

2 Management PHC

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The Ideal Clinic Realisation and Maintenance (ICRM) programme was initiated by the South African National Department of Health (NDoH) in July 2013 in order to systematically improve primary health care (PHC) facilities and the quality of care they provide. In his speech on Operation Phakisa implementation, President Jacob Zuma stated that the “Operation Phakisa Ideal Clinic Realisation and Maintenance segment seeks to transform all [our] public sector clinics into Ideal Clinics which provide good quality care to all [our] communities”.^a The National Health Council thereafter gave a directive on 24 April 2015 for all PHC facilities to be Ideal by 2019, starting in April 2015.^b

The purpose of a health facility is to promote health and to prevent illness and further complications through early detection, treatment and appropriate referral. A number of criteria must be met for a facility to achieve this purpose and be considered an Ideal Clinic. An Ideal Clinic is defined as a clinic with good infrastructure, adequate staff, adequate medicines and supplies, good administrative processes, and sufficient adequate bulk supplies.^b It uses applicable clinical policies, protocols and guidelines, and it harnesses partner and stakeholder support.^b All these things contribute to ensure the provision of good-quality health services to the community. An Ideal Clinic also collaborates with other government departments, the private sector and non-governmental organisations to address the social determinants of health.^c

In order to develop and sustain the Ideal Clinic, various components need to be in alignment and functional. These are:

- ◆ Administration
- ◆ Integrated clinical services management
- ◆ Medicines, supplies and laboratory services
- ◆ Human resources for health
- ◆ Support services
- ◆ Infrastructure
- ◆ Health information management
- ◆ Communication
- ◆ District health system support
- ◆ Implementing partners and stakeholders

Each of these 10 components is constituted of different sub-components, and each sub-component has a number of specific elements that need to be in place. Some elements are further defined by a checklist of measures to be fulfilled. There are 10 components and 32 sub-components in the Ideal Clinic model, as shown in Figure 1.

a President Jacob Zuma. Report on Operation Phakisa implementation. The Presidency, South African Government, 13 August 2015.

b National Department of Health. Ideal Clinic of South Africa: Monthly provincial report on PHC facilities identified to be Ideal in 2015/16. Pretoria: NDoH, July 2015.

c National Department of Health. Ideal Clinic components and definitions. Pretoria: NDoH, April 2015.








Figure 1: Ideal Clinic realisation and maintenance components and sub-components



Source: National Department of Health. Ideal Clinic of South Africa: Monthly provincial report on PHC facilities identified to be Ideal in 2015/16.

Each of these components and sub-components has a number of elements, which are listed in an Assessment Tool. Some elements are further defined by checklists, to be completed by marking with a 'Y' in the relevant column. Figure 2 shows an example of one sub-component and its associated elements. The status of a health facility is determined by scoring the facility against the elements in the Assessment Tool.

Figure 2: Extract from a section of the Ideal Clinic Assessment Tool showing a sub-component and elements

Component 4: Human Resources for Health						
Sub component 14: Staff allocation and use – Monitor whether the PHC facility has the required HRH capacity and whether staff is appropriately applied						
ELEMENTS		Weight	Method of measurement	Level of responsibility	Checklist	Performance
95	There is an individual Performance Management Agreement for each staff member	I		HF		
96	Continued staff development needs are determined for the current financial year and submitted to the district manager	I		HF		
97	Training records reflect planned training is conducted as per the district training programme	I		HF		
98	The disciplinary procedure is available	I		HF		
99	The grievance procedure is available	I		HF		
100	Staff satisfaction survey is conducted annually	I		D		
101	The results of the staff satisfaction survey is used to improve the work environment	I		HF		

Source: National Department of Health. Ideal Clinic of South Africa: Monthly provincial report on PHC facilities identified to be Ideal in 2015/16.




Figure 2 shows that each element is scored for weight, method of measurement, level of responsibility, and performance. The results of the assessment are displayed by means of a scorecard. The scorecard has three colours: green indicates that the targets/norms/standards have been achieved; amber indicates partial achievement; and red indicates lack of achievement.^a This is illustrated in Figure 3.

