

Mandla Case Study

Mandla is a 60 year old overweight diabetic man. He suffers from headaches and swollen feet. The CHW visited him last week and recommended a clinic visit.

He arrives at the clinic with his daughter with whom he lives in a fairly remote rural area.

He has come to collect his monthly glucophage.

He has a raised blood sugar and protein in his urine.



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

The Diploma and the Re-engineering of PHC “Linking in”

**Strengthening PHC through primary care doctors and FPs
Project Stakeholders Workshop**

6 February 2015

**With acknowledgement of inputs from latest
National District Health Systems Committee/ HP
Contracting National Technical Task Team 26/7th
November 2015**

PG Diploma Family Medicine

LEARNING OUTCOMES

Community Advocate

Change Agent

Competent Clinician

Collaborator

Critical Thinker

Capability Builder

Management of Mandala?

Group Discussion on Quality Health Provision

1. If you were Mandla what would you expect from the clinic and for the health care providers?
2. Who is involved in Mandla's management, how are they involved and where are possible areas of conflict?
3. What are the benefits of collecting and reporting on data relevant to Mandla?
4. How do the current systems and processes affect the quality of health care that Mandla receives?
5. What communication and feedback issues do we need to be aware of?

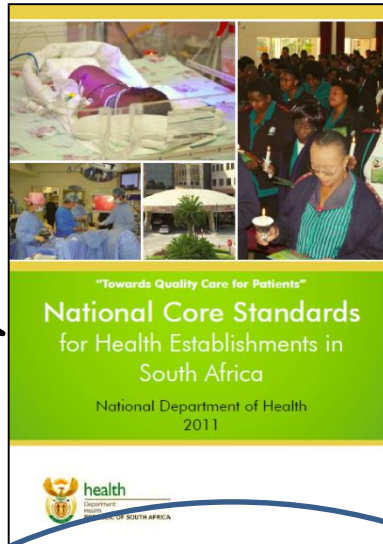


health

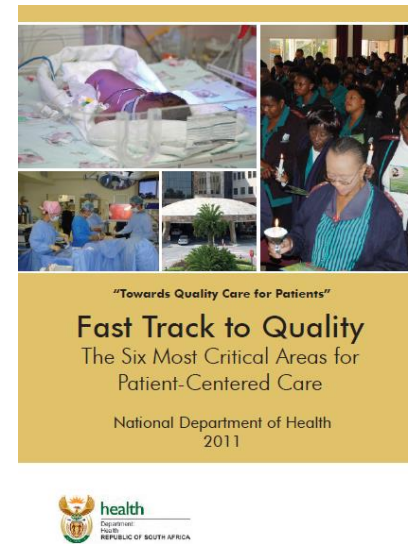
Department:
Health
REPUBLIC OF SOUTH AFRICA

Quality assurance and quality improvement

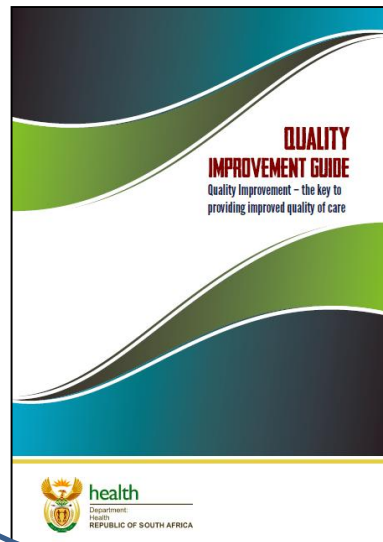
National Core Standards 2011



Fast track to Quality: 6 Most critical areas for patient centred care 2011



NDOH Quality improvement Guide 2012



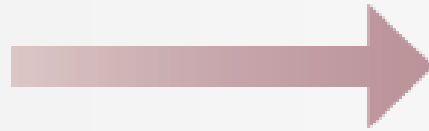
1. OHSC

National Complaints Management Protocol for the Public Health Sector 2014



Five Foundation Stones of Quality Improvement

Focus on the client



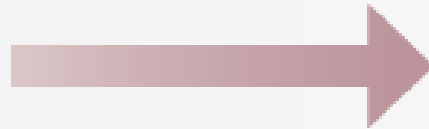
Services should be designed/restructured to meet the needs of the patient, family and the community

Focus on teamwork



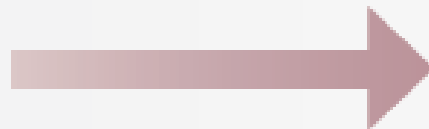
QI is best achieved through a team approach. Teams bring together varied understanding and insight into various components of the system, problems and possible solutions.

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.

