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ORIGINAL ARTICLE

ACCESSIBILITY TO HEALTH SERVICES: OPINION OF USERS ACESSIBILIDADE AOS SERVIÇOS DE SAÚDE: OPINIÃO DE USUÁRIOS ACCESIBILIDAD A SERVICIOS DE SALUD: OPINIÓN DE LOS USUARIOS

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ABSTRACT

Objectives: understanding through the discourses of users of SUS how they perceive the accessibility to health services offered by the municipality of Cabedelo/PB. **Method:** a descriptive, exploratory study of quantitative and qualitative approach. Data were collected with a questionnaire administered to 190 users, then analyzed using descriptive and technical Discourse of the Collective Subject statistic. The research project was approved by the Research Ethics Committee, CAAE: 15221513.9.0000.5188. **Results:** no need for changes in health practices promoted by the professionals of the Family Health Strategy (FHS) and the municipal management regarding qualified hearing user and their integration and participation in planning actions that need to be reassessed with a more critical view of reality. **Conclusion:** the improvement of access should be permeated by increasing the bond between the professionals and the community attended. **Descriptors:** Accessibility to Health Services; Primary Health Care; Health System.

RESUMO

Objetivos: compreender, por meio dos discursos dos usuários do SUS, como percebem a acessibilidade aos serviços de saúde oferecidos pelo município de Cabedelo/PB. **Método:** estudo descritivo, exploratório, de abordagem quanti-qualitativa. Os dados foram coletados com um questionário aplicado a 190 usuários, em seguida, analisados pela estatística descritiva e técnica do Discurso do Sujeito Coletivo. O projeto de pesquisa teve a aprovação do Comitê de Ética em Pesquisa, CAAE: 15221513.9.0000.5188. **Resultados:** há necessidade de mudanças nas práticas de saúde promovidas pelos profissionais da Estratégia de Saúde da Família (ESF) e da gestão municipal quanto à escuta qualificada do usuário e sua inserção e participação nas ações de planejamento que precisam ser reavaliadas com uma visão mais crítica da realidade. **Conclusão:** a melhoria das condições de acesso deve ser permeada pelo aumento do vínculo entre os profissionais e a comunidade assistida. **Descritores:** Acessibilidade aos Serviços de Saúde; Atenção Primária à Saúde; Sistema de Saúde.

RESUMEN

Objetivos: conocer, a través de los discursos de usuarios del SUS, la forma en que perciben la accesibilidad a los servicios de salud que ofrece el municipio de Cabedelo/PB. **Método:** estudio descriptivo, exploratorio de enfoque cuantitativo y cualitativo. Los datos se recogieron con un cuestionario aplicado a 190 usuarios, a continuación, analizó utilizando discurso descriptivo y técnico del Sujeto Colectivo estadística. El proyecto de investigación fue aprobado por el Comité Ético de Investigación, CAAE: 15221513.9.0000.5188. **Resultados:** no hay necesidad de cambios en las prácticas de salud promovidos por los profesionales de la Estrategia Salud de la Familia (ESF) y la gestión municipal en relación con el usuario audiencia cualificada y su integración y participación en la planificación de acciones que deben ser reevaluados con una visión más crítica de la realidad. **Conclusión:** la mejora del acceso debe ser permeado por el aumento de la unión entre los profesionales y la comunidad atendida. **Descriptores:** Accesibilidad a los Servicios de Salud; Atención Primaria de Salud; Sistema de Salud.

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INTRODUCTION

In Brazil, access to health services is still a major problem to be resolved by the system of public provision of health services. The promulgation of the 1988 constitution created a cycle of changes in health across the country, from the creation of the Unified Health System (SUS). By Organic Health Law and organizational structuring principles that ensure all Brazilian citizens the right to access to health, whole, universal service and public participation services were introduced. Further provides that health actions and services integrate a regionalized and hierarchical network.¹

In 2011, the Ministry of Health (MOH) issued the decree n°7508 which regulates Law No. 8080/90, strengthening the NHS and important role to define their organizational structures; introduce and conceptualize health regions; the Organizational Contract Public Health Action, Input ports; Intermanagement commissions; Map of Health; Networks of health care; Special Services and Open Access Clinical Protocols and Therapeutic Guidelines.²

