

## 2 PHC Management

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This chapter covers two indicators, namely percentage Ideal Clinics and percentage of assessed primary health care (PHC) facilities with 90% of tracer medicines available.

### 2.1 Percentage Ideal Clinics

The Ideal Clinic Realisation and Maintenance (ICRM) programme was initiated by the National Department of Health (NDoH) in July 2013 in order to systematically improve PHC facilities and the quality of care they provide. In October 2014 the programme was incorporated into the Presidential Operation Phakisa programme that assisted the NDoH to develop a detailed implementation plan for scaling up ICRM.<sup>a</sup>

The Ideal Clinic framework sets out the standards for PHC facilities to provide good-quality health services. 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, applicable clinical policies, protocols and guidelines are adhered to, and it harnesses partner and stakeholder support.<sup>b</sup>

The Ideal Clinic framework was developed and piloted during the 2014/15 financial year at ten PHC facilities in Mpumalanga (MP), Gauteng (GP), Free State (FS) and KwaZulu-Natal (KZN). Various strategies were implemented to ensure that these pilot sites obtain an Ideal Clinic status. Using the lessons learned from the pilot sites the pilot framework was revised and rolled out to all provinces – except for Western Cape (WC) – for implementation in the 2015/16 financial year. The Western Cape Department of Health joined the programme in 2016/17 thus bringing all nine provinces on board.

The Ideal Clinic Assessment Tool is used to conduct status determinations at PHC facilities. The Assessment Tool consists of 10 components and 32 sub-components (Figure 1). Each sub-component contains a number of elements and some elements are further defined by checklists that contain a set of measures. Each element is scored according to performance and colour coded according to the performance obtained, namely achieved (green), partial achievement (amber) or not achieved (red).<sup>c</sup>

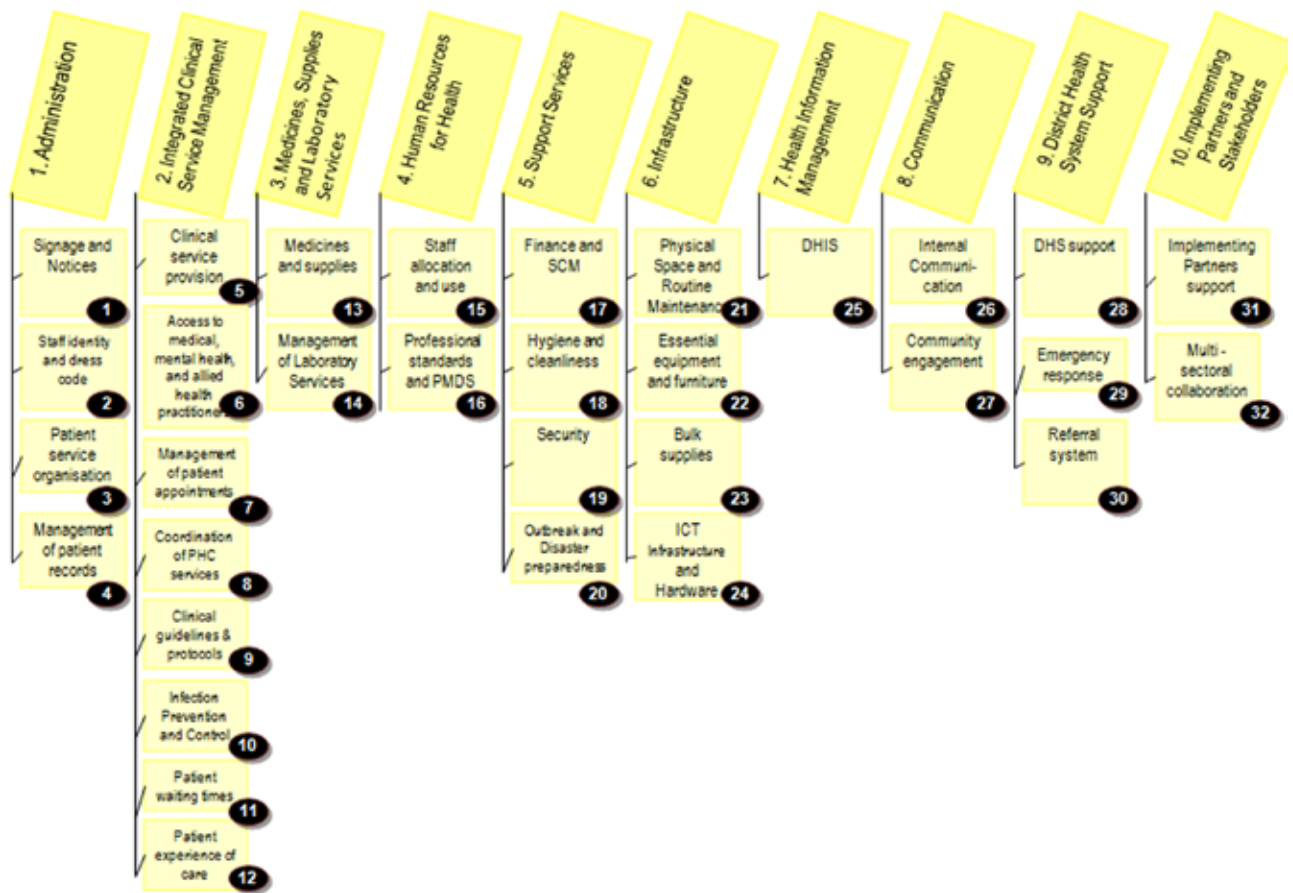
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a President Jacob Zuma. Report on Operation Phakisa implementation. The Presidency, South African Government, 13 August 2015.

