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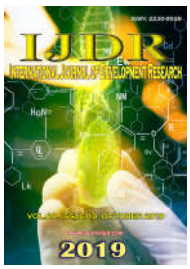

RESEARCH ARTICLE OPEN ACCESS

PRIMARY CARE PLANNING PROCESS THEME WORKSHOPS: PROSPECTS OF THE HEALTH TEAMS

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ABSTRACT

This work has the general objective of analyzing the reflections of the health teams triggered in the phase of the thematic workshops of the primary health care planning process. This is a documentary research of a qualitative nature, carried out in the city of Santa Maria, located in the central region of the State of Rio Grande do Sul. In this process the themes of the workshops proposed by CONASS were developed, which were organized to be presented by six workshops, interspersed with dispersion activities in the territory. The data were analyzed from the constructions that the health teams performed during the workshops. It is considered that the planning is impacting on the health care and the work process of the teams, addressing the importance of permanent health education devices, based on the daily experience of health work.

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INTRODUCTION

Primary Health Care (PHC) is considered a strategic segment for the construction of health practices, when resolutive, provides better conditions of user access to health services, acting both in the clinical dimension of care and in health promotion (STARFIELD, 2002). In the Brazilian context, the terms 'primary care' and ' basic attention" are understood as synonyms. However, during the implementation process of the Unified Health System (SUS), Primary care was renamed to differentiate selective primary care, which in the international context, refers to programs focused on addressing a limited number of maternal and child health problems such as oral rehydration, immunizations, and family planning. In this view, improving supply to ensure access becomes essential, as the instituted and transparent flow benefits the population, so that timely access promotes integration with other services. (GIOVANELLA, 2018). Although some conceptual differences between the terms described above are acknowledged, the term primary care will be used in this work, as it is used in the planning process, which represents the central axis of this study. Starfield second (2002), PHC should be the main gateway to a health system, that is, it must operate continuously and articulated with other services offered in health care networks. In this perspective, a health system whose PHC is the coordinator of care is based on values and principles to establish a health system with unique and unique aspects, which differ from other levels of attention focused on social equity. For the use of PHC services, the population depends on the good resolution of the teams, the reception, the capacity of demarcate the resources needed to solve problems and practice based on the person rather than the disease (BRASIL, 2015). For Mendes (2011), is required an integrated systematization of PHC in the health care network (RAS), conceptualized as an organization of sets of health services, which through a cooperative and interdependent action, allow to offer continuous and integral attention to the population. Thus, PHC assumes an important role in the functioning of this system, qualifying the health care network based on its essential attributes: first contact access; longitudinality; integrality; attention coordination. It is noteworthy that an important device for qualification of professionals working in

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PHC is Permanent Education. This strategy provides innovation for health teams by building collective knowledge, Education is based on exchange of knowledge and experience in the relationship between the student and the educator, which makes dialogue essential in the transformation of health and education practices (ALMEIDA, *et al*, 2016).

Therefore, among the possibilities of strengthening permanent health education, the PHC planning process stands out, which proposes the construction of group knowledge, providing the assimilation of concepts and tools that instrumentalize its application, characterizing the reality of the participants. From this point of view, this strategy works constructively, prevailing the exchange of information and the collective construction of knowledge. Thus, in 2011, the National Council of Health Secretaries (CONASS) established among its priorities the strengthening of PHC, as well as the proposition of the conformation of the attention networks. Thus, the process foresees that the planning takes place through workshops with the teams acting in the PHC, interspersed with dispersion activities in the assigned territory. (BRASIL, 2011a). Given this, the importance of this study is justified, based on the magnitude of health planning that, through primary care, provides an improvement in care with the general population, enabling a theoretical deepening of this process, still new in Santa Maria, starting in 2015. This allows us to analyze how planning is impacting on health care and the work process of teams, addressing the importance of permanent health education devices, from the daily experience of health work. Thus, the question was raised as to how these educational spaces, as well as their reflections, will impact changes in health care. Therefore, the theoretical constructions of professionals, based on the groups performed, may represent an indication of how the planning will be developed in the municipality. Based on this initial contextualization, the research question of this study is: What reflections were triggered by the professional teams during the workshops of the primary health care planning process? In order to answer the question presented, this study aims to analyze the reflections of health teams triggered in the thematic workshops phase of the planning process of primary health care. And yet, they have as specific objectives: to identify the expectations of the professionals regarding the repercussions of the planning process in the qualification of primary health care from the workshops; and understand the perception of health teams in relation to their work process, as well as the potentialities and weaknesses of health care in primary care.

