
First contact (access)	3.8 (3.1-3.5)	2.9 (2.7)	3.1 (2.8-3.2)	**0.005***	1.7 (1.2-3.4)	3.1 (2.7-3.3)	3.3 (3.1-3.5)	**0.001***
Ongoing care	3.3 (3.1-3.5)	2.9 (2.8-3.1)	2.8 (2.6-2.9)	**< 0.001***	2.6 (2.2-3.1)	2.8 (2.5-2.9)	2.8 (2.4-3.3)	**0.005***
Coordination	3.7 (3.5-4.1)	3.3 (3.1-3.4)	3.2 (3.1-3.4)	0.075	3.3 (3.1-3.6)	3.2 (3.0-3.4)	3.3 (2.9-3.6)	**0.003***
Coordination (Information System)	3.4 (3.2-3.6)	3.3 (3.1-3.6)	3.2 (2.9-3.4)	**< 0.001**	3.7 (3.5-3.9)	3.2 (3.1-3.4)	3.7 (3.3-4.1)	0.319
Comprehensiveness (Services available)	4.1 (3.9-4.2)	3.5 (3.4-3.6)	3.6 (3.5-3.7)	0.074	3.6 (3.3-3.77)	3.5 (3.3-3.7)	3.9 (3.6-4.3)	**< 0.001**
Comprehensiveness (Services provided)	4.0 (3.9-4.1)	3.1 (2.8-3.4)	3.2 (2.7-3.4)	**0.002***	2.9 (2.7-3.2)	3.2 (2.7-3.6)	3.5 (2.9-4.2)	**< 0.001***
Family centredness	3.8 (3.5-4.0)	3.1 (2.8-3.3)	2.9 (2.6-3.3)	0.041	2.3 (1.7-3.1)	3.3 (2.8-3.6)	3.7 (3.2-4.5)	0.006
Community orientation	3.5 (3.1-4.1)	2.8 (2.6-2.9)	3.6 (3.2-4.3)	**0.005***	2.2 (1.7-2.6)	3.8 (3.4-4.5)	3.7 (3.3-4.2)	**< 0.001***
Culturally competent	3.5 (3.1-3.8.8)	3.2 (2.9-3.4)	3.4 (2.8-4.1)	**< 0.001***	3.3 (3.1-3.5)	3.2 (2.8-3.5)	3.3 (2.9-3.7)	**< 0.001***
PHC team	4.1 (3.9-4.2)	3.7 (3.6-3.8)	4.2 (3.8-4.6)	**0.005***	3.5 (3.3-3.7)	3.8 (3.6-4.1)	3.3 (2.8-3.8)	**0.005***
PHC team functioning	-	3.2 (3.1-3.2)	3.5 (3.1-4.2)	0.841	-	3.1 (2.8-3.4)	3.3 (2.8-3.8)	**0.002***
Primary care score	3.9 (3.8-4.1)	3.2 (3.1-3.3)	3.2 (3.1-3.5)	**0.002***	3.1 (3.1)	3.2 (2.9)	3.5 (3.2-3.8)	0.582
Primary care expanded score	3,9 (3.8-4.1)	3.2 (3.1-3.1)	3.3 (3.1-3.5)	0.776	3.1 (2.9-3.1)	3.3 (3.1-3.5)	3.6 (3.3-3.9	**< 0.001***

Table 5: Comparison of % of scores ≥ 3 between respondent categories for primary care domains

Variable	Timeframe 1				Timeframe 2			
	AS (%)	**PE (%)**	**FE (%)**	**p-value**	**AS (%)**	**PE (%)**	**FE (%)**	**p-value**
First contact (utilisation)	94.7	-	-	**< 0.001***	87.5	-	-	**< 0.001***
First contact (access)	50.0	38.2	81.0	**< 0.001***	33.3	46.7	75.0	**< 0.001***
Ongoing care	82.8	41.2	50.0	0.327	52.1	33.3	37.5	**0.002***
Coordination	92.3	73.5	78.9	**< 0.001***	76.5	86.7	50.0	0.274
Coordination (Information System)	94.8	67.5	83.3	0.824	100.0	60.0	87.5	**< 0.001***
Comprehensiveness (Services available)	100.0	94.1	97.6	**< 0.001***	97.9	86.7	100.0	**< 0.001***
Comprehensiveness (Services provided)	100.0	61.8	76.2	**< 0.001***	65.5	46.7	62.5	**0.002***
Family centredness	96.6	52.9	100.0	0.375	52.1	53.3	75.0	0.247
Community orientation	91.4	47.1	90.5	**< 0.001***	52.1	80.0	87.5	**< 0.001***
Culturally competent	86.2	55.9	71.4	0.274	87.5	60.0	62.5	**0.005***
Primary care team	96.6	100.0	100.0	**0.001***	91.7	100.0	100.0	**< 0.001***
PHC team functioning	-	100.0	94.7	**0.005***	-	66.7	75.0	**0.004***
Primary care score	100.0	73.5	82.4	**< 0.001***	89.6	60.0	87.5	0.006
Primary care expanded score	100.0	73.5	82.2	**< 0.002***	69.0	73.3	87.5	**< 0.001***

Figures 3 & 4: Radar charts of % scores ≥ 3 between respondent categories for both timeframes



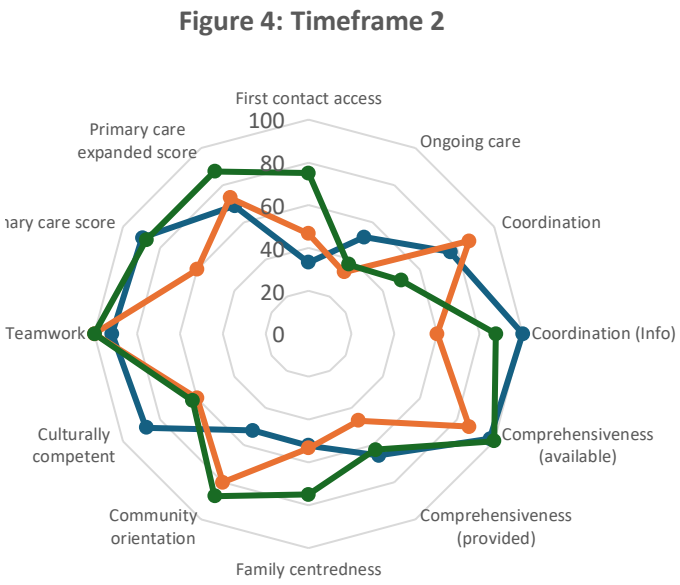


Table 6 further analyses the primary care scores for urban and rural facilities. The means reflect positive experiences for both in all three respondent categories. User scores declined over time, with a more negligible difference between rural and urban areas in timeframe 2. Urban managers are the only group whose primary care scores have improved.

Table 6: Comparison of mean primary care scores for rural and urban locations by respondent categories

Variable	Timeframe 1				Timeframe 2			
	Rural (Mean) (95% CI)	Metro (Mean) (95% CI)	Mean difference (95% CI)	P - value	Rural (Mean)	Metro (Mean)	Mean difference (95% CI)	P - value
Users	3.9 (3.8-4.2)	3.9 (3.8-4.0)	1.9 (1.8-2.0)	0.756	3.2 (2.9-3.3)	3.4 (3.3-3.5)	1.3 (1.2-1.4)	0.466
Provider	3.3 (3.2-3.4)	3.1 (2.9-3.3)	1.2 (1.0-1.3)	0.949	3.0 (2.7-3.7)	3.1 (2.8-3.4)	1.1 (0.9-1.4)	0.334
Manager	3.3 (3.3-3.4)	3.1 (3.0-3.4)	1.2 (1.0-1.3)	0.132	3.1 (3.1-3.1)	3.6 (3.3-3.9)	1.5 (1.1-1.9)	**< 0.001***

Discussion

This research is groundbreaking because it is the first PCAT study in South Africa to compare PC performance across two different periods. It allowed us to track trends and create more responsive and accessible PC in the Western Cape. Overall, there was a decline in patients' scores, while some stability or improvement was observed for providers and managers. In the follow-up study, patients scored the access domain as the least satisfactory aspect of care, with fewer than 50% rating it as 'acceptable to good '. While providers and managers agreed with patients regarding ongoing care being the poorest performing domain (all respondent categories mean score < 3.0), they held a more favourable view of accessibility and family-centred care, aligning with previous studies in the Western Cape. (15)

The mean primary care and expanded primary care scores for all three respondent categories were ≥3.0, indicating overall good performance. However, despite the province's significant investment in PC over the last decade, patients' primary care scores have declined, while those of healthcare providers' and managers' have mostly remained stable or improved slightly. This contradicts the literature, which suggests that countries prioritising PC achieve better health outcomes, higher population satisfaction, and lower overall healthcare costs. (16) In Timeframe 1, rural and urban managers had similar scores, but in Timeframe 2, urban managers' scores improved while rural managers' scores remained the same. This suggests that urban managers may perceive improvements in healthcare services, while rural managers do not see the same progress. At the same time, both users (patients) and providers (healthcare workers) in rural areas reported a decline in their experiences or perceptions of care, while urban scores remained more stable. This indicates that healthcare quality, access, or satisfaction may worsen in rural areas compared to urban areas. This inconsistency is unexpected, given the standardised provincial PHC packages, treatment guidelines, and clinician training practices. (23, 24, 29) A 2013 study [16] reported similar PC scores between the Cape Town Metro and the Cape Winelands district. As the entry point to healthcare, PC should have minimal barriers to access, and providers must assist patients in navigating the system. Still, due to time constraints and budget cuts, service delivery can be affected. (30, 31) Rural patients often face more significant obstacles in accessing equitable healthcare.

Each PCF serves a distinct patient population shaped by its community's geography, history, and culture. (25) Older patients may have more established relationships with their PCF as their preferred provider. The follow-up study showed an 81.3% rise in patients living in brick houses or flats, significantly higher than the 7.6% increase in formal housing reported in Census 2022. (27) In the baseline study, all patients spoke one of the three main languages of the Western Cape. (31) However, in timeframe 2, four patients spoke languages outside these three. This suggests that people are moving to Cape Town from other parts of South Africa and Africa. Over a third of patients are pensioners, while the remaining two-thirds are employed. Although 70.3% of the province's population falls within the working-age group (15-64 years), the Western Cape has the lowest unemployment rate in South Africa, at 19.6%. (32) The recent increase in "semigration" may be linked to employment opportunities. (24, 32) The shift towards brick housing, unemployment rates, and educational levels complicates PC delivery and influences health outcomes. (16) Overall, patients rated their health status as poor for both timeframes (mean score of 2.3;1.9). Self-reported health status can influence how patients perceive PHC. (16) Across all income levels, a social gradient in health and illness persists, with those with lower socioeconomic status experiencing poorer health outcomes.

