

Report to the Department for International Development

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**PRIMARY HEALTHCARE DEVELOPMENT IN GEORGIA:  
UK STUDY TOUR FOR NURSE AND MANAGER TRAINERS**

**“Learning from the UK model of delivering primary  
health care services”**

**MARCH 24 – 31, 2001**

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## UK STUDY TOUR FOR PRIMARY CARE NURSE AND MANAGER TRAINERS, 24 – 30 MARCH, 2001.

### **Background**

*See terms of reference, annexe 1*

DFID has been supporting the Government of Georgia in developing primary health care services since 1996. In the first phase of the project, UK consultants supported the National Health Management Centre (NHMC) in Tbilisi in introducing training for doctors to become family medicine specialists. Family medicine has been introduced as a specialty, two cohorts of family medicine trainers and family medicine specialists were trained, and a process of validation and licensing was successfully introduced. With support from DFID, five pilot Family Medicine Centres (FMC) will open in October 2001. A key component of this second phase is the introduction of a cadre of family medicine nurse and manager trainers; they will work alongside the family medicine trainers in the FMCs. In September 2000, eight nurses and five managers were selected for this “training the trainers” programme”. They are participating in a structured 12 month training programme devised and delivered by the UK consultants and staff at the NHMC. The UK consultants (Anita Underwood, nursing; John Watson, management; Professor Steve Chapman, medicines management; John James, family medicine services) are providing a series of one week modular training courses on a monthly basis. The trainers will undergo an examination in September 2001; successful candidates will be accredited as family medicine nurses and managers.

The doctors, nurses and managers will deliver primary care services (as well as family medicine training) from the new FMCs from October 2001.

### **Aims of the study tour**

The principal aim of the study tour was to enable the nurse and manager trainers to experience first hand the UK integrated model of primary care delivery – based on teamwork (doctors, nurses and managers). This is a very different model from the current provision of primary care services in Georgia – which is focussed on doctor-led, curative services which are reliant on specialist support. Key issues included:

- Overview of primary health care services in the UK
- Financing primary care services
- Managing primary care services
- Roles of the primary health care team: nurses, doctors, managers
- Primary care training for nurses, managers and doctors, including continuous medical education
- Accreditation and licensing of nurses and managers
- Health needs assessment in primary care
- Health promotion, screening programmes, disease management protocols
- Provision of emergency services
- The interface between primary and secondary care services
- Medicines management

### **Participants on the study tour**

*See appendix II*

Three key persons accompanied the nurses and managers:

Dr Vaja Dobordjginidze, Director of Primary care, MoH

Director of strategic development and implementation of the new primary care services in Georgia.

Maia Gogashvili, Nursing co-ordinator in the NHMC

Co-ordinator of all postgraduate nursing training in Georgia. She will be in charge of rolling out the primary care nursing training in Georgia.

Dr Katina Loria, Director American International Health Alliance (AIHA) Mtsketa primary care project

The AIHA primary care project is running in parallel with the DFID project, developing primary care services in Mtsketa, a small town of 20,000. The study tour will enable Dr Loria to understand the model upon which the AIHA primary care project is based

### **The study tour**

*See appendix III for detailed programme*

The study tour took place in Bristol, 25-30 March 2001. The tour was devised, organised and hosted by the UK consultants. Separate activities were devised for the nurses and managers throughout the week, and are detailed in appendix III. Both groups attended joint seminars – “introduction to primary care in the UK”, “finance and management in the National Health Service”, and “next steps after the study tour”. Debriefing sessions were held every day, and both groups discussed their experiences every evening.

The nursing programme focussed on “shadowing” UK nurses carrying out their daily activities. The programme enabled all the nurses to work with practice nurses, midwives, district nurses and health visitors, attend a well baby clinic, attend health promotion clinics, as well as see general practitioners at work. The programme involved 22 UK nurses working from five health centres. In addition, they visited the accident and emergency department of Bristol Royal Infirmary, and learned about prescribing (including nurse prescribing). One day was spent at the University of the West of England learning about teaching methodology, syllabus development, examination, licensing and accreditation. Those nurses attached to UK nurses working for the United Bristol Healthcare NHS trust signed honorary contracts with the contract. This ensured that they were covered against professional liability when conducting clinical practice.

The managers divided into two groups, and spent two days working alongside practice managers in four health centres. They also met managers from a primary care group, a primary care trust and a senior manager of the Bristol Royal Infirmary (primary – secondary care interface). They also visited the accident and emergency department for the hospital, as well as a “Walk-in centre”. The health centre attachments with practice managers enabled them to learn about management systems- further reinforced by a seminar on drug prescribing and the UK “PACT” system.

