Health Portfolio committee presentation (1 June 2021)

Re-engineering primary health care

1

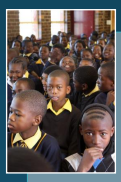
Purpose of presentation

- NHI needs a strong district health system driving effective PHC
- Needs of mothers and children highly dependent on PHC
- The primacy of PHC and its re-engineering is well articulated in the Bill
- However, the lack of success in the implementation of re-engineered PHC (since 2011) warrants some reflection

2

What is PHC re-engineering?

Municipal Ward-based PHC Outreach Teams



Integrated School Health Programme

District Clinical Specialist Teams

Contracting of private health practitioners at non-specialist level

3

46

MEMORANDUM ON THE OBJECTS OF THE NATIONAL HEALTH INSURANCE BILL, 2019

4. STRENGTHENING PRIMARY HEALTH CARE ("PHC") SERVICES

4.1 Building a high quality and effective PHC service delivery platform is the foundation upon which the health system will be based.

4.2 The PHC service delivery platform will be located within the District Health Management Offices and services will be delivered in a comprehensive and integrated way.

4.3 There will be an increased emphasis on health promotion and preventive services, in addition to improving curative and rehabilitative services.

4

4.4 The delivery of primary health care services will be population-orientated with extensive use of community and home-based services in addition to PHC facilities, follows:

4.4.1 PHC outreach teams will be deployed in each municipal ward, supported by a nurse and linked to a PHC facility such as a clinic;

4.4.2 PHC outreach teams will be allocated households that they will visit on a regular basis. They will provide health promotion education, identify those in need of preventive (e.g. immunisations), or rehabilitative services and refer them to the relevant PHC facility;

4.4.3 outreach teams will also facilitate community involvement and participation in identifying health problems and behaviours that place individuals at risk of disease or injury and implement appropriate interventions to address these problems at a community level; and

5

4.4.4 school health services will be provided to improve the physical and mental health and general well-being of school going children, including pre-Grade R, and Grade R up to Grade 12.

4.5 Private primary health care providers will be drawn on to increase service delivery capacity and to improve access to needed health services, especially in under-served rural and informal urban areas.

	Extent of repeal or amendment
	6. The insertion of the following sections after section 31: "**Establishment of District Health Management Offices**

(f) coordinate and manage the functioning of primary health care within the district, including district specialist support teams, primary health care teams and agents, and school health services;

6

Table 1: Phasing-In of National Health Insurance – The First 5 years

Key features	Time-frames
1. NHI White Paper and Legislative Process • Release of White Paper for Public Consultation • Launch of Final NHI Policy Document • Commencement of NHI Legislative process	 10 August 2011 December 2011 January 2012
2. Management reforms and Designation of Hospitals • Publication of Regulations on Designation of Hospitals • Policy on the management of hospitals • Advertisement and appointment of health facility managers	 August 2011 August 2011 October 2011
3. Hospital Reimbursement reform • Regulations published for comment on Hospital Revenue Retention • Development of a Coding Scheme	 April 2011 January 2012
4. Establishment Office of Health Standards Compliance (OHSC) • Parliamentary process on the OHSC Bill • Appointment of staff (10 inspectors appointed)	 August 2011 January 2012

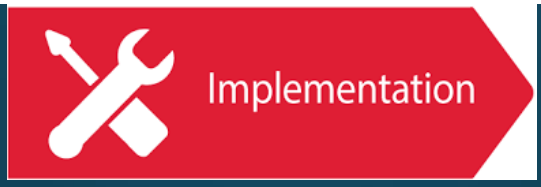
5. Public Health Facility Audit, Quality Improvement and Certification
• Audit of all public health facilities
  • 21 % already audited (876 facilities)
  • 64% completed (2927 facilities)
  • 94% completed (3962 facilities)
• Selection of teams to support the development and support of quality improvement plans and health systems performance
• Initiate inspections by OHSC in audited and improved facilities
• Initiation of certification of public health facilities
	