Figure 3: Keys used in the Assessment Tool to determine health facility performance on the Ideal Clinic elements

Performance is scored in line with three colours as follows:

Green (G)		= achieved
Amber (A)		= partially achieved
Red (R)		= not achieved

Key and description for method of measurement

Key	Method of Measurement (MM)
	a) Check applicable documents e.g. policies, guidelines, standard operating procedures, data, etc
?	b) Ask staff members and or clients for their views or level of understanding
	c) Objective observations and or conclusion
	d) Test the functionality of equipment/systems

Key and description for level of responsibility

Key	Description
NDoH	National Department of Health
P	Province
D	District
HF	Health Facility

Key and description for weighting

Key	Description
V	Vital
E	Essential
I	Important

The Assessment Tool is reviewed annually to ensure that the contents are up to date. The first version (6.4) was published in 2014, thereafter version 15 was published at the beginning of 2015 and a revised version named 'version 15 for peer reviews' was published in February 2016. The number of elements varies in each version of the tool. The data for this report were generated using version 15 for peer reviews.

Existing staff at district and sub-district level (previously tasked with quality improvement and PHC facility supervision) have been organised into district scale-up teams. These teams are working to improve weaknesses in clinics on a daily basis. A cross-district peer review was conducted during February 2016. Each district selected two teams, with two members per team, from staff within their district. These teams conducted status determinations at selected facilities in districts in another province. The selected facilities were chosen according to the best-performing facilities for the 2015/16 financial year.

Version 15 for peer reviews has 167 elements. The average score, according to the weights assigned to the 167 elements, determines whether Ideal Clinic status is achieved or not, as shown in Table 1. The majority of elements are weighted as Essential (81 elements), followed by Important (70 elements), and lastly Vital (15 elements). In order for a facility to obtain Ideal Clinic status, the facility must at a minimum score 100% for elements weighted as Vital, 70% for elements weighted as Essential, and 64% for elements weighted as Important. This will give the facility silver status. Depending on how a facility performs in a status determination, it will be scored and subsequently categorised as silver (70–79%), gold (80–89%), platinum (90–99%), diamond (100%), or no category achieved. The facility will only move out of the "no category achieved" classification when the minimum scores for Vital, Essential and Important elements have been achieved as set out in Table 1. It is therefore important to note that a facility can obtain a high average score (70%–99%) but still fail to obtain an Ideal Clinic category.

Table 1: Ideal Clinic categories

Weights	Number of elements	Silver (%)	Gold (%)	Platinum (%)	Diamond (%)
Vital	15	100	100	100	100
Essential	81	70	80	91	100
Important	71	64	75	86	100
Average percentage	167	70–79	80–89	90–99	100

Source: National Department of Health. Ideal Clinic of South Africa: Monthly provincial report on PHC facilities identified to be Ideal in 2015/16.

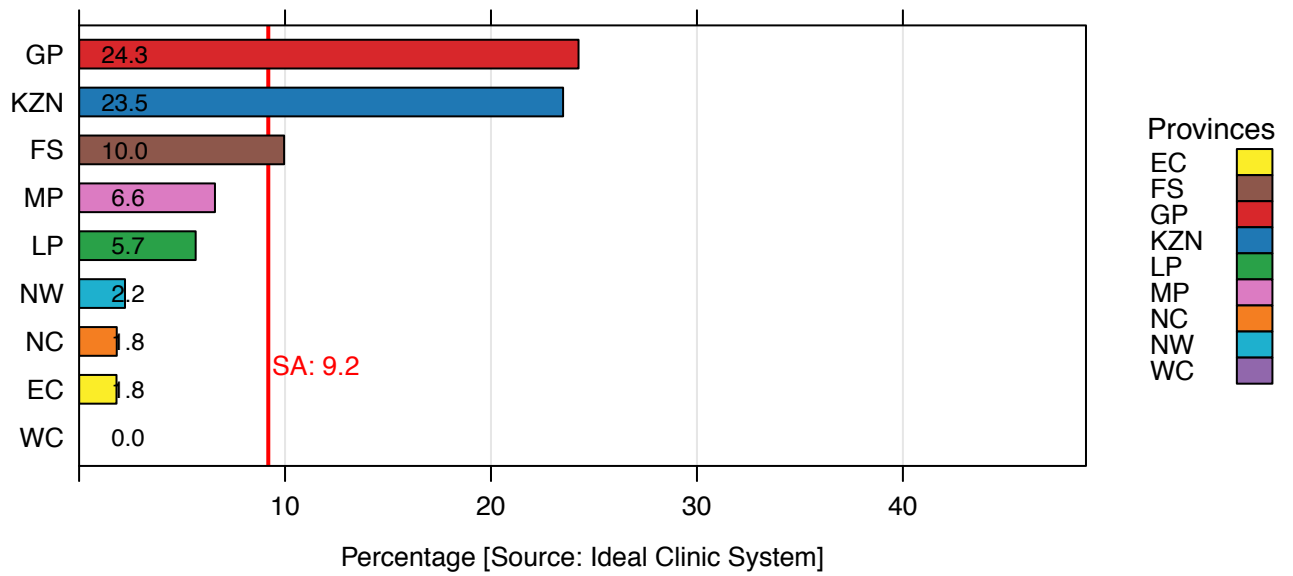
This chapter covers two Ideal Clinic indicators, namely percentage Ideal Clinics, and percentage of fixed PHC facilities with patients that have access to a medical practitioner.

