



# Primary care-led Health System

## The only way forward

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*Erbil Iraq 2-4 Feb 2011*

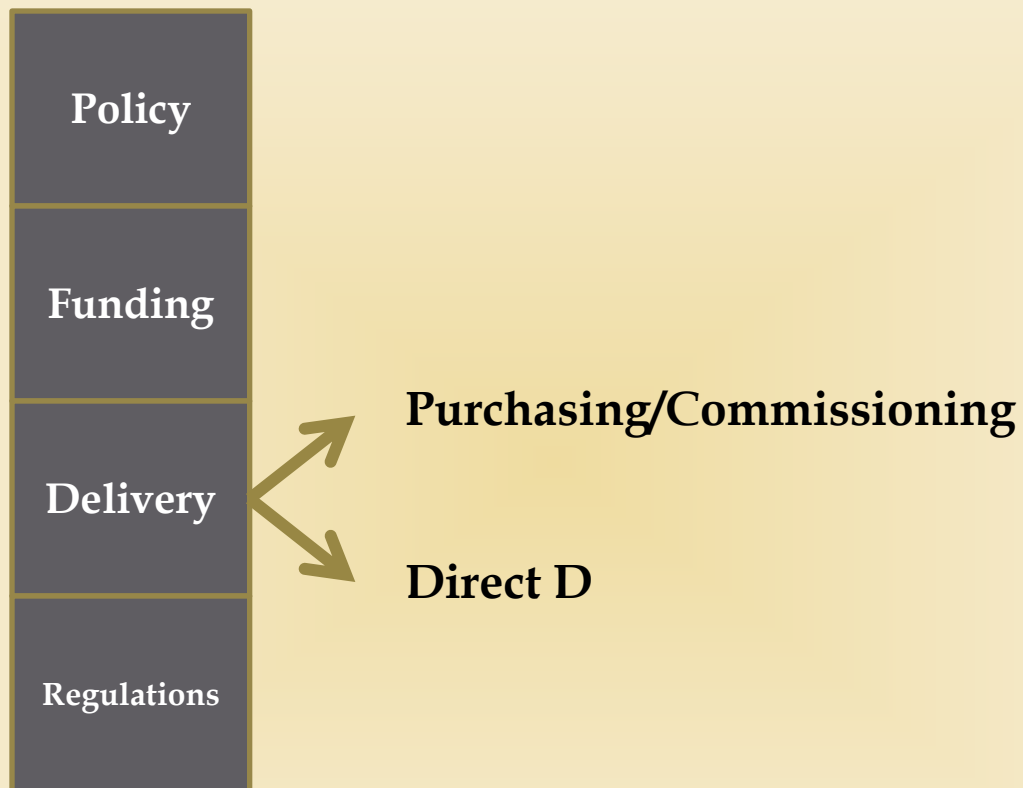
[s.rawaf@imperial.ac.uk](mailto:s.rawaf@imperial.ac.uk)

# Content

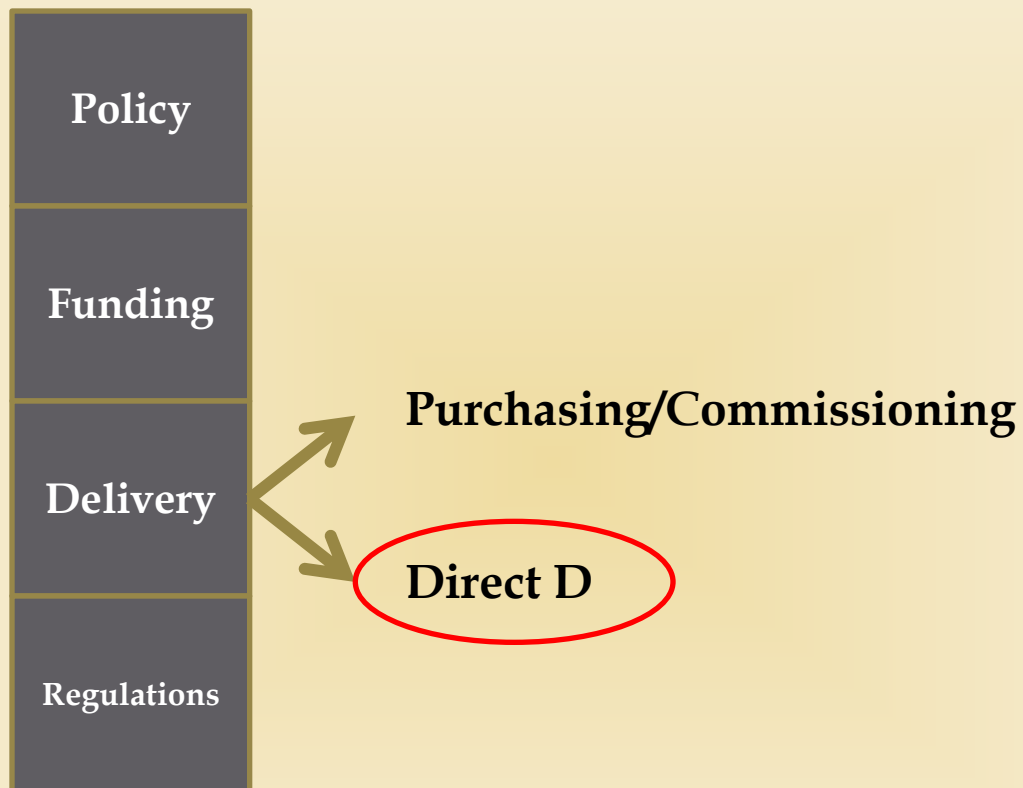
- Primary care ....the what?
- PC ..... the evidence
- PC .....
- Conclusions & Ways Forward



## Health System Function: Key areas



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PC ..... The what?

