

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

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Family  
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Primary Care,  
Stellenbosch  
University



# 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

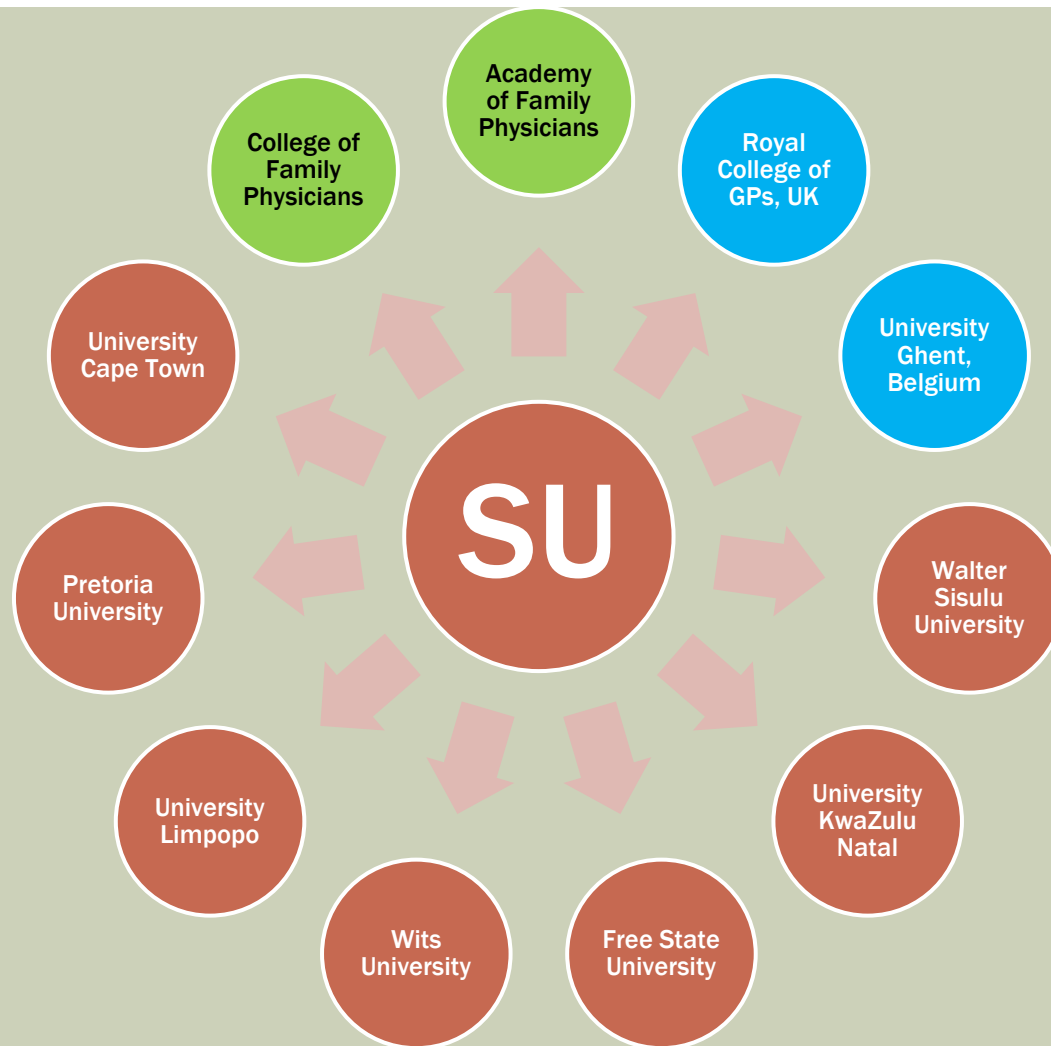
Deadline for submission of concept note / full application: **04 June 2013**

# 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 1<sup>st</sup> 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