2.1 Percentage Ideal Clinics

This indicator measures the proportion of fixed PHC facilities that achieved Ideal Clinic status and the category achieved, viz. silver, gold, platinum or diamond status.

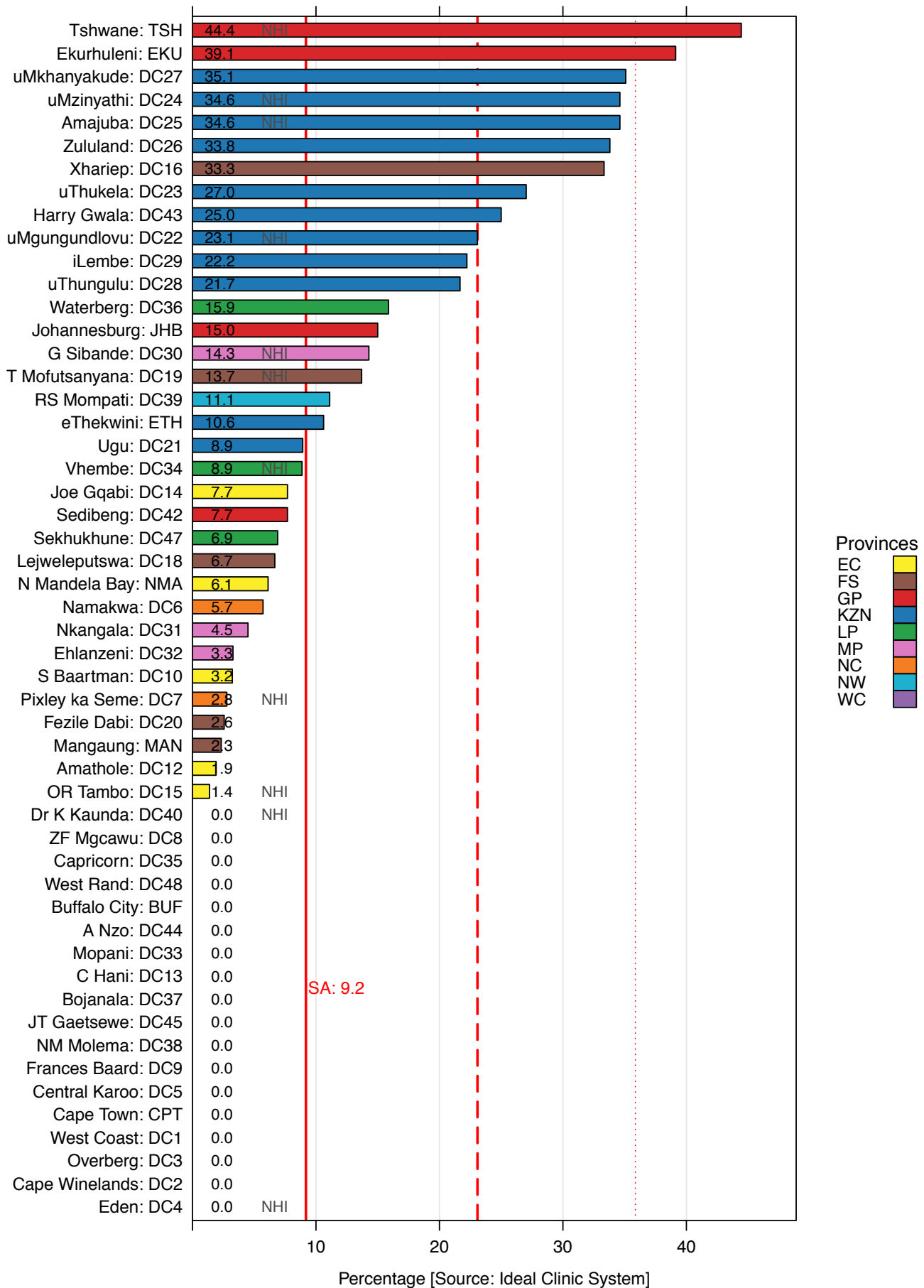
The national average was 9.2% in 2016. This excluded the Western Cape (WC) facilities, which were not included in the ICRM programme for the 2015/16 financial year. However, these facilities joined the programme on 1 April 2016 for the 2016/17 financial year. Gauteng (GP) performed the best in 2016, with 24.3% of fixed PHC facilities classified as Ideal Clinics, followed closely by KwaZulu-Natal (KZN) at 23.5% (Figure 4). The Northern Cape (NC) and Eastern Cape (EC) performed the worst with only 1.8% of fixed PHC facilities classified as Ideal Clinics.