- ❑ No Ideal Health System
- ❑ Best H System is the one:

*“Securing the Health of  
the Whole Population”*



**Better Health**

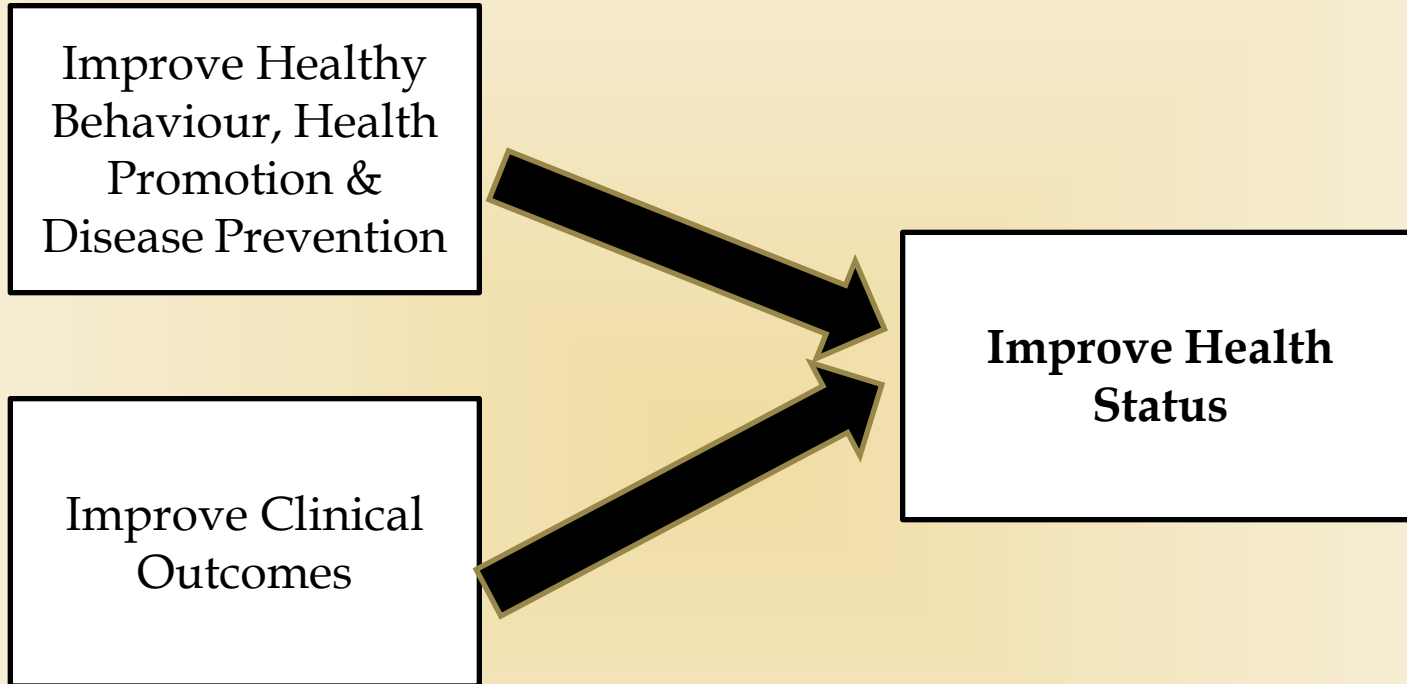
**Responsiveness to needs**

**Financial Protection**

## Health System Goals



# Achieve Better Health: How?





## ? Primary Care

- Population Registration
- GP (Family Physician)-Based (0.6/1000 p)
- A single portal entry to the HS;
- Available 24 hours a day;
- The *first* and vital contact
- A gate-keeping function (selective referrals);
- Long term & the continuity of personal and family care;
- Health, Clinical morbidity, Social problems, local needs, small population
- Stakeholder to local public health