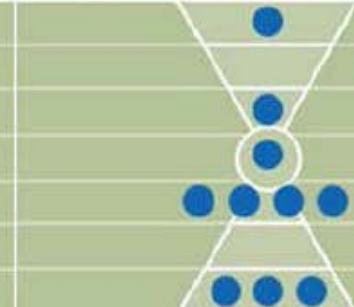
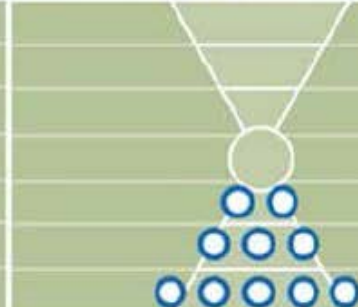
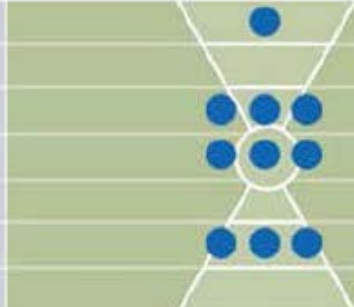
# South Africa National Assessment (8582)

## Personal Values

## Current Culture Values

## Desired Culture Values

Level 7  
Level 6  
Level 5  
Level 4  
Level 3  
Level 2  
Level 1



IRS (P)= 6-4-0 | IRS (L)= 0-0-0

IROS (P)= 0-0-0-0 | IROS (L)= 2-4-4-0

IROS (P)= 1-1-7-1 | IROS (L)= 0-0-0-0

### Matches

PV - CC 0  
CC - DC 0  
PV - DC 2

### Health Index (PL)

PV: 10-0  
CC: 0-10  
DC: 10-0

1. <b>accountability</b>	4351	4(R)
2. <b>honesty</b>	4225	5(I)
3. <b>respect</b>	3320	2(R)
4. <b>integrity</b>	3225	5(I)
5. <b>family</b>	3203	2(R)
6. <b>responsibility</b>	2430	4(I)
7. <b>commitment</b>	2271	3(I)
8. <b>balance (home/work)</b>	2259	4(I)
9. <b>caring</b>	2241	2(R)
10. <b>ethics</b>	2047	7(I)

1. <b>corruption (L)</b>	5506	1(O)
2. <b>crime/ violence (L)</b>	5291	1(R)
3. <b>blame (L)</b>	4189	2(R)
4. <b>wasted resources (L)</b>	3828	3(O)
5. <b>unemployment (L)</b>	3812	1(O)
6. <b>poverty (L)</b>	3526	1(I)
7. <b>conflict/ aggression (L)</b>	3225	2(R)
8. <b>uncertainty about the future (L)</b>	3039	1(I)
9. <b>bureaucracy (L)</b>	2989	3(O)
10. <b>ethnic discrimination (L)</b>	2246	2(R)

1. <b>accountability</b>	5457	4(R)
2. <b>employment opportunities</b>	3060	1(O)
3. <b>dependable public services</b>	2734	3(O)
4. <b>honesty</b>	2520	5(I)
5. <b>poverty reduction</b>	2499	1(O)
6. <b>governmental effectiveness</b>	2347	3(O)
7. <b>law enforcement</b>	2329	3(O)
8. <b>educational opportunities</b>	2270	3(O)
9. <b>concern for future generations</b>	2244	7(S)
10. <b>effective healthcare</b>	2205	1(O)

Black Underline = PV & CC  
Orange = PV, CC & DC

Orange = CC & DC  
Blue = PV & DC

P = Positive

L = Potentially Limiting  
(white circle)

