

Developing Primary Care Centres of Excellence in the District Health Services!



PrimaFamed Conference Kampala



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Defining Family Medicine in Africa



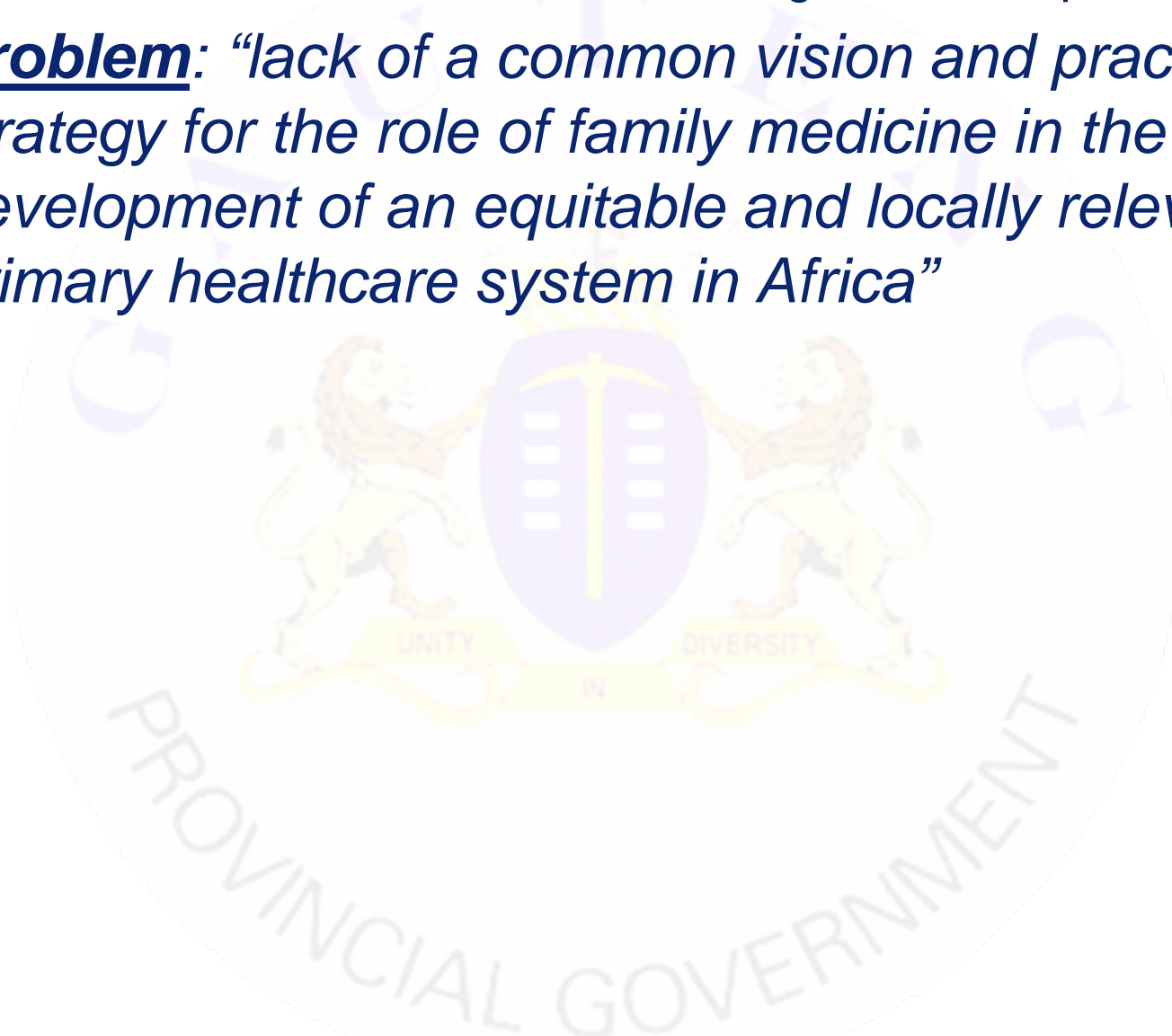
Some thoughts....