According to Art.5 of the said Act to creating the health regions, municipalities should contain actions and primary care services; emergency care; psychosocial care; outpatient, specialist and hospital care; and health surveillance. This decree mentions that universal, equal and ordered actions and health services access is initiated by the input ports of the SUS and complete the regionalized and hierarchical network, according to the complexity of the service and will have primary care as ordering and organizing care, ensuring the user the continuity of care in all forms of services.²

In the municipality of Cabedelo/PB in the current context, the Municipal Health Office (SMS) is the Manager of Municipal Health agency, with a mission to promote the strengthening of Public Health Policies in the City, through the Surveillance in Health Care Basic (AB), and Specialized Hospital Care within the NHS, with the participation of social control aimed at improving the quality of life of its population; also has the responsibility to act as instruments of social values at the municipal level, observing economic, financial, technical and administrative management aspects, as well as advocating the humane care of its members.³

The organizational structure of the City Health Department is managed with administrative autonomy, comprises a

collegiate body formatted by: Municipal Health Council (CMS), twenty three boards, fifty-nine coordinators, three supervisions area, six advisors, twenty analysts six, seven managers and health secretary.

The health care system of the city of Cabedelo includes: primary and intermediate complexity with supply of hospital care and outpatient care. Besides the administrative headquarters which has nineteen Basic Units of Family Health, two teams from the core to support Family Health (NASF), a Municipal Centre Physiotherapy (CENFISIO), a Municipal Polyclinic with Reference Services, one Specialized Care Service STD/AIDS (SAE), an Endemic Disease Control laboratory, two community mental health services - CAPS (CAPS 1 and CAPS AD), one of Medium Complexity Hospital, a municipal laboratory (LACEN) and a Center for Dental Specialties (CEO).

The county has a Primary Care as the main gateway for users to health services in the NHS, as it is through them that the flow of referrals to other services that are part of the service network is organized. The Family Health Strategy (FHS) covers 74,3% of the population, of which 25,7% are located in uncovered areas, damaging users' access to these services and increasing spontaneous demand to other hierarchical levels of attention.³

One of these concerns the principle of universality is the need of the population have access to health services, without which the rights are not guaranteed. Among various difficulties in consolidation of SUS, one of the most pressing questions regarding access of health services. From these considerations and taking into account the experience in coordinating the Family Health Unit (FHU), the author of this study aims to research the following assumptions: How SUS users perceive the reality of accessibility to health services in the municipality of Cabedelo/PB?

Regarding the problem, it is observed that the strategy of the organization of the care model assigned to the Family Health Strategy (FHS) as a main gateway, host to SUS users and reference flow for other services are compromised by distance part of the population to the services offered by the health network injuring the principle of accessibility, which should be guaranteed for all. Thus, on this basis, we defined the following objectives:

- Understanding, through the speeches of SUS users, how they realize the accessibility to health services offered by the municipality of Cabedelo/PB.

- Identifying the host users by Family Health Teams.
- Identifying difficulties and skills of the trainees in USFs, in access to health services.

METHOD

An exploratory and descriptive study of quantitative and qualitative approach. The exploratory configures this research, as it addresses a little investigated topic in literature. The descriptive characteristics, in turn, has as its primary objective the description of the characteristics of a given population or phenomenon or object.⁴

The study was conducted in 19 health units of the municipality of Family Cabedelo - PB, located in the metropolitan area of João Pessoa. Participated in the study SUS users who sought care at the Family Health Units (FHU). Sampling was accessibility, free form with users who were being treated at FHUs and voluntarily agreed to participate in the study by signing the consent form. Because it is a quantitative and qualitative approach, the number of subjects in the sample was 190 users.

To participate in the study the following criteria were established: the user had to be aged 20 years or more, with or without education, which was being serviced at FHU and show an interest in collaborating with the study.

Data collection was conducted through a questionnaire including questions of characterization of the subjects and issues of

free speech who inquired: You feel welcomed at FHU? Why? What is to be welcomed for you? What do you suggest to improve services at FHU? What are the difficulties faced when routed to other health services? How easily found when searching the health service this county?