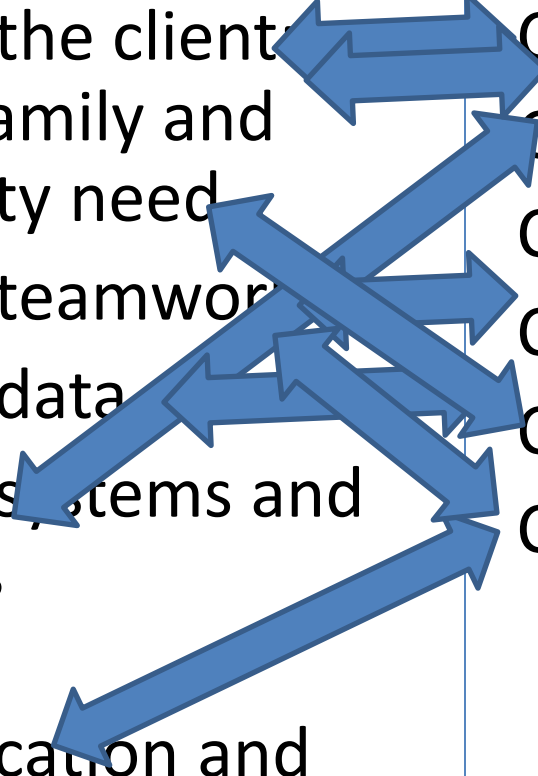
Focus on systems and processes



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, management, leadership, clients, community.

Foundation Stones of Quality Health Care **vv.** PGDip Family Medicine Learning Outcomes

- Focus on the client, patient, family and community need
 - Focus on teamwork
 - Focus on data
 - Focus on systems and processes
 - Focus on communication and feedback
- Community Advocate
Change Agent
Competent Clinician
Collaborator
Critical Thinker
Capability Builder
- 
- A diagram consisting of several blue arrows pointing from the learning outcomes on the left to the foundation stones on the right. The arrows indicate the following connections: 'Focus on the client, patient, family and community need' points to 'Community Advocate', 'Change Agent', and 'Competent Clinician'; 'Focus on teamwork' points to 'Collaborator' and 'Competent Clinician'; 'Focus on data' points to 'Critical Thinker'; 'Focus on systems and processes' points to 'Change Agent' and 'Capability Builder'; 'Focus on communication and feedback' points to 'Collaborator'.



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

PG Dip Fam Med: Rationale in context of NHI and PHC Re-engineering

- Diploma “Purpose in Context”
- Aim to “**upskill and re-orientate**” the collective body of practising primary care doctors (medical officers and general/medical practitioners) towards functioning in the new NHI and integrated health system.

High-level Priorities “Evolving”

Sustainable Development Goals follow the Millennium Development Goals

- 17 goals
- MDG no 2: To achieve Universal Primary Education
- SDG no 4: **Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all**

Amongst the 10 point Plan in the Medium Term Strategic Framework:

2. Implementation of National Health Insurance (NHI).

3. Improving the quality of health services.

5. Improving human resources management, planning and development.

New 10 point plan post 2014 - to include the importance of evidence leading decisions?

SA DoH HRH Plan 2011

Strategic Objectives 1-8

“Improving human resources development” is imperative, but the questions are:

- How do the PHC Re-engineering and NHI pilot project initiatives lay the foundation for **comprehensive, high-quality and sustainable development of the “human resources for health”** towards the establishment and growth of the DHS as a integrated academic and service delivery platform?
- How do the PHC re-engineering and NHI pilot initiatives lay the foundation for improved clinical care of our patients? Are they patient and person-centred?

(Personal Perspective, Aggregate view, mostly public sector)

PHC Re-engineering :current priorities

1. OHSC (Medical Legal)
2. Re-engineering streams:
 - GP Contracting “Private Providers”
 - WBOTs/ISHT/DCSTs
3. Ideal Clinic Realisation Project
4. Integrated Clinical Services Management
 - Training PC101

OHSC and Medical-Legal Claims

1. Medical-Legal Task Team at NDOH
2. Size of awards increasing
3. RAF is broke and toughening up
 - capping
 - “serious”
4. New target is the DoH
5. Law Reform Commission
6. Hospitals before PHC
 - What constitutes extreme/vital emergency measures at PHC level
7. Quality Assurance (Programmatic/Systems view) vs Quality Improvement (People Development)

