

## Review Article

### Developing Specialist Services Infrastructure in the Public Sector of Punjab

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#### Abstract

In Punjab, the public sector has district headquarter hospitals (DHQs) and tehsil headquarter hospitals (THQs) that are able to deal with primary and secondary care patients but lack in specialty services. One hurdle for developing medical specialty services is that medical specialists are unfamiliar with the operative procedures of the government departments. Understanding the bureaucracy and learning how to set up a medical specialty service in the public sector would be a useful skill set. We aim to make the process more transparent, to guide physicians interested in the betterment of tertiary healthcare in Punjab.

**Keywords:** Health reforms, Gastroenterology

#### Introduction

Medical super specialty services (MSS) are beneficial to the communities they serve because they can provide highly specific care for patients with advanced or complex issues that cannot be dealt with by primary care providers. These services allow for greater efficiency by only dealing with cases relevant to a single medical specialty and working through referrals to filter out non-relevant cases. Without proper specialist infrastructure to deal with them, the complexities of diseases can cause inefficiencies in health delivery systems. They can overburden inpatient and outpatient services and lead to increased costs. This can be avoided through early detection and intervention which the appropriate MSS can provide. Specialist services require physicians who are experts in a particular field (such as nephrology, or gastroenterology) and may use specialized equipment and additional trained staff to provide highly specific care for that field.

The development of medical specialty services can help physicians bring specialized care to their communities. This involves setting up new facilities or adding to existing ones so that they develop the capacity to support the MSS. Things that need to be addressed include dedicated human resources, providing adequate training, housing the necessary equipment, and building the optimal infrastructure for the task of treating patients suffering from diseases pertaining to a medical specialty or super-specialty. In the public sector in Punjab there is no formal training for physicians who want to set up specialty service in their field. They are left to their own devices to figure out how to navigate the bureaucracy if they want to set up a service. The good news in Pakistan is that healthcare spending as a percentage of GDP is rising<sup>1</sup> and if physicians are able to understand the bureaucratic system, they can help the government set up medical specialty services to improve the standard of care that is provided to the residents of Punjab.

The provision of healthcare to patients in Punjab is split between the public and private sectors. According to the latest available data, 80% of the healthcare dispensation is currently handled by the private sector.<sup>2</sup> This includes large family practices, private hospitals, nursing homes, and private specialty care units such as eye hospitals. The two main government entities governing the Punjab healthcare system are the Primary and Secondary Healthcare Department<sup>3</sup> (PSH) and the Specialized Healthcare and Medical Education Department<sup>4</sup> (SHC & ME). PSH deals with primary and secondary care through District Headquartered (DHQ) and Tehsil Headquarter (THQ) hospitals that provide general and emergency services as well as a few specialist services at the secondary care level. The SHC & ME department handles the development of specialized medical services in the province and also governs universities, and medical colleges with their attached hospitals.

The Pakistan Medical and Dental Council (PMDC) provides general guidelines that require undergraduate medical institutions across Pakistan to possess certain medical specialty units to maintain the classification of a teaching institution.<sup>5</sup> The PMDC guidelines are implemented in the form of regulations by the SHC & ME. Universities and other postgraduate medical institutes are required to have the same medical specialty units, but they may have additional units based on need or interest. There is no formalised way of adding new units nor is there an organised vertical plan for developing medical super-specialties over time in these institutions. Each additional unit is considered individually on a case-by-case basis. Minimal service delivery standards are set by the Punjab Healthcare Commission, and this regulatory body is also responsible for monitoring and assessing these standards by performing periodic audits.

Any autonomous medical institution in Punjab that wants public funding to develop a specialist service must put forth an organised effort and know the steps that are involved in that process. Firstly, there has to be a need for the specialty service and the patient pool must be analyzed determining the number of people in the community that will benefit from the service. Next, the specialist pool must be looked at showing that there is a presence of qualified professionals who can provide the service to the community. Then, the impact of the service on the population must be taken

into account. After that, the funding requirement must be calculated which must consider the cost of required staff; equipment, both specific to the service and general things such as furniture and the actual building that will house the service. After considering all of those things the preliminary steps can be taken towards establishing the service.

Administration officials need to be brought into the fold on what the service actually is. The officials must be told why there is a need for that particular specialized service, the number of patients it will cover, and other impact it will have on the community. Experts in the field must agree that there is a need for the service. Professional societies and conferences are a good tool to build consensus among experts. These societies and conferences can also be a platform where government officials get the chance to interact with the experts who can have a big impact, especially if they are from renowned universities or hospitals. The expert opinion can be valuable in persuading administrative officials.

The next step in the development of a specialist service is the establishment of a plan. The process is outlined below for anyone who might wish to establish a specialty service in the province. The plan for any new specialist service must begin by identifying its need in the community. Formally, this can be in the form of scientific studies published in local or international journals that show how a community may benefit from the specialist service. It can also be more informal, by means of a local survey. This information must be presented to the government to show how having the proposed specialty service will benefit the community.