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 definitions, components and checklists, version 16. Pretoria: NDoH, April 2016.

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



Source: National Department of Health. Ideal Clinic definitions, components and checklists. 2016.

Each element is also assigned a specific weight, i.e. vital, essential and important. In order for a facility to obtain an Ideal Clinic status, it must at a minimum score 90% for elements weighted as Vital, 70% for elements weighted as Essential, and 66% for elements weighted as Important. Furthermore, the facility performance in a status determination is categorised as silver (70–79%), gold (80–89%) and platinum (90–100%).

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 for Perfect Permanent Teams for Ideal Clinic Realisation and Maintenance (PPTICRM) to improve weaknesses in clinics. On an annual basis, these teams conduct a cross-district peer review within their province during the 3<sup>rd</sup> and 4<sup>th</sup> quarter to verify results of the self-assessments and district assessments conducted during 1<sup>st</sup> and 2<sup>nd</sup> quarter.

A report is generated from the cross-district peer review assessments each year using the predefined components, sub-components, and elements that are revised and disseminated at the start of each financial year. The assessments during the 2016/17 financial year were conducted using version 16 of the assessment tool containing 178 elements.

The percentage Ideal Clinic indicator measures the proportion of fixed PHC facilities that achieved Ideal Clinic status, viz. silver, gold or platinum status. The numerator is the number of facilities that have obtained Ideal Clinic status during cross-district peer reviews during 2016/17; the denominator is the total number of fixed PHC facilities.

PHC facilities that have obtained Ideal Clinic status in previous financial years are not reviewed again by cross-district peer review teams in subsequent years; once they have achieved Ideal Clinic status they are assessed by district teams. These facilities are included in the numerator.

**National and provincial overview**

The Ideal Clinic Initiative was initiated in July 2013 as a way to improve quality of care and reduce deficiencies in PHC. The National Department of Health began the process of preparing facilities to attain Ideal status in 2015 and an incremental approach is being used to ensure that all PHC facilities are able to achieve this status by 2020/21. In the first year of implementation, i.e. the 2015/16 financial year, only 9% (322) of facilities obtained Ideal Clinic status. In the second year of implementation, an additional 23% (786) of the facilities obtained Ideal status. However, for the clinics that obtained Ideal status in 2015/16, 2% (71) lost their status in 2016/17, see Table 1.

