

Primary health care (PHC) System

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Lecture - 1

Learning Objectives

- 1-To acquire basic knowledge on:
- Main terminology about PHC System
- Primary care, Family Medicine
- Health system and health services
- Main Health services challenges
- To develop skill for subject learning

Main terminology

- **Primary health care (PHC)** refers to the concept elaborated in the 1978 Declaration of Alma-Ata, which is based on the principles of equity, participation, inter-sectoral action, appropriate technology and a central role played by the health system.

- **Primary care (PC)** is more than just the level of care or gate keeping; it is a key process in the health system. It is first-contact, accessible, continued, comprehensive and coordinated care. First-contact care is accessible at the time of need; ongoing care focuses on the long-term health of a person rather than the short duration of the disease; comprehensive care is a range of services appropriate to the common problems in the respective population and coordination is the role by which primary care acts to coordinate other specialists that the patient may need. PC is a subset of PHC.

- **General practice** is a term now often used loosely to cover the general practitioner and other personnel, and is therefore synonymous with primary care and family medicine. Originally, it was meant to describe the concept and model around the most significant single player in primary care: the general practitioner or primary care physician, while family medicine originally encompassed the notion of a team approach. Whenever the concept of solo practitioner (general practice) versus team-based approach (family medicine) is relevant, the distinction is still made (and important).

- The specificity of the general practitioner (GP) is that he/she is: “the only clinician who operates at the nine levels of care: prevention, pre-symptomatic detection of disease, early diagnosis, diagnosis of established disease, management of disease, management of disease complications, rehabilitation, palliative care and counseling”.

- **Family medicine (FM) or primary care teams** can vary between countries and in size: the core team usually is the general practitioner and a nurse, but can comprise a multidisciplinary team of up to 30 professionals including community nurses, midwives, feldshers, dentists, physiotherapists, social workers, psychiatrists, speech therapists, dietitians, pharmacists, administrative staff and managers.

- In 2003, WHO defined a primary care team as a group of “fellow professionals with complementary contributions to make in patient care. This would be part of a broader social trend away from deference and hierarchy and towards mutual respect and shared responsibility and cooperation”. By definition primary care/family medicine teams are patient centred, so their composition and organizational model can change over time.



Thank You