The collected data were analyzed quantitatively using descriptive statistics and qualitative data were analyzed from the Collective Subject Discourse (CSD)⁶ for Technique that consists of a set of procedures that highlights the key phrases of the speeches of the study participants, which enables the thought in the form of synthesis and allows the justification for interpreting the results.

The research project was approved by the Ethics Committee in Research of the Center for Health Sciences quoted CAAE Registration: 15221513.9.0000.5188. During the research, aspects contained in Resolution No. 196/96 of the National Health Council, which deals with research on humans were observed.⁵

RESULTS AND DISCUSSION

♦ Characterization of the sample

Table 1. Demographic characteristics of the sample of survey users, Cabedelo/PB, 2013. n= 190

Demographic characteristic	n°	%
Gender		
Female	124	65,30
Male	66	34,73
Age (in years)		
20-39	63	33,15
40-49	42	22,10
50-59	45	23,68
60 or over	40	21,05
Schooling		
Illiterate	05	2,63
Incomplete elementary school	65	34,21
Complete elementary school	45	23,68
Incomplete high school	32	16,84
Complete high school	15	7,89
Higher incomplete	20	10,52
Higher complete	06	3,15
Postgraduate	02	1,05
Monthly income		
Less than one minimum wage	30	15,78
1 to 2 wages	103	54,21
3 to 5 minimum wages	13	6,84
6 or more minimum wages	00	00

Table 1 shows that 65,30% (124) of users are female, this shows that fewer men seek the services of primary care and they enter the

healthcare system by means of specialized care resulting in the aggravation of morbidity, the delay in seeking health services that

promote preventive health practices, resulting in a greater cost to the NHS.^{7,8} One issue pointed out by men for not demand for health services is related to its position as provider and claim that the hours of operation of the service coincides with work hours.⁸

Regarding the age of the users, it is observed that 33,15% (63) are in the age group of 29-39 years old, 23,68% (45) are aged between 50 and 59, 22,10% (42) in the age group of 40-49 and 21,05% (40) over 60 years old.

With respect to schooling predominated the elementary school, with 34,21% (65). The level of education is considered an essential element to be considered in both the analysis of the determinants of health as the population approach to the development of practical promotion, prevention and rehabilitation of health. Various conditions of health care are directly influenced by the education level of household heads, particularly the conditions of health care for children. The low level of education may negatively affect the formulation of concepts of self-treatment, the notion of environmental conservation and the perceived need for action of the individual as a citizen in collective health contexts.⁹

In terms of household income, the majority of respondents have an average income of 1-2 minimum wages 54,21%. (103). The poverty that confines the majority of SUS in places distant from urban centers, and therefore much of the social utility equipment, seems to also be an important reason why they make use of the FHP.

On the demand for services 89,47% (169) of the participants when they become ill or seek to elect USF as a first choice option for health services provided by municipal health characterizing and confirming what many authors have cited as the Primary Care the door open and preferential entry of the attention of SUS, the attention to their health needs; assuming a logical organization of the flow of customer service, which assumes that the health unit is able to resolve the vast majority of health problems in the population or to minimize damage and sufferings of this, assuming responsibility for continuity of care, even if it is offered at other points of care network is prepared to receive and listen to all the people who seek their services, universal and without exclusionary distinctions.¹⁰

The Family Health Strategy, as a strategy of reorganization of primary health care provides for the creation of multidisciplinary teams responsible for specific territory, working in an area renowned for its enrolled as a gateway to

the health system population. Their practices should have character be multidisciplinary and user-centered/family, being necessary to the development of the capacity to accommodate them, and be responsible for individual and family group in order to solve their health problems and promoting autonomy.¹¹

When asked if they are attended to when seeking public health services, 38,6% (73) of users say they have had their complaints resolved immediately, 47% (90) of them managed care performed on the same day without pre-scheduled appointment. Only 14,4% (27) complained about the lack of accessibility to the services offered by USF. Although there are important limitations, access to health services has shown a significant improvement in several indicators.