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

National Department of Health
South Africa

Tel: 012 395 8740

Fax: 086 622 5354

Cell: 084 439 0080

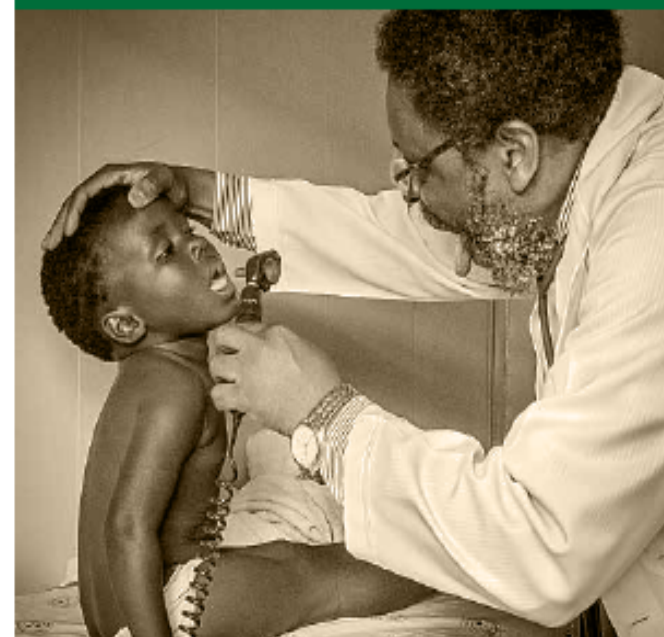
Website (under construction)



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

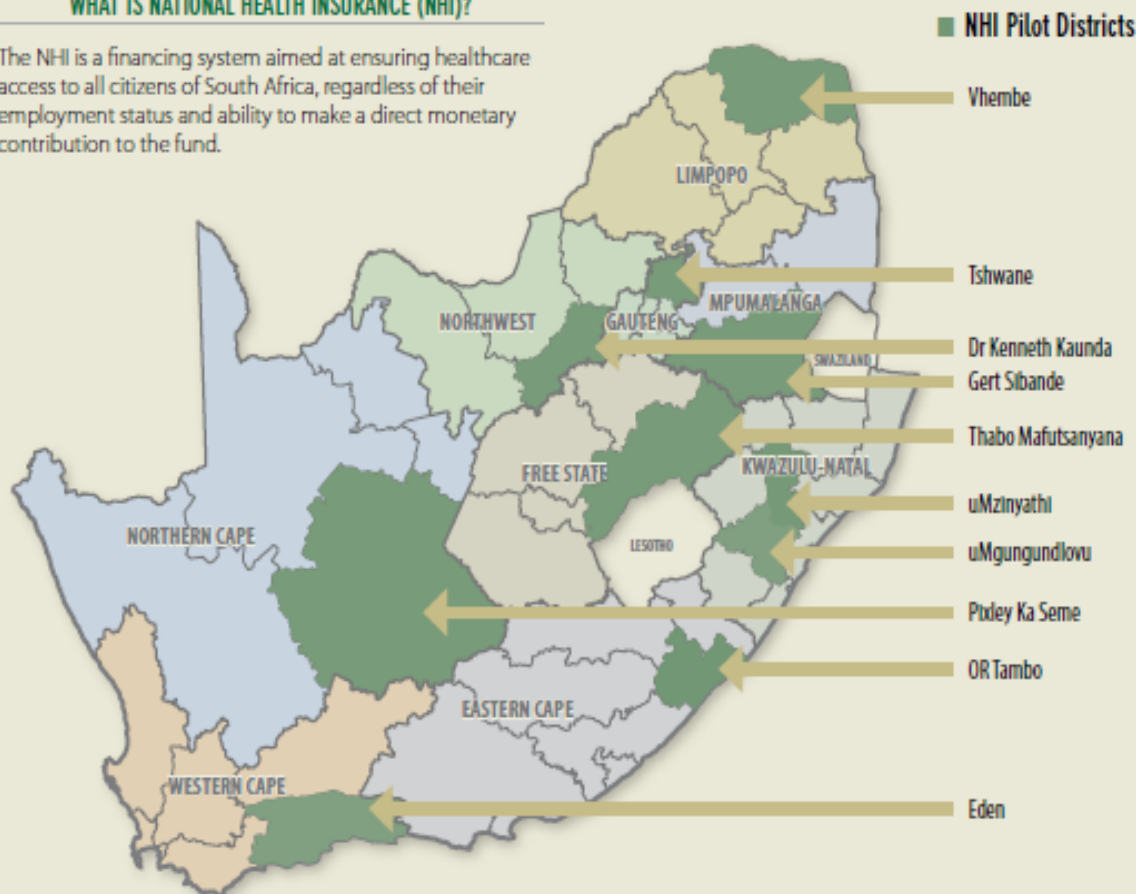
Pillar 1: Induction

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.