Figure 4: Percentage Ideal Clinics by province, 2016



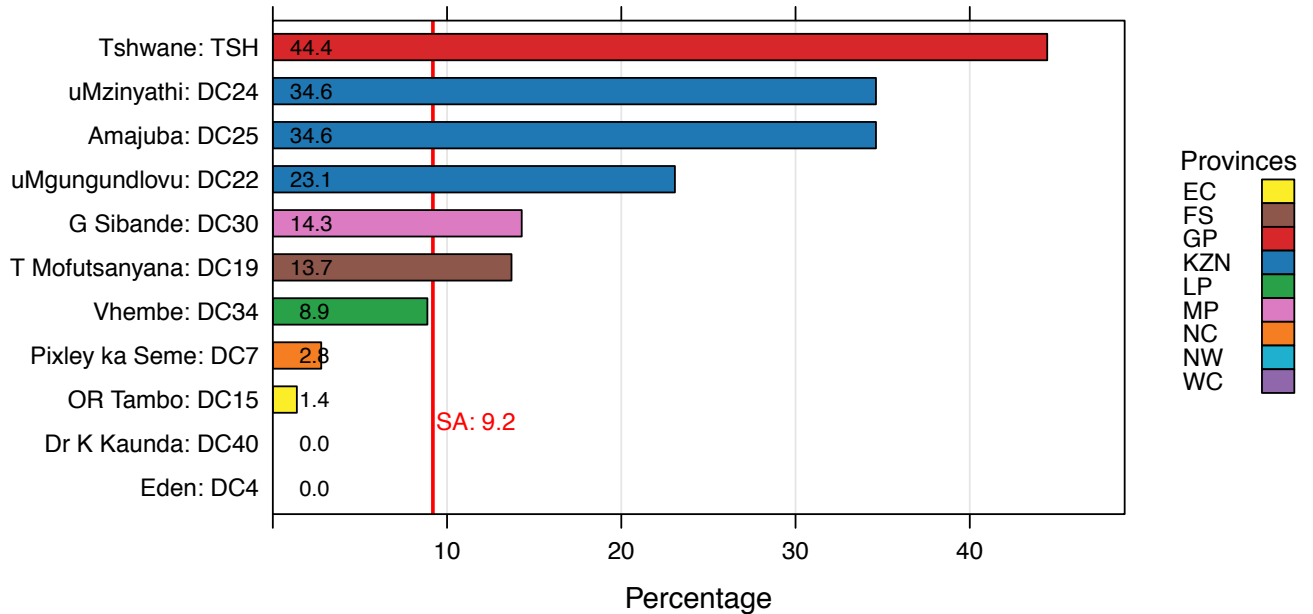
Excluding the six districts in the Western Cape, 12 districts had no facilities classified as Ideal Clinics. Tshwane (GP) was the best-performing district with 44.4% of fixed PHC facilities obtaining Ideal Clinic status (Figure 5). Six of the top 10 districts were from KwaZulu-Natal.

