



health

Department:  
Health  
REPUBLIC OF SOUTH AFRICA

# Primary Health Care Health Professionals Support Framework PHCHP SF

Education and Training Committee of SAAFP (18<sup>th</sup> Sept)  
Adapted from presentation to National District Health  
Systems Committee / HP Contracting National Technical  
Task Team on 28<sup>th</sup> 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 NHI 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.



Primary Care 101 is a symptom-based integrated clinical management guideline using an algorithmic approach for the management of common symptoms and chronic conditions in adults. The guidelines are intended for use by all health care practitioners working at primary care level in South Africa.

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

[Mudzal@health.gov.za](mailto:Mudzal@health.gov.za)

National Department of Health  
South Africa

Tel: 012 395 8740

Fax: 086 622 5354

Cell: 084 439 0080

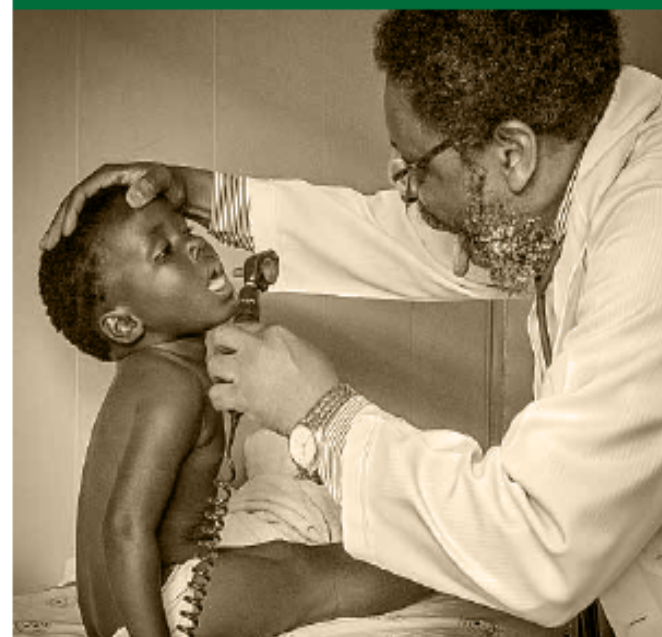
Website (under construction)



# STRENGTHENING THE PUBLIC HEALTH SYSTEM

## Strengthening Care in the Community

## Contracting General Practitioners and other Health Professionals



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.