	End July 2011
	by end of
	December 2011
	by end March
	2012
	
	October 2011
	February 2012
	March 2012

6. Appointment of District Clinical Specialists* Support • Identification of posts and adverts • Appointment of specialists • Contract with academic institutions on a rotational scheme	 August 2011 December 2011 February 2012
7. Municipal Ward-based Primary Health Care (PHC) Agents • Training of first 5000 PHC Agents • Appointment of first 5000 PHC Agents • Appointment of PHC teams	 December 2011 March 2012 April 2012
8. School - based PHC services • Establish data base of school health nurses including retired nurses • Identification of the first Quintile 1 and or Quintile 2 schools	 August 2011 October 2011

7

Ward-based PHC Outreach Teams

8



- 58 000 community health workers (CHWs) nationally
- All 52 districts
- CHWs mostly appropriated from NGOs
- Little data on what being done.
- Anecdotally, highly idiosyncratic.
- Still mostly offering HIV and TB care, with scant attention to mothers and children

9

- Varying degrees of training, qualifications, skills and competencies
- Random distribution with poor coverage
- Inadequate support and supervision
- Poor/no link between the community based services and services offered by fixed health facilities
- Limited or no targets for either coverage or quality to be reached

10

Successes	Failures
• Home visits • Provision of home-based care for HIV and TB (adherence)	• Limited extension of care and support beyond HIV and TB • No data on referrals

11

12

Integrated School Health Programme

13

- About 2000 school nurses for 21 000 schools
- School health services are unevenly provided within and between provinces.
- School health services are poorly resourced - low/no budget for additional staff, equipment and transport required
- Focus almost exclusively on screening (about 40% coverage for grade 1s)

14

Successes

- Screening programme
- HPV vaccination coverage

Failures

- Low screening coverage
- Health promotion activities non-existent
- ineffective and non-standardised referral systems
- no feedback measures in place between the ISHP teams, facilities and the schools or DBE.

15

- The focus of school health and WBOT work should move from achieving coverage to measuring quality and impact
- School health nurse as manager
- Task shifting
  - Screening
  - Peer supporters
  - Educators' role
- Referral systems - unique patient identifiers

16

District Clinical Specialist Teams

17

- Incomplete teams (83%) and vacant posts (40%)
- Concerns raised regarding the current reporting line, scope, placement and accountability (clinical and administrative)
- Individual competence of members (clinical governance)
- DCSTs refer to a lack of operational support, inappropriate tasking/demands and a failure to implement or respond to their recommendations .

18

Successes

- "Bridge builders" - interface between different layers of the healthcare system.
- Individual site based (reports) vs systematic success

Failures

- Governance and accountability - inability to hold DCSTs to account, failure to hold to account those they are appointed to advise.
- Collaboration with other arms of rPHC

19

20

Clinical governance

framework through which … organisations are accountable for continually improving the quality of their services, and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish'.

Pillar 1	Pillar 2	Pillar 3	Pillar 4
Clinical effectiveness	**Clinical risk management**	**Professional development and management**	**Create demand and improve accountability for MNCWH**
Reliable implementation of evidence-based protocols for every patient, every time	Providing safe care without harm through analysis of and learning from adverse events and deaths	Staff provision, development and adequacy through professional development and management	User perspectives and community-based factors influencing use of services and behaviour of patients and caregivers

Fig. 1. Pillars of clinical governance for the District Clinical Specialist Teams.[5] *(MNCWH = maternal, neonatal, child and women's health.)*

21

Contracting of private health practitioners at non-specialist level

22

The PHC re-engineering strategy is an essential – but not a sufficient – condition to achieve improved health outcomes; it has to be accompanied by a change of culture that incentivises system-wide planning and implementation to achieve desired outcomes and maximise strategic partnerships.

SAHR 2011

23

Conclusion

- With limited available formal documentation, research or public reflection on the reengineering of PHC strategy it is difficult to gauge where the initiative is going as a whole.
- Similarly, the individual components seem to be evolving spontaneously rather than through continuous systematic review and strategic planning.
- An argument has been presented that new directions need to be carved for the reengineering of PHC strategy. Failure to do so risks loss of the few hard-won successes and a collapse of the initiative.

24