I = Individual

O = Organizational

R = Relationship

S = Societal

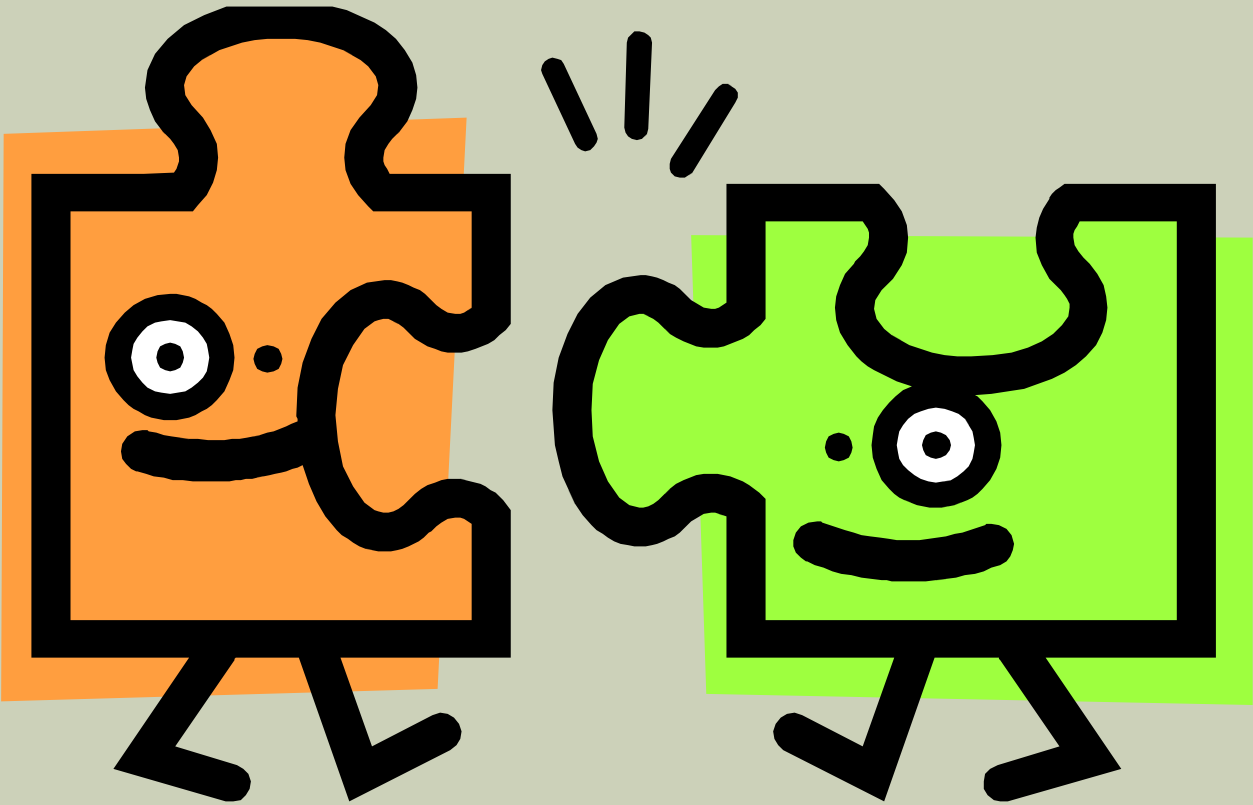
# NATIONAL HEALTH INSURANCE

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

# NATIONAL HEALTH INSURANCE

## Primary Care Doctors

Public medical officers



Private general practitioners

# REVITALISATION OF PRIMARY HEALTH CARE

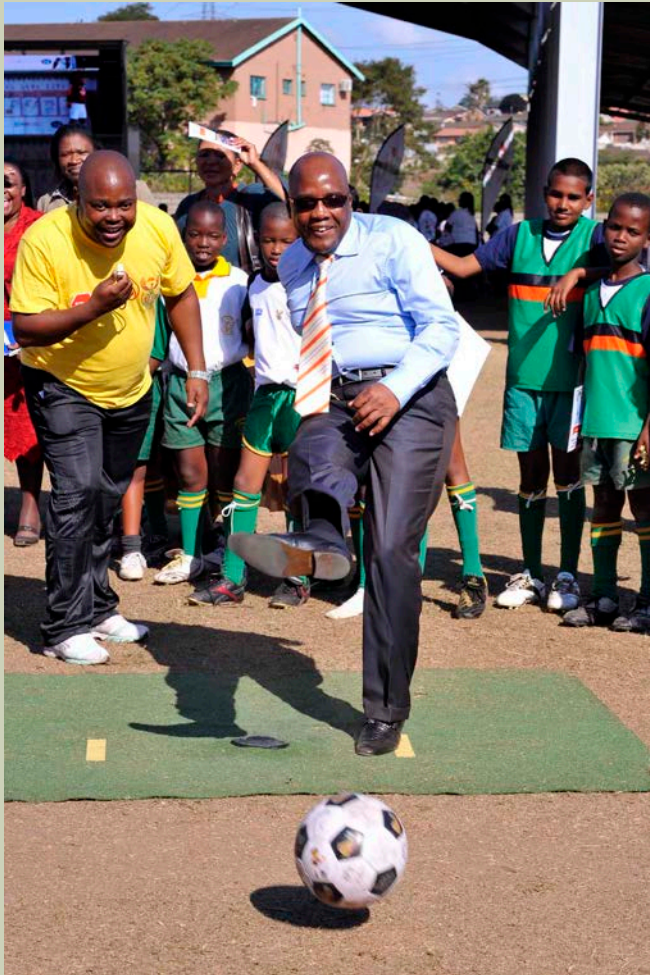