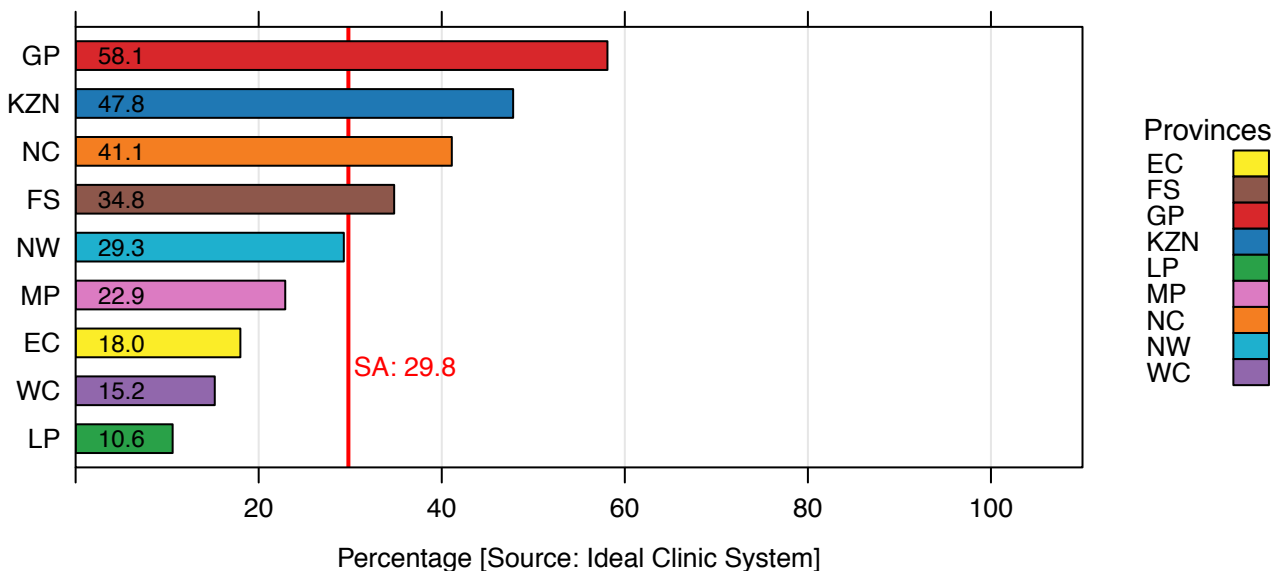
**Table 1: Summary of facilities that obtained Ideal Clinic status, 2015/16 and 2016/17**

Province	# of 2015/16 Ideal Clinics	# of 2015/16 Ideal Clinics that remained Ideal in 2016/17	# of 2015/16 Ideal Clinic that lost their status in 2016/17	# of 2016/17 Ideal Clinics	Total # of Ideal Clinics	% Ideal Clinics
Eastern Cape	14	12	2	127	139	18%
Free State	22	20	2	58	78	35%
Gauteng	89	84	5	131	215	58%
KwaZulu-Natal	141	95	46	193	288	48%
Limpopo	27	13	14	38	51	11%
Mpumalanga	19	18	1	48	66	23%
Northern Cape	3	3	0	64	67	41%
North West	7	6	1	86	92	29%
Western Cape				41	41	15%
<b>TOTAL</b>	<b>322</b>	<b>251</b>	<b>71</b>	<b>786</b>	<b>1 037</b>	<b>30%</b>

Thus, at the end of the first two years (2016/17) since implementation commenced a cumulative total of 30% (1 037) of facilities obtained Ideal Clinic status.

Gauteng has the most Ideal Clinics with 58% of its clinics achieving Ideal Clinic status, followed by KwaZulu-Natal (48%) and Northern Cape (41%). Limpopo (LP) performed the poorest with only 21% of fixed PHC facilities obtaining Ideal Clinic status, followed by Western Cape (WC) at 15% (Figure 2).

**Figure 2: Percentage Ideal Clinics by province, 2017**



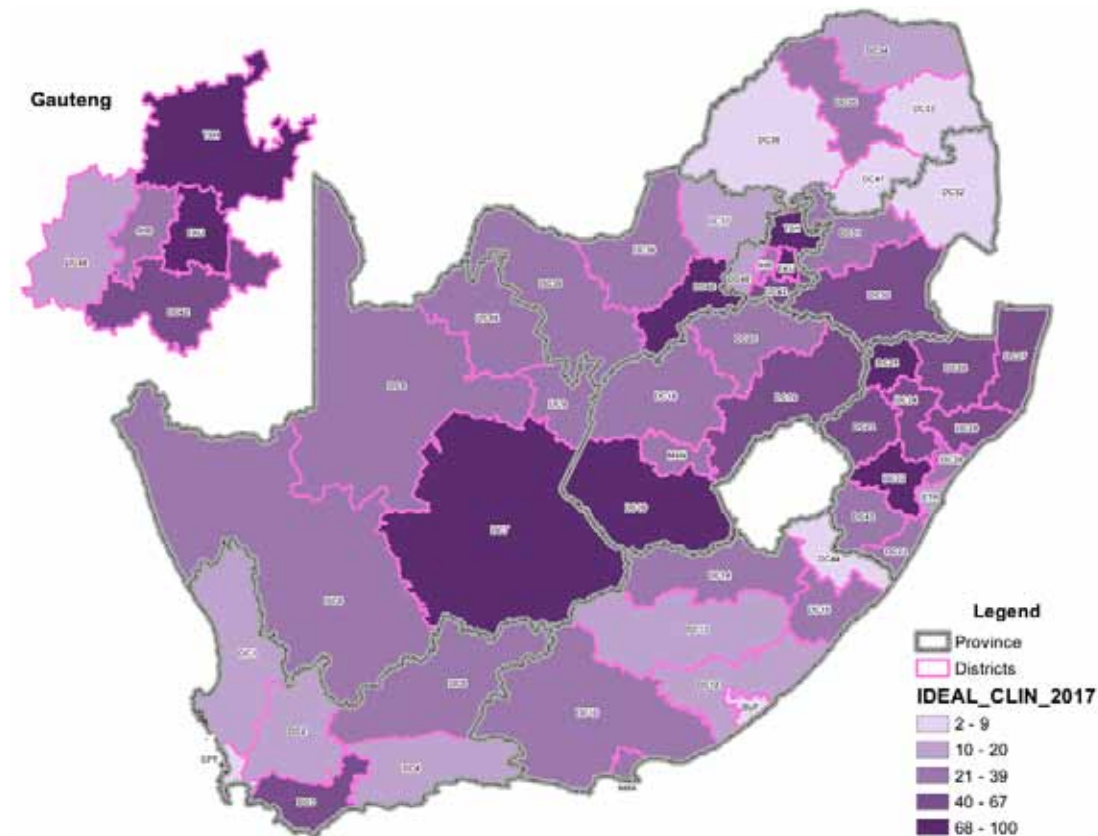
Source: Ideal Clinic web-based application.