Figure 5: Percentage Ideal Clinics by district, 2016



Six of the 11 National Health Insurance (NHI) districts exceeded the national average (Figure 6). In Dr K Kaunda in North West (NW), none of the fixed PHC facilities obtained Ideal Clinic status.

Figure 6: Percentage Ideal Clinics by National Health Insurance district, 2016

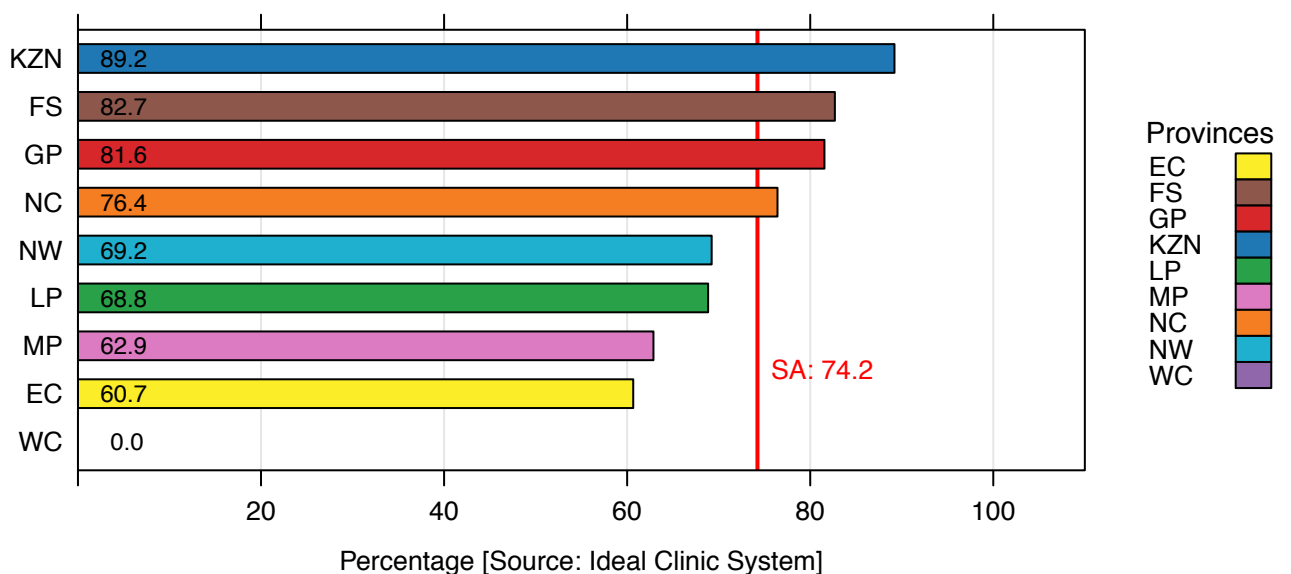


2.2 Percentage of assessed PHC facilities with patients that have access to a medical practitioner

This indicator measures the percentage of PHC facilities, out of all facilities that have conducted a status determination, with patients that have access to a medical practitioner. The denominator is the number of PHC facilities that conducted a status determination on version 15 as indicated in column G of the Ideal Clinic Assessment Tool.