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**Ambulatory care**



## The Evidence



**VS**



**Principles:**

*Coverage, Equity,  
Financial Protection*

*less defined*

**Structure:**



*Primary Care-led*

*Hospital-led*

**Focus:**

*People-centred/  
Population Health*

*Physician-centred/  
Disease orientated*

**Sustainability:**

*High*

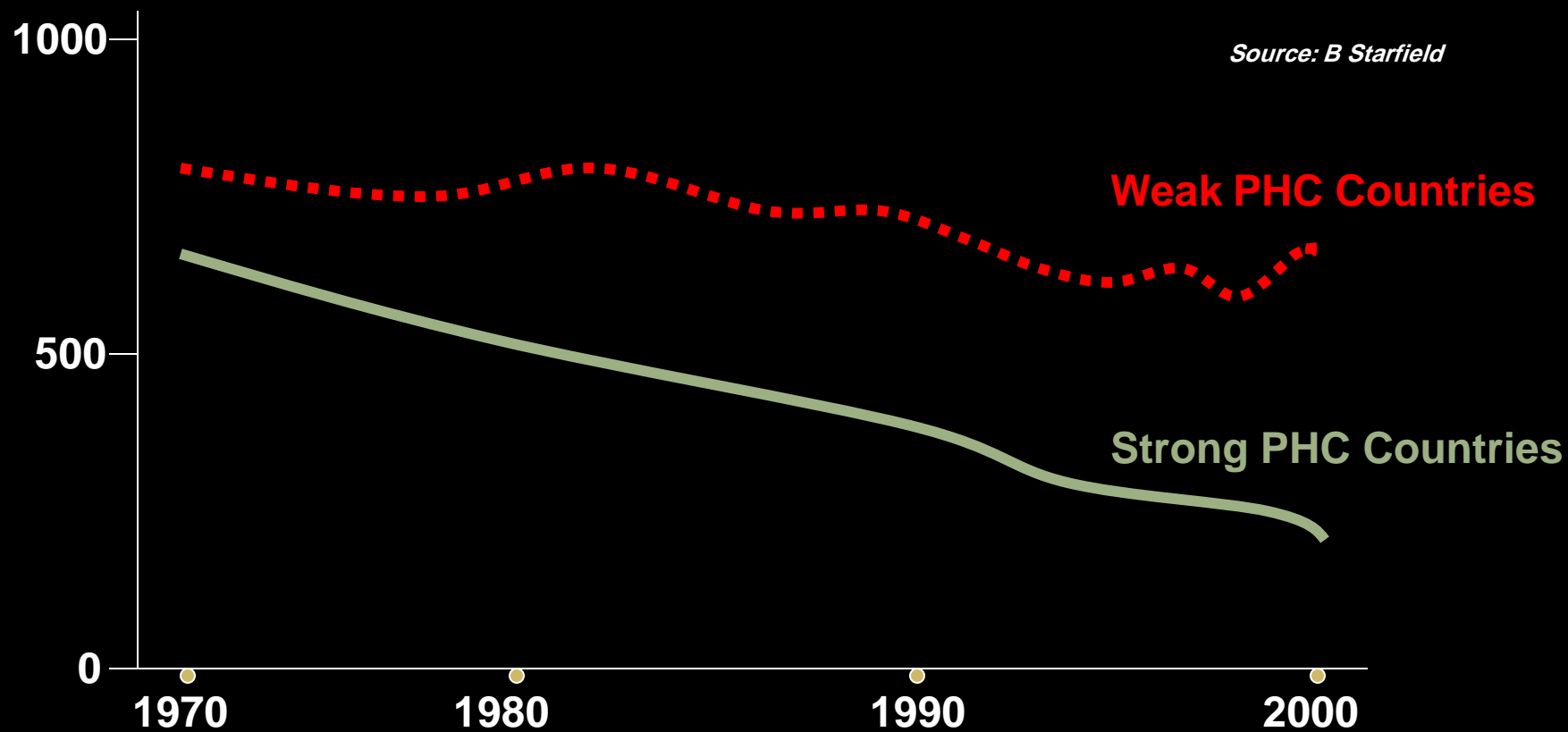
*Low*

**HRH:**

*Competency-based*

*No. Based*





Source: B Starfield

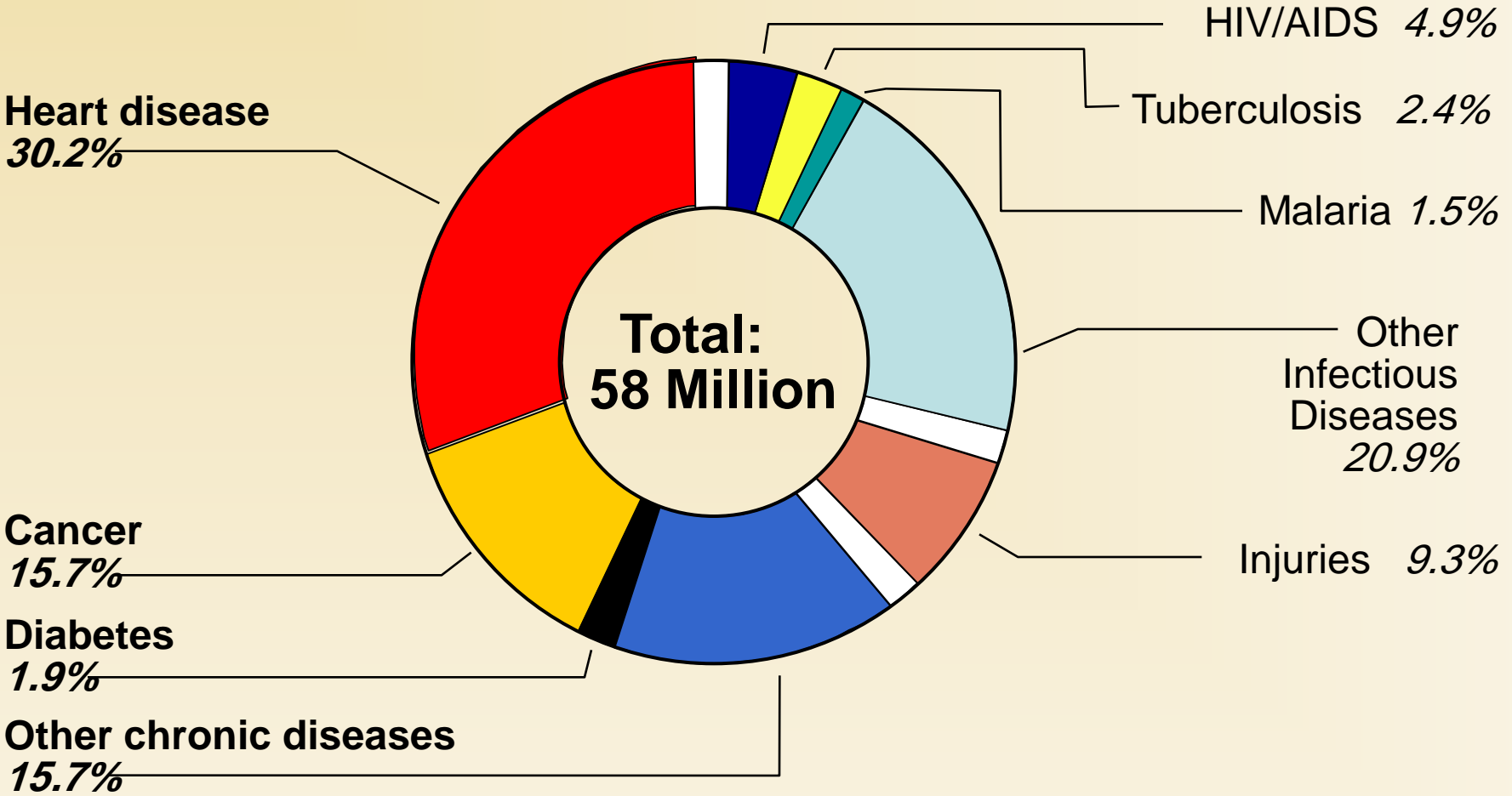
OECD Countries: Potential Years Life Lost (PYLL)



# Worldwide Premature Deaths by Causes

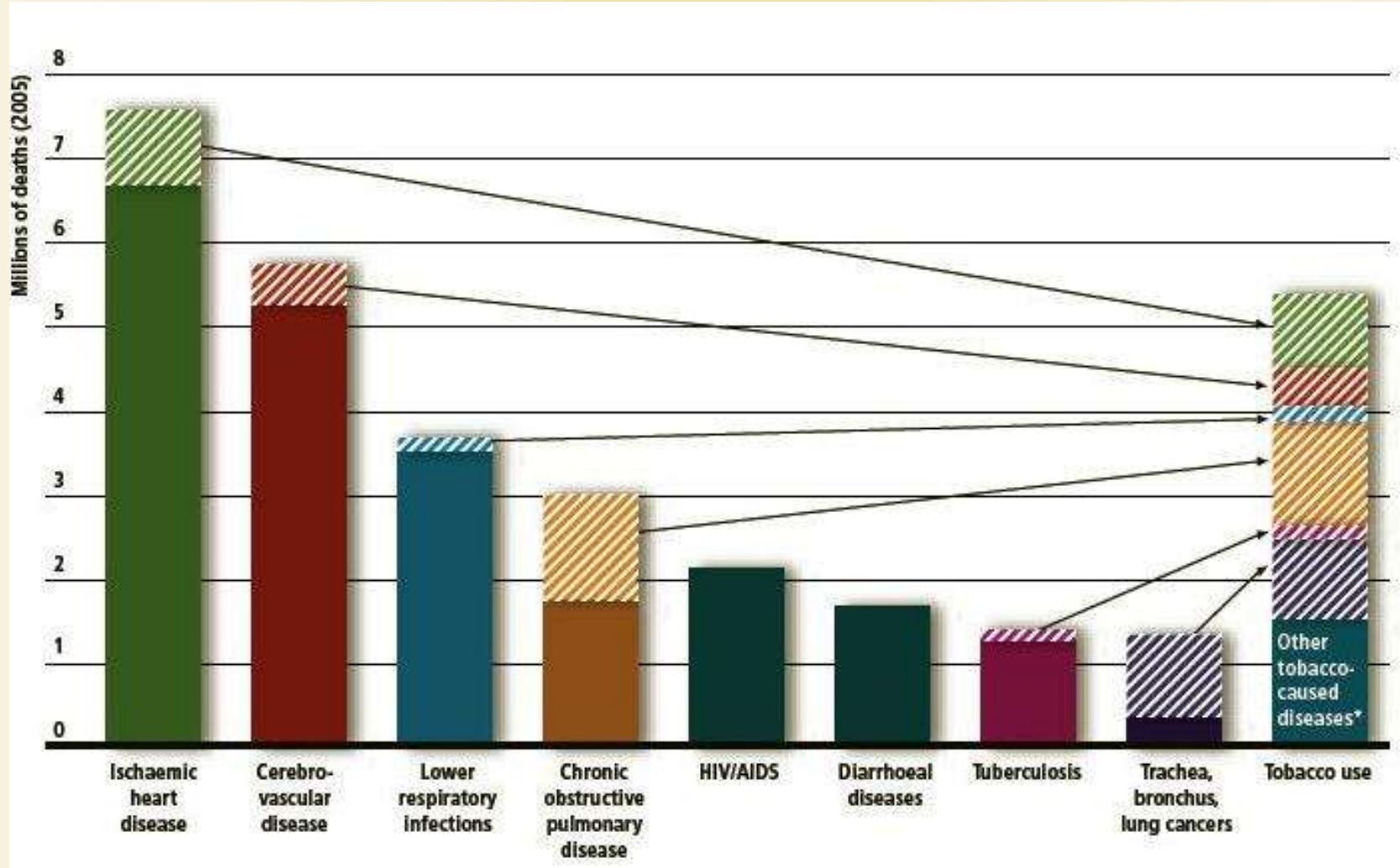
Noncommunicable diseases:

Infectious diseases:



# Tobacco

A risk factor for six of the eight leading causes of death in the world





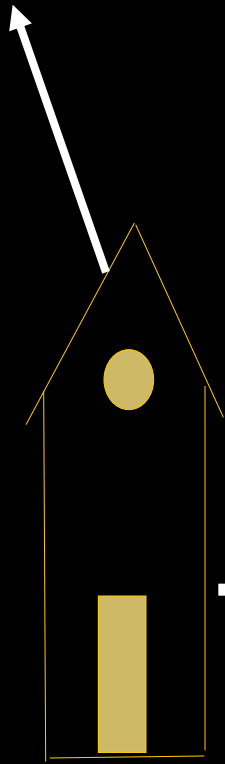
## Cost-Effectiveness (*Intervention cost/case*):

Telephone Call	£16	
• Family Physician	£15	
• Walk-in-Centre	£55	
• FP with Special Interest	£75	PHC
• Hospital Outpatient	£150	
<hr/>		
• Day Care	£500	
• One-Day Admission	£1,000	HC
• Inpatient (2ndary Care)	£5,000	
<hr/>		
• High Specialist Care	£20,000	



The How?

Health Line



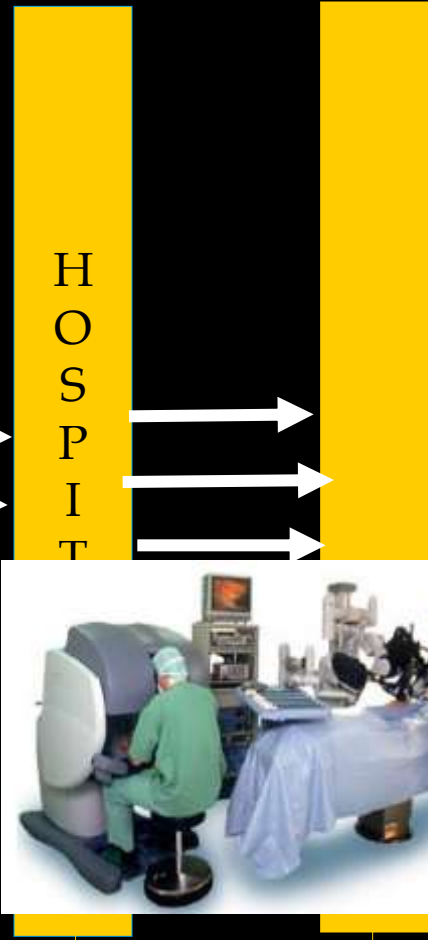
Healthy Living

PC



F  
P

Hosp Care



H  
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Cost:

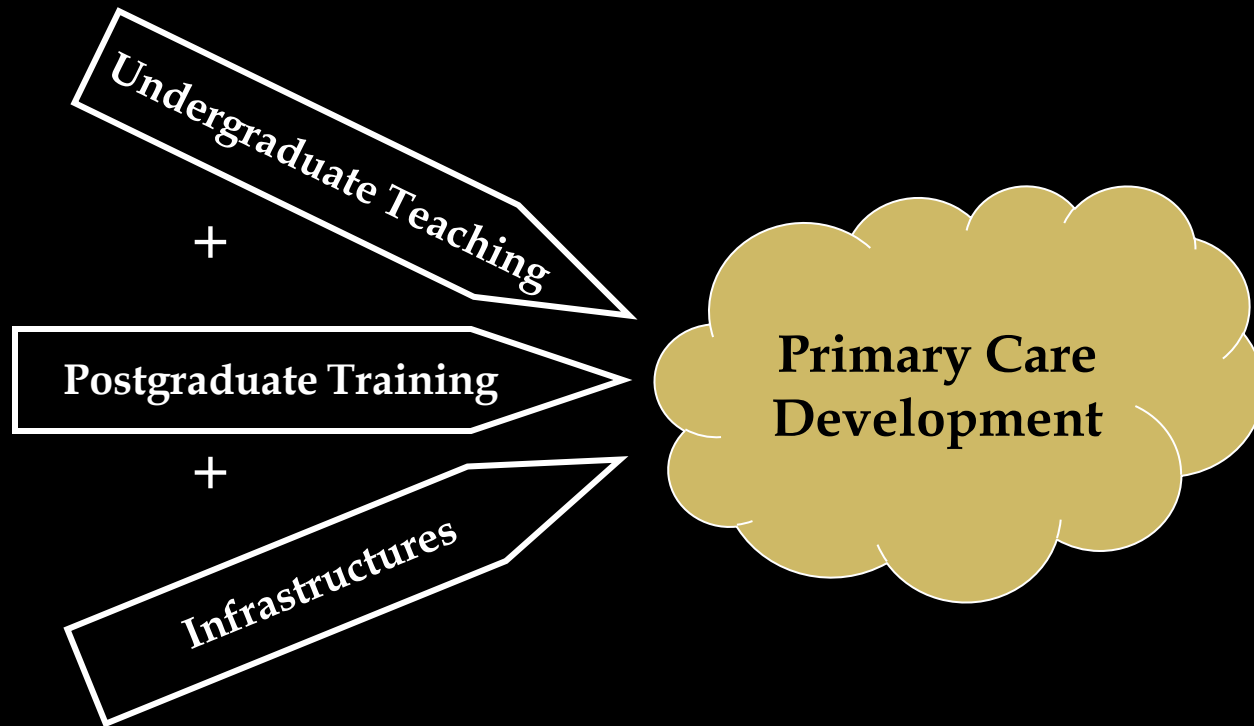
10% + 11%

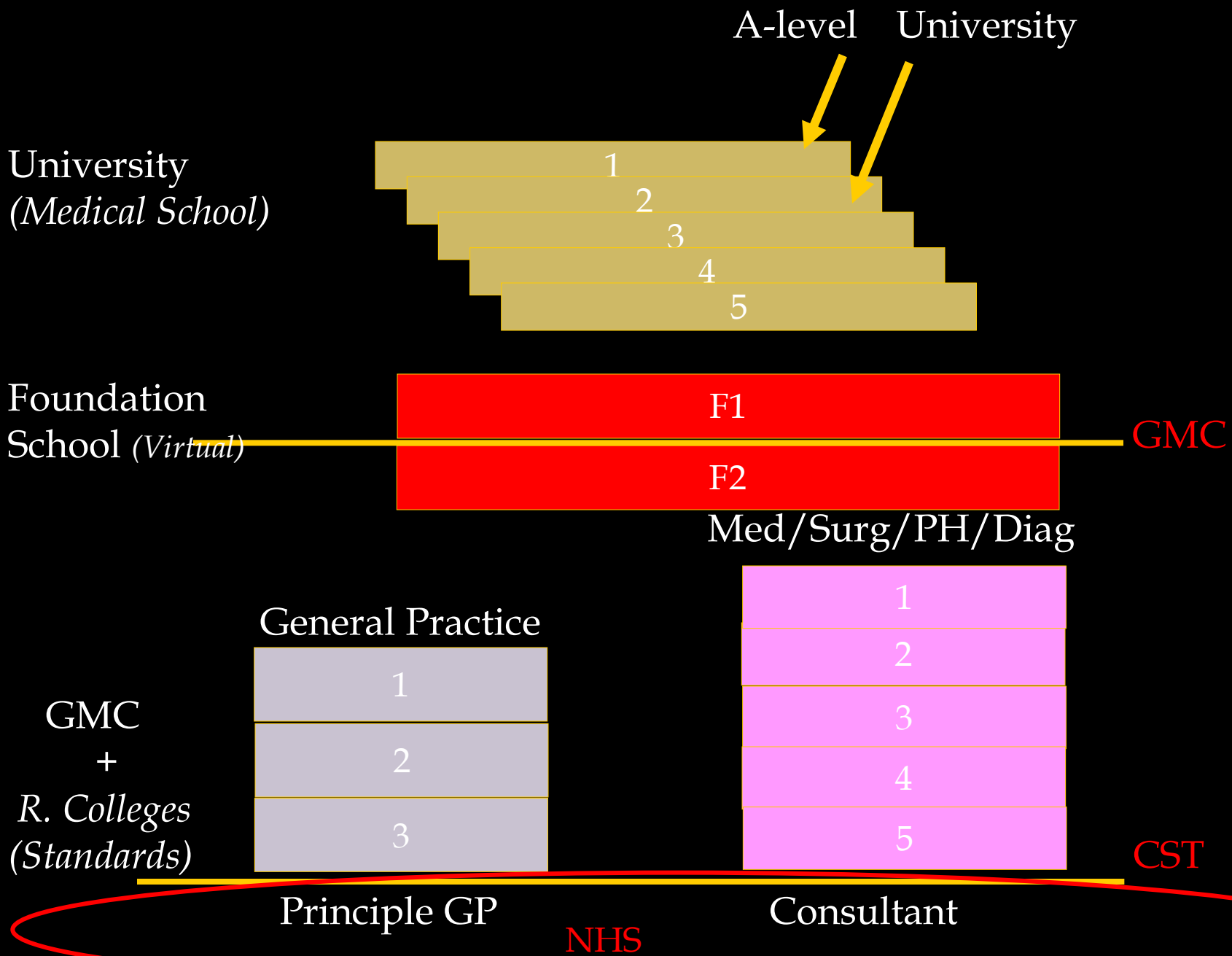
Contacts:

80% - 90%

50% Acute, 15% MH

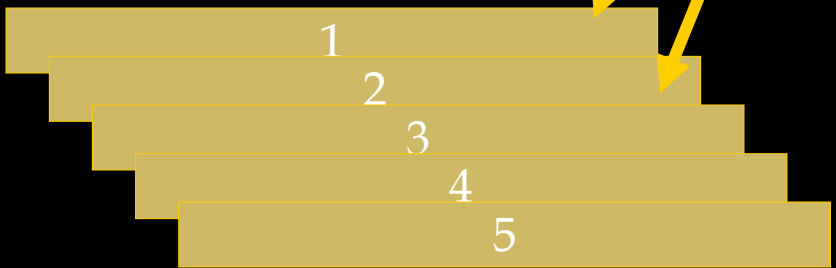
10-20%





A-level University

University  
(Medical School)



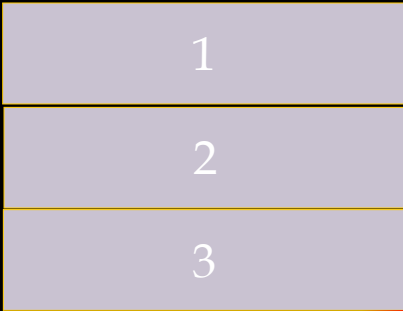
Foundation  
School (Virtual)



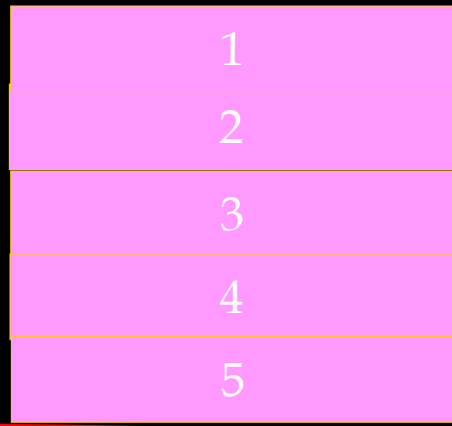
GMC

GMC  
+  
R. Colleges  
(Standards)