## 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.

### PHCHP SF

1. INDUCTION AND ORIENTATION SESSION

2. DISTRICT SPECIFIC TRAINING SESSIONS

3. HP SPECIFIC TRAINING SESSIONS

4. MENTORING AND SUPPORT SESSIONS

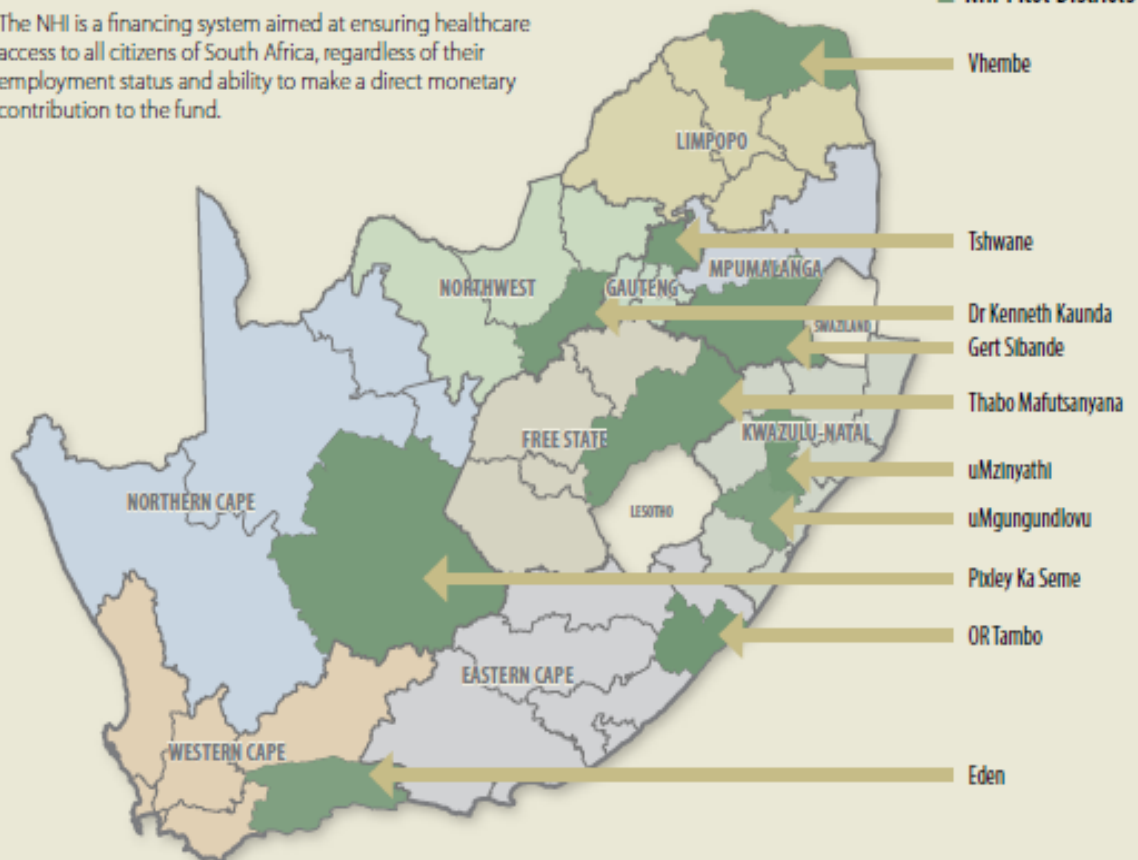
### Pillar 1: Induction

This will include an entry/orientation interview, 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.

