IPAF DOCUMENT ON ADVANCED SKILLS AND SERVICES OFFERED WITHIN A FAMILY PRACTICE.

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INTRODUCTION:
All Family Practitioners (FPs) need to be in a position to offer more services and skills to their patients.

There have already been significant drives from a host of group practices which have up-skilled their doctors and expanded their facilities and personnel to cope with these extended services within a competent well equipped environment. There is considerable agreement that these practices are and will be more attractive in servicing communities when NHI comes into being.

THE AIMS OF THIS DOCUMENT:
- To upgrade the services and facilities of the Family Practitioner to enhance primary and preventative care,
- To offer advanced care services to facilitate better care of acute and chronic diseases.
- To see that they adequately remunerate the FP for these extended services.
- To get the approval of Administrators and Schemes and have the process in operation by July 2017.

SERVICES TO BE OFFERED by FPs

- **Preventative:**
  - Promoting appropriate immunisation programs for infants as well as,
    - Special disease needs and Influenza vaccines.
    - Life skills education.
    - Screening tests for common chronic and serious diseases.

- **Disease Management:**
  - Acute conditions:

These include patients with moderately serious conditions that require extra care which can be given in a competent facility without having to refer to a hospital including:
- rehydration,
- intravenous treatments and
- the need for comprehensive resuscitation, the availability of emergency equipment for diagnostic and therapeutic purposes.

NEEDS INHERENT IN THE ABOVE:
- space,
- competent equipment and
- well trained staff who are available to offer the acute treatment as well as the monitoring of patients undergoing IV therapy.

INSTRUMENTS AND MATERIALS ARE NEEDED AND THEY NEED TO BE PROPERLY MAINTAINED AND STERILISED.

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DISEASE or INJURY ENTITIES INCLUDE:

✓ ACUTE CONDITIONS

• Acute asthma and respiratory distress.
• Acute lacerations and other trauma
• Fractures or dislocations.

✓ CHRONIC DISEASES

• There are programs that are developed to adequately and efficiently manage chronic diseases this requires personnel and space within the FP Facility.

✓ MINOR SURGICAL PROCEDURES:

• Excision of skin lesions: these should be subdivided into size and difficulty of Procedure.
  Biopsy of skin lesions.
• Aspiration of joints as well as intra-articular therapeutic procedures.
• Removal of nails and the excision of nail-bed procedures.
• Removal of Foreign bodies, should cover: FB’s eye, nose, hands and feet with a differential of depth of penetration, other anatomical sites and difficulty differentials.
• Drainage of abscesses with an anatomical differentiation as well as a depth and difficulty Differentials.
• Phlebotomy, therapeutic or diagnostic. This should include the costs of the procedure and materials used.
• Reduction of fractures, application of support casts POP and Fibreglass for arms, legs, hands.
• IUCD insertions.

ADDED VALUE OF TREATMENT BY A FAMILY PRACTITIONER TO ALL:

➢ The value to the patients is extensive, convenience, timeous, less suffering, treatment in familiar environment and expert in-house management of chronic and complicated chronic diseases all of these markedly less expensive than specialist and hospital interventions.

➢ To the FP, this assists in job satisfaction as well as to our own patients broadening and improving our care base. With preventative and management issues included our value to our patients has been advanced. All the above enhances the skill and scope of a Family Practitioner and should be coupled to a simple but fair process for authorization and remuneration.

➢ To the Administrators and Schemes, they can extend the cover given to their members, create sections of cover that will not affect the savings component and save a large amount of hospitalisation and specialist costs.

CONCLUSION:

Up to now the funding to address the above suggestions has lagged. Scheme rules need to be changed to facilitate in-rooms procedures to be adequately remunerated and that the effect of the patient’s reserves are not compromised.

This is a high priority need and mechanisms can and should be implemented so that we don’t have to wait for changes of remuneration to be gazetted and pass through endless committees and red tape. It is years that there has been an awareness of these needs.

There are a number of easily identified practices that are already offering these services without compensation. These could be accredited within a very short space of time.

This is what funders need to access an easy system that will benefit savings immediately at no extra cost or development needs.

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