Following the pandemic, the province has demonstrated its commitment to enhancing healthcare accessibility through infrastructure improvements. The current workforce capacity reduction and lower staffing levels have a significant impact on access to primary healthcare. The availability, training, and distribution of healthcare staff have a direct impact on service delivery, patient wait times, and overall healthcare outcomes. Community-oriented primary Care (COPC), mobile clinics, and community centres have enhanced PC service access. (33) Additionally, extended clinic hours, triage systems, six-month prescriptions for chronic medications, and home deliveries of medicine have been implemented to reduce waiting times. Despite these efforts, patient satisfaction with accessibility has declined over the past seven to eight years. (16, 34) The proportion of patients who considered accessibility 'acceptable to good' fell by 16.7%. The main problems highlighted in the PCAT items may stem from inadequate access to PC services during evenings, weekends, and holidays. Patients facing challenges accessing public PCFs must incur expenses to reach hospitals or private healthcare services. The role of PC as a gatekeeper to specialist care influences health outcomes. PC practitioners serve as the first point of contact, preventing unnecessary specialist visits and reducing costs associated with excessive tests and procedures. (35) However, only half the managers rated care coordination, treatment efficiency, and streamlined healthcare delivery as acceptable.

Most patients have attended their PCF for five years or more, fostering continuity of care, which is essential for managing chronic conditions and coordinating specialised services. Yet, in public healthcare settings, this remains a significant challenge. (16) Many patients report not seeing the same practitioner at each visit, and all respondent categories agree that improving longitudinal care is desperately needed. While access, coordination, and comprehensiveness have been policy priorities, continuity of care remains underemphasised in LMICs, threatening healthcare effectiveness and patient well-being. (4) A lack of sustained patient-provider relationships can erode trust in the health system, reduce satisfaction, and hinder community engagement. (25, 36) Considering the substantial evidence [4, 6, 37] supporting the importance of continuity of care, we must forcefully tackle the factors that hinder its implementation.

Access to personal health information improves continuity of care; however, providers often express dissatisfaction with current information systems, which hampers effective care coordination. The Health Strategic Information & Communications Technology (ICT) plan 2020-2025 acknowledges challenges such as COVID-19 and budget cuts while noting

overall progress in eHealth services. (38) The evaluation of all stakeholders aligns with the five-year ICT Plan's objectives, reflecting the WCDH's commitment to improving digital resources like the Provincial Health Data Centre, Single Patient Viewer (SPV) and Electronic Continuity of Care Record (ECCR) . (38) Implementing electronic record-keeping could significantly impact patient and provider experience while informing managers and policymakers. (24, 38)

Before the COVID-19 pandemic, patients were more satisfied with care coordination than other groups. After the pandemic, although all stakeholders still rated coordination as acceptable to good overall, the percentage of patients, providers, and managers rating service comprehensiveness as acceptable dropped significantly. (15) The WHO Global Pulse Survey on Continuity of Essential Health Services found that COVID-19 disrupted essential health services in 92% of countries, affecting maternal and child health, immunisations, NCDs, and mental health services. (28) In 53% of countries, PC services were disrupted due to unplanned interruptions, service de-escalation, and decreased health-seeking behaviour. A 2019 study on PC restructuring in the Western Cape raised concerns about the long-term consequences of reducing non-essential services. (39) This highlights the need for sustained PC investment following the pandemic. Many countries have adapted by introducing COPC, catch-up visits, and telemedicine. (9, 28) Other factors impacting service delivery include staff shortages, austerity measures, funding, and insufficient escalation services. (20, 30, 31)

Public health and family medicine aim to enhance the well-being of families and communities. (23, 40) However, patients rated family-centred care below average despite the National Department of Health's 2013 PHC reform emphasising family and community-based care. (18) Managers, influenced by provincial policies, were more optimistic about family- and community-oriented PC systems the second time around. (24) COPC seeks to prevent disease by improving PC accessibility within the communities using a ward-based team. (33, 38) The baseline study was conducted during the early implementation of the program. Despite provincial investment in COPC, patients still do not perceive it as a reality. (34) Low user scores may reflect the implementation challenges of the COPC framework and patients' lived experiences. Patients expressed that PCF services respected their cultural backgrounds, highlighting the need for cultural competence in healthcare. Effective care involves recognising and honouring community heritage and beliefs. Telephone translation services and online sign language interpretation are available to facilitate clear communication. (24) However, slightly lower provider and manager scores may suggest a lack of awareness, accessibility challenges, or issues with how survey questions assessed transformation initiatives.

Managers and providers believe that multidisciplinary teams, including social workers, CHWs, and allied health practitioners, are accessible on-site or nearby to meet patient needs. Managers are best positioned to evaluate team performance, as patients are only familiar with the services they have used. Many staff question team effectiveness, citing burnout and shortages as significant barriers. (39) An assessment of organisational culture and performance in Cape Town's PHC services identified open communication, teamwork, recognition, and leadership development as essential values for staff. These elements should be embedded within PCF culture. (35)

The South African healthcare system faces numerous challenges as it embarks on a new era of health reform. These reforms must be approached cautiously to avoid further compromising citizens' health and well-being. The NHI alone will not resolve all existing issues, and thoughtful policy decisions are necessary to ensure the progressive realisation of the right to health for all citizens in the country. (24) The World Health Organization has suggested ways to enhance health systems' resilience to future pandemics and ensure uninterrupted delivery of essential services. These include investing in digital health technologies (such as telemedicine), building workforce capacity, providing adequate staff support, and securing adequate financing. (28) We don't have to wait for the next pandemic to use these suggestions to improve PHC.

At the end of 2024, the Western Cape Health Minister announced an Adjustment Budget for 2024/2025. An additional R197 million will help stabilise the healthcare system, which faces pressure from budget cuts and inflation. This strain affects service delivery and health outcomes, but the commitment to quality care remains strong. (23, 30, 38) A challenge faced in patient care is to bridge different worlds while considering the community, context, and continuity. (25) Combining research, innovation, and training can build an ecosystem that strengthens our healthcare system, uplifts our communities and protects the most vulnerable. One should shape a future in which policy and practice work together to create a healthier and brighter Western Cape.

Strengths & Limitations

This research is the first to use the ZA PCAT instrument to compare PC performance across two timeframes. This study's notable strength is its evaluation of a diverse sample across two time periods using the validated ZA PCAT and its ability to track trends. This tool comprehensively assesses various PC domains from the perspectives of users, providers, and managers, offering a holistic view of PC performance. The study's significance lies in evaluating PC performance and tracking

trends. It assists PC teams and the WCDHW in planning enhancements to PC services. Findings are specific to one province, two districts, and four PCFs and cannot be generalised to the entire PC landscape in South Africa. This focused scope, while providing detailed insights, limits broader applicability

To mitigate potential misinterpretations of terminology (for example, tests for cancer of the bowel, e.g. examining the back passage) due to varying education levels and roles among respondents, team members administering the survey received training and were available to clarify any confusion. However, both managers and providers reported that the ZA PCAT survey felt excessively lengthy, which may have affected the quality of the responses. The exclusion of participants who were too unwell to participate, as well as vulnerable populations such as mental healthcare users and children, may have led to a sample that does not accurately reflect the broader community. Additionally, the sample size may not provide robust statistical significance.

The sample size calculation was conducted for the main study, which involved 15 facilities across four provinces. Therefore, the small sample of 4 times 12 patients for this sub-study indicates that it is underpowered. Based on our sampling strategy, mostly chronic users were sampled and not all adult users. The sampling period, lasting one to two weeks per PCF, may not adequately represent the population. Interviews with regular attendees likely reflect the experiences of a healthier subset of the community, suggesting potential selection bias towards more favourable outcomes. Similar facility-based sampling methods have been employed in previous PCAT studies. (15, 16, 34) Patients completed the ZA PCAT AS questionnaire based on prior experience, introducing the possibility of recall bias. However, most users had regularly visited the facility over the past five years and were familiar with the service provided. Although the survey was not designed as a satisfaction assessment, it encouraged patients to share concerns and suggest service improvements while completing the questionnaire.

Recommendations

Proactively implementing the following recommendations can strengthen PHC systems in anticipation of future challenges. Policymakers should enhance patient and community engagement by improving communication and collaboration among patients, providers, and management to design services that align with community needs. Establishing feedback mechanisms ensures that patient perspectives inform healthcare improvements and strengthens community health forums to enhance the rollout of COPC, ensuring patient-centred interventions. Researchers should conduct follow-up studies and include a comprehensive PCAT study using mixed methods, integrating qualitative analysis to explore barriers to high-quality primary health care (PHC). Additionally, managers should correlate PCAT findings with national and provincial indicator data sets, such as maternal mortality rates and neonatal mortality rates, to improve the healthcare system and outcomes.

Systematic stakeholder collaboration and support involve working across sectors to bolster the social care system and engaging with provincial and facility leadership to drive systemic improvements. Connections among individuals, facilities, and staff enable the health system to optimise resources effectively while focusing on the patient or household. Collaborating with WONCA, PRIMAFAMED, and SAAFP leverages their expertise and networks to reinforce PHC policies, training, and implementation. Enhancing the workforce and service delivery should focus on supporting providers through adequate training, well-being initiatives, and retention strategies while shifting from an individual provider model to an interdisciplinary team-based approach that empowers CNPs, CHWs, and allied health professionals. Lastly, prioritising improved access to care should involve implementing patient self-booking appointment systems, optimising workflow, addressing staff shortages, and exploring innovations such as after-hours services, telemedicine, mobile clinics, wellness hubs, and extended facility hours.

Conclusion

Assessing and comparing PC performance from the perspectives of users, providers, and managers reveals significant disparities between policy intentions and patient experience. This analysis underscores a discrepancy between the demand for services and the offerings provided by healthcare professionals and managers. Despite efforts to improve care, a decline in PHC quality has been observed in recent years. To achieve UHC, it is imperative to focus on improving access, redefining the continuity of care, and continually advancing service delivery. Robust PHC systems are essential for better health outcomes at both individual and community levels.

