Primary Health Care Health Professionals Support Framework

PHCHP SF

Education and Training Committee of SAAFP (18th Sept)
Adapted from presentation to National District Health Systems Committee / HP Contracting National Technical Task Team on 28th August
Richard Cooke
“Purpose in Context”

- Designing learning outcomes and a training delivery model for a national Diploma in Family Medicine and Primary Health Care.
- Aim to “upskill and re-orientate” the collective body of practising primary care doctors (medical officers and general practitioners) towards functioning in the new NHI and integrated health system.
CONTRACTING OF GPS AND OTHER HPs

The contracting of GPs commenced in 2013. As the first cadre of healthcare practitioners to be contracted under this NDoH initiative, these pioneering HPs are contributing to the development of the conditions of the NHL contracting process. The contract package is still, therefore, under constant review.

PAYMENTS AND REMUNERATION PACKAGE

To ensure an effective, efficient and timely payment process the NDoH has appointed an independent service provider to manage claims and payments. This will guarantee that the payment process is as smooth as possible for contracted HPs.

The current basic remuneration package includes an hour rate for time spent in the facility as well as time spent travelling. Kilometres travelled are paid at standard National Department of Transport rates.

TRAINING AND CONTINUOUS PROFESSIONAL DEVELOPMENT TRAINING

The NDoH is committed to providing contracted HPs with professional development support throughout their careers as a part of the contract package. Training and development, agreed to by the District, will be available at no cost to the HP will be paid at normal hourly rates and will attract CPD points.

The PHCHP SF is a programme of development and change of the NDoH and is supported by the European Union (EU), and the United Kingdom Department for International Development (DFID/UK aid and HLSP/Mott MacDonald) through the SARRAH (Strengthening South Africa’s Response to HIV and Health) programme that is assisting with attaining the Millennium Development Goals on health.

For more information please contact:
Leonard MuDzanani
Mudza@health.gov.za
National Department of Health
South Africa

Tel: 012 395 8740
Fax: 066 622 5354
Cell: 084 439 0080
Website (under construction)

The National Department of Health (NDoH) has begun to implement its strategy towards re-engineering Primary Health Care (PHC) and preparing for National Health Insurance (NHI) using a number of different health systems strengthening initiatives. The contracting of General Practitioners (GPs) and Health Professionals (HPs) to provide professional services in state-run health care facilities is an integral component of this major reform process.
1. Background to the PHCHP SF
2. Activities since last NTTT (June to August)
3. Summary of main activities to date
4. Planned activities to end November 2014
5. Vision of the way forward

HEALTH SYSTEM STRENGTHENING INITIATIVES
Along with attracting HPs into the public health system, the NDOH aims, among other initiatives, to:
- Improve on the management of health facilities;
- Develop current health infrastructure;
- Ensure the availability of necessary medical equipment and medicines;
- Establish and strengthen the Health Information Management System (HIMS) for the successful tracking and monitoring of patients; and
- Establish the National Health Insurance (NHI) Fund.

THE PRIMARY HEALTH CARE HEALTH PROFESSIONALS SUPPORT FRAMEWORK (PHCHP SF)
The framework has been developed to support contracted HPs in the provision of quality public health services. The PHCHP SF has four main inter-related pillars, and provides a structure for coordinated support from National, Provincial and District Health Departments, as well as partner organisations.

WHAT IS NATIONAL HEALTH INSURANCE (NHI)?
The NHI is a financing system aimed at ensuring healthcare access to all citizens of South Africa, regardless of their employment status and ability to make a direct monetary contribution to the fund.

Pillar 1: Induction
This will include an entry/induction session, District-specific induction sessions, and the provision of three resource packs:
- Administrative Pack with forms and details related to the contract and payment.
- Clinical Guidelines Pack, on a memory stick, with the most up-to-date national guidelines, protocols and policies.
- District-Specific Pack with a practical guide to the District including contact numbers, referral processes, local procedures, and other important District information.

Pillar 2: District Specific Training
These sessions will focus on District priorities. They will be part of the District Training plan and include Clinical Governance issues.

Pillar 3: HP Specific Training
These sessions will focus on the professional work and development of the HPs. These sessions will include clinical updates, evidence-based practice and personal development. The sessions will attract CPD points.

Pillar 4: Mentoring and Support
A set of tools and guidelines will be developed to allow for mentoring and support to be provided to HPs and the extended PHC team. The District will formulate a strategy to coordinate technical advice and support, particularly between the NDOH and partner organisations. The role of the District Clinical Specialist Team (DCST) is central to the implementation of an effective mentoring and support process. At a later stage the process will be linked directly to a developmental performance management system.