What is the purpose?



- VLIR 0609 PR320 - Re-orientation August 2005 (p4)
 - **Problem**: *“lack of a common vision and practical strategy for the role of family medicine in the development of an equitable and locally relevant primary healthcare system in Africa”*



What is the purpose?



- VLIR 0609 PR320 - Re-orientation August 2005 (p4)

- **Strategy:**

- “Being innovative in addressing the *difficult contextual issues* by **networking with all stakeholders around the development of a ‘consensus statement on the role of Family Medicine in Africa’**. This will improve *political visibility* and help market extension funding as well as *provide focus* and relevance to the activities and objectives described in this proposal”

- **Situational Analysis**

- social context, systems, policy....

- **Stakeholder Analysis**

- DOHs, professional bodies, universities....

What is the purpose?



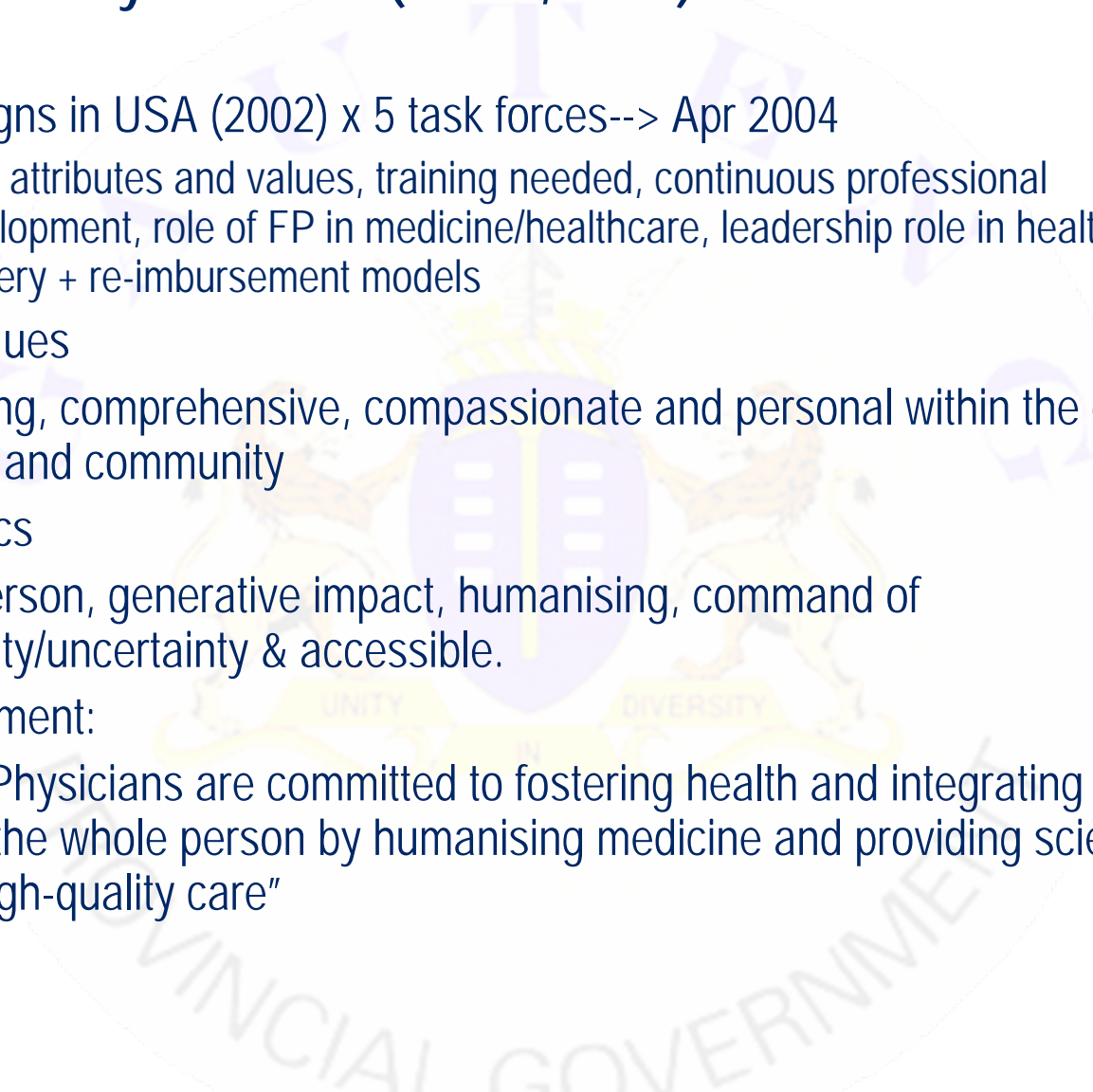
- Specific developmental objective (p8)
 - *“develop a comprehensive analysis, vision and strategy pertaining to the contribution health professionals, family medicine and the primary care team in the specific context of the evolving African society and how it is integral to an equitable and quality primary health care system”*
 - *“use these results to engage decision makers, health authorities and communities to implement such strategies in a sustainable manner in participating counties.”*
- **WP 1.3: “developing a consensus statement on the role and strategy for family medicine in health care in Africa**
- Indicators
 - *“a statement of intent and a working definition of family medicine in Africa”*
 - *“developed collaboratively with all members and stakeholders through a Delphi process”*
 - *“presented at an international meeting in year 2 of the project”*
- **? Problem ? Strategy**