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Competing Interests

The authors declare that they have no competing interests

Appendices

Appendix A: HREC Ethics approval

UNIVERSITY OF CAPE TOWN
Faculty of Health Sciences
Human Research Ethics Committee

Room 45 E-52-E-Floor- Old Main Building
Groote Schuur Hospital
Observatory 7925
Telephone [021] 406 6492
Email: hrec-submissions@uct.ac.za
Website: www.health.uct.ac.za/home/human-research-ethics

17 January 2023

HREC REF: 634/2022

A/Prof K von Pressentin
Division of Family Medicine
Department of Family, Community and Emergency Care
Email: klaus.vonpressentin@uct.ac.za
Student: WNNJOH001@myuct.ac.za

Dear A/Prof von Pressentin

PROJECT TITLE: EVALUATING PRIMARY CARE PERFORMANCE OF PRIMARY HEALTH CARE FACILITIES IN THE ERA OF COVID-19: A FOLLOW-UP STUDY USING THE PRIMARY CARE ASSESSMENT TOOL-MMED CANDIDATE-DR JOHANNA WEENINK

Thank you for your response letter, addressing the issues raised by the Faculty of Health Sciences Human Research Ethics Committee (HREC).

It is a pleasure to inform you that the HREC has **formally approved** the above-mentioned study.

Approval is granted for one year until the 30 January 2024.

Please submit a progress form, using the standardised Annual Report Form (FHS016) if the study continues beyond the approval period. Please submit a Standard Closure form if the study is completed within the approval period.
(Forms can be found on our website: www.health.uct.ac.za/fhs/research/humanethics/forms)

Please quote the HREC REF 634/2022 in all your correspondence.

Please note that the ongoing ethical conduct of the study remains the responsibility of the principal investigator.

Please note that for all studies approved by the HREC, the principal investigator **must** obtain appropriate institutional approval, where necessary, before the research may occur.

Yours sincerely

PROFESSOR M BLOCKMAN
CHAIRPERSON, FACULTY OF HEALTH SCIENCES HUMAN RESEARCH ETHICS COMMITTEE

Federal Wide Assurance Number: FWA00001637. Institutional Review Board (IRB) number: IRB00001938 NHREC-registration number: REC-210208-007
This serves to confirm that the University of Cape Town Human Research Ethics Committee complies to the Ethics Standards for Clinical Research with a new drug in patients, based on the Medical

FHS016: Annual Progress Report / Renewal

HREC office use only (FWA00001637; IRB00001938) This serves as notification of annual approval, including any documentation described below.			
☐ Approved	Annual progress report	Approved until/next renewal date	30.01.2026
☐ Not approved	See attached comments		
Signature Chairperson of the HREC/ Designee		Date Signed	29/1/2025

Note: Please email this form and supporting documents (if applicable) in a combined pdf-file to hrec-enquiries@uct.ac.za.
Please clarify your plan for research-related activities during COVID-19 lockdown.
Please use the latest form found on our website:
http://www.health.uct.ac.za/fhs/research/humanethics/forms

Comments to PI from the HREC

Principal Investigator to complete the following:

1. Protocol information

Date (when submitting this form)	27 January 2025		
HREC REF Number	634/2022	Current Ethics Approval was granted until	30/01/2025
Protocol title	Evaluating primary care performance in the era of COVID-19: a follow-up study using the Primary Care Assessment Tool.		
Protocol number (if applicable)			
Are there any sub-studies linked to this study?	☐ Yes	✓ No	
If yes, could you please provide the HREC Reference number for all sub-studies? **Note:** A separate FHS016 must be submitted for each sub-study.			
Principal Investigator	A/Prof Klaus von Pressentin		
Department / Office Internal Mail Address	Division of Family Medicine, Department of Family, Community and Emergency Care, Falmouth Building, Faculty of Health Sciences, University of Cape Town.		

(Note: Please complete the Closure form (FHS010) if the study is completed within the approval period)

Appendix B: Consent form

PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM
To be completed by *patients* at participating facilities

TITLE OF THE RESEARCH PROJECT: ***Evaluating Primary Care Performance of Primary Health Care Facilities from 2015 to 2023: A follow-up study using the Primary Care Assessment Tool (PCAT)***

HREC REFERENCE NUMBER: 634/2022 (University of Cape Town)
WESTERN CAPE REFERENCE NUMBER: WC_202302_005
PRINCIPAL INVESTIGATOR: A/Prof Klaus von Pressentin
ADDRESS: Division of Family Medicine, Department of Family, Community and Emergency Care (FaCE), Falmouth Building (2nd floor, entrance 5), Faculty of Health Sciences, University of Cape Town, Anzio Road, Observatory, Cape Town.
CONTACT NUMBER: 021 406 6510; klaus.vonpressentin@uct.ac.za

You are invited to take part in a research project. Please take some time to read the information presented here, which will explain the details of this project. Please ask the research team or doctor any questions about any part of this project that you do not fully understand.

What is RESEARCH?
Research is something we do to find new knowledge about the way things (and people) work. We use research projects or studies to help us find out more about disease or illness. Research also helps us to find better ways of helping, or treating people who are sick.

What is this research study all about?
This research project aims to measure the primary care performance in primary care facilities in South Africa in the era following the COVID-19 pandemic and compare the findings with that of a baseline cross-sectional study in the pre-pandemic era (2015/2016).

This research aims to help improve the service provided to patients and communities. By helping us with the research, you will make a difference in how health teams help their patients. You will not receive any direct award or special treatment.

Why have you been invited to take part in this research project?
A member of the research team will talk to patients who attend the clinic selected for the study on a regular basis. We would like to learn about your experience at this clinic.
You have been invited because of you visited a Primary Care Facility (Community Health Centre or clinic) as a ***patient*** in one of the following provinces: Western Cape, Gauteng, North West and KwaZulu-Natal.

What will your responsibilities be?
A member of the research team will ask you to talk with them for about 30 minutes to complete a Primary Care Assessment Tool (PCAT) survey.

Will you benefit from taking part in this research?
This research aims to help improve the service provided to patients and communities. By helping us with the research, you will make a difference in how health teams help their patients. You will not receive any direct award or special treatment.

Are there in risks involved in your taking part in this research?
There are no risks to you in this study but the interview will require some of your time. Your treatment will not be changed by talking to the research team. If at any time experience high levels of stress or emotional distress please inform researcher (Distress protocol is available).

If you do not agree to take part, what alternatives do you have?
Participation is completely voluntary and your choice to participate or not will be respected by the research team.

Who will have access to your questionnaire results?

The information collected will be protected. Your name will be protected (you will remain anonymous). Only the research team will have access to the information we collect.

Will you be paid to take part in this study and are there any costs involved?
No, you will not be paid to take part in the study. There will be no costs involved for you, if you do take part.

Is there anything else that you should know or do?
You can contact Dr JS Weenink (074 119 6968) or A/Prof Von Pressentin (021 406 6510) if you have any further queries or encounter any problems.

This study has been approved by the Health Research Ethics Committee at University of Cape Town (HREC 634/2022). You can contact the Health Research Ethics Committee at hrec-enquiries@uct.ac.za if you have any concerns or complaints that have not been adequately addressed by the research team.
You will receive a copy of this information and consent form for your own records.

Appendix C: Distress Protocol

Distress protocol:

The protocol for managing distress in the context of evaluating primary care performance in the era of COVID-19: using the Primary Care Assessment Tool

- **Distress**
  - A participant indicate they are experiencing a high level of stress or emotional distress OR
  - Exhibits behaviours suggestive that the survey/discussion is too stressful such as uncontrolled crying, shaking etc.

- **Stage 1 response**
  - Stop the discussion/interview.
  - One of the researchers (who is a health professional, likely Family Medicine Registrar) will offer support.
  - Assess mental state by asking:
    Do you feel that you are able to continue; we can discuss your concerns after the session?
    Tell me what thoughts you are having?
    Tell me what you are feeling right now?

- **Review**
  - If participant feels able to carry on; resume survey
  - If participant unable to carry on; go to stage 2

- **Stage 2 response**
  - Stop survey
  - If participant feel that they want to lay a formal complaint refer them according to the facilities standard operating procedure for formal complaints or if they need any counselling refer them to a member of the health care team at the facility.

- **Follow-up**
  - Encourage the participant to return to the facility if they experience any worsening distress in the next few hours or days.

PCAT AS Users

NATIONAL PRIMARY CARE ASSESSMENT TOOL (PCAT) STUDY

1. I agree to take part in a research study entitled "Evaluating Primary Care Performance of Primary Health Care Facilities from 2015 to 2023: A follow-up study using the Primary Care Assessment Tool (PCAT)"

For the interviewer: did the user sign a paper consent form?

If "yes" proceed with the interview.
If "no" terminate the interview.

Yes ◉ No ○

ADMINISTRATIVE INFORMATION

2. Username of the interviewer _____

3. Date _____

4. Would you be willing to answer a few questions about your experience of health care while you are waiting? ○ Yes ○ No

A. EXTENT OF YOUR AFFILIATION (RELATIONSHIP) WITH A PRIMARY CARE PLACE OR PERSON

(CLINIC / HOSPITAL / GENERAL PRACTICE / DOCTOR / NURSE)

A1. Where do you usually go when you are ill or need to talk to someone about your health? Please give the name of the place or person: _____

A2. Is there another place / person you sometimes go for health care?
◯ Yes
◯ No

A2A. If yes in "A2" above, please give name of place or person. _____

A3. Which place / person mentioned above "A1 or A2" knows you best regarding your health care?
A1
A2

For the interviewer: 'YOU HAVE BEEN TO THIS CLINIC 3 TIMES OR MORE. ALL THE QUESTIONS

ARE ABOUT YOUR EXPERIENCE OF PRIMARY CARE AT THIS CLINIC.'