### District overview

Map 1 and Figure 3 show the percentage of Ideal Clinics per district.

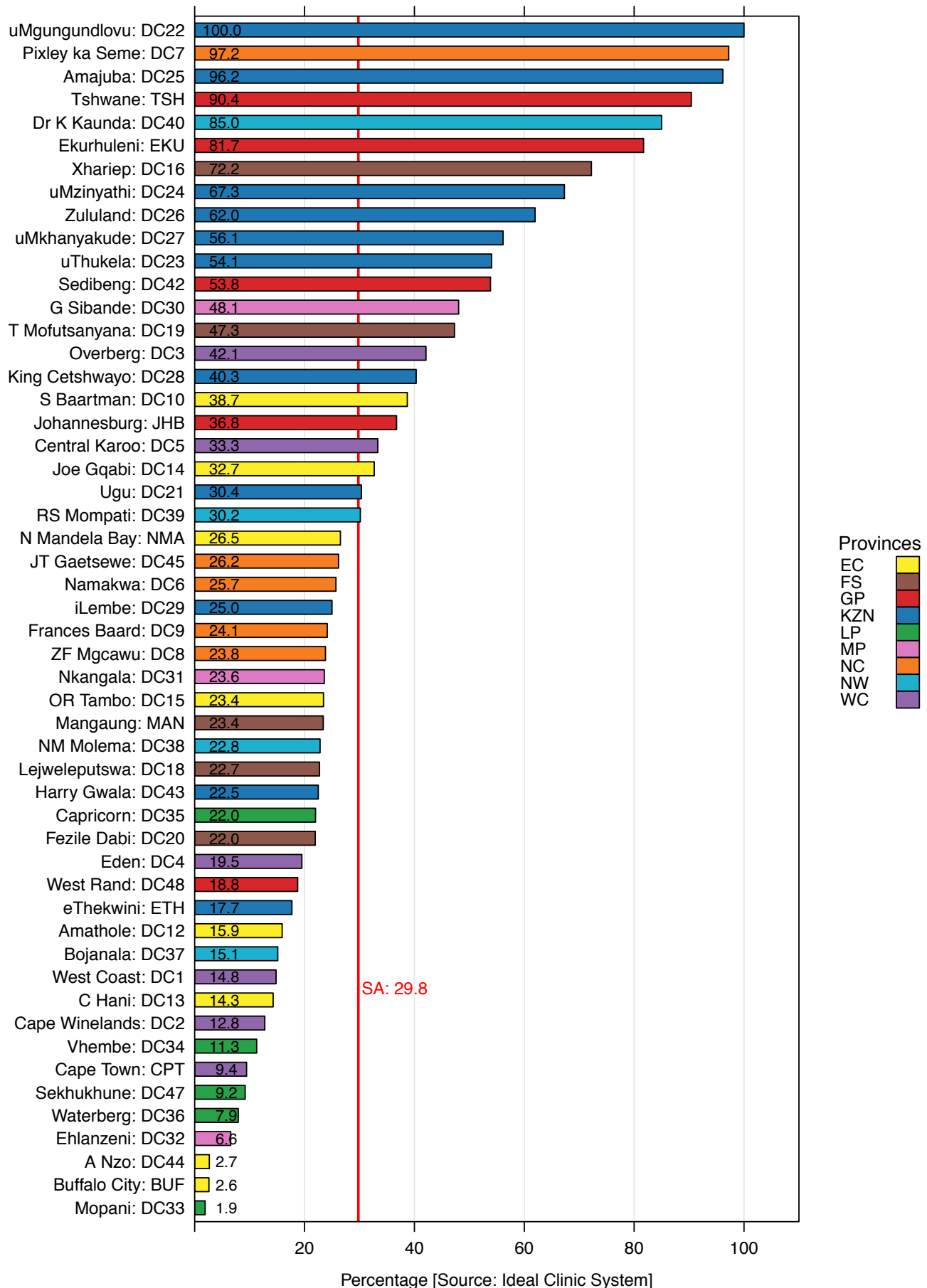
All districts have facilities that reached an Ideal Clinics status. uMgungundlovu (KZN), Pixley Ka Seme (NC), Amajuba (KZN) and Tshwane (GP), Dr K Kaunda (North West (NW)), Ekurhuleni (GP) and Xhariep (FS) were the best-performing districts with percentages ranging from 68% to 100%. Alfred Nzo (Eastern Cape (EC)), Buffalo City (EC) and Mopani (LP) are the lowest performing districts that had only between 2% and 6% of facilities that obtained an Ideal Clinic status.