General Practice



Med/Surg/PH/Diag



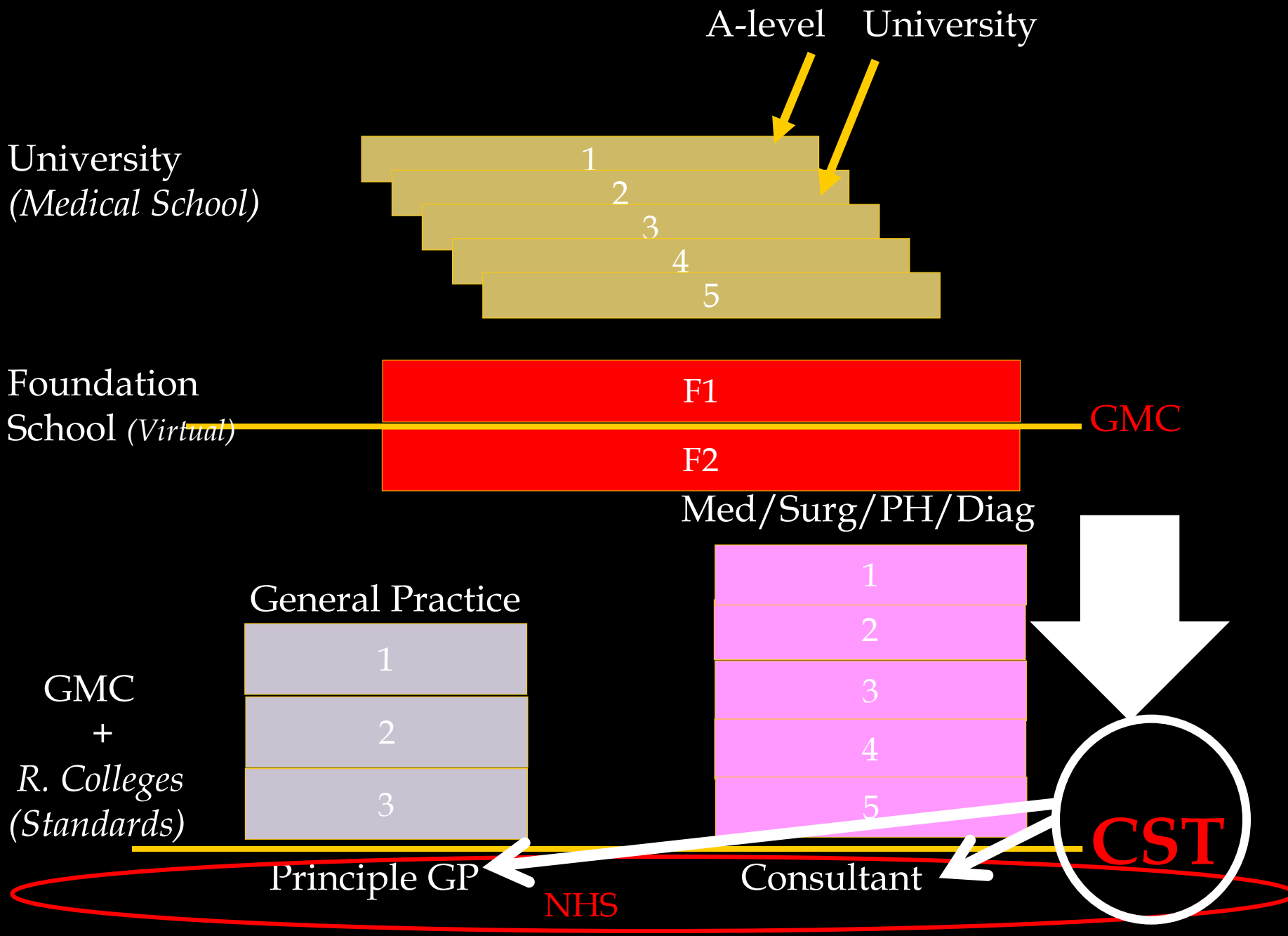
CST

Principle GP

Consultant

NHS





# Postgraduate *“Training”*



# Policy:

By 20xx All Doctors in PC  
are Family Medicine  
Trained and Certified

Arab Board

Others .....

**However...**





**In the Interim :**

## **Postgraduate Diploma Training Programme**

- **Fulfil min Requirement (2 years hospital rotation, 2 yrs in-service)**
- **Resource Intensive**
- **On the Job Training**
- **Mentoring**
- **Regular Assessments**



**PGDP Certified**



**Additional One Year Practice**



**Sits (if wish) Arab Board, Others Exams**



**By the year 20xx**

**Family Physicians are trained through one System only (eg Arab Board ....)**





Health System Development  
Strengthening Primary Care through Family Medicine

On the job in-service  
Training Programme in  
Primary Care



The Challenges?

# From Theory to Practice

- Impeding Factors:
  - Lack of well trained manpower
  - Resistance to Change (Hosp / Private)
  - Profit before Health
  - Lack of Defined Standards
  - Lack of Public & Stakeholders Engagements
  - Lack of courage (*at policy & decision making*)

# A general practitioner for everyone in the world

Effective primary care that is accessible to all is vital, yet global targets continue to be missed

We are fast approaching the 30th anniversary of the World Health Organization's Alma Ata declaration, which set the aspirational target of "Health for all by the year 2000" (*BMJ* 2008;336:536-8). The reasoning, laid out in the declaration's article 10, was that "an acceptable level of health for all the people of the world by the year 2000 can be attained through a fuller and better use of the world's resources, a considerable part of which is now spent on armaments and military conflicts." Tragically, since 1978, spending on war and armaments has continued unabated, while the Alma Ata target

recording the current life expectancies for women as 46 years in sub-Saharan Africa and 78 years in the UK and the rate of deaths of children aged under 5 years as 179 in 1000 in sub-Saharan Africa and six in 1000 in the UK. His report also emphasised the importance of primary care: "The most pressing needs in developing countries are for balanced and integrated health systems with a particular emphasis on public health and primary care, not hospitals and tertiary care, although these have their place." Yet he made no mention of the role and importance of primary care medicine. This perplexing absence



“  
The poorest people  
in the poorest

based profession within which the physician's interpersonal skills and capacity to interact therapeutically with the patient are of central importance to the clinical outcome.

Poor people are no less aware of the skills of doctors than more affluent people, and many of the desperate parents of those many children dying before the age of 5 in sub-Saharan Africa will incur crippling debt or sell vital livestock to see a private doctor if none is available through the public healthcare system. The poorest people in the poorest countries of the world are exposed to the most disease and



“

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in the poorest  
countries of the  
world are exposed  
to the most disease  
and therefore need  
commensurate  
access to properly  
trained doctors**





70岁以上老人、孕妇及残疾人休息室

Pregnant woman over 70 and  
disabled people lounge

开放时间：7:00--19:00

[www.english.com](http://www.english.com)



**Thank You**