The involvement of private general practitioners in visiting primary healthcare clinics

Tumbo JM, MBChB, MCFP(SA), MFamMed
Department of Family Medicine and Primary Health Care, University of Limpopo
Hugo JFM, MBChB, MFamMed
Department of Family Medicine, University of Pretoria
Couper ID, BA, MBBCh, MFamMed
Rural Health, Department of Family Medicine, University of the Witwatersrand.

Correspondence to: Dr J M Tumbo, e-mail: tumbo@lantic.net

Abstract

Background

The primary healthcare system was adopted as the vehicle of healthcare delivery and a means of reaching the larger part of the population in South Africa in 1994. One of the strategies employed in providing a comprehensive service is the incorporation of visits to clinics by doctors in support of other members of the primary healthcare team, particularly nurses. A successful collaboration at this level brings benefit to everyone involved, particularly patients. Clear expectations and a confusion of roles leads to lack of teamwork, thus it is important to have clearly established models for such involvement.

Doctors working in district hospitals mostly visit clinics, but their workload, staff shortages and transport often interfere with these visits. As a form of private-public partnership, local GPs are sometimes contracted to visit the clinics. Very little is known about this practice and problems are reported, including the perception that GPs do not spend as much time in the clinics as they are paid for10.Understanding the practice better may provide answers on how to improve the quality of primary care in the district health system. The aim of this study was to describe the experiences of local GPs visiting public clinics regularly over a long period of time.

Methods

A case study was undertaken in the Odi district of the North West Province in three primary care clinics visited by GPs. The experiences of the doctors, clinic nurses, district managers and patients regarding the GP's visits were elicited through in-depth interviews. Details of the visits with regard to patient numbers, lengths of the visits, remuneration and preferences were also sought. The data were analysed using different methods to highlight important themes.

Results

The visits by the GPs to the clinics were viewed as beneficial by the patients and clinic staff. The GPs were often preferred to government doctors because of their skills, patience and availability. The visits were also seen as a gesture of patriotism by the GPs. There were constraints, such as a shortage of medicines and equipment, which reduce the success of these visits.

Conclusion

The involvement of GPs in primary care clinics is beneficial and desirable. It enhances equity in terms of access to services. Addressing the constraints can optimise the public-private partnership at this level.

SA Fam Pract 2006;48(7): 16)

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INTRODUCTION

The primary healthcare system was adopted as the vehicle of healthcare delivery and a means of reaching the larger part of the population in South Africa in 1994. One of the strategies employed in providing a comprehensive service is the incorporation of visits to clinics by doctors in support of other members of the primary healthcare team, particularly nurses. A successful collaboration at this level brings benefit to everyone involved, particularly patients[1,2,3]. Clear expectations and a confusion of roles leads to lack of teamwork, thus it is important to have clearly established models for such involvement[4].

Doctors working in district hospitals mostly visit clinics, but their workload, staff shortages and transport often interfere with these visits. As a form of private-public partnership, local GPs are sometimes contracted to visit the clinics. Very little is known about this practice and problems are reported, including the perception that GPs do not spend as much time in the clinics as they are paid for[10].Understanding the practice better may provide answers on how to improve the quality of primary care in the district health system. The aim of this study was to describe the experiences of local GPs visiting public clinics regularly over a long period of time.

METHODS

A case study approach was used to describe the processes and experiences in a few places in the Odi district of the North West Province. This district implemented a system of contracting local GPs to work at district clinics in 1996. Three primary healthcare clinics were selected where the same GPs have visited for two or more years consecutively.

Information was recorded at the clinics describing the visits, the work done, remuneration and other involvement in the clinic.

An interview was conducted with each doctor, the professional nurse in charge of each clinic, a member of the district health management team and five patients per clinic. The patients included new and follow-up patients consulted by the doctor on a randomly selected day. In-depth interviews were conducted with the health workers, using one exploratory question. A semi-structured interview was done with each patient. The techniques of reflection, clarification, direct questioning and summarising were employed at each interview to achieve saturation. The interviews were audiotaped and notes were taken by the interviewers.