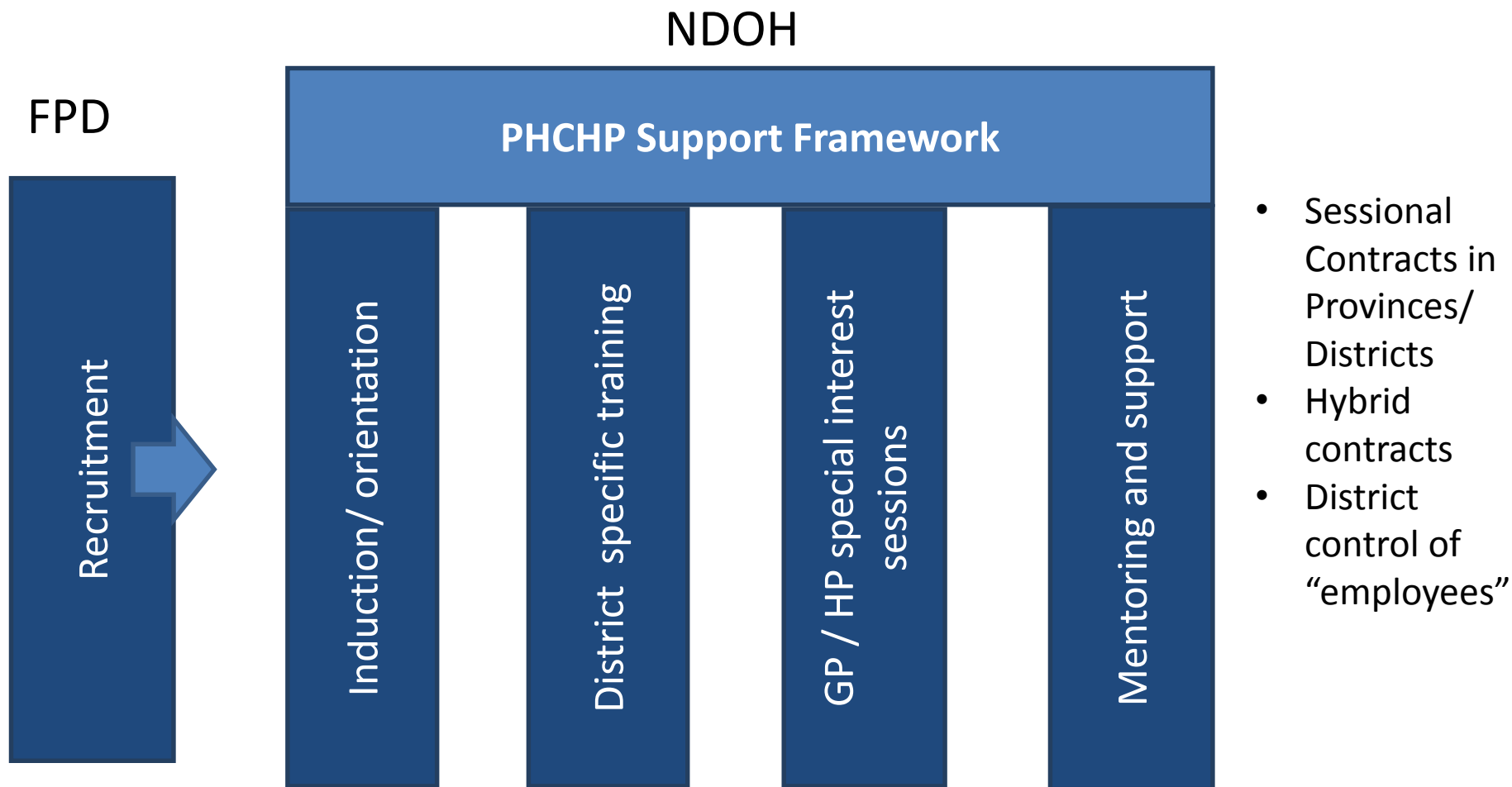
Pillar 4: Mentoring and Support

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.