- ❑ European definition of General Practice / Family Medicine (WONCA Europe, 2002)
- ❑ Process
 - EURACT Council - Int Workshop (Mar 01) - WONCA Europe (Oct 01, Mar 02) + international comment...
- ❑ The characteristics
 - Grouped into six : primary care management, person-centred care, specific problem-solving skills, comprehensive, community orientation, holistic.
- ❑ The specialty
 - “primary responsibility for provision of comprehensive and continuing care to every individual”



- **Future of Family Medicine (AAFP, 2004)**
- Process
 - 7 FM Orgns in USA (2002) x 5 task forces--> Apr 2004
 - Core attributes and values, training needed, continuous professional development, role of FP in medicine/healthcare, leadership role in health care delivery + re-imburement models
- The Core Values
 - Continuing, comprehensive, compassionate and personal within the context of family and community
- Characteristics
 - whole person, generative impact, humanising, command of complexity/uncertainty & accessible.
- Identity statement:
 - “Family Physicians are committed to fostering health and integrating health care for the whole person by humanising medicine and providing science-based high-quality care”





- ❑ **The Future Direction of General Practice: a roadmap (RACGP, 2007)**
- ❑ **Process**
 - Royal College of General Practice (1 consultation)
- ❑ **Vision:**
 - stronger GP-based primary healthcare system, patient-centred, integrated health teams, wider range/access, comprehensive + role of acute hospital for serious, specialist and procedures
- ❑ **Model:**
 - Generalists working in the community, therapeutic relationships and continuity, tackling co-morbidity and health inequalities
- ❑ **Organisation**
 - Practice & PHC Team led by GP - basic unit of care

Reflecting on the Delphi Study



- ❑ Value & Limitations
- ❑ Principles
 - “fundamental truth or proposition serving as the **foundation** for belief or action” (Oxford Dictionary)
- ❑ Relevance “valuable and useful”
- ❑ Consensus Statement / Statement of intent
 - What is the process in the strategy?
- ❑ Definition
 - What do we need?... in short so far!
 - Who (Family Physician?)
 - What (Family Medicine....&PHC?)