**Map 1: Ideal Clinics by district, 2017**



Source: Ideal Clinic web-based application.

Figure 3: Percentage Ideal Clinics by district, 2017



Source: Ideal Clinic web-based application.

The PHC facilities are steadily transitioning to achieve the Ideal Clinic status. A number of transversal strategies were implemented to improve performance levels. These strategies included the institutionalisation of Ideal Clinic coordinators at all levels (national, provincial and district); improving supply chain processes; extensive support from provincial head offices and National Treasury; as well as the development of various manuals, guidelines and tools that aim to assist facilities to reach the standards set in the framework. To address effective patient flow in facilities the Integrated Clinical Services Management (ICSM) model was adopted and is in the process of being rolled out to facilities. The implementation of ICSM is, however, hampered by infrastructure challenges as many facilities are too small and the layout does not support ICSM. Therefore a blueprint for newly built PHC facilities was developed. To overcome problems relating to human resources for health the World Health Organization method – Workload Indicators of Staffing Needs (WISN) – was adopted to determine staffing requirements based on workload.<sup>d</sup>

### Key findings

- ◆ The number of additional facilities that obtained Ideal status increased significantly from 9% in 2015/16 to 23% in 2016/17.
- ◆ Some facilities (2%) that obtained Ideal Clinic status in 2015/16 lost their status in 2016/17 bringing the cumulative total of Ideal facilities to 30%.
- ◆ Major challenges exist in the following areas:
  - Record keeping and filing, archiving and disposal of records.
  - Training of nurses on Basic Life Support.
  - Appointment of staff in line with WISN.
  - Infrastructure deficiencies.
  - Availability of essential equipment, consumables and furniture.
  - Emergency Medical Services response time.
- ◆ Limpopo and Western Cape were the poorest performing provinces. Both scored low in the components for support services, infrastructure, and implementing partners and stakeholders. Limpopo also scored low on medicine and supplies and the Western Cape scored low on communication and district health support.

### Recommendations

Recommendations are made in line with the key main findings:

- ◆ Record keeping and filing, archiving and disposal of records.
  - Finalise and publish the national adult and child patient records for PHC facilities.
  - Finalise and publish the draft National Guideline for accessing, tracking, filing, archiving and disposal of patient records in PHC facilities.
- ◆ Training of nurses in Basic Life Support.
  - Scale-up NDoH's initiative to train one instructor in Basic Life Support in each province. Each district should have at least one instructor.
- ◆ Appointment of staff in line with WISN.
  - Human resources deficiencies are to be addressed through the implementation of WISN.
- ◆ Infrastructure deficiencies.
  - NDoH, in collaboration with provinces to complete schedules for PHC facilities that need major refurbishment or that need to be rebuilt.
  - Conduct ICSM training in all districts to improve patient flow especially in those facilities that have infrastructure challenges.
  - Develop maintenance hubs in districts to ensure that proactive planned maintenance is carried out promptly.
- ◆ Availability of essential equipment, consumables and furniture.
  - Finalise and publish the National Ideal Clinic Health Commodities Specification Catalogue for standard and non-standard stock items.<sup>e</sup>
- ◆ Emergency Medical Service response time.
  - Finalise and publish draft Regulations on emergency medical services.