## 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 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.

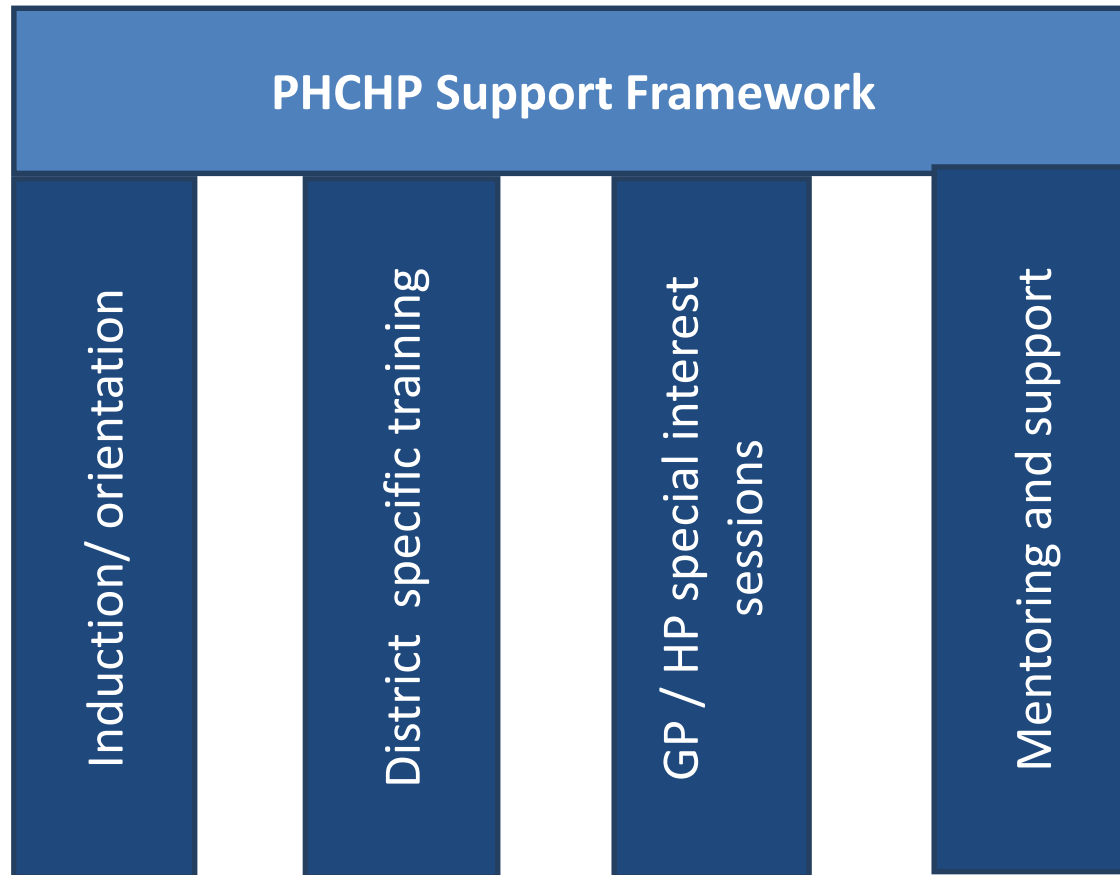