Reflecting on the Delphi Study



ROUND 1:

- 0 principles-relevant in action
- 8 principles-relevant but in-theory (order of consensus: 82.1 - 71.4)
 - **Connecting** the experience of individual patients with the broader **public health issues** in the health district.
 - Responsible for **clinical governance** and quality improvement in the district health system.
 - Actively seeking to **involve communities** in planning and improving health care.
 - Engaging with other **sectors of society** to work in and with communities e.g. education
 - An approach to organizing and managing the whole **district health** system
 - Taking **responsibility for coordinating** the patients medical care
 - Consulting patient in their own **homes, health centre and hospital**
 - Committed to having practitioners **living in the same location** / environment as patients.
- **2 principles-irrelevant! NOT just Family or Clinic!**

Reflecting on the Delphi Study



ROUND 2:

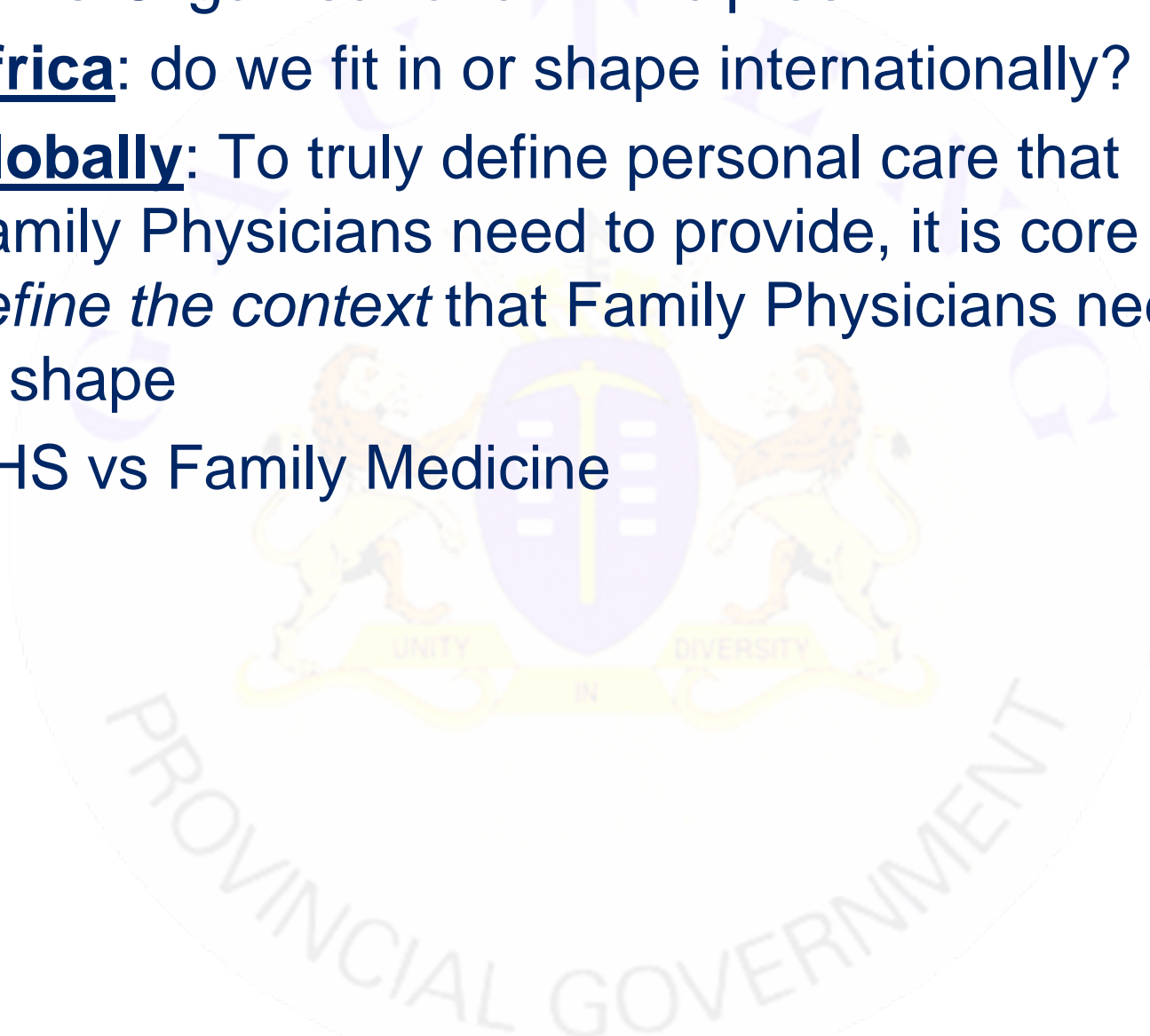
□ **Ambivalence!**

- **Team** & training (doctor, clinical officer, nurse clinician)
 - Training vs membership?
 - Offer leadership
- Degree of **integration** & **longitudinality** (>centre / team-based)
 - NOT Vertical or One provider
 - Management of resources in terms of outcomes!