**Ward-based outreach teams /  
Community orientated primary  
care**





# 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

Governance

Economics

Workforce  
development

## PROCESS

Access

Continuity

Co-ordination

Comprehensiveness

## OUTCOMES

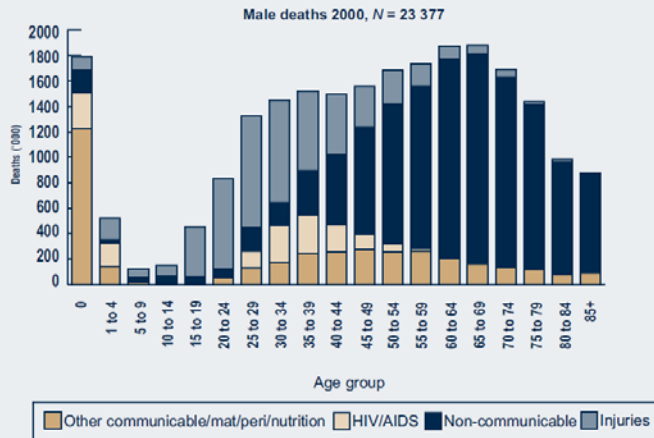
Quality

Efficiency

Equity

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

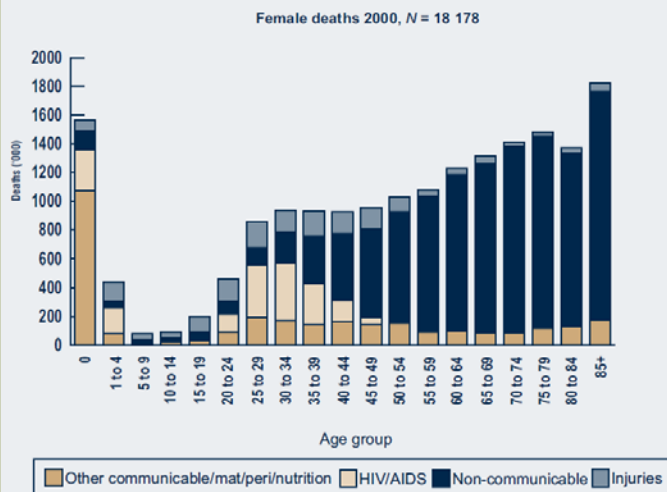
# BURDEN OF DISEASE



## 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?**

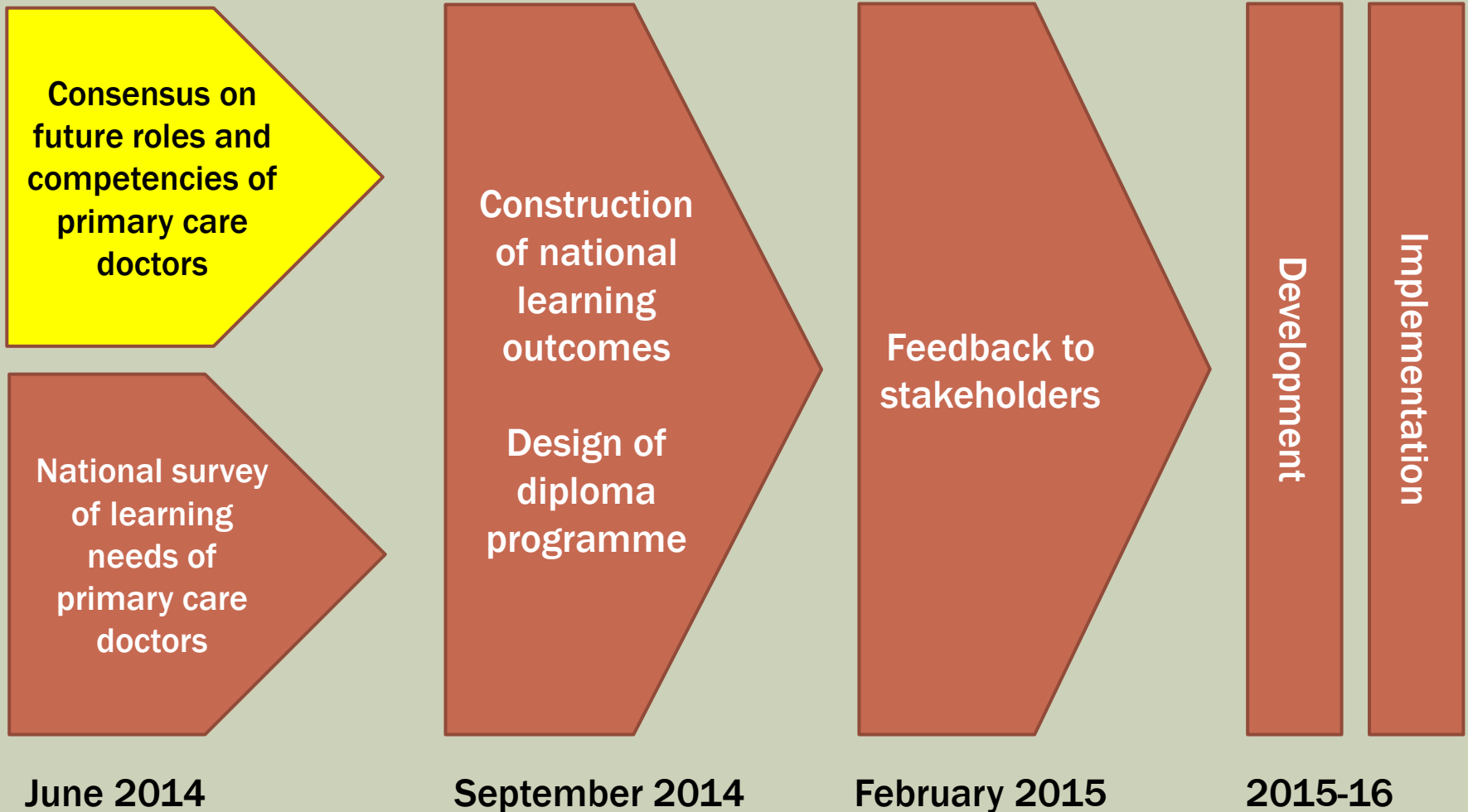
Mash B, Fairall L, Adejayan O, Ikpefan O, Kumari J, et al. A Morbidity Survey of South African Primary Care. PLoS ONE 2012 7(3): e32358. doi:10.1371/journal.pone.00323582011