### Pillar 4: Mentoring and Support

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

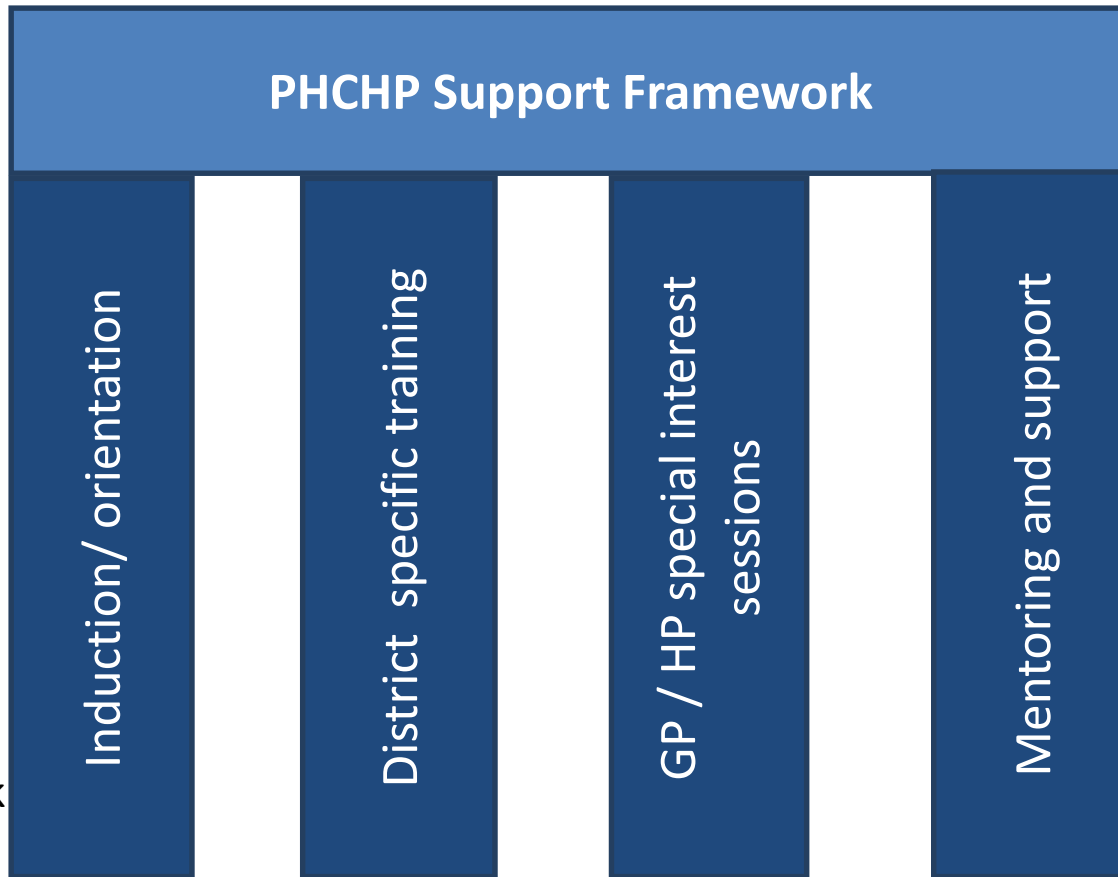
## The 4 pillars of the PHCHP Support Framework