According to the Ministry of Health, Primary Health Care to set up r as a preferential entry to the health system that is well organized, has the potential to solve/answer to most problems/ health needs of the population, filtering access to higher levels of complexity of care, by conducting referrals for specialized care, the use of the service where necessary and the requirement of care, ensuring their rights.¹²

Most users 85,20% (161) have access to all professionals working in the USF, the most sought after by users is the doctor with 98,25% (186), then the nurse with 92,98% (176) and 82,46% (156) the practical nurse. The increased population coverage of the Family Health Program has provided a significant change in the characteristics of access and health care in our country. According to the information available on the website of the Department of Primary Care Department of Health Care in January 2012, the population covered by Family Health teams deployed was 86,2 million - about 46,2% of Brazilian population relying on the performance of 26.700 teams in more than 5.100 municipalities⁹.

When users do not solve their health problems at FHU in its catchment area, most of them 56,74% (106) seeks the hospital to solve their problems by showing the limitation of the services offered by Primary Care.

The Family Health Strategy in the municipality of Cabedelo - PB gave up haphazardly starting its deployment from the center to the periphery, leaving the more popular areas and away from the urban center with low coverage of services offered by BHU, which hampers clearly users' access to these units, increasing considerably the spontaneous to other hierarchical levels of attention

available in the medical/nursing, dental office and clinic office with toilet, multi-room host for the spontaneous demand, administration/management room, group activities room for professionals; reception area, location for files and records, procedures room, vaccination room, area of dispensing medications, procedure room, gathering room, dressing room, observation room, among other so you can ensure effective care and satisfying the needs of users in healthcare.¹²

Reference is observed the need to use by ambulance to the displacement if need be taken to a service of greater complexity, it shows an obstacle, since the patient depends on the availability of said transport means for transportation to the referenced service. Two ambulances are available to meet the need for removal of users from UBS for the municipal hospital and other health services of low complexity, making no rescue service, unlike the SAMU which is regulated by the city of João Pessoa - PB one of whose bases works in the Municipal Hospital Padre Alfredo Barbosa, who has no specialized body to make more complex calls.

Regarding the mode of transportation used by people observed the importance of transportation to the family structure factor with respect to expenditures and quality of

health, implying financial expenditure and difficulties in the use of services.¹⁹

Regarding the training of professionals FHS reported by users especially ACS and receptionists are essential requirements for the profound transformation of the NHS, especially in primary care, it promotes a revolution in the role of citizenship, freedom and autonomy of individuals involved. One of the aspects responsible for this permanent individual differentiation is the process of learning because learning means presenting a new facet of reality.¹¹

The construction of an effective educational process aimed at professionals in the primary health care unit is able to offer a better quality service, with increased resolution, more comprehensive view of user needs, actions for health programming, and effective intervention in relation to local problems, among others.

For the proposed consolidation of the FHS, in order to meet the population's health, makes necessary changes that occur to the right to health is effected as a right of citizenship. In this sense, it is up to managers to restructure the health care network, and the teams from FHUs, as entrepreneurs change the model and promoter of citizenship, promote actions that promote people's access to the health system.

Central idea	Key expressions	The collective subject discourse
Fragility in reference service	[...] In the city we don't have all the specialties that we need. [...] There are few doctors. [...] Sometimes we need to go to João Pessoa. [...] It takes too long to make an appointment.	Offers reference service failures, such as delay in scheduling, absence of some specialties that compromise the continuity of the actions of health service.
Pent-up demand	[...] Queues are large. [...] We met after 2 to 3 months.	

Figure 3. Distribution of the central idea, key expressions and the collective subject discourse about the question: what are the difficulties you face when is forwarded to other health services (reference)?

In the municipality of Cabedelo - PB some challenges need to be addressed to make progress in the process of decentralization of health. And the first challenge is to take over the management of the entire health care system of the city, which means assuming, hospitals and clinics.

Regionalization should be understood as an articulation and mobilization municipal and/or taking into account geographic characteristics, demand flow, epidemiology, provision of services and, above all, political will expressed by the municipalities to establish a relationship of cooperative character.²⁰

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