A5. About how many times in the last 2 years have you been to your clinic? _____times _____

A6. How long have you been going to your clinic?
◯ 1. Less than 6 months
◯ 2. Between 6 months and one year
◯ 3. 1 - 2 years
◯ 4. 3 - 4 years
◯ 5. 5 or more years
◯ 6. Difficult to say (too variable to specify)
◯ 7. Not sure/don't remember

A7. Did you choose this clinic yourself?
◯ 1. Yes
2. No ◯
3. Other ◯
9. Not sure/don't remember ◯

A7a. If other in "A7" above please specify _____

B. FIRST CONTACT - UTILIZATION

B1. When you need a regular checkup, do you go to your CHC before going somewhere else?
◯ 4. Definitely
◯ 3. Probably
2. Probably not ◯
1. Definitely not ◯
9. Not sure/don't remember ◯

B2. When you have a new health problem, do you go to your CHC before going somewhere else?
◯ 4. Definitely
◯ 3. Probably
2. Probably not ◯
1. Definitely not ◯
9.Not sure / don't remember ◯

B3. Can you see a specialist doctor (e.g. a heart specialist at a hospital) without a letter or appointment from your CHC?
◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
1. Definitely not ◯
◯

9. Not sure / don't remember

C. FIRST CONTACT - ACCESS

C1. Is your CHC open on Saturday or Sunday?
4. Definitely ◯
3. Probably ◯
2. Probably not ◯
1. Definitely not ◯
9. Not sure / don't remember ◯

C2. Is your CHC open in the evenings for at least some weekdays?
4. Definitely ◯
3. Probably ◯
2. probably not ◯
1. Definitely not ◯
9. Not sure / don't remember ◯

C5. When your CHC is closed is there a phone number you can call when you get sick?
4. Definitely ◯
3. Probably ◯
2. Probably not ◯
1. Definitely not ◯
9. Not sure / don't remember ◯

C6. When your CHC is closed on Saturday and Sunday and you get sick, would someone from there see you the same day?
4. Definitely ◯
3. Probably ◯
2. Probably not ◯
1. Definitely not ◯
9 Not sure / don't remember ◯

C7. When your CHC is closed and you get sick during the night, would someone from there see you that night?
4. Definitely ◯
3. Probably ◯
2. Probably not ◯
1. Definitely not ◯
9. Not sure / don't remember ◯

D. ONGOING CARE

D1. When you come to this CHC are you taken care of by the same doctor or nurse each time?
4. Definitely ◯
3. Probably ◯
2. Probably not ◯
1. Definitely not ◯
9. Not sure / don't remember ◯

D3. Are your questions answered in ways that you understand?
4. Definitely ◯
3. Probably ◯
2. Probably not ◯
1. Definitely not ◯
9. Not sure / don't remember ◯

D4. If you have a question about your health, can you phone your CHC and talk to the doctor or nurse who treated you for before?
4. Definitely ◯
3. Probably ◯
2. Probably not ◯
1. Definitely not ◯
9. Not sure / don't remember ◯

D5. Does your CHC give you enough time to talk about your worries or problems?
4. Definitely ◯
3. Probably ◯
2. Probably not ◯
1. Definitely not ◯
9. Not sure / don't remember ◯

D7. Does your CHC know you very well as a person, rather than as someone with a medical problem?
4. Definitely ◯
3. Probably ◯
◯
◯
◯

2. Probably not
1. Definitely not
9. Not sure / don't remember

D9. Does your CHC know what problems are most important to you?
◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
9. Not sure / don't remember ◯

D10. Does your CHC know your complete medical history?
◯ 4. Definitely
◯ 3. Probably
◯ 2. probably not
◯ 1. Definitely not
9. Not sure / don't remember ◯

D13. Does your CHC know about all the medications you are taking? (e.g. getting elsewhere including traditional medicines)
◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
9. Not sure / don't remember ◯

D15. If it was easy to do, would you change your CHC to somewhere else?
◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
9. Not sure / don't remember ◯

E. CO-ORDINATION

E1. Are you given the results of your laboratory tests in any form? (e.g. blood or sputum; the actual results or whether good or bad)?
◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
1. Definitely not ◯
9. Not sure / don't remember ◯

E2. Have you ever been referred to a specialist or hospital service? (E.g. Lung or heart specialist doctor)
◯ 1. Yes
◯ 2. No (Skip to question F1)
◯ 9. Not sure / don't remember (Skip to question F1)

E2A. If Yes, to question "E2" above what specialist or hospital was it? (the last visit if more than one visit) _____

The following questions E6-E14ngt refer to the specialist or service in E2 above (i.e. answered YES)

E6. Did your CHC send you to the specialist?
◯ 4. Definitely
3. Probably ◯
2. Probably not ◯
1. Definitely not ◯
9. Hospital ◯

E7. Does your CHC know whether you went for your specialist / hospital appointment or not?
◯ 4. Definitely
◯ 3. Probably
2. Probably not ◯
1. Definitely not ◯
9. Not sure / don't remember ◯

E9. Did your CHC (or someone at your CHC) help you
4. Definitely

make the appointment for that visit?
3. Probably
2. Probably not
1. Definitely not
9. Not sure / don't remember

E10. Did your CHC give you a letter for the specialist/ hospital about the reason for the visit?
4. Definitely
3. Probably
2. Probably not
1. Definitely not
9. Not sure / don't remember

E11. Does your CHC know what the results of the visit were?
4. Definitely
3. Probably
2. Probably not
1. Definitely not
9. Not sure / don't remember

E12. After you went to the specialist or hospital did your CHC talk with you about what happened at that visit?
4. Definitely
3. Probably
2. Probably not
1. Definitely not
9. Not sure / don't remember

E13. Does your CHC seem interested in the quality of care you get from that specialist or hospital?
4. Definitely
3. Probably
2. Probably not
1. Definitely not
9. Not sure / don't remember

E14ngt. Would the CHC assist you to get medical-legal or insurance reports if required?
4. Definitely
3. Probably
2. Probably not
1. Definitely not
9. Not sure/don't remember

F. CO-ORDINATION (INFORMATION SYSTEMS)

F1. When you visit your CHC do you take any immunization cards, medical records or results from other health services that you visited?
4. Definitely
3. Probably
2. Probably not
1. Definitely not
9. Not sure / don't remember

F2. Can you look at your medical records at your CHC if you wanted to?
4. Definitely
3. Probably
2. Probably not
1. Definitely not
9. Not sure / don't remember

F3. When you go to your CHC is your folder (medical records) always available?
4. Definitely
3. Probably
2. Probably not
1. Definitely not
9. Not sure / don't remember

G. COMPREHENSIVENESS (SERVICES AVAILABLE)

Following is a list of services that you or your family might need at some time. For each one, please indicate whether it is available at your CHC?

G2. Vaccinations / immunizations/injections to prevent diseases such as (e.g. flu vaccine/or polio)
- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

G3. Checking to see if anyone in your family qualifies for any social grants e.g. old age pension; child support grant; disability; TB.
- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

G4. Dental check-up - checking and cleaning your teeth
- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

G6. Family planning or birth control methods
- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

G7. Alcohol or drug abuse counseling or treatment
- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

G8. Counseling for mental health problems
- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

G9. TB Testing
- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

G10. Stitching up a cut that needs stitches
- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

G11. Counseling and testing for HIV/AIDS
4. Definitely ◯
3. Probably ◯
2. Probably not ◯
1. Definitely not ◯
9. Not sure / don't remember ◯

G12. Checking your hearing
4. Definitely ◯
3. Probably ◯
2. Probably not ◯
1. Definitely not ◯
9. Not sure / don't remember ◯

G15. Plastering fractures
4. Definitely ◯
3. Probably ◯
2. Probably not ◯
1. Definitely not ◯
9. Not sure / don't remember ◯

G17. PAP tests for cervical cancer
4. Definitely ◯
3. Probably ◯
2. Probably not ◯
1. Definitely not ◯
9. Not sure / don't remember ◯

G18. Tests for cancer of the bowel e.g. examining the back passage.
4. Definitely ◯
3. Probably ◯
2. Probably not ◯
1. Definitely not ◯
9. Not sure / don't remember ◯

G19. Counseling to stop smoking
4. Definitely ◯
3. Probably ◯
2. Probably not ◯
1. Definitely not ◯
9. Not sure / don't remember ◯

G20. Ante-natal care i.e. care for pregnant mothers
4. Definitely ◯
3. Probably ◯
2. Probably not ◯
1. Definitely not ◯
9. Not sure / don't remember ◯

G21. Treatment for an ingrown toenail i.e. removing part of the toenail.
4. Definitely ◯
3. Probably ◯
2. Probably not ◯
1. Definitely not ◯
9. Not sure / don't remember ◯

G22. What to do in case someone in your family cannot make decisions about his/her care e.g. very old (senile) or severe mental illness.
4. Definitely ◯
3. Probably ◯
2. Probably not ◯
1. Definitely not ◯
9. Not sure / don't remember ◯

G23. Support when there are changes in mental or physical abilities that are normal with getting older e.g. when too frail or disabled by a stroke?
4. Definitely ◯
3. Probably ◯
2. Probably not ◯
1. Definitely not ◯
9. Not sure / don't remember ◯

G24. Suggestions for nursing home care for someone in your family?

◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
9. Not sure / don't remember ◯

G24b. Suggestions for home-based care e.g. a visit from a home-based carer?

◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
9. Not sure / don't remember ◯

G25. Help with food supplements such as Ensure or food parcels

◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
9. Not sure / don't remember ◯

G27ngt. Access to termination of pregnancy services at or via your CHC if required?

◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
9. Not sure / don't remember ◯

H. COMPREHENSIVENESS (SERVICES PROVIDED)

The next questions deal with different types of health care services that you sometimes get. In visits to your CHC, are any of the following subjects discussed with you?

H1. Advice about healthy and unhealthy foods

◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
9. Not sure / don't remember ◯

H2. Home safety, like storing medicines safely; safe use of paraffin stoves; gun safety; pesticides

◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
9. Not sure / don't remember ◯

H4. Ways to handle family conflict problems; arguments; disagreements (that may arise from time to time)

◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
1. Definitely not ◯
9. Not sure / don't remember ◯

H5. Advise about appropriate exercise for you

◯ 4. Definitely
3. Probably ◯
2. Probably not ◯
1. Definitely not ◯
9. Not sure / don't remember ◯

H6. Test for cholesterol levels in your blood
4. Definitely ◯
3. Probably ◯
2. Probably not ◯
1. Definitely not ◯
9. Not sure / don't remember ◯

H7. Checking and discussing the medication you are taking
4. Definitely ◯
3. Probably ◯
2. Probably not ◯
1. Definitely not ◯
9. Not sure / don't remember ◯

H12. For females: how to prevent osteoporosis (i.e softening of the bones); breast examination.
4. Definitely ◯
3. Probably ◯
2. Probably not ◯
1. Definitely not ◯
9. Not sure / don't remember ◯

H14. For males: Prevention of prostate cancer.
4. Definitely ◯
3. Probably ◯
2. Probably not ◯
1. Definitely not ◯
9. Not sure / don't remember ◯

H15ngt. Advice and treatment on Sexually Transmitted Infections.
4. Definitely ◯
3. Probably ◯
2. Probably not ◯
1. Definitely not ◯
9. Not sure / don't remember ◯

I. FAMILY-CENTREDNESS

The next questions are about the relationship of your CHC with your family.

