

TECHNICAL BRIEF

Support for GP Contracting and the 'ideal clinics' initiative

September 2014



STRENGTHENING SOUTH AFRICA'S RESPONSE TO HIV AND HEALTH (SARRAH)

INTRODUCTION

Strengthening South Africa's Revitalised Response to HIV and Health (SARRAH) is a five-year programme funded largely by UK aid from the Department of International Development (DFID) and managed by the international health consultancy Mott MacDonald/HLSP

Starting in 2010 the SARRAH programme has provided technical support to government-led reforms and strategic interventions in the health sector. SARRAH has supported national partners engaged in health reform and the HIV response. These are the National Department of Health (NDOH), the South African National AIDS Council, the Treatment Action Campaign, the Joint Committee on HIV, and the Portfolio Committee on Health.

SARRAH's support is focussed on the NDOH's 10-point plan for health reform, including preparation for National Health Insurance (NHI), which aims to provide universal access to quality health care, free at the point of use.

BACKGROUND

To address the health of all South Africans, the health system needs to move from a hospital-centric, curative system towards preventive and promotive primary health care (PHC) that is cost-effective and meets community needs. To this end the NDOH has embarked on a comprehensive programme to expand and strengthen primary health care services. This includes contracting private general practitioners (GPs) to work in the country's nurse-led clinics.

In 2012 the Director-General of Health (DG) requested SARRAH support to pilot the contracting of private sector GPs in the ten health districts where National Health Insurance (NHI) is being piloted. A steering committee was established which had SARRAH membership and support. The focus of the work was to investigate and test appropriate contracting models and mechanisms for private GPs to care for public sector patients.

Two contracting models have been explored - a 'contracting-in' model whereby private GPs are contracted to see patients in public sector clinics in the 10 NHI Pilot Districts and a 'contracting-out' model whereby GPs see public patients in their private surgeries. Furthermore, a number of contracting mechanisms were explored, which included fixed rates, fee-for-service, a capitation-like system, and performance management.

Associated with the GP contracting initiative an "ideal clinics" programme was developed and implemented as part of a study phase in 10 facilities. The programme initially focused on ensuring that clinics were ready to accommodate private sector GPs. This has since been expanded into a nationwide programme to strengthen public sector facilities. Work is ongoing to develop a possible framework through which the private rooms of GPs can also be accredited, in order to ensure they meet equivalent standards.

This particular work stream has been primarily funded by the European Union, with additional funding from DFID and the NDOH.



ACTIVITIES

Communication / consultation:

- SARRAH seconded up to four members of staff to support a newly-appointed Deputy Director-General (DDG) for PHC.
- SARRAH assisted the NDOH in organising a satellite session on NHI at the Second Global Symposium on Health Systems Research in Beijing, with an address on strengthening primary health care through contracting private GPs, and the production of a flyer and leaflet.
- SARRAH coordinated a session on GP contracting at the Primary Health Association / Rural Doctors Association of South Africa conference in September 2012, with the GP contracting steering committee and NHI pilot district representatives present.
- SARRAH provided support to convene the GP Contracting National Technical Task Team (NTTT). This comprised representatives from the steering committee, NHI pilot district representatives, and the major GP professional associations.
- Consultations with District Health Management Teams (DHMTs) were held in all 11 NHI pilot districts.

Information gathering:

- Tools for a situational analysis on the status of private GPs and PHC facilities were developed.
- Rapid assessment visits and comprehensive District Profile Reports in all NHI Pilot Districts were completed in 2012. These investigated the readiness of clinics to absorb private sector GPs.
- Mapping of facilities in the NHI pilot districts was performed in order to assist with planning.
- An NHI pilot district rapid assessment tool was designed and developed and SARRAH consultants led and participated in the rapid assessment of progress with the implementation of NHI in all 11 Pilot Districts during both 2013 and 2014.

Contracting:

- SARRAH assisted in the development of the 'contracting-in' and 'contracting-out' models. This included standard GP contracts and performance management frameworks, which set out roles, duties, activities and targets.
- SARRAH provided three full-time staff members for a new national Contract Management Unit at NDOH. Their role has been to provide support in developing a database of GPs; recruitment, facilitating the signing of contracts and Service Level Agreements; providing guidance on contracting; consultation with GPs and following up on their concerns; communication with districts and provinces; information sharing; logistical support for the National Technical Task Team; and oversight of the GP training and induction programme.
- SARRAH steered and managed the process to identify and procure the services of a payroll administration service provider to take over the payment of contracted GPs.

- SARRAH assisted with the development of Standard Operating Procedures for the contracting and payment of GPs.
- A performance management framework was developed.
- The 'contracting-out' model is being explored in conjunction with Walter Sisulu University in the form of a research programme in the OR Tambo NHI pilot district.