Verbatim transcription of the audiotapes and a content analysis were done, identifying themes and seeking linkages across the interviews.

RESULTS

The characteristics of the visits are summarised in Table I. The GPs visited the clinics two or three times per week for about two hours per visit, seeing 12 to 15 patients on each occasion.

Two clinics interacted with their GPs outside of the actual visits through telephonic consultations and sharing equipment.

The nurses in charge of the clinics were involved in the supervision, monitoring and reporting of the times of the GPs' visits. The district manager or cluster supervisor did not visit the clinics to check on the doctors' visits. One clinic reported to the head of the North West unit of the Department of Family Medicine, Medunsa. None of the nurses in charge of the clinics knew how much remuneration the GP received or how it was organised. They indicated that this was a matter between the GP and the district management team.

The kinds of patients seen by the GP were typical of primary health care, viz.

- *Patients with chronic conditions*, including hypertension, diabetes mellitus, epilepsy, arthritis, neurological conditions, skin conditions, tuberculosis, cardiac diseases and COAD.
- *Patients with acute conditions*, including STIs, convulsions, vascular conditions, obstetric conditions, haemorrhage and trauma from assault.
- *Patients with administrative needs*, such as assessments for disability and social grants, police forms (J88), public drivers' licenses and employment fitness.

DISCUSSION

This study identified the key role played by GPs in visiting primary care clinics. These visits illustrate basic principles of family medicine, including primacy of the person in the patient, interest of the physician in the context of the patient, continuity of care, importance of networking, good clinical practice and management of resources[5].They provide an example of successful private-public partnership with the community, with the nursing profession, the academic institution and the Independent Practitioners' Association (IPA) playing a role. They also contribute towards meeting the set norms with regard to personnel within the district health system[6].

Visits to the clinics by GPs were generally perceived to be beneficial to the patients, the clinic staff, the district management and the academic institution. The patients appreciate the

Table I: Structure of visits

Variable	Clinic A	Clinic B	Clinic C
Name of visiting GP	Dr X	Dr Y	Dr Z
Number of visits per week	2	2	3
Period visiting clinic (years)	2	6	9
Average length of each visit (hours)	2.5	2	2
Average number of patients per visit	15	12	14
Interaction outside the actual visit	Yes	Yes	No
Other doctors visiting the clinic	No	No	Yes
Remuneration for the GP/hour	R95 per hour		
Process of remuneration	Claim per hour to district office		
Supervision/monitoring done by	Clinic sister		
Reporting schedule	When needed	Monthly	Erratic
Reporting to	Clinic-cluster supervisor and Family Medicine Dept., Medunsa	Clinic-cluster supervisor	Clinic-cluster manager