# 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

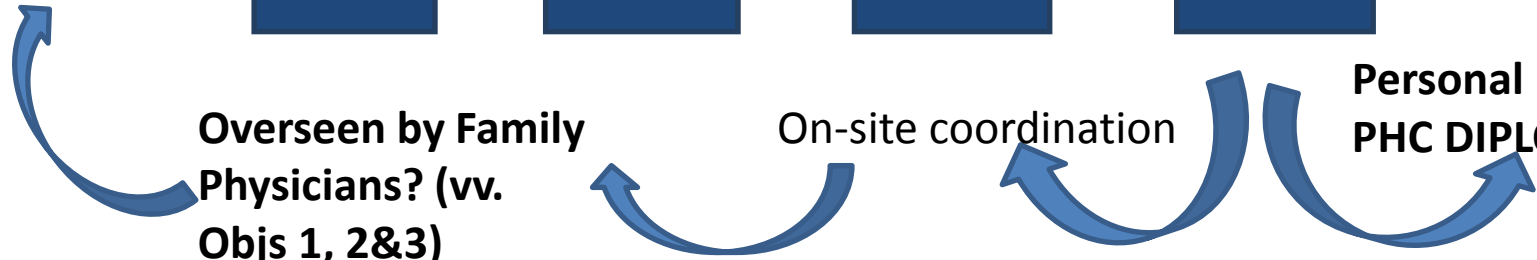


Performance  
Mx Framework

**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

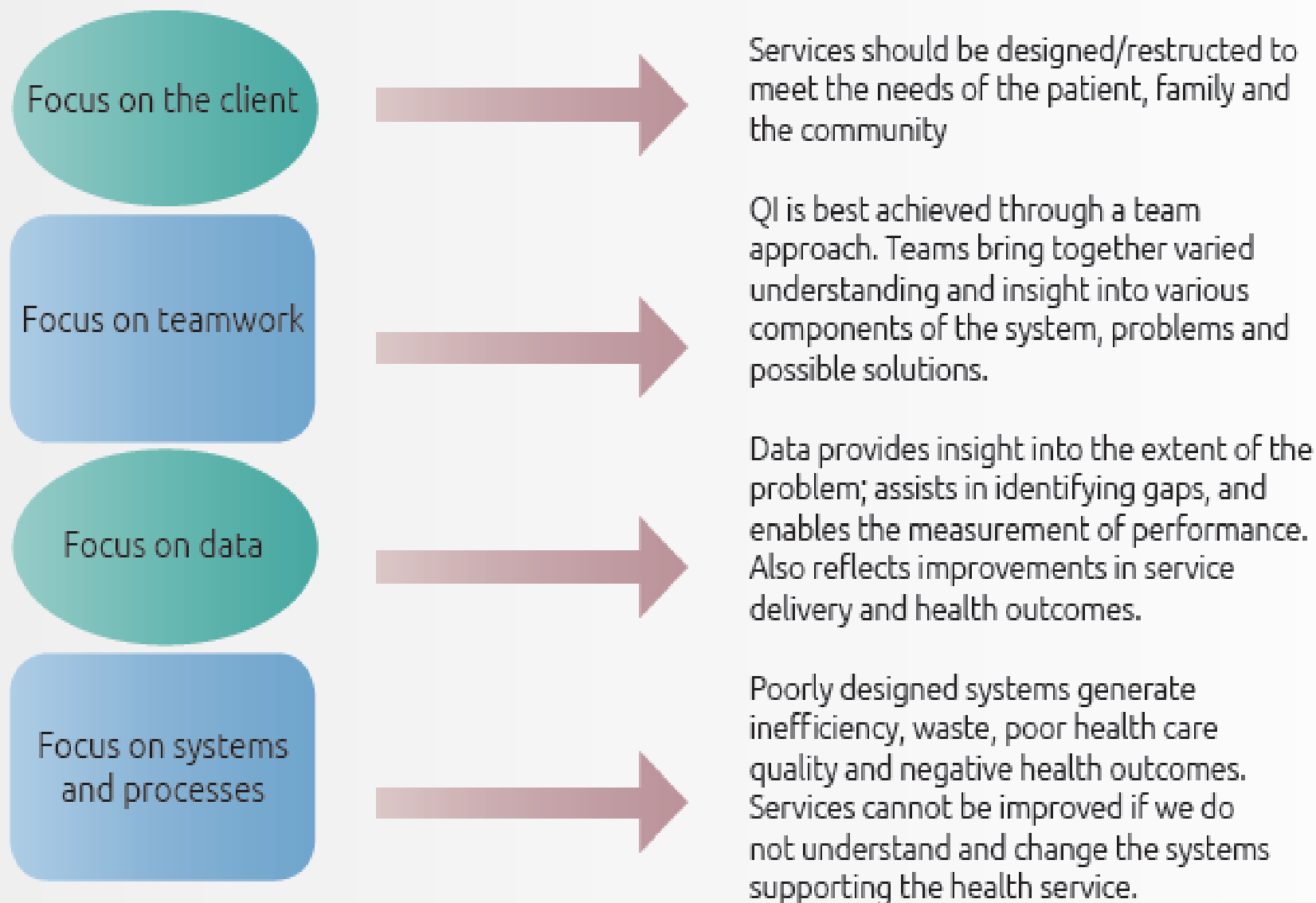
Provision of high-quality clinical care

Building the 5 foundation stones of Quality Improv. in Care (Individual and Families)