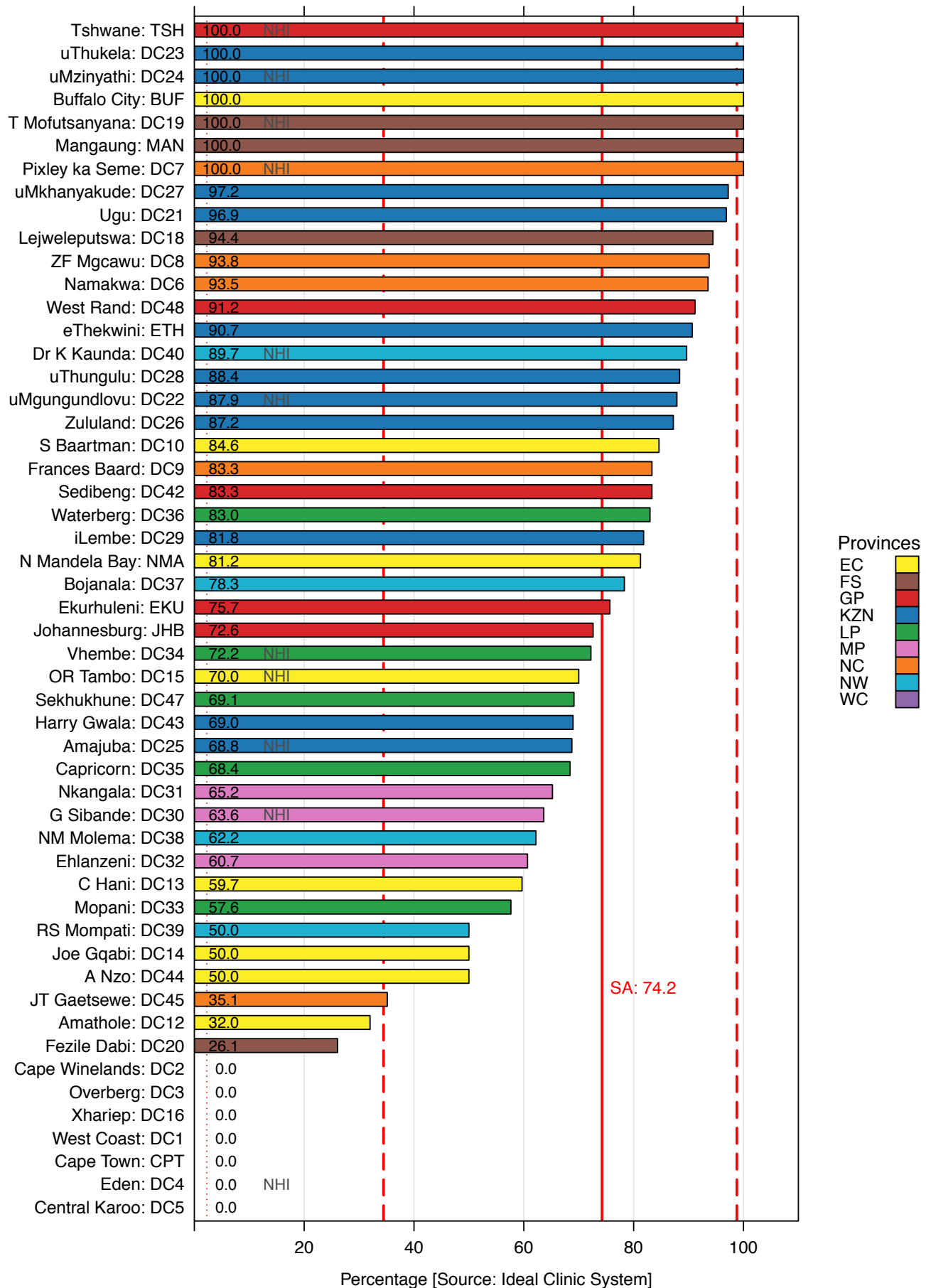
The national average was 74.2% in March 2016. The Western Cape was not included in the ICRM programme for the 2015/16 financial year but joined the programme on 1 April 2016 for the 2016/17 financial year. KwaZulu-Natal, Free State, Gauteng and Northern Cape exceeded the national average (Figure 7). The Eastern Cape performed the lowest, with only 60.7% of assessed PHC facility patients having access to a medical practitioner.