Table II: Benefits of GP visits

Theme	Issue	Verbatim quotation
Patients are satisfied	Good communication, good attitude, taking time with patients	*"He listens and explains everything well to the patients"* *"He digs deep into the problem presented"* *"He is a good person who understands people"* *"She is very patient"*
	Being examined by the GP, referral to hospital	*"He doesn't just listen to what I say but also examines well"* *"He examined me and was able to find out that I had TB which other doctors had not"* *"He examined me and referred me to hospital"*
	GPs have a higher standard, good skills	*"What he does in his surgery is good … The medication prescribed is worth and compares to the one in his surgery"* *"A general practitioner is very good … he has more experience than hospital doctors, who, most of them, are students on training"*
	Patients with financial difficulties can access services of a private doctor	*"If a private doctor is available we prefer the clinic because of financial problems"*
Continuity of care enhanced	Patients appreciate this continuity of care	*"It is a good idea that he must work in this clinic and his surgery because I stay at [A] … I find him at his surgery there"* *"Patients like to follow the GPs to the clinic"*
	The GPs arrange doctors to relieve them when not available	*"He always tells us when he is coming late and if he is not coming he sends his wife who is also a doctor… patients don't wait in vain"*
GPs support staff and services	GPs complement the limited number of hospital doctors	*"We don't have enough doctors at the hospital … GPs provide the service that we can't cover with hospital doctors"* (District management)
	GPs view their visits as critical for supporting the clinic staff	*"I feel that we go there to help people working there particularly the nurses. They need support. Withdrawal of our services will lead to chaos in the clinic"*
	Patients share this view	*"Because sometimes the services we got from the nurses is incomplete so if there is a doctor it is very good"*
	Clinic staff appreciate the support	*"There is also lack of staff and we are overworked. The doctor helps with this"*
	Shortage of equipment and medicines alleviated	*"We run short of equipment such as glucometer or urine test strips and at times we borrow them from the doctor's practice and he does not charge us for this"*
	Support after hours	*"We had this patient in labour having bleeding and suspected to have foetal death. We called Dr Y at night and he came quickly. He helped us"*
Committed relationship over a long time	Management and clinic staff appreciate the commitment of the GPs	*"The GPs that we have appointed are very committed to serving the community and treat the patients well"*
	Clinic staff appreciate positive relationship with GP	*"The relationship between the staff and the doctor is good because of his attitude towards us. He gives us time when we talk to him"*
	GPs view their commitment more than professional; it has a strong social component and runs through generations	*"The relationship is … both professional and social … at night they call me to help with difficult deliveries and I come. I don't charge the clinic for this"* *"The relationship … started with my father. My father was the only doctor in this locality in 1963 and he started helping at the clinic until 1990 … I took over from him … I continued giving free services at the clinic until 1996 when I got a formal contract"* *"Dr Z is very committed, kind and has served this community for very long … This commitment is unique"*
Learning and teaching opportunity	The clinic staff appreciate being taught by the GPs	*"He teaches us a lot. We learn a lot from him especially when we refer patients to him"* *"I regard myself as a teacher and researcher … I teach medical students, nurses and patients at [clinic A]"*
	The diversity of clinical conditions provides a learning opportunity for the GPs	*"We see many different conditions in the clinic … for example assault, filling police forms and assisting with social grants. This exposes you to the systems affecting the community"* *"In the clinic, there are many more conditions than I see in my practice … in this clinic I see the really ill and needy patients. This is satisfying"*
Social obligation	GPs visit the clinics as a gesture of patriotism and to meet their obligations towards the community	*"I do this because of patriotism. I just like helping the community. If I don't help them who will?"*
	Local origin of the GP enhances the commitment to the clinic and understanding of the context	*"I come from this area. By working in the clinic I am giving something back to the community where I come from"* *"You know I was born and raised here so these are my people"* *"My house is 500 meters from the clinic and the patients are all people known to me"* *"GPs from the area near the clinic are more committed … than those from far away who are interested in the money only"*
	Money is not the main determinant of the collaboration	*"What we get here is small change. So it has nothing to do with money but of commitment to serve the community"* *"The human resources department in district doesn't pay us well … but money cannot get GPs to be committed"*
Support from structures important	Support from the Independent Practitioners' Associations (IPAs) and from the university department of family medicine is important in the initiation and continuity of the relationship between GPs and the clinics	*"Our local IPAs believe that the private doctors have a duty to help the communities in which they practice. So we encourage doctors to serve in the local clinics"* *"In 1996 Dr M from Family Medicine approached me to join a new initiative in which GPs close to the clinics would be given part-time positions to work in the clinics. The staff in each clinic were allowed to choose one GP so they chose me because I had already been giving free services at the clinic"*
	Support and good relationship with the district administration encourage GPs to continue visits to the clinics	*"This system is good. There is no communication barrier. The manager communicates through us to the doctor and there are no problems"*
	Security at clinic	*"We have not had problems with security. In other clinics the doctors don't go because of security. Their cars can be stolen while they see patients"*

Table II summarises the benefits of the GPs' visits as described by the patients, nurses, the district management and the GPs themselves.