<sup>d</sup> Hunter JR, Chandran TM, Asmall S. et al. The Ideal Clinic in South Africa: progress and challenges in implementation. In Padarath A, Barron P, editors. South African Health Review 2017. Durban: Health Systems Trust; 2017.

◆ General

- The functioning of provincial and district level scale-up teams for PPTICRM that are responsible for supporting and monitoring clinics needs to be strengthened in some provinces and specific districts.
- Facilities that obtained Ideal Clinic status during peer reviews should be monitored closely to ensure that they retain their status in the following years.

## 2.2 Percentage of assessed PHC facilities with 90% of tracer medicines available

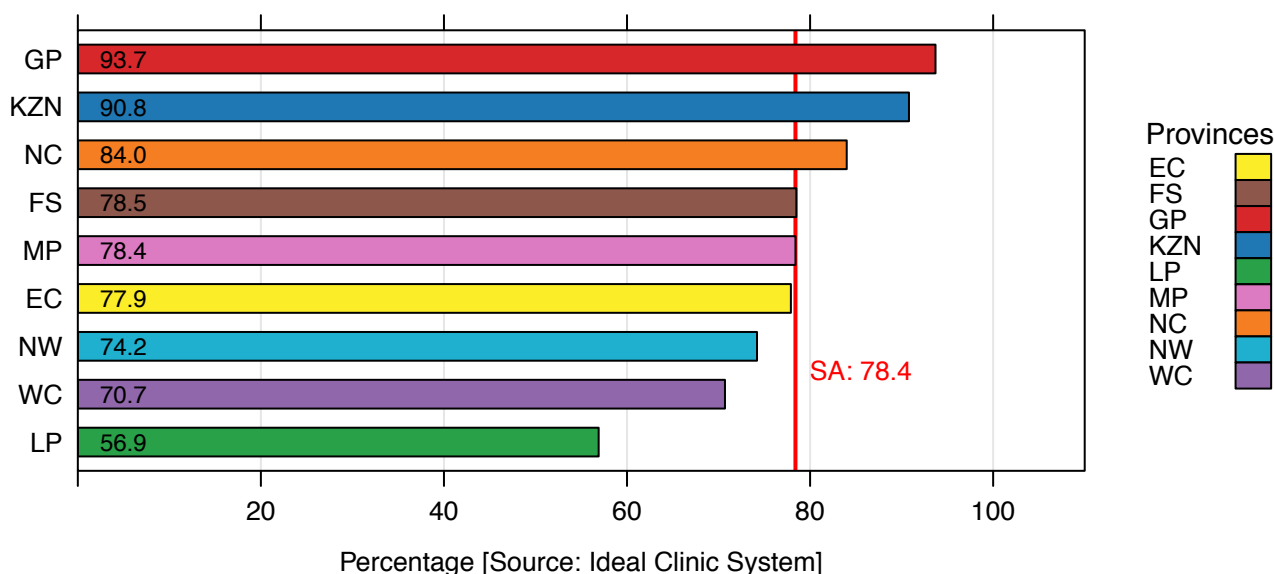
This indicator measures the percentage of PHC facilities that have conducted a status determination with 90% of tracer medicines available. The numerator is the number of facilities that have 90% of tracer medicines available in the facility; the denominator is the number of PHC facilities that conducted a status determination during the 2016/17 financial year.

The availability of tracer medicines is measured by one of the elements in the Ideal Clinic framework. The element has a checklist attached to it that contains a list of 67 tracer medicines. The tracer medicines make up a small number of representative medicines selected to monitor the performance of the medicine supply chain. Tracer medicines are extracted from the PHC Standard Treatment Guidelines and Essential Medicine List that takes into account the most prevalent morbidities and the therapeutic importance within a particular setting.

### National overview

The national average was 78.4% in 2016/17, with Gauteng and KwaZulu-Natal performing the best, at 93.7% and 90.8% respectively (Figure 4). Limpopo performed the poorest with 56.9% of facilities having tracer medicines available.