Figure 7: Percentage of assessed PHC facilities with patients that have access to a medical practitioner by province, 2016



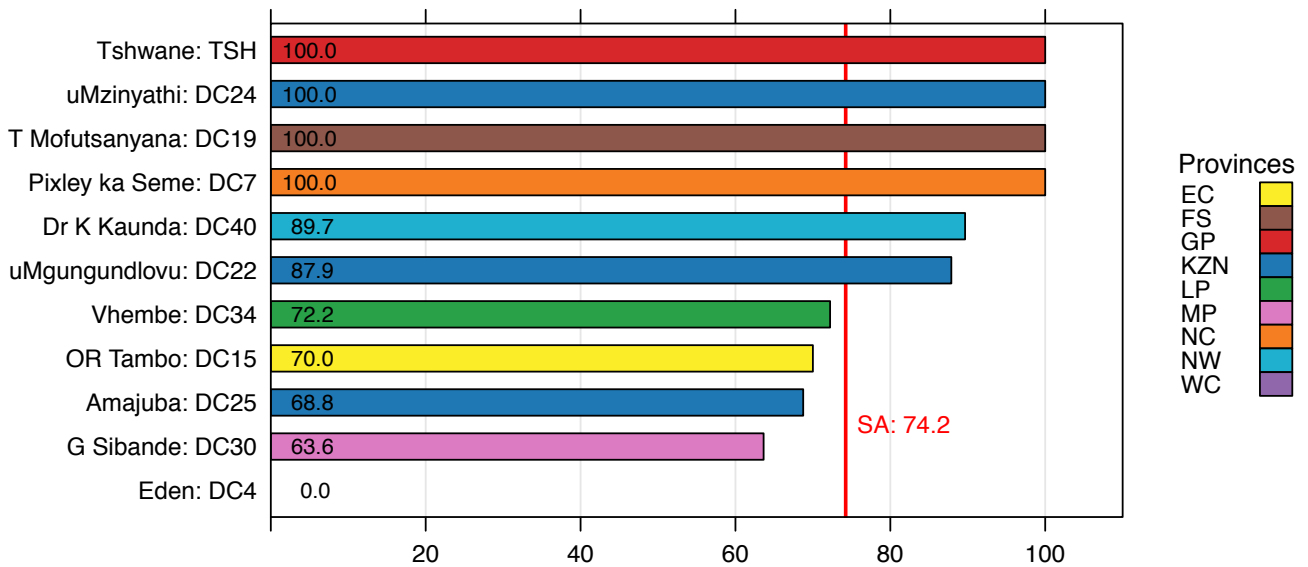
Among the districts, seven districts had a medical practitioner available at all the assessed facilities (Figure 8). Nineteen districts did not reach the national average, including five districts in the Eastern Cape, four districts in Limpopo and all three districts in Mpumalanga.

Figure 8: Percentage of assessed PHC facilities with patients that have access to a medical practitioner by district, 2016



Four NHI districts had a medical practitioner available at all the assessed facilities, namely Tshwane (GP), uMzinyathi (KZN), Thabo Mofutsanyana (FS) and Pixley ka Seme (NC). Four NHI districts did not reach the national average of 74.2%, namely Vhembe (LP) (72.2%), OR Tambo (EC) (70.0%) Amajuba(KZN) (68.8%) and G Sibande (MP) (63.6%) (Figure 9).

Figure 9: Percentage of assessed PHC facilities with patients that have access to a medical practitioner by National Health Insurance district, 2016



Conclusions and recommendations

- ◆ Progress with regard to turning clinics into Ideal Clinics is slower than desired, with multiple factors contributing to the poor performance of clinics.
- ◆ A major challenge is getting essential equipment, consumables and furniture to clinics. This is due to a pervasively poor supply chain system in seven of the nine provinces (at provincial, district and facility level). Weaknesses relate to poor processes, systems and skills. This is being strategically and systematically addressed in collaboration with provinces and the support of National Treasury. There is also a lack of a dedicated clinic managers and support staff (pharmacy assistants, cleaners, groundsmen, administrative support, and data capturers) in many clinics.
- ◆ A number of key transversal levers need to be in place to support the clinics. Of these, supply chain management is of utmost importance.
- ◆ Each province has been assigned a national Ideal Clinic coordinator to support and monitor the province. At provincial and district level, Perfect Permanent Teams for Ideal Clinic Realisation and Maintenance (PPTICRM) are responsible for supporting and monitoring clinics. Unfortunately not all districts have dedicated teams to support clinics within their district.
- ◆ That said, it needs to be recognised that the ICRM is a new programme and the National Department of Health is confident that the pace of turning clinics into Ideal Clinics will increase as the programme becomes more institutionalised at provincial and district level.
- ◆ Specific issues are being addressed in provinces, with a focus on building sustainable systems to support the ICRM programme.