Table III: Limitations of GPs' work at the clinic

Limited time at clinic	*"Sometimes the doctor comes late to the clinic maybe because of other commitments he has at the surgery. This makes patients run out of patience"*
Limited number of patients seen	*"She only sees 15 patients. Even if she missed the previous week, she only sees 15 patients and the others are left complaining to us"*
Administrative procedures not clear to GP	*"I don't know the details about social grants. I think maybe the information is given to full-time doctors but not GPs. I feel deficient in this regard"*
Poor relationship between GPs and hospital doctors hinders patient care	*"When GPs refer patients to the hospital the hospital doctors think that work is being shifted to them. But we refer because we don't have certain things for example when I refer a patient with genital warts it is for the purpose of supervised applications of podophyllin which we can't do at the clinic"*
Differences between the clinic and hospital systems frustrate the GP and patient	*"They have to wait for a particular day to go to the hospital whereas here in the clinic they can come any day. The supermarket approach at the clinic is not extended to the hospital and patients end up wasting money"*
Lack of equipment and medicines limits their best intentions	*"I refer to simple equipment like glucometers and haemoglobin meters which are essential for primary care. They are usually missing. In terms of medicines, even what is in the essential drug list is not available. So we end up unnecessarily referring the patient to hospital"*
The inability of GPs to cope with patients' needs is a source of frustration	*"There are a lot of social problems in the community. They come with social problems and they want disability grant. These social problems overload me"*
Inefficiency of local officials frustrate GPs and contradicts the good government policies	*"I have a problem with the local managers. They don't implement the policies well. I emphasise that the government is not the problem. It has good policies and guidelines about GPs collaborating with it but local heads of human resources frustrate them"*

Table III presents the limitations and constraints associated with the GPs' visits to the clinics, as described in the interviews.

Table IV: Reasons why patients at times prefer the hospital doctors to the GPs

They are more available to patients than the GPs.	*"The hospital doctor will visit the clinic on daily basis and will always be available"*
They have time for patients, as they are not in a hurry	*"The doctor from the hospital I think is not in a hurry. They spent a lot of time with the patient and will examine you in full"*
They understand the administrative procedures and policies and are able to apply them to patients better than the GPs	*"They are better because they may have more information and guidelines on helping one to get social grants"*
They were thought to be better in resolving difficult conditions	*"I have a problem with my legs for long. Most of the GPs I have seen cannot cure me but if I see a hospital doctor I will be fine"*
They were thought to be specialists	*"Because doctors from the hospital are mostly specialists so they are of good quality"*
They provide continuity of care from the clinic to the hospital	*"The hospital doctor refers you to the hospital and you also see him there"*

Despite the positive feelings of the patients towards the GPs, at times they do prefer hospital doctors. Table IV summarises the reasons for this feeling.

service and the continuity of care. They have access to what they think is high quality clinical services offered in private practice and continued by their doctor in the public service. GPs benefit from the learning opportunities presented by the diversity of conditions, links with academic institutions, the satisfaction of serving the needy and the appreciation they get from the clinic staff and patients. No evidence was found that GPs abuse the system to build their own practices or enrich themselves.

The commitment by the GPs plays a key role in maintaining the working relationship. This commitment is based on the GP's personality, sense of belonging, and sense of duty to the community and country. The commitment of the GPs went beyond financial gain, but rather stems from a strong sense of social obligation to serve the community. However, efficient management and fair remuneration are still vital.

The government is committed to public-private partnerships at all levels[7].At local level, the district management team directs this policy and involving GPs in care at the clinic forms part of this process. The success of these visits is partly because of the commitment of the district management team.

The local IPA plays a significant role in encouraging GPs to offer services to the community in which their practice is based. IPAs are important partners to involve in primary health care in districts.

As found in a previous study, this partnership between doctor and nurse thrives where there is good relationship based on respect, a sense of duty, a sense of the need to support clinic staff and commitment from all role-players[8].This is possible with GPs and is strengthened by the duration of the GP's relationship with the clinic. It is also linked to the ability of the GP to relate well to patients, and to demonstrate good clinical skills and patient care. The GPs are thought to be effective because they incorporate such skills into their practice at the clinics. Universally, these are accepted as key issues that improve the doctor-patient relationship and the outcome of the interaction[9].