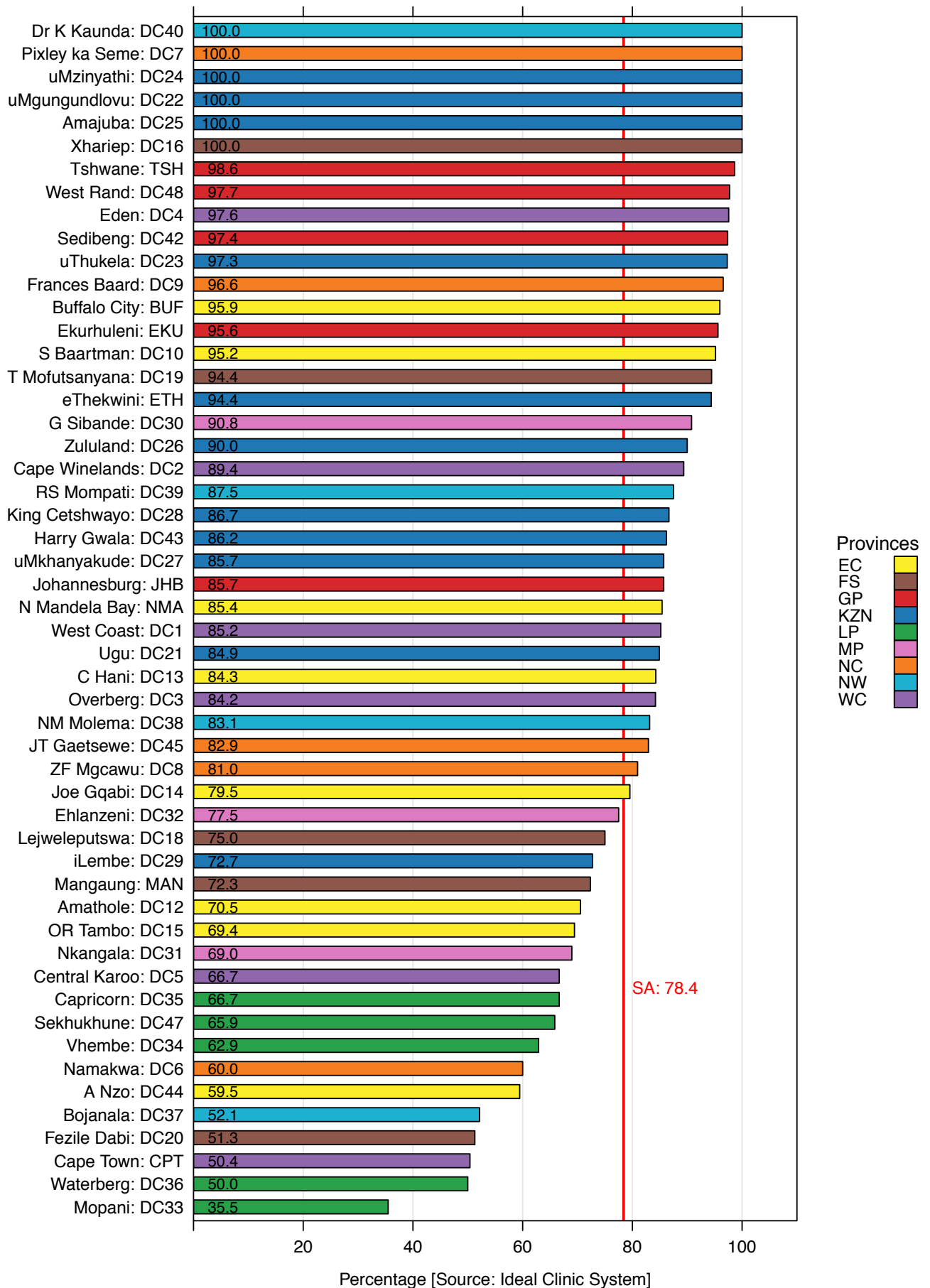
**Figure 4: Percentage of assessed PHC facilities with 90% of tracer medicines available by province, 2017**