The necessary technical, financial, and administrative resources must be identified for the project. Technical resources include human resources including things such as the availability of staff and the resources required to train them, and the infrastructure such as the specialized equipment and buildings. Administrative resources are related to the management of the service within the institution. Financial resources are the cost of developing and running the service. This has to be done in the form of a new project concept note (See Appendix 1 for a sample structure).

The PC-1 Form (proforma for development projects),

must be completed and submitted to the Planning and Development Board<sup>6</sup> (P&D) of the Government of Punjab along with all required attachments. The form, revised in 2005, can be found on the Ministry of Planning and Reform website.<sup>171</sup> The three wings of the SHC & ME each have their own mandate and they work independently and all three have representatives present at approval meetings for proposed specialized services. The administrative wing is concerned with the situation on the ground, patient statistics, human resource statistics that are available in the community or within the specialty. The development and finance wing of the SHC & ME performs audits and looks at the finances of the project. The technical wing can provide guidance to comply with rules and regulations and obtains the necessary technical support whether it is from the federal government, private sector, or foreign entities.

Approvals are also required from the following departments for any development to come to fruition: The P&D Board, which consists of many people with diverse backgrounds, must approve the proposal; critically, the Finance Department must also approve the initial and recurring costs since no project can be completed without funding. A cabinet committee from the Punjab Government must also approve the project. This committee will comprise of many ministers in the provincial government and must be convinced of the value of the project before the development can be approved. The Punjab Information Technology Board should be consulted for technological guidance on the project. The Law, Services and General Administration, and Regulatory departments are also involved in the approvals process with the final approval including input from interested parties such as environmentalists, social psychologists and other concerned individuals and organizations.

After all of the aforementioned approvals have gone through, the project is registered in the Annual Development Book and work can begin on the project. The Communication and Works Sector (C&W) of the provincial government is responsible for the design and construction of the main buildings (i.e. the civil component) of the proposed project according to the Annual Development Plan. In addition to that, independent purchase and installation of required fixtures and equipment has to occur. For a

few specialized projects, the Infrastructure Development Authority of the Punjab (IDAP) can guide the “feasibility, design, contract management, execution, supervision, third party evaluation” according to its statement of purpose.<sup>8</sup> These projects must meet additional criteria such as requiring the procurement of advanced biomedical equipment, carrying high political importance, needing to be fast-tracked through government channels, or being highly complex.

The projects approved through this process must be completed according to the timelines submitted in the framework. The projects usually have a duration of 1-3 years. Revisions can be made, and projects can be extended for a set time to meet targets but after that they need special approvals.

During the development of the project there are two aspects to the budget of the specialist serviced. The first is the development budget which is approved by the P&D Board and must be dispensed by the Finance Department. This includes the funding to set up the service and get it off the ground. The second part is the non-developmental budget that is set up and operated by the autonomous medical institution and includes the costs of running the service that has been set up such as medicine, staff salaries, and costs of maintenance and upkeep of the installed fixtures and equipment.

Project Completion involves the internalization of the new service by the autonomous medical institution. The regulatory oversight by the SHC & ME is reduced. Maintenance contracts are to be awarded at the local level to take over after the initial development is complete. During staffing, the Punjab Public Service Commission<sup>191</sup> (PPSC) is responsible for the induction of the gazetted positions and the non-gazetted positions must be inducted at the local level. Procedures for the training of staff must be established so that they may become self-reliant. The services should be integrated into the autonomous medical institution via a hierarchical administrative system.

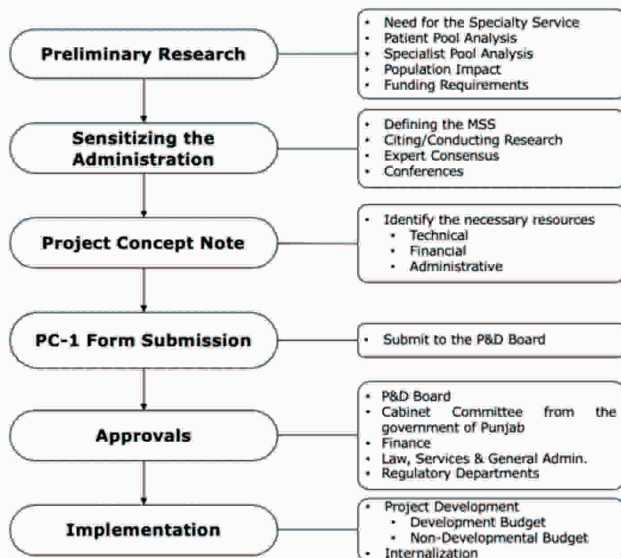
### Key Points

- The healthcare system in Punjab can benefit from publicly funded medical specialty services



- There is no formalised training that teaches physicians to create new services
- We have compiled into this work, the steps involved in creating a new medical specialty service
- Our work covers the process from the initial conception until the service is integrated into an autonomous medical institution

#### Developing a Specialist Service



- We hope this will help interested physicians understand the bureaucratic process involved in setting up specialty services.

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