- **District Hosp / Surgical Skills**
 - common procedures & life-saving operations
- New others (relevant but in-theory)
 - Homes - emergency / exploring patient context
 - Responsibility for a population

Reflecting on the Delphi Study



- Core vs Organisational Principles
 - **Africa**: do we fit in or shape internationally?
 - **Globally**: To truly define personal care that Family Physicians need to provide, it is core to *define the context* that Family Physicians need to shape
 - DHS vs Family Medicine





- FM starts with individual
 - **Subjective** is important
 - Understand **context**
 - Committed to **person**, not disease
 - Every contact-prevention / promotion
- And expands to context in some measure
 - Share habitat
 - Part of community-wide network
 - Office-hosp-home
 - Population at risk
 - Manage resources
 - Lifelong Learner

DHS and Family Medicine Principles



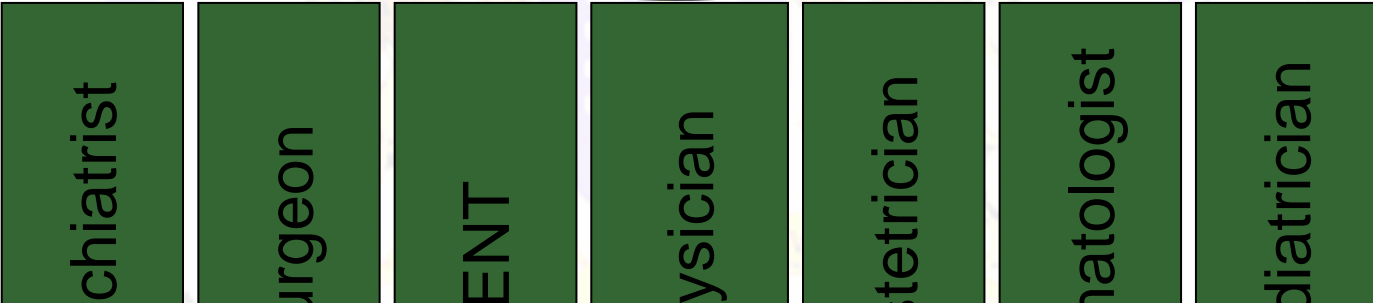
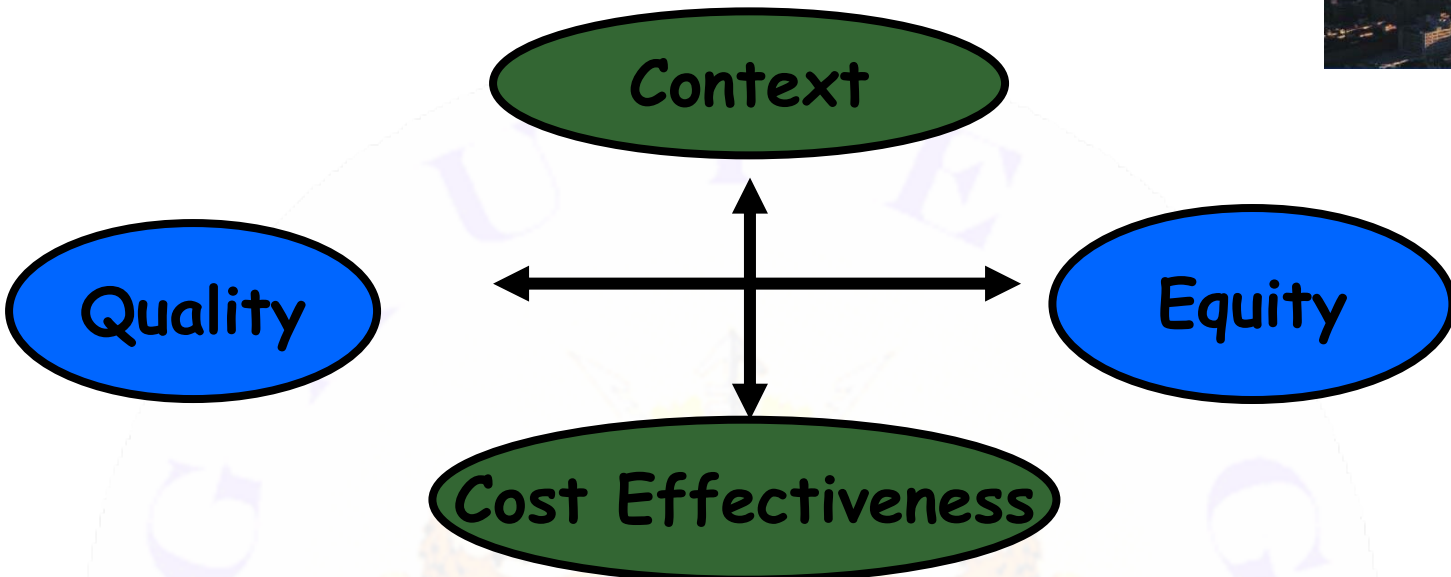
- DHS starts with the Context and System Issues
 - Access to service
 - Equity
 - Integration (Overcome fragmentation)
 - Community participation
 - Local accountability
 - Developmental and inter-sectoral
 - Decentralisation
 - Sustainable
 - Effectiveness and efficiency
- With a limited focus on the individual
 - Quality
 - Comprehensive services