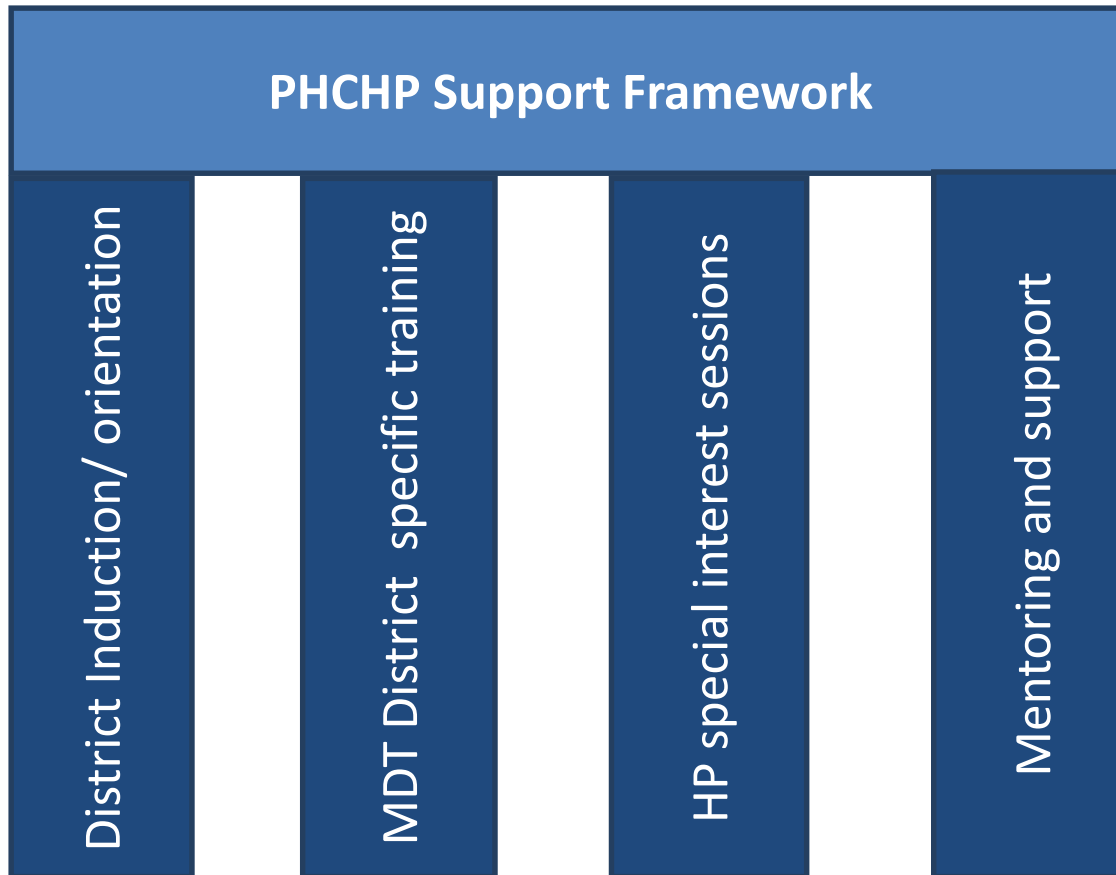
Other support mechanisms include email groups, feedback processes, and regular communication with other HPs, the NDoH and partner organisations.

Background on the PHCHP SF

The 4 pillars of the PHCHP Support Framework



PHCHP SF and EuropeAid Project



**Professional
Development: DIPLOMA
IN FM (vv. Obj 1)**



National DCST Recruitment Status

Province	Ad Midwife	Anaesthetist	Family Physician	Obstetrician	Paediatric Nurse	Paediatrician	PHC Nurse	Total
EC	8		5	1	6	3	7	30
Free State	5		4	2	5		5	21
Gauteng	5	1	5	5	5	4	5	30
KZN	11		7	4	11	3	11	47
Limpopo	5		5	2	5	1	5	23
MP	2	1		2	3	2	3	13
NW	4		4	3	3	3	4	21
NC	5	1	5	1	1	1	1	15
WC	1	3	2	3	1	3	1	14
Total	46	6	37	23	40	20	42	214

Source: National DCST Database: November 2014

Roles of the DCST

- Improving the quality of clinical services,
- Providing clinical training and monitoring and evaluation,
- Supporting district level organisational activities,
- Supporting health systems and logistics,
- Ensuring collaboration, communication and reporting, and
- Teaching and research activities.

DCSTs support for PHC medical practitioners

- Need “Agents” for improved clinical governance
- Strategic Plan for Maternal, Neonatal, Child and Women’s Health and Nutrition (MNCWH&N) in South Africa
- Framework for monitoring and evaluating the effectiveness of the DCSTs (DCST Handbook)
 - 27 Objectives
 - 62 Activities
- DCST Review 2014-15

Integrated School Health Programme (ISHP)



Health
Basic Education

APP_National (ISHP)

STRATEGIC OBJECTIVE	PERFORMANCE INDICATOR	MEDIUM TERM TARGET 2014/15	*Indicator Performance Q1 of 2014/15	*Indicator Performance Q2 of 2014/15
To improve health and educational outcomes amongst school aged children by rolling out ISHP services	School Grade 1 screening coverage (annualised)	30%	28%	29.9%
	School Grade 8 screening coverage (annualised)	25%	7%	13.8%

Quarter 1: April 2014 data only captured for Free State and Kwa Zulu Natal. No Western Cape data captured on DHIS.

Quarter 2: No Western Cape data captured on DHIS.

Data represents learners screened in Quintile 1 to 5 schools.