# 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



# CURRENT DIPLOMAS



Stellenbosch University



College of Family  
Physicians



University of KwaZulu Natal



University of Cape Town



New programmes

# 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**

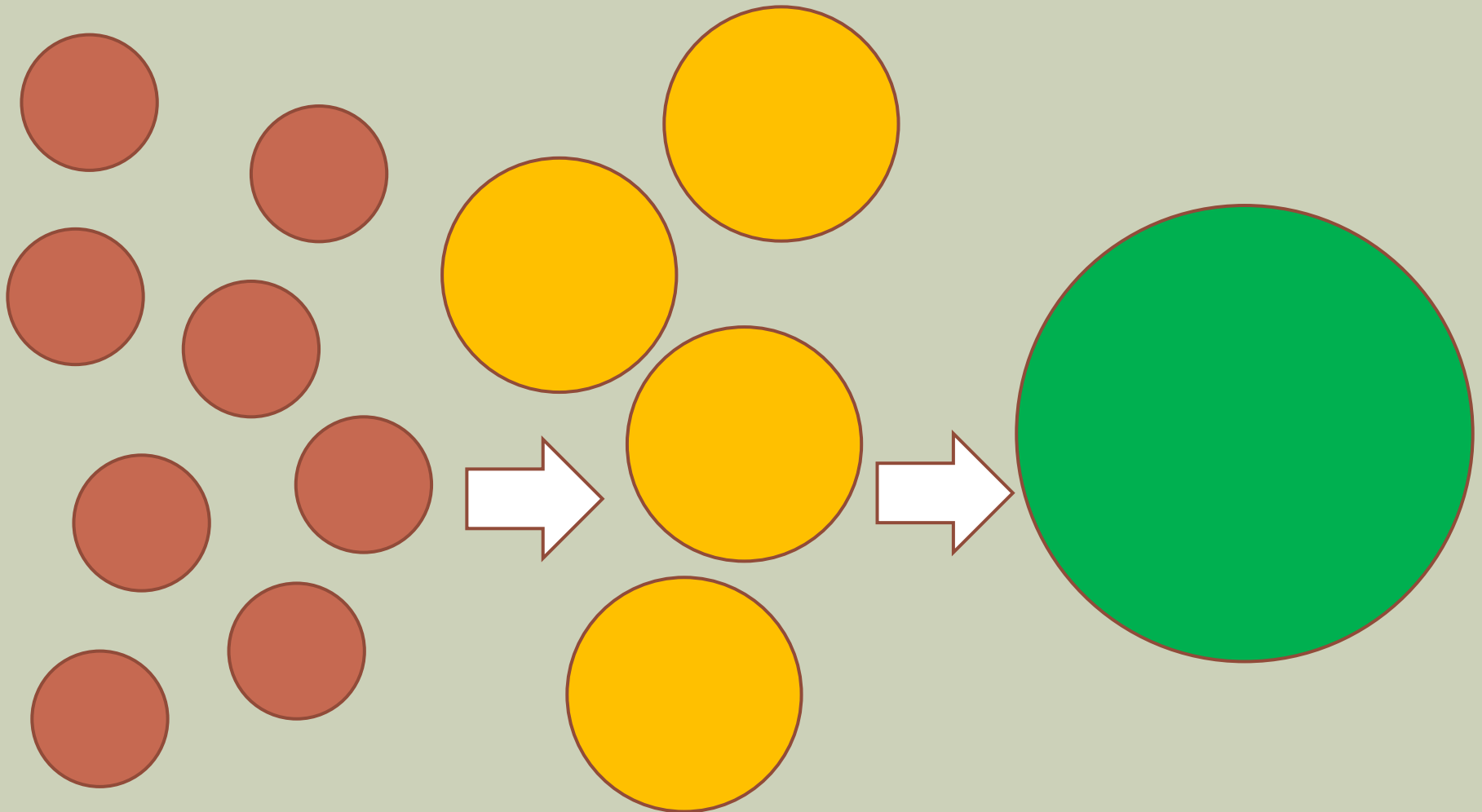
# PROCESS OF THE WORKSHOP



# 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?**