At the final debriefing session, participants were able to comment on the study tour (and complete an appraisal form), and, based on their experiences during the week, agree proposals for their future activities in Georgia. These are outlined below.

### **Evaluation of the study tour**

All participants agreed the study tour had been a success, and that the goals of the tour had been achieved. 95% of all the sessions were rated “5”, on a five point scale. All felt better equipped to work in the proposed FMCs, and that they now had a clear understanding of their roles as family medicine nurses and FMC managers. Most thought that the study tour was too short –they would have liked to have had longer attachments in the health centres.

All the participants would have liked to have been provided with more “literature”. They had hoped they would have been presented with basic textbooks – all emphasised that they did not have access to any in Georgia (although a number have been presented to the NHMC by the UK consultants).

### **Agreed proposals for future activities and support (debriefing seminar, Friday 30 March)**

Nurse trainers:

- DFID to supply basic nursing textbooks – available to all nurse trainers.
- Nurses will continue to have training twice weekly in the NHMC
- Nurses will now start teaching their colleagues in the polyclinics: first topic “Primary care nursing in the UK”. They will produce their own teaching materials. John James will evaluate their teaching skills during his April visit.
- They will continue to develop their series of case studies; these should include model answers
- Maia Gogashvili (NHMC) will devise a second draft of the nursing curriculum for assessment by Anita Underwood and Carol Clark (UWE)
- Maia Gogashvili, Anita Underwood and Carol Clark will devise and agree the format of the Georgia Family Medicine nursing examination (to be held in September 2001)
- Curriculum and examination to be accredited jointly by NHMC, MoH and University of West of England.

Manager trainers:

- The managers should review the DFID primary care project in the light of their new knowledge.
- The managers should be appointed to a management position in their polyclinics as soon as possible, with a clear job description. Dr Vaja Dobordjginidze will support this initiative, and John James will follow this up during his visit April 19-20.
- The managers will prepare a report on the study tour, highlighting areas that are relevant to the situation in Georgia, and the subsequent action they will take. This report should be analytical and NOT just descriptive.
- The managers should be clear about their job, and their role in the organisation. They should set out the new responsibilities they want to undertake, and how their understanding of the manager’s role has changed following the study tour. They should amend their job descriptions in the light of their new learning.
- The managers will revise their business plan in the light of their new learning

### **Lessons learned:**

Overall, a successful study tour – enjoyed by the participants and the organisers. Lessons learned:

- Logistical difficulties in accommodating 16 delegates – a large number
- Shadowing exercise for nurses was very successful. However, the individual attachments (for nurses) in five different health centres requires considerable organisation – a number of transport difficulties were encountered. The organisation involved considerable input from the consultants.
- The need to consider whether delegates require (honorary) contracts with health trusts when accompanying health professionals conducting their clinical activities. These contracts ensured that the delegates were insured against professional liability etc. This was a necessary requirement for the nurses attached to UK nurses working in one Bristol trust.
- Our efforts to ensure that all participants could speak English were worthwhile – no interpreters were required, and all could communicate satisfactorily with their UK colleagues
- The need to provide participants with textbooks and other written materials

- The first day (Saturday. Sunday) spent in London (sightseeing and shopping) was justified, enabling participants to be rested and prepared for the intensive study tour. (there is a five hour time difference between Georgia and the UK)

## **ANNEXE I**

### **STUDY TOUR ToRs**

#### **Second DFID Georgia Primary Health Care Reform Project (2000-2002)**

#### **UK study tour**

#### **“Learning from the UK model of delivering Primary health care services”**

**Proposed dates:** 24 – 30 March 2001.

#### **Background:**

In 1995 the Government of Georgia, supported by the World Bank, committed itself to far-reaching health reforms. Key to the new reforms was the development of primary care services. DFID has been supporting this component since 1996. Primary care services were recognised as providing a poor service; none of the doctors or nurses had received specialist training in family medicine; up to 70% of patients were referred to specialist services. The majority of the public self-referred to specialist services directly. The first DFID project (1996- 1999) supported the National Health Management Centre (NHMC) in Tbilisi in introducing training for doctors to become family medicine specialists. Family medicine was introduced as a speciality, cohorts of family medicine trainers and family medicine specialists were trained, and a process of validation and licensing was successfully introduced. The family medicine trainers have now trained two cohorts of family medicine specialists (48 trained by June 2000). This, the second DFID project builds on the success of the first project, and will establish the platforms for future World Bank financed work for Primary care reforms. Today, primary care facilities in Georgia (polyclinics) are poorly attended, there is little or no management, and nurses have few responsibilities. The new FMCs, due to open in October 2001, will provide comprehensive primary care services, based on teamworking between health professionals - doctors, nurses and managers. The purpose of the project is to support the establishment of family medicine centres (FMCs), staffed by trained doctors, nurses and managers. Five FMCs will be established in Tbilisi. The project will establish a model of primary care delivery, which will be rolled out nationally in Georgia. The FMCs will become training centres for primary care doctors, nurses and managers, who will staff the new centres.