I1. Does your CHC ask you about your ideas and opinions when planning treatment and care for you or a family member?
4. Definitely ◯
3. Probably ◯
2. Probably not ◯
1. Definitely not ◯
9. Not sure / don't remember ◯

I2. Has your CHC asked about illnesses or problems that might run in your family? e.g. alcohol in the family?
4. Definitely ◯
3. Probably ◯
2. Probably not ◯
1. Definitely not ◯
9. Not sure / don't remember ◯

I3. Would your CHC meet with members of your family if you thought it would be helpful?
4. Definitely ◯
3. Probably ◯
2. Probably not ◯
1. Definitely not ◯
9. Not sure / don't remember ◯

J. COMMUNITY ORIENTATION

J1. Does anyone at your CHC ever make home visits?
- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- 9. Not sure / don't remember ◯

J2. Do you think your CHC knows about the important health problems of your area?
- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- 9. Not sure / don't remember ◯

J3. Does your CHC get opinions and ideas from people or organizations with knowledge to help provide better health care? E.g. the local health committee, churches, other organizations?
- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- 9. Not sure / don't remember ◯

Does your CHC do any of the following to help determine the effectiveness of services?

J11. Surveys of patients to see if services are meeting people's needs?
- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- 9. Not sure / don't remember ◯

J12. Surveys in the community to find out about health problems it should know about?
- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- 9. Not sure / don't remember ◯

J18. Ask members of your community to be on the local health committee?
- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- 9. Not sure / don't remember ◯

K. CULTURALLY COMPETENT

K1. Would you recommend your CHC to a friend or relative?
- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- 9. Not sure / don't remember ◯

K2. Would you recommend this CHC to someone who only (does not) speaks your home language?
- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- 9. Not sure / don't remember ◯

K3. Would you recommend your CHC to someone who uses traditional medicine or home remedies such as Dutch medicines or herbs, or has special beliefs about health care?
- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- 9. Not sure / don't remember ◯

k4bngt. Do you think your CHC understands/respects your culture?

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- 9. Not sure / don't remember ◯

k4cngt. Do you feel comfortable discussing religious or cultural issues that affect your health with the staff at the CHC?

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- 1. Definitely not ◯
- 9. Not sure / don't remember ◯

P. PRIMARY HEALTH CARE TEAM

The following questions deal with health care services that you may need from other members of the PHC team.

If you need it, can you see any of the following health workers to assist with your care at this CHC?

P1. Can you see a social worker if you need to? E.g. for help with counseling for a family problem or advice about social services?

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- 1. Definitely not ◯
- 9. Not sure / don't remember ◯

P2. Can you see a physiotherapist (and occupational therapist) at your CHC if you need to? e.g. to help with muscle sprains or movement following a stroke.

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- 9. Not sure / don't remember ◯

P3. Can you be visited in your home by a community health worker linked to your CHC if you need it? E.g. for home-based care for TB, HIV or basic care such as wound dressings.

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- 9. Not sure / don't remember ◯

P4. Can you be seen by a health promoter / dietician for advice on these topics?

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- 9. Not sure / don't remember ◯

P5. Can you be seen by a mental health worker at your CHC for help with any mental health problems?

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- 9. Not sure / don't remember ◯

P6. Can you be seen by a dental / oral health worker at / or linked to your CHC if you need it? E.g. any problems with your teeth

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- 9. Not sure / don't remember ◯

M. HEALTH ASSESSMENT

M1. Would you say your health is:

- ◯ 1. Excellent
- ◯ 2. Very good
- ◯ 3. Good
- ◯ 4. Fair
- ◯ 5. Poor

M2. Do you have any physical, mental, or emotional problem that has lasted or is likely to last longer than one year?

- ◯ 1. Yes
- ◯ 2. No
- ◯ 9. Not sure / don't remember

N. DEMOGRAPHIC & SOCIOECONOMIC CHARACTERISTICS

These are several questions about you and your family.

N1. Are you:

- ◯ 1. Male
- ◯ 2. Female
- ◯ 3. Prefer not to say

N2. What is your age in years? _____years

_____

N5. What is your home language?

- ◯ 1. English
- ◯ 2. Afrikaans
- ◯ 3. IsiXhosa
- ◯ 4. Sotho
- ◯ 5. Other _____
- 98. Refuse to Answer ◯

N5A. If other (home language), please provide.

_____

N8. Which of the following best describes your work situation now? (Choose one)

- ◯ 1. Employed full-time
- ◯ 2. Employed part-time
- ◯ 3. Self-employed (informal sector)
- ◯ 4. Self-employed (formal sector)
- ◯ 5. Student
- ◯ 6. Homemaker
- ◯ 7. Retired / pensioner
- ◯ 8. Disabled
- ◯ 9. Unemployed
- 98. Refuse to Answer ◯

N9. What is the highest grade that you completed at school? (Choose one)

- ◯ 0 No schooling
- ◯ 1. Grade 7 or less (Std 5 or less)
- ◯ 2. Grade 8 to 12 (Std 10 or less without senior certificate / matric pass)
- ◯ 3. Completed high school or equivalent
- ◯ 4. Completed technical training
- ◯ 5. Have some college/university education, without completing a degree/diploma
- ◯ 6. Completed a degree or diploma

98. Refuse to Answer ◯

N10. Do you have piped water in your house?

- ◯ 1 Yes If yes, go to N13
- 2 No ◯
- 98 ◯ Refuse to Answer

N11. Do you have piped water in your yard?

- ◯ 1. Yes. If yes, go to N13
- 2. No ◯
- 98. Refuse to Answer ◯

N12. Do you have piped water nearby?

- ◯ 1. Yes
- 2. No ◯
- 98. Refuse to Answer ◯

N13. Do you have electricity in your home?

- ◯ 1. Yes
- 2. No ◯
- 98. Refuse to Answer ◯

N14. Which of the following best describes your dwelling? (Choose one)

- ◯ 0. Shack; backyard dwelling (e.g. Wendy house); tent; other traditional dwelling
- ◯ 1. Brick house or flat (council)
- ◯ 2. Other_____

98. Refuse to Answer ◯

N15. Is the head of your household employed? (it could be you)

- ◯ 1. Yes
- ◯ 2. No
- 98. ◯ Refuse to Answer

N16. Do you have flushing toilet?

- ◯ Yes
- No ◯

N16a. If Yes, to question "N16" above inside / outside?

- ◯ 1. Inside
- ◯ 2. Outside

N16b. If NO, to question "N16" above, bucket etc

_____

Thank you for your time and for contributing to improving health services.

Fieldnotes

_____

PCAT PE Providers

Please complete the survey below.

Thank you!

NATIONAL PRIMARY CARE ASSESSMENT TOOL (PCAT) STUDY

(Provider Survey)

PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM

To be completed by providers at participating facilities

TITLE OF THE RESEARCH PROJECT: Evaluating Primary Care Performance of Primary Health Care Facilities from 2015 to 2023: A follow-up study using the Primary Care Assessment Tool (PCAT)

HREC REFERENCE NUMBER: 634/2022 (University of Cape Town)

WESTERN CAPE REFERENCE NUMBER: WC_202302_005

PRINCIPAL INVESTIGATOR: A/Prof Klaus von Pressentin

ADDRESS: Division of Family Medicine, Department of Family, Community and Emergency Care (FaCE), Falmouth Building (2nd floor, entrance 5), Faculty of Health Sciences, University of Cape Town, Anzio Road, Observatory, Cape Town.

CONTACT NUMBER: 021 406 6510; klaus.vonpressentin@uct.ac.za

PRACTITIONER PARTICIPANT CONSENT

Declaration by participant

By selecting yes below, I agree to take part in a research study entitled:

Evaluating Primary Care Performance of Primary Health Care Facilities from 2015 to 2023: A follow-up study using the Primary Care Assessment Tool (PCAT)

I declare that:

I have read or had read to me this information and consent form and it is written in a language with which I am fluent and comfortable.

I have had a chance to ask questions and all my questions have been adequately answered.

I understand that taking part in this study is voluntary and I have not been pressurised to take part. I understand this research study and am willing to take part in it.

I may choose to pull out of the study at any time. I may be asked to leave the study before it has finished, if the study doctor or researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

◯ Ye
◯ s
No

ADMINISTRATIVE INFORMATION

A1. Date

_____

A2. Provider designation:

◯ 1. Doctor
◯ 2. Nurse practitioner (CNP)
◯ 3. Other (Please specify)

A3. If others to question "A2" above (Please specify)

_____

A4 How long have you worked at this facility / practice? Number of years (specify months in the next question)

_____

A4b. How long have you worked at this facility / practice? Number of months

_____

A5. Are you employed in the District Health Services?

◯
◯
Ye
s
No

A6. If no, to question "A5" above please specify

_____

A7. Are you a:

◯ 1. Fulltime
◯ 2. Part time
◯ 3. Intern
◯ 4. COSMO
◯ 5. Locum
◯ 6. Other (Please specify)

A8. If others to question "A7" above please specify

_____

A9. Have you had postgraduate training in primary care?

◯ Yes
◯ No

A10. If yes to question "A9" above, please specify

_____

GENERAL

B1. Type of facility/practice (Check one.)

- ◯ 1. Solo facility / practice
- ◯ 2. Group facility / practice
- ◯ 3. Multi-specialty group practice
- ◯ 4. Public health clinic
- ◯ 5. Community health clinic (CHC / CDC)
- ◯ 6. Hospital clinic
- ◯ 7. Rural health clinic
- ◯ 8. Other (Please specify.)

B2. If others to question "B1" above please specify

_____

B3. Your specialty (Check one.)

- ◯ 1. General pediatrics
- ◯ 2. Primary care
- ◯ 3. General internal medicine
- ◯ 4. General paediatrics with sub-specialty focus (Please specify.)
- ◯ 5. General internal medicine with sub-specialty focus (Please specify.)
- ◯ 6. Paediatric sub-specialist (Please specify.)
- ◯ 7. Clinical Nurse practitioner (CNP)
- ◯ 8. Physician's assistant
- ◯ 9. Certified nurse midwife
- ◯ 10. Other (Please specify.)

B4. If others to question "B3" above please specify

_____

C. FIRST CONTACT - ACCESS

C1. Is your facility / practice open on Saturday or Sunday?

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

C2. Is your facility / practice open on at least some weekday evenings until 8 PM?

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

C3. When your facility / practice is open and patients get sick, would someone from there see them that day?

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

C4. When the facility / practice is open, can patients get advice quickly over the phone when they think they need it?

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

C5. When your facility / practice is closed, do you have a phone number patients can call when they get sick?

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

C6. When your facility / practice is closed on Saturday or Sunday and patients get sick, would someone from there be able to see them that day?

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯
- ◯

1. Definitely not
9. Not sure / don't remember

C7. When your facility / practice is closed during the night and patients get sick, would someone from there be able to see them that night?

◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
◯ 9. Not sure / don't remember

C8. Can a patient easily get an appointment for routine checkups at your facility / practice?

◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
◯ 9. Not sure / don't remember

C9. On average, do patients have to wait more than 30 minutes after arriving before they are examined by the doctor or nurse?

◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
◯ 9. Not sure / don't remember

C9b. How long do you think patients wait at this facility?
hrs

_____

C9c. What do you think is a reasonable time for patients to wait?
..... hrs

_____

C11b. Can patients easily get a second opinion if necessary?

◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
◯ 9. Not sure / don't remember

C13ngt. Are the sign boards (signage/instructions) clear at your facility?

◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
◯ 9. Not sure / don't remember

C14ngt. Do you think staff at this facility are friendly and approachable?

◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
◯ 9. Not sure / don't remember

C15ngt. Is it easy for patients to lay a complaint or compliment at your CHC

◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
◯ 9. Not sure / don't remember

C16ngt. Is there a complaints / suggestion box at your facility?

◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
◯ 9. Not sure / don't remember

C17ngt. Do you think it is costly (financially) for patients to get to your facility?

◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
◯ 9. Not sure / don't remember

D. ONGOING CARE

D1. At your facility / practice, do patients see the same clinician each time they make a visit?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
D2. Can you understand the questions that your patients ask you?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
D3. Do you think your patients understand what you ask them or say to them?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
D4. If patients have a question, can they call and talk to the doctor or nurse who knows them best?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
D5. Do you think you give patients enough time to talk about their worries or problems?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
D6. Do you think your patients feel comfortable telling you about their worries or problems?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
D7. Do you think you know the patients in your facility / practice "very well"?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
D8. Do you know who lives with each of your patients?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
D9. Do you think you understand what problems are most important to the patients you see?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember

D10. Do you think you know each patient's complete medical history?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
D11. Do you think you know each patient's work or employment?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
D12. Would you know if patients had trouble getting or paying for a prescribed medication?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
D13. Do you know all the medications that your patients are taking?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember

E. COORDINATION

E1. Does your facility / practice phone or send patients the results of all lab tests?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
E7. Do you think you know about all the visits that your patients make to specialists or special services? (e.g. Lung specialist; acupuncturist; other healers / traditional healer)	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
E8. When patients need a referral, do you discuss different places the family might go to get help with their problem?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
E9. Does someone at your facility help the patient make the appointment for the referral visit? If YES (probably/definitely) go to E9a, E9b and E9c If NO, Go to E10	◯ Yes ◯ No
E9a. Does someone at your facility help the patient make the appointment for the referral visit? If YES, how likely is it that someone has assisted the patient?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
E9b. How long does it take for patients to be given a referral appointment at your facility?	◯ 1. Same day ◯ 2. Same week ◯ 3. Longer than 1 week
E9c. From the time the patient gets an appointment date, how long does it take before they are seen at the specialist clinic?	◯ 1. Less than 1 month ◯ 2. 2 - 5 months ◯ 3. More than 5 months

E10. When patients are referred, do you give them any written information to take to the specialist?

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

E11. Do you receive useful information about your referred patients back from the specialists or special services?

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

E12. After the visit, do you talk with patients about the results of visit(s) with the specialist or special service?

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

E14ngt. Does your facility assist patients with medical-legal or insurance reports if required?

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

F. COORDINATION (INFORMATION SYSTEMS)

F1. Are patients expected to bring their medical records, such as immunizations or medical care they received in the past?

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

F2. Would you allow patients to look at their medical records if they wanted to?

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

F3. Are all the patients' previous notes / records available when you see them?

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

Do you use the following methods to assure that indicated services are provided?

F4. Flow sheets in patients' charts for lab results

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

F5. Printed guidelines in patients' records

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

F6. Periodic medical record audits

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

F7. Problem lists in patients' records

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

F8. Medication lists in patients' records

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

F9. Other (Please specify.)

_____

G. COMPREHENSIVENESS (SERVICES AVAILABLE)

If patients need any of the following services, would they be able to get them on-site at your facility?

G1. Nutrition counseling by a nutrition specialist

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

G2. Immunizations / vaccinations

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

G3. Eligibility screening for social service programs or benefits e.g. screening patients to identify who is eligible for social service programs such as a DG; OAP; child support grant.

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

G4. Dental checkups

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

G5. Dental treatments

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

G6. Family planning or birth control services

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

G7. Substance or drug abuse counseling or treatment

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯

9. Not sure / don't remember

G8. Counseling for behaviour or mental health problems	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
G9. TB screening	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
G10. Suturing for a minor laceration	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
G11. Counseling and testing for HIV/AIDS	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
G12. Checking hearing.(Tympanocentesis)	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
G13. Vision screening	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
G14. Allergy injections	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
G15. Splinting for a sprained ankle	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
G16. Wart removal	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
G17. Pap smears	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember

G18. Rectal exam or sigmoidoscopy	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
G19. Smoking counseling	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
G20. Ante-natal care	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
G21. Removal of an ingrown toenail	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
G22. Advice on advance directives e.g. what to do when someone cannot make decisions about his/her care such as severe mental illness.	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
G23. Advice on preparing for changes consequent to aging	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
G24. Suggestions on nursing home care	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
G25. Assistance with food supplements such as Ensure or food parcels	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
G26ngt. Screening for weight problems.	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
G27ngt. Access to termination of pregnancy services at or via your facility if required.	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember

H. COMPREHENSIVENESS (SERVICES PROVIDED)

(If) your office serves all ages, please answer all questions in this section (H1 - H18) Are the following subjects discussed with patients?

H1. Nutritional/non-nutritional foods or getting enough sleep	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
H2. Home safety, like storing medicines safely; safe use of paraffin stoves	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember

Questions H3 - H13 apply to adults only (ages 18 and older). Are the following subjects discussed with patients?

H3. Seat belt use	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
H4. Handling family conflicts	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
h5. Advice about appropriate exercise	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
H6. Cholesterol levels	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
H7. Medications being taken	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
H8. Exposure to harmful substances at home, work, or in their neighborhood	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember

H9. Gun availability, storage, safety	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
H10. Prevention of hot water burns	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
H11. Prevention of falls	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
H12. Prevention of osteoporosis or fragile bones in females	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
H13. Care for common menstrual or menopausal problems	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
H13b. For males: prevent prostate cancer	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
H13cngt. Advice and treatment on Sexually Transmitted Diseases	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember

Questions H14 - H18 apply to children only (under age 18).

Are the following subjects discussed with the child and parent/guardian?

H14. Ways to handle problems with child's behavior

◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
◯ 9. Not sure / don't remember

H15. Changes in growth and behavior that parents can expect at certain ages

◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
◯ 9. Not sure / don't remember

H16. Safety issues for children under 6: teaching them to cross the street safely, and using child safety seats in cars

◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
◯ 9. Not sure / don't remember

H17. Safety issues for children between 6 and 12: staying away from guns, and using seatbelts and bicycle helmets

◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
◯ 9. Not sure / don't remember

H18. Safety issues for children over 12: safe sex, saying no to drugs, not drinking and driving

◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
◯ 9. Not sure / don't remember

I. FAMILY-CENTEREDNESS

I1. Does your facility / practice ask patients about their ideas and opinions when planning treatment and care for the patient or family member?

◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
◯ 9. Not sure / don't remember

I2. Does your facility / practice ask about illnesses or problems that might run in the patients' families?

◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
◯ 9. Not sure / don't remember

I3. Is your facility / practice willing and able to meet with family members to discuss a health or family problem?

◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
◯ 9. Not sure / don't remember

Are the following included as a routine part of your health assessment?	
I4. Use of genograms	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
I5. Discussion of family health risk factors, e.g., genetic conditions	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
I6. Discussion of family economic resources	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
I7. Discussion of social risk factors, e.g., loss of employment	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
I8. Discussion of living conditions, e.g. access to piped water; sanitation, electricity	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
I9. Discussion of health status of other family members	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
I10. Discussion of parenting	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
I11. Assessment for signs of child abuse	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
I12. Assessment for indications of family in crisis	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember

I13. Assessment of impact of patient's health on family functioning	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
I14. Assessment of development level/family life cycle	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember

J. COMMUNITY ORIENTATION

J1. Does your facility / practice make home visits?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
J2. Do you think your facility / practice has adequate knowledge about the health problems of the communities you serve?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
J3. Does your facility / practice get opinions and ideas from people that might help to provide better health care?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
J4. Is your facility / practice able to change health care services or programs in response to specific health problems in the communities?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember

Does your facility / practice use the following types of data to determine what programs/services are needed by the communities you serve?

J5. Mortality data (data on deaths)	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
J6. Public health communicable disease data (e.g. STIs, TB)	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
J7. Community immunization rates	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
J8. Public health data on health or occupational	◯ 4. Definitely ◯ ◯ ◯

hazards	3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
J9. Clinical data from your facility / practice e.g. M&M meetings	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
J10. Other (Please specify.)	_____
Does your facility / practice use the following methods to monitor and / or evaluate the effectiveness of services / programs?	
J11. Surveys of your patients	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
J12. Community surveys	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
J13. Feedback from community organizations or community advisory boards	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
j14. Feedback from your facility / practice staff	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
J15. Analysis of local data or vital statistics	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
J16. Systematic evaluations of your programs and services provided	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
J17. Community health workers	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
J18. Have a consumer on your Health Committee	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ ◯

1. Definitely not
9. Not sure / don't remember

J19. Other (Please specify.) _____

Does your facility / practice use any of the following activities to reach out to populations in the communities you serve?

J20. Networking with state and local agencies involved with culturally diverse groups
◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
◯ 9. Not sure / don't remember

J21. Linkages with religious organizations/services
◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
◯ 9. Not sure / don't remember

J22. Involvement with neighbourhood groups/community leaders
◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
◯ 9. Not sure / don't remember

J23. Outreach workers e.g. CHWs
◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
◯ 9. Not sure / don't remember

J24. Other (Please specify.) _____

K. CULTURALLY COMPETENT

K2. Can your facility / practice communicate with people who do not speak the local language well whether English; Afrikaans or Xhosa?
◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
◯ 9. Not sure / don't remember

K4. If needed, do you take into account a family's special beliefs on alternative treatment, such as homeopathy or acupuncture or traditional healer?
◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
◯ 9. Not sure / don't remember

K4bngt. Does your facility understand / respect patients' culture?
◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
◯ 9. Not sure / don't remember

K4cngt. Are you comfortable discussing religious or cultural issues that affect patients' health?
◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
◯ 9. Not sure / don't remember

Does your facility / practice use any of the following methods to address the cultural diversity in your patient population?

k5. Training of staff by outside instructors	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
K6. In-service programs presented by staff	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
K7. Use of culturally-sensitive (language, visual images, religious customs) materials/pamphlets	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
K8. Staff reflecting the cultural diversity of the population served	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
K9. Translators/interpreters	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
K10. Planning of services that reflect cultural diversity	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
K11. Other (Please specify.)	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember

P. PRIMARY HEALTH CARE TEAM

P1. Can your patients see a social worker at your facility if they need to?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
P2. Can your patients see a physiotherapist and / or occupational therapist if needed?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯

9. Not sure / don't remember

P3. Can your patients be visited at home by a community health worker (home-based, TB dots or HIV carer) linked to your facility if needed? E.g. for a wound dressing or TB / HIV care.

