



UNDERSTANDING ROLES, ENABLERS AND CHALLENGES OF DISTRICT CLINICAL SPECIALIST TEAMS IN STRENGTHENING PRIMARY HEALTH CARE IN SOUTH AFRICA SAHR KWIK SKWIZ SERIES

This KWIK SKWIZ:



summarises Chapter 4 of the 2014/15 South African Health Review.

- District Clinical Specialist Teams (DCSTs) were introduced into the South African District Health System (DHS) in 2011. Their introduction was prompted by growing pressure in South Africa to achieve the Millennium Development Goals (MDGs) for maternal and child health (MCH) before and after 2015.
- A ministerial task team (MTT) consisting of experienced clinical specialists was set up in June 2011 to provide guidance on the DCST composition, structure, functions and performance monitoring. A stakeholder consultative process was also instituted with submissions made to the MTT from relevant disciplines and all provinces. DCSTs are envisaged to comprise seven team members with a nurse–doctor dyad in three key disciplines: Family Medicine (Family Physician and PHC Nurse), Obstetrics and Gynaecology (Obstetrician and/or Gynaecologist and Advanced Midwife) and Paediatrics (Paediatrician and Paediatric Nurse), and Anaesthetist.
- The DCST recruitment process started in October 2011, although their induction and integration into the DHS level is ongoing and being refined in different contexts. As emerging teams in the DHS, their roles are yet to be fully understood and defined in practice. Little is known about how actors perceive and relate to them. Documenting how these roles and relationships are unfolding will help in understanding and learning from the process of their implementation and potential contribution to PHC strengthening.
- As DCSTs begin to embed themselves within the health system, there will be a need for negotiation around the use of their time, capacity and roles. In order for clinical governance activities to achieve desired outcomes, all stakeholders will have to exhibit a sense of ownership of the process. This implies that clinical governance is not limited to clinical supervision alone, but requires resources that enable clinicians to perform their work efficiently.
- Enablers of DCST implementation include: existing capacity and systems, individual/local discretion and strategies, trust-building, knowledge of local context and systems, and leadership and/or championship. Challenges in the DCST implementation include: poor communication, difficulty in expanding coverage, and resistance and concerns at the front-line.

- Districts should promote awareness of DCSTs, acknowledge that the DCST is a team, and consider the role of teamwork, lessons for facilitating teamwork and how the organisational arrangements or structures could promote teamwork, especially among actors within the district who have similar roles to those of the DCSTs.
- High-quality communication devices such as 3G Internet connection and the opportunity for teleconferencing might be helpful in supporting DCST members to co-ordinate activities and manage time more efficiently.
- Districts should draw on or engage with outcomes of a national costing exercise for the PHC re-engineering streams (including the DCST reform) reported to have been commissioned. An additional costing exercise to assess the operational expenses for DCSTs' activities, or an appraisal thereof, is required at a district or national level.
- National and provincial Departments of Health should support districts financially to properly implement the DCST reform. These investments should focus on resources and discretion – seemingly small interventions that can make a difference, e.g. a personal assistant, 3G data, and appropriate transport for serving rural areas.
- DCSTs are an important innovation, with high and positive expectations from most actors about their role in PHC strengthening. Existing capacity and systems, flexibility, matching of expected roles to resources, and targeted collaboration impact on the extent of the DCSTs' integration into the system.

SOURCE:

Oboirien K, Harris B, Eyles J, Orgill M, McIntyre D, Chimbindi N, Goudge J. Understanding roles, enablers and challenges of District Clinical Specialist Teams in strengthening primary health care in South Africa. In: Padarath A, King J, English R, editors. South African Health Review 2014/15. Durban: Health Systems Trust; 2015.

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HST welcomes comments on this publication. Please send input to:

The Editor
Health Systems Trust
34 Essex Terrace, Westville 3630
Tel: +27 (0)31 266 9090
Fax: +27 (0)31 266 9199
Email: editor@hst.org.za