Famec Outcomes (2001)



- Manage him/herself and his/her practice (in public or private sector) effectively with visionary **leadership**.
- Evaluate and **manage patients** with both undifferentiated and more specific problems cost-effectively according to the **bio-psycho-social approach**.
- Facilitate the health and quality of life of the **community**.
- Educate, consult and **advise** health care professionals, health care workers and institutions on the discipline of family medicine and on health related issues. **[TEAM]**
- Recognise, evaluate and reflect on personal and professional strengths and weaknesses to appropriately change **professional practice** and behaviour.
- Conduct all aspects of health care in an **ethical**, compassionate and responsible manner

Family Physician: A Specialist in the Complexity of PHC



Family Physician
common / life-threatening



A "Definition" of African Family Medicine



Family Medicine & Primary Health Care in Africa are intertwined as one and

- is a strong requirement of African health systems of primary care for equitable access to comprehensive health care for common and life-threatening conditions.
- Provides quality person-centred individual care using established Family Medicine Principles
- Strongly contextualises personal care with family, community and the Primary Health Care approach
- Strengthens population-based healthcare systems for equitable access using DHS Principles [Rustenberg Resolution]
- Supports and offers leadership to appropriate team-based clinical care and informational continuity (including doctors, nurses, clinical officers)
- Supports and integrates priority health programmes to achieve Millenium Development Goals [15by2015]
- Provides medical care (emergency, procedural and inpatient care) at appropriate levels including District Hospitals
- Links Home - Clinic - Community Health Centre - District Hospital into a functional primary health care organisation with appropriate referrals
- Internalise academic training, research & professional development in community-based services
- Strengthens Public-Private-NGO partnerships and supports alternate models of sustainable funding of health care





- ❑ Consensus-seeking
 - WONCA Africa Conference Oct 2009
- ❑ Open letter to all stakeholders
 - Propose draft consensus
 - Family Physician
 - Family Medicine & PHC
 - Ask for engagement & interaction....listen!
 - Invite to Conference where we adopt
- ❑ Strategic stepping stones to that?
 - Get brief platform in key global stakeholder meetings
- ❑ Public campaign" "Yes, Africa, we can"

Comments & Questions?



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THE DISTRICT MANAGER