Other support mechanisms include email groups, feedback processes, and regular communication with other HPs, the NDOH and partner organisations.
Background on the PHCHP SF

The 4 pillars of the PHCHP Support Framework

- Induction/orientation
- District specific training
- GP/HP special interest sessions
- Mentoring and support
Progress Oct 2013 – August 2014

• Concept developed /approved by NTTT
• Sustainability documents
• National one day sessions x 2
• Induction materials developed, piloted and refined
• Induction sessions held in 9 of the 10 pilot districts
• Training needs assessed in inductions (EuropeAid project)
• CPD application points awarded
• Electronic resource pack
• Template for a practical district guide
• Communication strategy
• Process flows
• Framework for a one-on-one entry interview
PHCHP SF and EuropeAid Project

PHCHP Support Framework

Induction/ orientation

District specific training

GP / HP special interest sessions

Mentoring and support

Performance Mx Framework

Overseen by Family Physicians? (vv. Objs 1, 2&3)

On-site coordination

Personal Development: PHC DIPLOMA (vv. Obj 1)
Resource Pack

• Continually updated

• Distributed on flash drive

• Sensitised on content

• Provided with an opportunity to work with resource

• National Acts and Policies
• Quality Assurance and Quality Improvement
• Key clinical guidelines – adults
• Key clinical guidelines – children
• Obstetrics and reproductive health
• HIV and TB
• Pharmaceuticals
• Provincial and District specifics
• Administrative documents
Policy and guidelines

To be continually updated and disseminated:

• Academic oversight
• Ensuring that all HPs and PHC staff have access
  – web-based platform, email groups or other appropriate platforms; and
• Taking feedback and queries on the use of guidelines and ensuring the same are communicated to the relevant persons
Key performance areas

Yr. 1 - 2

- Administration and Operations
- Clinical Management
- Quality Improvement (Individual and Family Care)

Yr. 3 onwards

Clinical Governance
Key performance areas

Yr. 1 - 2
- Compliance with administrative and operational requirements
- Provision of high-quality clinical care
- Building the 5 foundation stones of Quality Improv. in Care (Individual and Families)

Yr. 3 onwards
- Improved clinical governance as aligned with National Projects and Standards
Figure 4: Five foundation stones of quality improvement

1. Focus on the client
   - Services should be designed/structured to meet the needs of the patient, family and the community.

2. Focus on teamwork
   - QI is best achieved through a team approach. Teams bring together varied understanding and insight into various components of the system, problems and possible solutions.

3. Focus on data
   - Data provides insight into the extent of the problem; assists in identifying gaps, and enables the measurement of performance. Also reflects improvements in service delivery and health outcomes.

4. Focus on systems and processes
   - Poorly designed systems generate inefficiency, waste, poor health care quality and negative health outcomes. Services cannot be improved if we do not understand and change the systems supporting the health service.

Communication and feedback: effective communication and feedback on issues and progress essential to sustainable QI activities. Communication and feedback to staff, stakeholders, patients and the community.
Performance Management Framework

Inputs
- Guidelines
- Training
- Equipment
- Doctors in PHC teams

Assessment of administrative compliance (timesheets, logbooks)

Process
- Done by **doctor** to ensure optimal, holistic care of the individual and family
- Done by **PHC team** (incl. doctor) to ensure optimal, holistic care of the individual and family

Assessment of quality of **clinical management** using patient file audits

Assessment of building **QI foundation stones** through interviews, review of reports/ QI write-ups, minutes, adverse event mx,

Outcomes
- Of patients seen by GP
- Of patients seen by the PHC team
- At community level

Assessment of quality of **clinical governance** using combination of tools and dashboards (Ideal Clinic/ICSM/ICDM)
### KPAs unpacked (1)

<table>
<thead>
<tr>
<th>KPA</th>
<th>Definition</th>
<th>Tasks</th>
<th>Indicators</th>
<th>Record</th>
</tr>
</thead>
</table>
| **Admin & Ops** | Compliance with administrative and operational requirements | • Work the dates and hours agreed  
• No. of consultations  
• Complete tasks as agreed | No. of hours worked  
No. of travel hours  
No. of days absent | Logbooks  
Timesheets  
Interview of FM (record) |
## KPAs unpacked (2)

<table>
<thead>
<tr>
<th>KPA</th>
<th>Definition</th>
<th>Tasks</th>
<th>Indicators</th>
<th>Record</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Management</td>
<td>• Provision of high-quality care</td>
<td>• Follow Guidelines</td>
<td>x% of records are complete on audit</td>
<td>Clinical File Record (ACR/PCR)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Provide Holistic Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KPA</td>
<td>Definition</td>
<td>Tasks</td>
<td>Indicators</td>
<td>Record</td>
</tr>
<tr>
<td>-------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>QI in Indiv. Care</td>
<td>Improvement in individual clinical care within the 5 foundation stones of quality improvement</td>
<td>• Identifying gaps for improvement in individual care by the PHC team&lt;br&gt;• Evidence of self-assessment&lt;br&gt;• Responding to adverse events and patient complaints&lt;br&gt;• Mentoring and training team members&lt;br&gt;• M&amp;E and action on QI interventions</td>
<td>• Select indicators from DCST effectiveness framework&lt;br&gt;• Level of Patient satisfaction&lt;br&gt;• No of QI projects initiated in clinic/community</td>
<td>• Review of records&lt;br&gt;• QI write-ups/publications&lt;br&gt;• Meeting minutes (adverse events)&lt;br&gt;• FM interview</td>
</tr>
</tbody>
</table>
For SAAFP/ETC to consider

- Support for the PHCHP SF to the benefit of the 3 project objectives
- Use of the PHCHP SF for the development, on-going updating, and marketing of the Diploma and relevant MMed modules
- NDoH is looking for a “academic caretaker” for the PHC electronic resource pack of the PHC HP Support Framework on an e-learning platform
  What can the ETC suggest here?
  Is there a role for the ETC?
- Input on the draft performance management framework (current PMAs)