Reviewer’s report

Title: "They don't care about us": Older people's experiences of primary healthcare in Cape Town, South Africa

Version: 0 Date: 08 Sep 2018

Reviewer: Barbara Cochrane

Reviewer's report:

Reviewer Comments to Author

1. This manuscript reports on a focus group study of the experience of older individuals’ experiences with primary care from three areas of Cape Town, South Africa, representing three levels of income. Strengths of the manuscript include the inclusion of diverse perspectives during data collection and the comprehensive literature reviewed. Weaknesses include limited methodological details or indication of the particular qualitative approach used; confusing/inconsistent flow and terminology in some places; and a need for citations to support some claims in-text. More detailed comments about these and other considerations are included below.

2. The Abstract “Conclusions” (line 40) are not quite consistent with the Conclusions in-text (page 21). In addition, the Abstract Conclusions indicate that “the paper shows the importance of developing systems …”, but I think it would be more accurate to say that the findings “suggest” this.

3. There should be a design statement at the beginning of the Methods section. To say that the design is “qualitative” is not really sufficient, particularly given there is no citation on page 6 or 7 (or page 8, where the text on line 11 indicates that data were coded “thematically”) to indicate which qualitative paradigm (e.g., phenomenology, grounded theory, content analysis only) provided the methodological underpinning for this study. See also #7, #11b, #13c.

4. In what ways were focus group participants “purposively selected to ensure diversity”? Are you referring to the choice of seniors groups or did you choose specific participants from within the seniors groups (such that, presumably, some were turned some away if they did not add to the diversity of the sample)? With this purposive sampling, how is it that there were so many more females – e.g., does that reflect the membership of the seniors groups from which you recruited?

5. The decision/rationale for collecting data via focus groups (rather than interviews, for example) is not stated clearly. In fact, the use of focus groups seems to be introduced
incidentally (page 7, line 11), with subsequent text moving on to recruitment strategies and the conduct of the groups. The limitations text on page 9 (lines 8-16) identifies confidentiality concerns related to focus groups, despite their value in “gathering a variety of perspectives and generating debate”, but if these points tip the balance in favor of a focus group approach, that rationale should be more clearly linked to the purpose of the study and included earlier in the Methods section. See also #13b.

6. I think it would be helpful to identify the questions (or a representative sample) that were asked during the focus groups. This would help the reader understand the linkage between the study aim, methods, results, and conclusions. The text on page 7, lines 50-52, just indicates that “broad questions aimed at promoting discussion” were used.

7. The Data analysis section on page 8 indicates that findings were presented to community organizations. Was this strategy used to obtain feedback and potentially revise the themes/theory being uncovered (which might be consistent with grounded theory or narrative analysis methods of constant comparison/member checks … see #3)? If so, what feedback was received and/or revisions made to the reported themes/findings based on this feedback?

8. Characteristics of the populations within the three geographic areas are included. However, I could not find a clear description of the participants in the study. I think such a description (e.g., in table form) would be important to include in the Results, given participants were “purposively selected” to maximize diversity (#4). Information on gender and overall age range on page 7 was included, but additional information (e.g., living arrangements) could be tabulated for the participants overall without compromising confidentiality (a concern identified on page 8, lines 38-43).

9. The study aim, identified on page 6, was “to understand older person’s health needs and their experiences of primary healthcare services in their communities.” However, the Results section does not clearly address that aim – at least not initially. The Results on page 9 goes right to a subheading, “Health Service Use”. Some introductory text that frames the Results relative to the study aim would be important.

10. The findings reported on page 10, under “Access to services …,” are concerning, given the system breakdowns identified. I think a closer link to the data – i.e., 1-2 quotes – would offer more compelling evidence for these findings.

11. There are some statements/claims that would warrant a supporting citation. For example: a. Background (page 3, line 13) – while it might seem obvious, a supporting citation would be appropriate regarding how building services and supports are “crucial” for reducing frailty and institutionalization (also note that a period is missing at the end of the sentence).
b. The Data Analysis text on page 8 indicates that data were coded using open-coding and then re-coded thematically. No citation is offered to support this approach, and analytic strategies for qualitative studies (and the meaning of terms like open-coding and thematic coding) can differ somewhat depending on the specific qualitative approach (and its philosophical/methodological underpinnings). See also #3.

12. The use of some terms might confound a reader’s understanding of the research report. A key term that is unclear (for this reviewer from the US) is the use of “coloured” people – which is not an acceptable descriptor in our country. I think it would be important to offer an appropriate context and definition for the use of this term. A few other examples of questions about terminology:

a. Participants in this study are community-dwelling older adults, and the interviews did not occur in the clinical setting. Therefore, it is confusing to identify participants as “patients” in some places (e.g., Abstract line 38; page 4, line 1).

b. The Abstract “Results” (line 29) indicate that services in lower-income areas were *significantly* less responsive. For this qualitative report, I would recommend a different choice of terms than “significantly,” which has a clear statistical meaning in research.

c. The statement on page 4 (lines 1-8) addresses individual and “supply side” factors influencing health care access. The meaning of “social capital” and “human capital” (e.g., how they differ from other factors listed) are unclear. The reference cited to support this statement does not fully address these factors (nor does it use these terms).

d. What is the referent for “non-NGO group” on page 7 (line 16)? I’m assuming the text refers to the focus group in Khayelitsha (not run by the four Cape Town-based organizations), but its characterization as a non-NGO group is unclear (e.g., not all organizations are NGOs, but are you saying that the Cape Town-based organizations *are* NGOs?). Although “NGO” is a well-known acronym, it still should be defined the first time it is included.

13. The flow of text is a little confusing. For example:

a. The “Setting” (page 6) is described before the Methods section.

b. “Limitations of approach” is included on page 8 of the Methods section, rather than the Discussion where such considerations are usually addressed.

c. Some of the text included under Results (e.g., page 14, lines 36-44 [note that three citation numbers are included here]) links study findings to other literature, which would be more appropriate for the Discussion section. If you have included this information as “Results” to convey elements of constant comparative analysis (e.g., an approach used in grounded theory), then I think the Methods text should indicate that a grounded theory approach was used and that data analysis involved constant comparison. See also #3.
d. The Conclusions section on page 21 seems to focus on “Implications”. For example, the text identifies the need to “increase the number of healthcare workers to address demand-side challenges to care.” However, there is insufficient evidence provided to support such policy change at this point (e.g., considerations are more complex than just participant perceptions). See also #2.

14. The formatting of references is not consistent and – in particular – the source information is sometimes limited, which presents a challenge for the reader who might want to confirm or understand more about a reference.

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

No

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Yes

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

No

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

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