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

P4. Can your patients see a health promoter / dietician for advice on these topics?

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

P5. Can your patients see a mental health worker for any mental health needs?

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

P6. Can your patients see a dental / oral health worker at / or linked to your facility if needed?

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

P7. Can a child (under 12yrs) be seen at your facility if needed?

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

Q. PHC TEAM FUNCTIONING

The following questions are about PHC team functioning.

Q1. We encourage everyone to share ideas

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

Q2. We create an environment where things can happen.

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

Q3. We have the information that we need to do our jobs well

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

Q4. When we experience a problem, we make a serious effort to figure out what is really going on

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

Q5. Working together is stressful.

- ◯ 4. Definitely
- ◯
- ◯
- ◯

3. Probably
2. Probably not
1. Definitely not
9. Not sure / don't remember

Q6. We appear to let setbacks and problems stop our change efforts	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
Q7. Everyone feels able to act on the team vision	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember

OTHER

R. Other than money and staff, please list any resources your facility may need to ensure appropriate primary care for the communities you serve. (We are aware that funding and staff may be the main resources that need to be addressed).	

PCAT FE Managers

Please complete the survey below.

Thank you!

NATIONAL PRIMARY CARE ASSESSMENT TOOL (PCAT) STUDY

PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM

To be completed by managers at participating facilities

TITLE OF THE RESEARCH PROJECT: Evaluating Primary Care Performance of Primary Health Care Facilities from 2015 to 2023: A follow-up study using the Primary Care Assessment Tool (PCAT)

HREC REFERENCE NUMBER: 634/2022 (University of Cape Town)

WESTERN CAPE REFERENCE NUMBER: WC_202302_005

PRINCIPAL INVESTIGATOR: A/Prof Klaus von Pressentin

ADDRESS: Division of Family Medicine, Department of Family, Community and Emergency Care (FaCE), Falmouth Building (2nd floor, entrance 5), Faculty of Health Sciences, University of Cape Town, Anzio Road, Observatory, Cape Town.

CONTACT NUMBER: 021 406 6510; klaus.vonpressentin@uct.ac.za

PRACTITIONER PARTICIPANT CONSENT

Declaration by participant

By selecting yes below, I agree to take part in a research study entitled:

Evaluating Primary Care Performance of Primary Health Care Facilities from 2015 to 2023: A follow-up study using the Primary Care Assessment Tool (PCAT)

I declare that:

I have read or had read to me this information and consent form and it is written in a language with which I am fluent and comfortable.

I have had a chance to ask questions and all my questions have been adequately answered.

I understand that taking part in this study is voluntary and I have not been pressurised to take part. I understand this research study and am willing to take part in it.

I may choose to pull out of the study at any time. I may be asked to leave the study before it has finished, if the study doctor or researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

◯ Ye
◯ s
No

ADMINISTRATIVE INFORMATION

A1. Date

_____

A2. Designation of person completing the questionnaire:

- ◯ 1. F.Mgr
- ◯ 2. Deputy F.Mgr
- ◯ 3. Acting F.Mgr
- ◯ 4. Dr in Charge
- ◯ 5. Sr in Charge
- ◯ 6. Other (please specify)

A3. If others in "A2" above please specify.

_____

GENERAL

'Facility' below means any service (public or private) delivering comprehensive primary care

B1. Type of facility (Check one.)

- ◯ 5. Community health clinic (CHC / CDC)
- ◯ 6. Hospital clinic
- ◯ 7. Rural health clinic
- ◯ 8. Other

B2. If Others in "B1" above please specify

_____

C. FIRST CONTACT - ACCESS

C1. Is your facility open on Saturday or Sunday?

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

C2. Is your facility open on at least some weekday evenings until 8 PM?

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

C3. When your facility is open and patients get sick, would someone from your facility see them that day?

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

C4. When your facility is open, can patients get advice quickly over the phone when they need it?

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

C5. When your facility is closed, do you have a phone number patients can call when they get sick?

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember
- ◯ ility is closed, do you have a phone number patients can call when they get sick?

C6. When your facility is closed on Saturday or Sunday and patients get sick, would someone from your facility be able to see them that day?

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

C7. When your facility is closed during the night and patients get sick, would someone from your facility be able to see them that night?

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

C8. Can a patient easily get an appointment for routine checkups at your facility?

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

C9. On average, do patients have to wait more than 30 minutes after arriving before they are examined by the doctor or nurse?

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

C9b. How long do you think patients wait at this facility (in hours)?

_____

C9c. What do you think is a reasonable time for patients to wait (in hours)?

_____

C11b. Can patients easily get a second opinion if necessary?

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

C13ngt. Are the sign boards (signage/instructions) clear at your facility?

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

C14ngt. Do you think staff at this facility are friendly and approachable?

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

C15ngt. Is it easy for patients to lay a complaint or compliment at your facility?

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

C16ngt. Is there a complaints / suggestion box at your facility?

- ◯ 4. Definitely
- ◯ 3. Probably
- ◯ 2. Probably not
- ◯ 1. Definitely not
- ◯ 9. Not sure / don't remember

C17ngt. Do you think it is costly (financially) for patients to get to your facility?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember

D. ONGOING CARE

D1. At your facility, do patients see the same clinician each time they make a visit?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
D2. Can your clinicians understand the questions their patients ask?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
D3. Do you think the patients in your facility understand what the clinicians ask them or say to them?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
D4. If patients have a question, can they call and talk to the doctor or nurse who knows them best?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
D5. Do you think the clinicians give patients enough time to talk about their worries or problems?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
D6. Do you think patients feel comfortable telling the clinicians about their worries or problems?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
D7. Do the clinicians know the patients who use your facility "very well"?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
D8. Do the clinicians know who lives with each patient?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
D9. Do the clinicians understand what problems are most important to the patients they see?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember

D10. Do you think the clinicians know each patient's complete medical history?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
D11. Do you think the clinicians know each patient's work or employment?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
D12. Would the clinicians know if patients had trouble getting or paying for their prescribed medication?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
D13. Do the clinicians know all the medications their patients are taking? E.g. any meds prescribed by a GP or at another CHC, or hospital	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember

E. COORDINATION

E1. Does your facility phone or send patients the results of all lab tests?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
E7. Do you think the clinicians know about all the visits their patients make to specialists or special services?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
E8. When patients need a referral, do the clinicians discuss different places they might go to get help with their problem?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
E9. Does someone at your facility help the patient make the appointment for the referral visit? If YES (probably/definitely) go to E9a, E9b and E9c If NO, Go to E10	◯ Yes ◯ No
E9a. If YES in "E9" above: Does someone at your facility help the patient make the appointment for the referral visit?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
E9b. How long does it take for patients to be given a referral appointment at your facility?	◯ 1. Same day ◯ 2. Same week ◯ 3. Longer than 1 week

E9c. From the time the patient gets an appointment date, how long does it take before they are seen at the specialist clinic?	◯ less than one month ◯ 2-5 months ◯ more than 5 months
E10. When patients are referred, do the clinicians give them any written information to take to the specialist?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
E11. Do the clinicians receive useful information about their referred patients back from the specialists or special services?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
E12. After the visit, do the clinicians talk with patients about the results of visit(s) with the specialist or special service?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
E14ngt. Does your facility assist patients with medical-legal or insurance reports if required?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember

F. COORDINATION (INFORMATION SYSTEMS)

F1. Are patients expected to bring their medical records, such as immunizations or medical care they received in the past?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
F2. Would your facility allow patients to look at their medical records if they wanted to?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
F3. Are patient records available when the clinicians see patients?	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember

Does your facility use the following methods to assure that indicated services are provided?

F4. Flow sheets in patients' charts for lab results	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
F5. Printed guidelines in patients' records	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember

F6. Periodic medical record audits	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
F7. Problem lists in patients' records	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
F8. Medication lists in patients' records	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
F9. Other (Please specify.):	
F9a. Other (Please specify.): _____	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember

G. COMPREHENSIVENESS (SERVICES AVAILABLE)

G1. Nutrition counseling by a nutrition specialist	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
G2. Immunizations / vaccinations	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
G3. Eligibility screening for social service programs or benefits e.g. screening patients to identify who is eligible for social service programs such as DG; OAP; child support grant	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
G4. Dental checkups	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
G5. Dental treatments	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember

G6. Family planning or birth control services	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
G7. Substance or drug abuse counseling or treatment	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
G8. Counseling for behavior or mental health problems	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
G9. TB screening	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
G10. Suturing for a minor laceration	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
G11. Counseling and testing for HIV/AIDS	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
G12. Checking hearing (Tympanocentesis).	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
G13. Checking eyesight.	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
G14. Allergy shots	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
G15. Splinting for a sprained ankle	◯ 4. Definitely ◯ 3. Probably ◯ 2. Probably not ◯ 1. Definitely not ◯ 9. Not sure / don't remember
G16. Wart removal	◯ 4. Definitely ◯ ◯

3. Probably
2. Probably not
1. Definitely not
9. Not sure / don't remember

G17. Pap smears

◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
◯ 9. Not sure / don't remember

G18. Rectal exam (or sigmoidoscopy)

◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
◯ 9. Not sure / don't remember

G19. Smoking counseling

◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
◯ 9. Not sure / don't remember

G20. Ante-natal care

◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
◯ 9. Not sure / don't remember

G21. Removal of an ingrown toenail

◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
◯ 9. Not sure / don't remember

G22. Advice on what to do when the family cannot make decisions about care of loved ones e.g. severe mental illness.

◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
◯ 9. Not sure / don't remember

G24. Suggestions on nursing home care or community-based care

◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
◯ 9. Not sure / don't rememberG24

G25. Assistance with food supplements such as Ensure or food parcels

◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
◯ 9. Not sure / don't remember

G26ngt. Screening for weight problems

◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
◯ 9. Not sure / don't remember

G27ngt. Access to termination of pregnancy services at or via your facility if required

◯ 4. Definitely
◯ 3. Probably
◯ 2. Probably not
◯ 1. Definitely not
◯ 9. Not sure / don't remember

H. COMPREHENSIVENESS (SERVICES PROVIDED)

(If) your facility serves all ages, please answer all questions in this section (H1 - H18) Are the following subjects discussed with patients?