**Yr. 3 onwards**

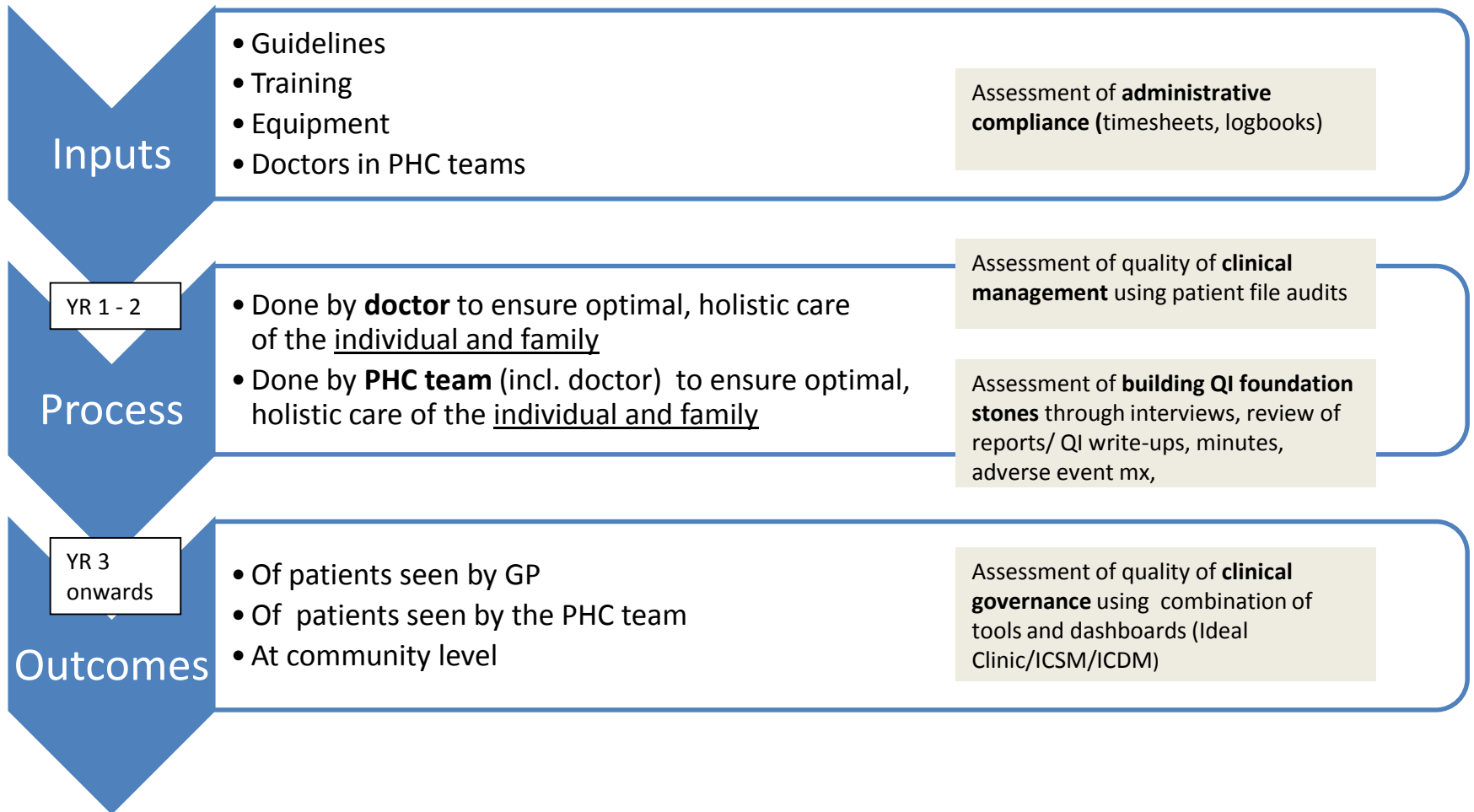
Improved clinical governance as aligned with National Projects and Standards

**Figure 4: Five foundation stones of quality improvement**



Communication and feedback: effective communication and feedback on issues and progress essential to sustainable QI activities. Communication and feedback to staff,

# Performance Management Framework



# KPAs unpacked (1)

KPA	Definition	Tasks	Indicators	Record
<b>Admin &amp; Ops</b>	Compliance with administrative and operational requirements	<ul style="list-style-type: none"><li>• Work the dates and hours agreed</li><li>• No. of consultations</li><li>• Complete tasks as agreed</li></ul>	No. of hours worked No. of travel hours No. of days absent	Logbooks Timesheets Interview of FM (record)

# KPAs unpacked (2)

KPA	Definition	Tasks	Indicators	Record
<b>Clinical Management</b>	<ul style="list-style-type: none"><li>Provision of high-quality care</li></ul>	<ul style="list-style-type: none"><li>Follow Guidelines</li><li>Provide Holistic Care</li></ul>	x% of records are complete on audit	Clinical File Record (ACR/PCR)

# KPAs unpacked (3)

KPA	Definition	Tasks	Indicators	Record
<b>QI in Individ. Care</b>	Improvement in individual clinical care within the 5 foundation stones of quality improvement	<ul style="list-style-type: none"> <li>• Identifying gaps for improvement in individual care by the PHC team</li> <li>• Evidence of self-assessment)</li> <li>• Responding to adverse events and patient complaints</li> <li>• Mentoring and training team members</li> <li>• M&amp;E and action on QI interventions</li> </ul>	<ul style="list-style-type: none"> <li>• Select indicators from DCST effectiveness framework</li> <li>• Level of Patient satisfaction</li> <li>• No of QI projects initiated in clinic/community</li> </ul>	<ul style="list-style-type: none"> <li>• Review of records</li> <li>• QI write-ups/publications</li> <li>• Meeting minutes (adverse events)</li> <li>• FM interview</li> </ul>



# 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)