*Source: DHIS File: DHIS4.DHIS_\$ZA_NDOH_ISHP_24 Nov 2014 [Integrated School Health Programme Indicators (PivotSource_IndicatorOU5_School) from DHIS14_xZA_NDOH_ISHP] (Presented by Dr L. Bamford at NDHSC 27/11/2014)



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

ISHP: Targets based on no. of school health nurses

	Grade 1 Amended Target	Grade 8 Amended Target
Eastern Cape	31%	27%
Free State	29%	24%
Gauteng	31%	25%
KwaZulu-Natal	68%	49%
Limpopo	37%	27%
Mpumalanga	16%	11%
Northern Cape	21%	17%
North West	28%	22%
Western Cape	29%	27%
National	39%	31%

(Presented by Dr L. Bamford at NDHSC 27/11/2014)

ISHP Priorities for 2014/15

- Review of package of services and targets
- Emphasis on reaching secondary school learners
 - Process for providing SRH
 - Better co-ordination with Youth and Adolescent Health and their partners
- Providing health education to all Grade 4s during the HPV campaign
- Ensuring that all districts include school health services in their District Health Plans.
- Better co-ordination of services provided by mobiles in NHI districts
- Linkages with WBOTs - ? Task-shifting
- Measuring of outcomes

Ward-Based Outreach Teams

- QCTO CHW Qualifications Framework and Curriculum
 - QCTO accrediting the providers now
- Learning material “80% complete (DoH and I-TECH)
- Facilitator orientation in March
- Plan to start learners in April
- 1000 learners planned for this year!

CHW Qualification

- **Qualification Title:**

National Occupational Qualification: Health Promotion Officer
(Community Health Worker)

- **Qualification Type:** National Occupational Qualification

- **Occupational Code:** 325301-001

- **Assessment Quality Partner:** Health Professions Council of South
Africa

- **Level:** 3

- **Credits:** 163

CHW Qualification

Occupational Tasks

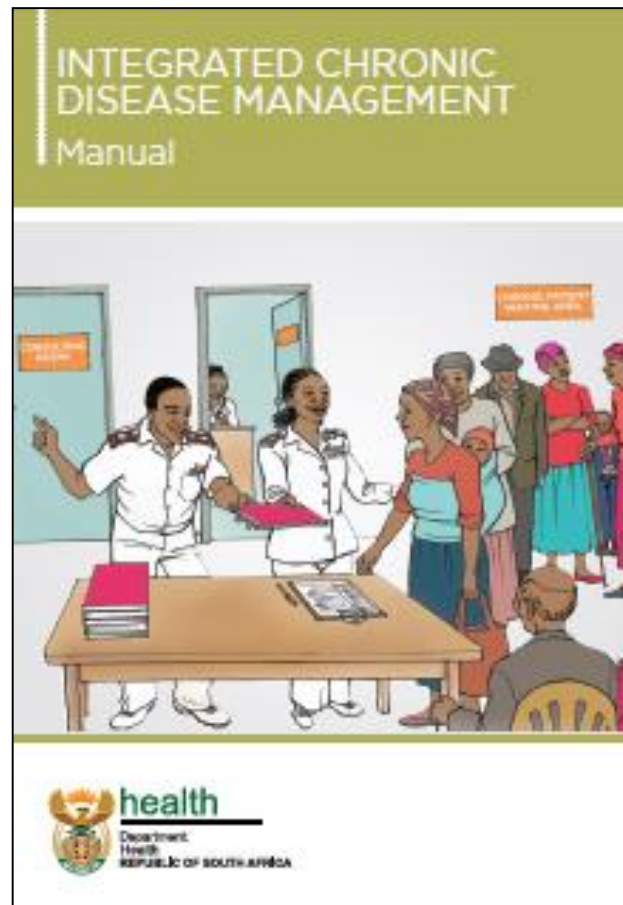
- Providing information, education and support for healthy behaviours and appropriate home care.
- Conducting assessment of the social, physical and economic dynamics in communities (Community assessment)
- Conducting household assessments and identifying those at risk of health related issues. (including impairments in health status)
- Providing psychosocial support
- Identifying and managing minor health problems
- Supporting continuum of care in the community

CHW Qualification: Assessment Focus Areas

- The ability to align community health activities with community needs Weight 15%
- The ability to collect information for and compile community household profiles with emphasis on the relevant health issues (30%)
- The ability to provide appropriate information to community members so that they can follow healthy life styles (40%)
- The ability to support people at home with a selected group of minor ailments (15%)

The focus for our nursing colleagues in the clinics...