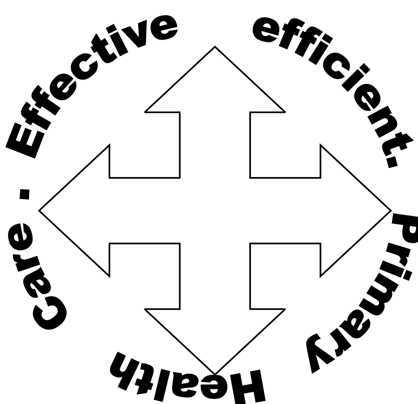
The clinics provide a good opportunity for GPs to share knowledge with medical students, nurses and patients while they also offer a diversity of conditions GPs do not regularly see in their practices, thus creating learning opportunities. This means the GPs, students and nurses are partners in learning.

It is recognised that this study looked at three GPs who are good role-models and that the findings may not apply to all GPs. However, these findings were in stark contrast to some of the negative comments about hospital doctors' visits to the clinics in previous research done in this field[8].Research done in the Eastern Cape on the relationship between doctors and nurses in primary care clinics revealed a much greater degree of tension between the doctors and nurses than evident here, at the same time as highlighting collaboration, teamwork and mutual respect as basic ingredients in a positive relationship[10].

The limitations identified in this partnership, as well as the patients' preference of hospital over the clinics, potentially could have a negative effect on this important initiative. The limitations dwell on relationship issues, communication, perceptions and administrative support. The patients perceive these as reasons for them to seek care at hospitals. Such perceptions could be addressed through concerted efforts to streamline the system and demonstrate the value of the service rendered at the clinics. Collaboration between the GPs and the hospital doctors could make the partnership more productive. A good understanding of such a relationship promotes the referral of patients to and from the hospital and provides continuity of care[11].The limitations highlighted in this study can be addressed by the district management team through better payment systems, the provision of equipment and medicine, supervising and monitoring the GPs' visits, and clear guidelines for the GPs' functioning.

The relationship between the GPs, the government, the clinics and the patients can be conceptualised as a wheel having four spokes (see model in Figure 1). The Government, represented by the district management team, sets and implements policy, enabling collaboration with private practitioners and effective communication, remuneration, appraisal, monitoring, supervision and provision of equipment and medicines. They can also involve GPs in continued professional development activities.

Figure 1: Schema of collaboration



The GPs, either individually or through the IPAs, need to be committed to serving the community. A good understanding of the operations of the public health system by the GP is essential and the district management should continuously provide such information.

The staff at the clinic are some of the immediate beneficiaries of, as well as role-players in, the relationship. They can create a milieu to attract GPs to their clinics, and play an advocacy role for both the GP and the patients. Academic institutions, particularly through the department of family medicine, should be involved by training students at the clinics and involving GPs as part-time lecturers. The community can play a more active role in decision making regarding the choice of GP, involvement in training and research programmes, and liaison with the district management through clinic committees. The final outcome of this involvement is better health for the community.

CONCLUSIONS

This study describes the important contribution that private GPs can offer through long-term involvement in primary care clinics in their communities. This involvement is desirable, as it addresses the great shortage of health professionals experienced in public health service in South Africa. It also goes a long way to strengthening the policy on private-public partnerships contained in the health charter.[12] The district management, local staff, academic institutions and IPAs all collaborate in making this a success. The initiative to introduce and maintain such partnerships rests in the hands of the provincial health authorities and the academic department of family medicine. These two institutions are best placed to attract GPs to serve in the community through better administrative systems, remuneration, clinical support systems and academic programmes that recognise the important role of primary health care. These clinics should form part of training complexes for the family medicine residency programme, as proposed by the Family Medicine Education Consortium (FAMEC). Involving GPs in local clinics will stabilise those private general practices that serve communities in need and can make an important contribution to addressing the challenges of an increasing workload and the rollout of antiretroviral treatment to clinics.

Acknowledgement

This study was commissioned by the North West Province Department of Health (Chief Directorate: Health Service Delivery) and funded by the Equity Project.

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