Introducing a cadre of family medicine nurse and manager trainers to work alongside the general practitioner trainers is key component of this second project. Eight nurses and five managers were selected for this “training the trainers” programme, which began in September 2000. The structured 12 month training programme has been designed both to provide specialist training for the nurses and managers and to ensure that the trainers work and learn in a multidisciplinary setting. Thus 30% of the training course involves the nurses and managers (and general practitioner trainers) working together. There is an emphasis on modern teaching methodology.

The UK study tour will enable the nurse and manager trainers (the general practitioner trainers visited the UK three years ago) to experience first hand a primary care system that does provide high quality, comprehensive services, based trained nurses, doctors and managers working as a team..

## **Purpose of the study tour**

The study tour to the UK is intended for the nurse and manager trainers involved in the DFID training the trainers programme. They will be accompanied by the NHMC nurse training co-ordinator and the Director of primary care services in the MoH. The study tour will address the following issues:

- Overview of primary health care services in the UK
- Financing primary care services
- Managing primary care services
- Roles of the primary health care team: nurses, doctors, managers
- Primary care training for nurses, managers and doctors, including continuous medical education
- Health needs assessment in primary care
- Health promotion, screening programmes, disease management protocols
- Provision of emergency services
- The interface between primary and secondary care services
- Medicines management

## **Approach of the study tour.**

An outline programme has been developed. The programme has been designed to ensure that all the participants are able to experience for themselves how busy health centres function on a day to day basis. This will involve meetings with all the members of the primary health care team, opportunities to talk to patients, and “shadowing” – working alongside nurses, managers and doctors as they carry out their everyday activities. The trainers will meet with their UK trainer counterparts, and be able to discuss training methods, and see teaching in progress. In addition, there will be visits to a district hospital, emergency centres, and a health authority (serving a population of 1 million). Seminars to address the broader aspects of primary care will be held. At the end of the study tour a half day workshop with the participation of practice nurses and managers will be organised. Georgian participants will present what they have learned over the past five days, and have the option to discuss the issues that arose.

The one week study tour will take place in Bristol, where three of the DFID consultants (in nursing, management and family medicine training) live and work.

## **Proposed participants**

*See attachment.*

In addition to the nurse and management trainers, three key individuals will participate in the study tour:

Dr Vaja Dobordjginidze, Director of Primary care, MoH

Dr Dobordjginidze is in charge of strategic development and implementation of the new primary care services in Georgia. It is essential that he has a full understanding of the issues involved in developing primary care services, and the potential improving health care delivery

Maia Gogashvili, Nursing co-ordinator in the NHMC

Ms Gogashvili co-ordinates all postgraduate nursing training in Georgia. She will benefit from experiencing first hand the roles of nurses working in primary care. She will be in charge of rolling out the primary care nursing training in Georgia.

Dr Katina Loria, Director AIHA Mtsketa primary care project

*AIHA have undertaken to pay the cost of her inclusion in the study tour*

The AIHA primary care project is running in parallel with the DFID project, developing primary care services in Mtsketa, a small town of 20,000. The study tour will enable Dr Loria to understand the model upon which the AIHA primary care project is based

**Participating UK organisations and institutions:**

- DFID primary care consultants: Dr John James, Anita Underwood, John Watson and Professor Steve Chapman
- Primary care staff at Montpelier, Lawrence Hill, Horfield and Pembroke Road Health Centres in Bristol
- University of the West of England, Faculty of Community Nursing
- Avon Health Authority
- Bristol Royal Infirmary
- HealthCall out of hours medical services
- Department of Medical Management, University of Keele (Head of department will visit Bristol)

**Expected outputs**

- All participants will have gained a full understanding of the UK primary care system, and have a detailed knowledge of the running of health centres, and individual staff roles
- The nurse and management trainers will each write a brief (2 page report) on the roles of their respective UK counterparts.

**Key technical contact:**

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**ANNEXE II****GEORGIAN PARTICIPANTS IN THE STUDY TOUR**

*Linda, please can you insert your file with names, titles (see ToRs for titles) and aims of the study tour – thanks, John*

**ANNEXE III****UK STUDY TOUR PROGRAMME**

*Linda, can you put this in as well, please?*