### District overview

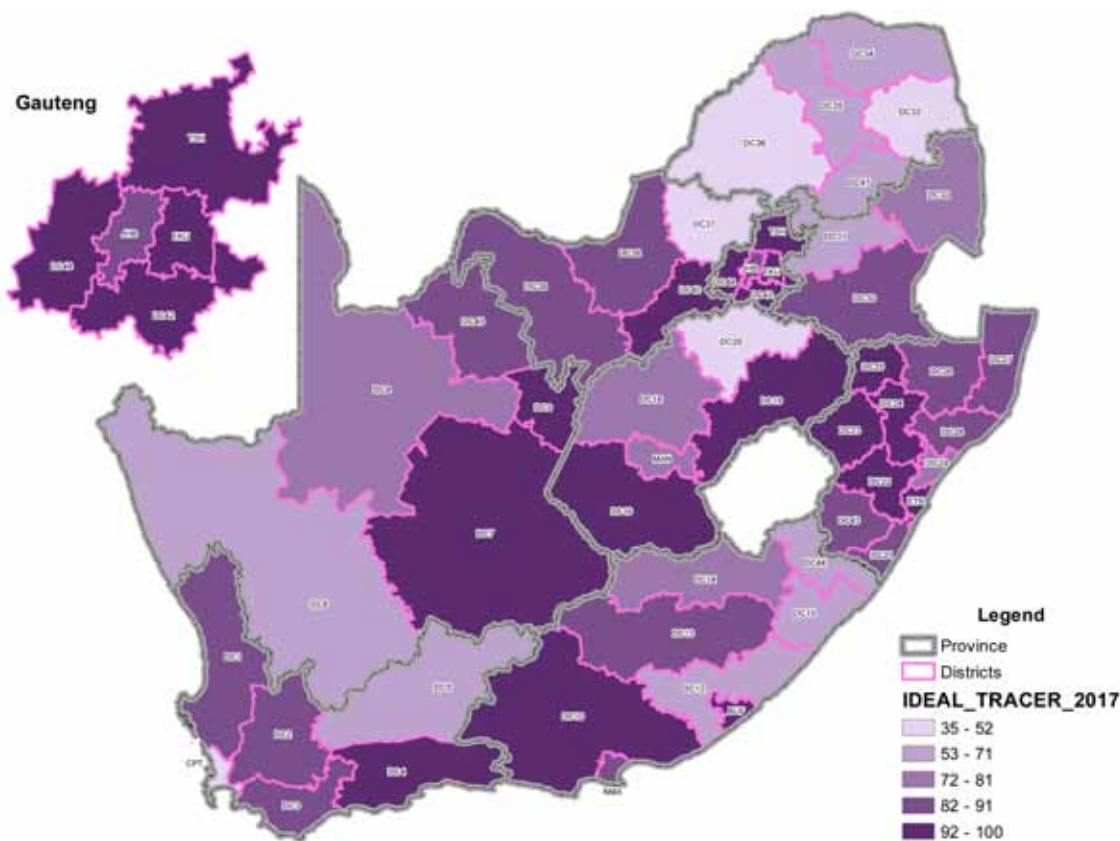
Figure 5 and Map 2 shows the percentage of facilities that have 90% of tracer medicines per district. Six districts, Dr K Kaunda (NW), Pixley Ka Seme (NC), uMzinyathi (KZN), uMgungundlovu (KZN), Amajuba (KZN) and Xhariep (FS), reported that all of its PHC facilities had 90% of tracer medicines available. Mopani (LP) scored the lowest, with just over one third (35.5%) having 90% of the tracer medicines available. Limpopo, North West, Western Cape and Free State all had one district that scored on average between 35% and 52%. More than half of districts (62%) scored between 82% and 100% for facilities that have 90% of tracer medicines available.

Figure 5: Percentage of assessed PHC facilities with 90% of tracer medicines available by district, 2017





Map 2: Percentage of assessed PHC facilities with 90% of tracer medicines available by district, 2017



Source: Ideal Clinic web-based application.

### Key Findings

- ◆ Nationally, 78.4% of PHC facilities had access to 90% of tracer medicines. This confirms that where a platform for the delivery of quality health service has been established there are also effective supply chain systems in place to deliver sufficient medicines and other supplies.
- ◆ Although the requirement is to stock 90% of tracer medicines, only six districts were able to achieve this benchmark.
- ◆ Five Provincial Departments of Health reported that less than 80% of its facilities did not have 90% tracer medicines. Limpopo (57%) and Western Cape (71%) were the poorest performing provinces.
- ◆ The supply chain system failure contributes significantly to the non-availability of the tracer medicines in PHC facilities.

### Recommendations

- ◆ The Stock Visibility System (SVS), implemented at all PHC facilities for monitoring the availability of medicines should be expanded to include other therapies such as medicines used in the management of non-communicable diseases in addition to the availability of other tracer medicines.
- ◆ Funding should be earmarked for pharmaceutical and related items. Funds allocated for medicines that are unspent in a particular year should be rolled over in the subsequent year.
- ◆ Implement innovative distribution strategies, such as:
  - delivery of medicine used in high volumes directly to facilities to maximize the efficiency of existing physical infrastructure, and
  - the implementation of the Central Chronic Medicines Dispensing and Distribution (CCMDD) programme to decongest facilities.
- ◆ Pharmaceutical human resources should be aligned with the needs of the district. Where feasible, each clinic should have a pharmacist's assistant.
- ◆ Medicine availability should be included in the performance agreement of facility managers and district managers.