H1. Nutritional / non-nutritional foods or getting enough sleep	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
H2. Home safety, like storing medicines safely; safe use of paraffin stoves	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember

Questions H3 - H13 apply to adults only (ages 18 and older).

H3. Seat belt use	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
H4. Handling family conflicts	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
H5. Advice about appropriate exercise	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
H6. Cholesterol levels	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not

9. Not sure / don't remember

H7. Medications being taken

4. Definitely
3. Probably
2. Probably not
1. Definitely not
9. Not sure / don't remember

H8. Exposure to harmful substances at home, work, or neighborhood

4. Definitely in their
3. Probably
2. Probably not
1. Definitely not
9. Not sure / don't remember

H9. Gun availability, storage, safety

4. Definitely
3. Probably
2. Probably not
1. Definitely not
9. Not sure / don't remember

H10. Prevention of hot water burns

4. Definitely
3. Probably
2. Probably not
1. Definitely not
9. Not sure / don't remember

H11. Prevention of falls

4. Definitely
3. Probably
2. Probably not
1. Definitely not
9. Not sure / don't remember

H12. Prevention of osteoporosis or fragile bones in females

4. Definitely
3. Probably
2. Probably not
1. Definitely not
9. Not sure / don't remember

H13. Care for common menstrual or menopausal problems

4. Definitely
3. Probably
2. Probably not
1. Definitely not
9. Not sure / don't remember

H13b. For males: prevent prostate cancer

4. Definitely
3. Probably
2. Probably not
1. Definitely not
9. Not sure / don't remember

H13cngt. Advice and treatment on Sexually Transmitted Probably	◯ ◯ ◯ ◯ ◯	4. Definitely Diseases. 3. 2. Probably not 1. Definitely not 9. Not sure / don't remember

Questions H14 - H18 apply to children only (under age 18).

Are the following subjects discussed with the child and parent/guardian?

H14. Ways to handle problems with child's behaviour	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
H15. Changes in growth and behavior that parents can ages	◯ ◯ ◯ ◯ ◯	4. Definitely expect at certain 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
H16. Safety issues for children under 6: teaching them safely, and using child safety seats in cars	◯ ◯ ◯ ◯ ◯	4. Definitely to cross the street 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
H17. Safety issues for children between 6 and 12: staying away from guns, and using seatbelts and bicycle helmets	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
H18. Safety issues for children over 12: safe sex, saying no to drugs, not drinking and driving	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember

I. FAMILY-CENTEREDNESS

I1: Do the doctors and nurses at your facility ask their ideas and opinions when planning for the patient or family?	◯ ◯ ◯ ◯ ◯	4. Definitely patients about 3. Probably treatment and care 2. Probably not

		1. Definitely not 9. Not sure / don't remember
I2. Do the doctors and nurses at your facility ask about illnesses or problems that might run in the patients' families?	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
I3. Are the doctors and nurses at your facility willing and able to meet with family members to discuss a health or family problem?	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
Are the following included as a routine part of health assessment?		
I4. Use of genograms	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
I5. Discussion of family health risk factors, e.g. genetic conditions	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
I6. Discussion of family economic resources	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
I7. Discussion of social risk factors, e.g., loss of employment	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
I8. Discussion of living conditions e.g. access to piped water; sanitation, electricity	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
I9. Discussion of health status of other family members	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably

		2. Probably not 1. Definitely not 9. Not sure / don't remember
I10. Discussion of parenting	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
I11. Assessment for signs of child abuse	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
I12. Assessment for indications of family in crisis	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
I13. Assessment of impact of patient's health on family functioning	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
I14. Assessment of individual / family life cycles	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
J. COMMUNITY ORIENTATION		
I14. Do clinicians at your facility make home visits?	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
J2. Do you think the clinicians at your facility have knowledge about the health problems of the serve?	◯ ◯ ◯ ◯ ◯	4. Definitely adequate 3. Probably communities you 2. Probably not 1. Definitely not 9. Not sure / don't remember
J3. Do the clinicians at your facility get opinions	◯ ◯ ◯ ◯ ◯	4. Definitely

and ideas from people that might help to provide better health care?		3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
J4. Is your facility able to change health care services or programs in response to specific health problems in the communities?	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember

Does your facility use the following types of data to determine what programs/services are needed by the communities you serve?

J5. Mortality data (data on deaths)	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
J6. Public health communicable disease data (e.g STDs,	◯ ◯ ◯ ◯ ◯	4. Definitely TB) 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
J7. Community immunization rates	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
J8. Public health data on health or occupational hazards	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
J9. Clinical data from your facility e.g. M&M meetings	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
J10. Other (Please specify.) Other .... E.g. data from HAST / chronic disease; other audits	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember

Does your facility use the following methods to monitor and/or evaluate the effectiveness of services/programs?

J10. Surveys of your patients	◯	4. Definitely
	◯	3. Probably
	◯	2. Probably not
	◯	1. Definitely not
	◯	9. Not sure / don't remember
J13. Feedback from community organizations or community advisory boards	◯	4. Definitely
	◯	3. Probably
	◯	2. Probably not
	◯	1. Definitely not
	◯	9. Not sure / don't remember
J14. Feedback from facility / practice staff	◯	4. Definitely
	◯	3. Probably
	◯	2. Probably not
	◯	1. Definitely not
	◯	9. Not sure / don't remember
J15. Analysis of local data or vital statistics	◯	4. Definitely
	◯	3. Probably
	◯	2. Probably not
	◯	1. Definitely not
	◯	9. Not sure / don't remember
J16. Systematic evaluations of your facility's programs and services provided.	◯	4. Definitely
	◯	3. Probably
	◯	2. Probably not
	◯	1. Definitely not
	◯	9. Not sure / don't remember
J17. Community health workers	◯	4. Definitely
	◯	3. Probably
	◯	2. Probably not
	◯	1. Definitely not
	◯	9. Not sure / don't remember
J18. Have a consumer on the community health forum	◯	4. Definitely
	◯	3. Probably
	◯	2. Probably not
	◯	1. Definitely not
	◯	9. Not sure / don't remember
J19. Other (Please specify.)	_____	

J19a. Other (Please specify.)	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember

Does your facility use any of the following activities to reach out to populations in the communities you serve?

J20. Networking with state and local agencies involved diverse groups	◯ ◯ ◯ ◯ ◯	4. Definitely with culturally 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
J21. Linkages with NGOs; religious organizations/services	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
J22. Involvement with neighborhood groups/community	◯ ◯ ◯ ◯ ◯	4. Definitely leaders 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
J23. Outreach workers e.g. CHWs	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
J24. Other (Please specify.)		_____
J24. Other (Please specify.)	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember

K. CULTURALLY COMPETENT

K2. Can your facility communicate with people who do language well whether English; Afrikaans or Xhosa?	◯ ◯ ◯ ◯ ◯	4. Definitely not speak the local 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember

K3. If needed, does your facility take into account a family's special beliefs on alternative treatment, such as homeopathy or acupuncture or traditional healer?	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
K4. If needed, does your facility take into account a use alternative treatment, such as acupuncture?	◯ ◯ ◯ ◯ ◯	4. Definitely family's request to 3. Probably homeopathy or 2. Probably not 1. Definitely not 9. Not sure / don't remember
K4b. Does your facility understand / respect patients' Probably	◯ ◯ ◯ ◯ ◯	4. Definitely culture? 3. 2. Probably not 1. Definitely not 9. Not sure / don't remember
K4c. Are you comfortable discussing religious or cultural issues that affect patients' health?	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember

Does your facility use any of the following methods to address the cultural diversity in your community?

K5. Training of staff by outside instructors	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
K6. In-service programs presented by staff	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
K7. Use of culturally-sensitive (language, visual images, religious customs) materials/pamphlets	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
K8. Staff reflecting the cultural diversity of the population served - e.g. staff representing the main languages spoken in the communities served	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember

K9. Translators/interpreters	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
K10. Planning of services that reflect cultural diversity	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
K11. Other (Please specify.)	_____	
K11a. Other (Please specify.)	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember

P1. PRIMARY HEALTH CARE TEAM

The following questions deal with health care services that patients may need from other members of the PHC team. Please check one best answer.

If patients you need it, can they be seen by any of the following health workers to assist with their care at this facility?

P1. Can your patients see a social worker at your facility if they need to?	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
P2. Can your patients see a physiotherapist and / or occupational therapist if needed?	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
P3. Can your patients be visited at home by a worker (home-based, TB dots or HIV your facility if needed? E.g. for a	◯ ◯ ◯ ◯ ◯	4. Definitely community health 3. Probably carer) linked to 2. Probably not

wound dressing or TB / HIV care.		1. Definitely not 9. Not sure / don't remember
P4. Can your patients see a health promoter / dietician for advice on these topics?	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
P5. Can your patients see a mental health worker for needs?	◯ ◯ ◯ ◯ ◯	4. Definitely any mental health 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
P6. Can your patients see a dental / oral health worker at / or linked to your facility if needed?	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
P7. Can a child (under 12yrs) be seen at your facility Probably	◯ ◯ ◯ ◯ ◯	4. Definitely if needed? 3. 2. Probably not 1. Definitely not 9. Not sure / don't remember

Q. PHC TEAM FUNCTIONING

The following questions are about PHC team functioning.

Q1. We encourage everyone to share ideas	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
Q2. We create an environment where things can happen	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember

Q3. We have the information that we need to do our Probably	◯ ◯ ◯ ◯ ◯	4. Definitely jobs well 3. 2. Probably not 1. Definitely not 9. Not sure / don't remember
Q4. When we experience a problem, we make a serious what is really going on	◯ ◯ ◯ ◯ ◯	4. Definitely effort to figure out 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
Q5. Working together is stressful.	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember
Q6. We appear to let setbacks and problems stop our Probably	◯ ◯ ◯ ◯ ◯	4. Definitely change efforts 3. 2. Probably not 1. Definitely not 9. Not sure / don't remember
Q7. Everyone feels able to act on the team vision	◯ ◯ ◯ ◯ ◯	4. Definitely 3. Probably 2. Probably not 1. Definitely not 9. Not sure / don't remember

OTHER

Q10. Other than money and staff,
please list any resources your facility
may need to ensure appropriate
primary care for the communities you serve.
(We are aware that funding and staff may be the main resources
that need to be addressed).