Integrated Chronic
Disease
Management



primary care



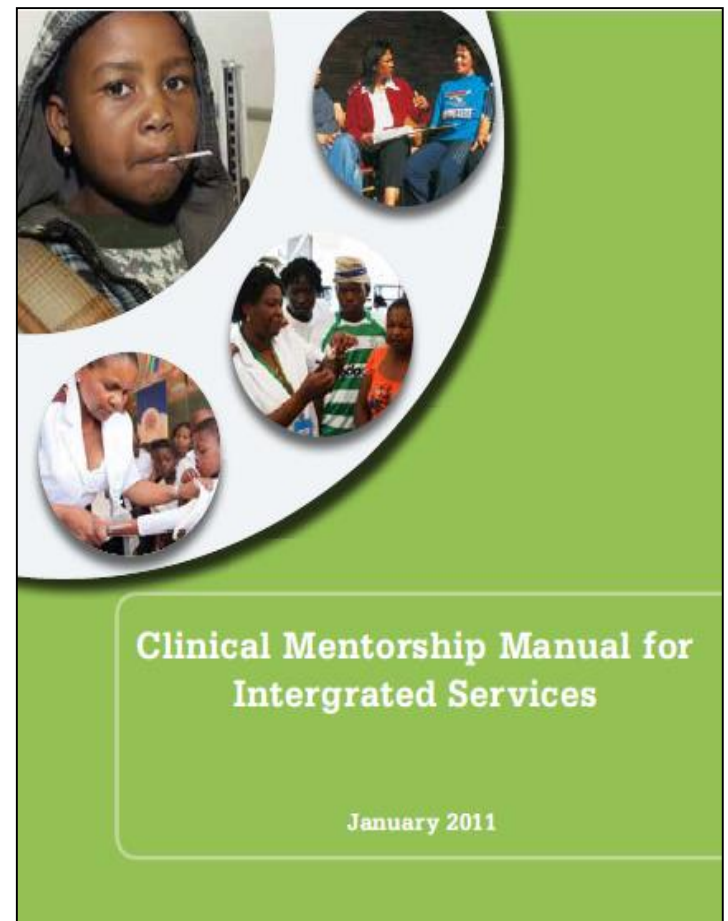
Symptom-based integrated approach to the adult in primary care

TB
HIV
Asthma/COPD
Cardiovascular disease
Diabetes
Mental health conditions
Epilepsy
Musculoskeletal disorders
Women's health



2013/14

**Capability builder, collaborator,
competent clinician, change
agent...?**



PC101 Mentoring and Assessment

PC101	No. of cases
Chronic Respiratory Disease	3
Tuberculosis	3
Chronic Diseases of Lifestyle	3
Mental Health Conditions	3
HIV & STI's	3
Neurologic Conditions	3
Women's Health	3
Musculoskeletal Conditions	3

- One-on-one Patient Mentoring
- Patient Case Scenarios
- File Review

- Competencies
- Mentoring Assessment log
- Logbook
- Assessment Tools

Teaching and Learning

Ward-Based Outreach Teams

- CHW Qualifications Framework and Curriculum
 - 18 months
 - Knowledge, Tasks/Skills, Practical Experience
- QCTO accrediting the RTCs now
- Learning material “80% complete (DoH and I-TECH)
- Facilitator orientation in March
- Plan to start learners in April
- 1000 learners planned for this year!

Ideal Clinic Initiative

10 FOCUS AREAS

Administration

Infrastructure and (bulk)
support services

Implementation of clinical
guidelines and ICSM

Health Information
Management

Management of medicines,
supplies and laboratory services

Communications

Staffing and Professional
standards

District Health Systems

Availability of a doctor

Engagement with partners and
stakeholders

Each stream has developed proposals to fit their aspiration;
these initiatives are being developed into detailed 3-ft plans
(1/2)

1 Service Delivery

All public sector health care facilities in South Africa deliver optimal quality healthcare from both the patient and healthcare provider perspective

2 Waiting Times

80% of patients report a positive experience of care

90% of patients satisfied with their waiting time

Total waiting time of no more than 3 hours

3 Infrastructure

All primary care facilities have world class infrastructure that is delivered on time and well maintained for the future

4 Human Resources for Health

Every primary healthcare facility is appropriately staffed

Every health worker has the necessary skills

Public health sector is an employer of choice and attracts the best talent

**Each stream has developed proposals to fit their aspiration;
these initiatives are being developed into detailed 3-ft plans (2/2)**

5

**Financial
Management**

Equitable allocation of resources per capita between districts

Availability of resources for service delivery throughout the year through realistic budgeting and improved accountability

6

**Supply Chain
Management**

Continuous availability of medicines and supplies

Reduced costs of procurement and distribution of commodities

Improved turn-around times for the delivery of non-standard stock items

7

**Institutional
arrangements**

Effective institutional arrangements and inter-governmental agreements to support the realisation and maintenance of Ideal Clinics in South Africa