Clinics and Clinic Readiness:

- The national facility survey was used to identify which PHC facilities in the pilot NHI Districts could be used for GPs, including which needed to be refurbished or re-equipped, and which underserved areas were most in need of new prefabricated clinics.
- A business case for prefabricated units was developed and a 'request for proposals' was drafted.
- SARRAH supported the initial pilot study phase for the "ideal clinic" initiative. This initiative provided a practical, and easy-to-implement, approach to prepare the service platform (clinic), set standards and ensure that the clinics provide the optimum environment for GP-led PHC delivery.
- A detailed ideal clinic assessment tool was developed comprising 10 components, and an associated dashboard to track progress over time. This was initially piloted in 10 "ideal clinics", but is now used to roll out the initiative across all NHI pilot districts.
- SARRAH provided dedicated consultants for doctor /nurse teams during the pilot study phase, who continued to work with clinic staff to help them make progress against identified challenges, with regular clinic visits and weekly reports to the DDG for PHC.
- SARRAH developed draft standard operating procedures / process flows for each component in the ideal clinic assessment. The final versions of these are to be used to compile an ideal clinic implementation manual, which will be used for a country-wide roll out of the initiative across all health districts.

GP training and support:

- SARRAH prepared and finalised a GP training concept paper, presentations, training materials and a GP resource pack for the induction of GPs into the public sector, including the latest national and local protocols and guidelines.
- A GP Induction training programme was implemented and to date interested GPs in ten of the NHI pilot districts have undergone induction. Plans are in place to develop ongoing support and professional development plans for these GPs.



OUTPUTS / OUTCOMES

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- A national technical task team for GP contracting was established, chaired by the DDG for PHC.
- A national database of GPs and comprehensive District Profile Reports were completed for NHI pilot districts.
- Two rapid assessments of the progress with implementation of the NHI in the pilot Districts completed (2013 and 2014).
- An in-house Contract Management Unit for contracting GPs was established in the NDOH.
- An efficient payroll administration system for the payment of GPs providing services against a national contract in district clinics was implemented.
- By the end of July 2014, 128 private GPs had signed the national contract for the 'contracting-in' model.
- Full ethical approval was received for the 'contracting-out' study in the OR Tambo District. Fifty of the 65 private GPs in the district indicated interest in participating in the study.
- The NDOH has committed to erecting 103 prefabricated units with fully-equipped consulting rooms.
- The "ideal clinic" initiative underwent a successful pilot study phase in the 10 identified clinics, which showed substantial improvements at these facilities during the study phase.
- With the Ideal Clinic Assessment Tool, dashboard and related processes that were developed during the pilot phase, the NDOH is now developing a roll-out plan to implement the initiative across all NHI pilot districts.
- The "Primary Health Care – Health Professionals' Support Framework" (PHCHP SF) has been established, with an electronic resource pack and training programme.
- By August 2014, training had been conducted for over 500 health professionals, including over 170 GPs, in 10 NHI pilot districts.

LESSONS LEARNED

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- SARRAH consultants worked within the NDOH, and directly with the DDG for PHC, in order to achieve some of these outcomes. This flexibility to second staff to NDOH has been critical to the success of the interventions.
- Stakeholder buy-in from the district health teams has greatly assisted this project in terms of implementing changes on the ground – from providing resources to clinics, to organising training workshops.
- An interactive style in the engagement with all stakeholders was found to be more successful than a didactic top-down approach. It was also important to contextualise this new initiative in the context of overall NHI health sector reforms.
- Working directly with facility managers on the "ideal clinics" initiative and explaining the rationale for certain indicators has ensured that its application has been accepted with minimal resistance.
- The production of an electronic repository of primary health care guidelines and protocols assisted in the engagement of all facility-level staff, from clinic managers to private GPs.
- Initial delays in contracting GPs due to unfavourable contract terms and remuneration rates could have been avoided with early and more formal engagement, and the enhancement of the contract and service level agreement over time.



ABOUT SARRAH

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Strengthening South Africa's Revitalised Response to AIDS and Health (SARRAH) is a five-year programme funded by UK aid from the Department for International Development (DFID) and managed by the international health consultancy Mott MacDonald/HLSP.

Its purpose is improved health sector governance through a programme of targeted, flexible and responsive technical support, largely to government-led reforms and strategic interventions in the health sector. Its partners are the key players in the national response to health and HIV: the Department and Ministry of Health (NDOH), the South African National AIDS Council (SANAC), the Treatment Action Campaign (TAC) and two parliamentary committees with oversight on HIV and health.



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