STRENGTHENING PRIMARY HEALTH CARE THROUGH PRIMARY **CARE DOCTORS AND** FAMILY PHYSICIANS: NATIONAL STAKEHOLDER WORKSHOP

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INTRODUCTION

Brief overview of the whole project
Background to the workshop
Purpose of this workshop
Process of the workshop
Who is here - introductions

OVERVIEW OF THE PROJECT

Contracting Authority: Delegation of the European Union on behalf of the Republic of South Africa

Call for Proposals: ACCESS AND QUALITY OF PRIMARY HEALTH CARE

Guidelines for grant applicants

Budget line 21060200

Reference: EuropeAid/134286/L/ACT/ZA

Deadline for submission of concept note / full application: 04 June 2013

STRENGTHENING PRIMARY HEALTH CARE THROUGH PRIMARY CARE DOCTORS AND FAMILY PHYSICIANS

- To strengthen primary health care through capacity building of primary care doctors and family physicians
- To build the capacity of primary care doctors and family physicians to function in support of community-based primary care teams and to improve the quality of PHC services
- To build the capacity of family physicians to offer effective leadership and clinical governance to PHC facilities
- To evaluate the contribution of family physicians to strengthening district health services

PROJECT CO-APPLICANTS AND ASSOCIATES



KEY INFORMATION

- **30** months from 1st March 2014
- Principal co-ordinator Prof Bob Mash
- Co-ordinator Dr Zelra Malan
- Co-ordinator Dr Klaus von Pressentin
- Administrator Ms Talitha Schutte

TO BUILD THE CAPACITY OF PRIMARY CARE DOCTORS

Objective:

To build the capacity of primary care doctors to function in support of community-based primary care teams and to improve the quality of PHC services

Activity:

Designing, developing and implementing a national Diploma level training for existing primary care doctors, from either the private or public sector, to enable them to better support the ward-based primary care teams and to offer services commensurate with the government's PHC revitalisation programme

BACKGROUND TO THE WORKSHOP

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NATIONAL HEALTH INSURANCE

Right to access health care services Universal coverage Fairness and equity Social solidarity Access, availability, acceptability, Affordability Quality

NATIONAL HEALTH INSURANCE

Primary Care Doctors

Private general practitioners



Public medical officers

REVITALISATION OF PRIMARY HEALTH CARE



Ward-based outreach teams / Community orientated primary care



REVITALISATION OF PRIMARY HEALTH CARE





District Clinical Specialist Teams in South Africa

Ministerial Task Team Report to the Honourable Minister of Health, Dr Aaron Motsoaledi

CORE DIMENSIONS OF PRIMARY CARE SYSTEMS

STRUCTURE	PROCESS	OUTCOMES	
Governance	Access	Quality	
Economics	Continuity	Efficiency	
Workforce development	Co-ordination	Equity	
	Comprehensiveness		

What is the contribution of the primary care doctor to strengthening the system?

Kringos, D.S., Boerma, W.G., Hutchinson, A., van der Zee, J. & Groenewegen, P.P. 2010, "The breadth of primary care: a systematic literature review of its core dimensions", *BMC health services research*, vol. 10, pp. 65.

BURDEN OF DISEASE





Burden of disease:

- HIV/AIDS and TB
- Interpersonal violence and trauma
- Maternal and child health
- Non-communicable diseases

What is the contribution of the primary care doctor to improving clinical processes?

PRIMARY CARE MORBIDITY

Diagnosis	n	%
Hypertension, uncomplicated (K86)	2957	12.0
Upper respiratory tract infection (R74)	1306	5.3
HIV/AIDS (B90)	961	3.9
Type 2 diabetes (T90)	946	3.9
TB (A70)	862	3.6
Cough (R05)	681	2.8
Osteoarthritis (L91)	530	2.2
Gastroenteritis/diarrhoea (D73, D11)	491	2.0
Asthma (R96)	485	2.0
Acute tonsillitis (R76)	454	1.9
Epilepsy (N88)	375	1.5
Infectious disease, other (A78)	366	1.5
Urinary tract infection (U71)	317	1.3
Pneumonia (R81)	306	1.2
Acute bronchitis/bronchiolitis (R78)	263	1.1
Hypertension, complicated (K87)	262	1.1
Acute otitis media (H71)	233	0.9
Generalised body pain (A01)	213	0.9
Headache (N01)	209	0.9
Influenza (R80)	189	0.8
Muscle pain (L18)	183	0.7
Allergic reaction (A92)	176	0.7
Dermatophytosis (S74)	160	0.7
Chronic obstructive pulmonary disease (R95)	140	0.6

Challenges:

- 80% nurses
- Multi-morbidity
- Bio-psycho-social approach
- Patient-centredness
- Etc.

What is the contribution of the primary care doctor to improving clinical processes?

Mash B, Fairall L, Adejayan O, Ikpefan O, Kumari J, et al. A Morbidity Survey of South African Primary Care. PLoS ONE 2012 7(3): e32358. doi:10.1371/journal.pone.00323582011

PURPOSE OF THE WORKSHOP

THE KEY QUESTION

What are the future roles and competencies expected of primary care doctors in South Africa?

DESIGNING A NATIONAL DIPLOMA

Consensus on future roles and competencies of primary care doctors

National survey of learning needs of primary care doctors Construction of national learning outcomes

Design of diploma programme



June 2014

September 2014

February 2015

2015-16

CURRENT DIPLOMAS



FUTURE DIPLOMAS

Stellenbosch University

University of KwaZulu Natal

University of Cape Town

College of Family Physicians

New programmes

Going to scale with postgraduate training opportunities for primary care doctors

Aligned with national learning outcomes

HUMAN RESOURCES FOR PRIMARY CARE

FAMILY PHYSICIANS

PRIMARY CARE DOCTORS

PRIMARY CARE NURSES

COMMUNITY HEALTH WORKERS

PROCESS OF THE WORKSHOP

DIFFERENT VIEWPOINTS ON THE FUTURE

- Jeanette Hunter The national vision, goals and policy perspective
- Richard Cooke Initial experiences with GP contracting
- Tony Behrman The perspective from private practice
- Tessa Marcus Implications of community orientated care

SNOWBALL CONSENSUS BUILDING



WHO IS HERE?