8

**Scale up and
sustainability**

A national scale-up framework and an implementation plan that enables all public sector primary health care facilities in South Africa to achieve Ideal Clinic status

Five cross-cutting themes have emerged across workstreams

Leadership

Strong leadership at all levels of government from national to facilities to champion ICRM, re-prioritise funds and accelerate implementation

Management

Need to **upgrade management capabilities** (planning, implementation, monitoring, change management) across the system

Public accountability

Transparency and public commitment to deliver on the aspirations of Operation Phakisa

Capacity and skills

Need to secure a **sufficient number of suitably qualified and skilled people** to lead and run Ideal Clinics

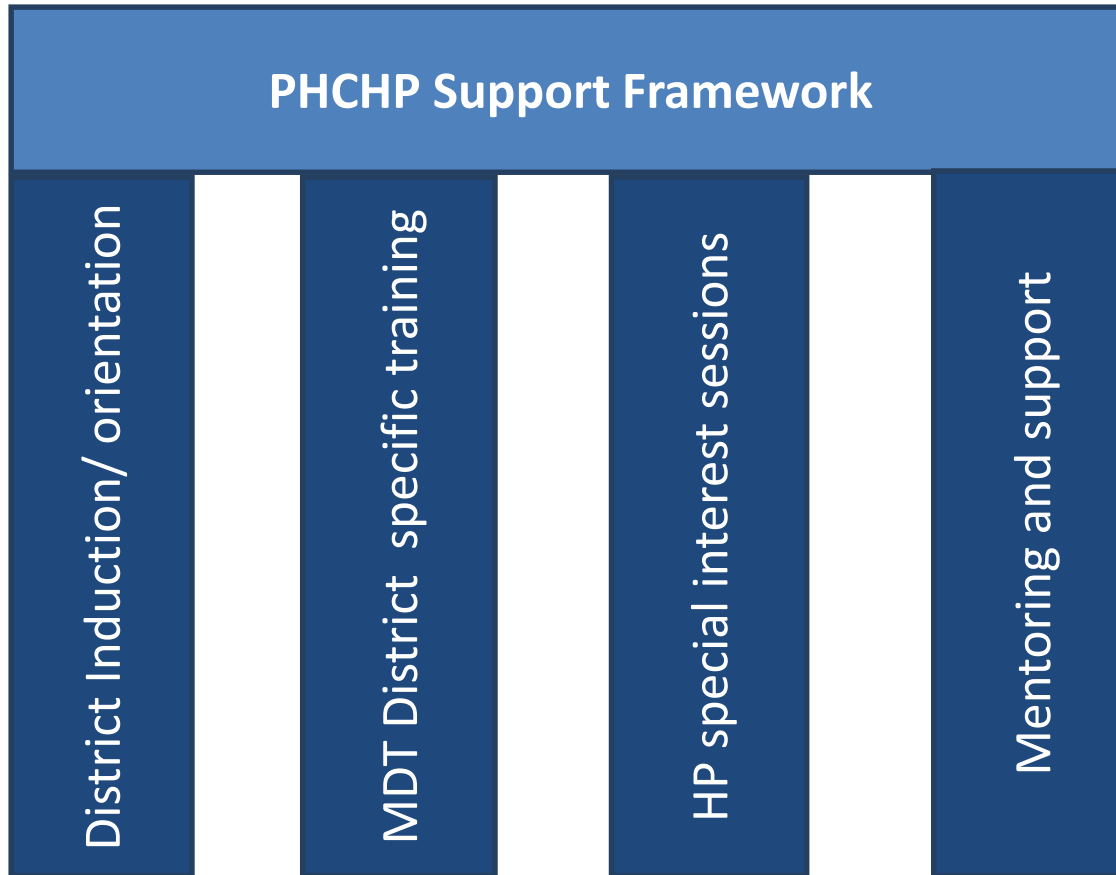
Delegations of authority and decentralization

Decision making must move closer to the point of service delivery to improve both the efficiency and the effectiveness of service delivery

IDEAL CLINIC REALISATION

- 196 elements (10 components and 26 sub-components)
- PPTICRM!
Permanent Perfect Team for Ideal Clinic Realisation and Maintenance
- Red/Amber/Green – programme dashboard

PHCHP SF and EuropeAid Project



Professional
Development: DIPLOMA
IN FM (vv. Obj 1)

And therefore

How can the Diploma in Family Medicine contribute/build on/fill a gap...

- to impact on the human as a resource
- to influence internal behaviour of medical practitioners
- to impact on the group culture...

while complementing a systems/programmatic/external approach that is, and has to be (for now) PHC re-engineering....

to improve the **quality of care** that our patients and communities receive

THANK YOU!

Richard.Cooke@wits.ac.za