Theoretical Foundation

Primary health care planning: The PHC planning process has among its objectives the qualification of management and health care practices in the SUS. It is characterized as a methodology that helps in the structuring of health care networks in various areas, with financial planning and management subsidies, widening the exchange of knowledge among participants and building proposals for health system improvement (BRASIL, 2011 b). Health planning, therefore, is a planning process to be developed through face-to-face workshops, articulated with activities of dispersion in the territory. (BRASIL, 2011c). This methodological proposal is organized in articulated stages, and at first, the CONASS team qualifies the state management teams to hold workshops in the state, within the health regions. After this initial stage, these workshops are developed together with regional and municipal teams. The involvement and active participation of tutors and facilitators in this gradual and dynamic process of collective construction of PHC workers is also foreseen. The workshops assist the State Health Departments in the systematic adaptation of health giving rise to the integrality of the services rendered, leading to the strengthening of health care networks, providing improvements in planning for the organization of services provided to municipalities and training the professionals involved (BRAZIL, 2009). The activities proposed by the workshops were elaborated by CONASS, according to the topics related to PHC, which were organized in 11 workshops, conducted through case studies, readings, debates, group dynamics, simulations, among others. The thematic workshops are briefly presented below (BRAZIL, 2011d):

Workshop I discussed the health care networks with the purpose of reflecting on the health situation, analyzing the main health problems to be faced and the need to change the model it is in, to meet the health needs of the population and seek improvements to achieve results of this health system. It also sought to understand the situation of the health system in order to support the construction and organization of health care networks. Following this, Workshop II sought to analyze PHC in the municipalities, the way it is organized, as well as its resoluteness, allowing participants to reflect on the complexity of the problems that teams have to face in their routine, working on the importance of changing the design of PHC to improve health indicators, user access and health system outcomes. In order to show the evolution of primary care and what is its role in the construction of SUS, In addition to its attributes: first contact access; longitudinality; integrality; attention coordination. and centrality in the family; which allow reflecting on the reality of health services, aiming at strengthening them. To understand territorialization, Workshop III allowed us to discuss and understand how this process occurs in the Basic Health Units and Family Health Strategies, It is addressed the importance of knowing the types of territories so that a better planning can be done for this area, evaluating the political, socio-cultural and economic factors of a given region. For the family register, the data presented in Form A of the Primary Care Information System were discussed.

The theme of health surveillance also made up the workshops held in planning, more specifically in Workshop IV. This workshop aimed to know the elements of health surveillance and the importance of the organization in the work process of health developed in your state and municipality, improving health indicators in PHC. Workshop V addressed the organization of health work processes, and sought to build proposals to improve access and resolution of health care. From the perspective of this theme, the need for professionals to understand the importance of this process for improving health and humanizing care was emphasized, highlighting the main devices, such as reception and risk classification in PHC. Also highlighted were the health indicators established in the Health Pact in view of the locoregional reality, health planning and management for the implementation of clinical guidelines and protocols as tools for organizing PHC practice. The organization of health care in the basic health unit was addressed in Workshop VI, which presented risk classification models for acute and chronic conditions. This workshop allowed participants to understand the need for changes in the work process to properly accommodate users according to

their needs. Still, the workshop sought to promote the reflection of health teams on the importance of adhering to risk-rated reception systems to ensure the continuity of health care. Workshop VII discussed the approach and family chart to enable participants to understand the inclusion of tools to analyze the situation in which people live and work, and also the importance of adopting instruments in the planning of health actions in PHC. Knowledge of the family health context in this workshop was debated as an essential element for the adoption of family approach instruments and the implementation of family records in the daily work of the teams. To discuss the organization of pharmaceutical care, Workshop VIII proposed to participants a reflection on pharmaceutical care within PHC. In this workshop, one can understand the operation of planning tools for actions related to the pharmaceutical care cycle such as selection, acquisition, storage, distribution and dispensing, emphasizing the importance of the pharmaceutical professional in PHC teams, as well as the pharmacotherapeutic follow-up and the promotion of the rational use of medicines. The health information and analysis systems were the priority themes of Workshop IX, where it was possible to recognize the importance of the planning system, know the main information systems used in SUS and simulate the evaluation of actions in PHC. Continuing the themes presented, Workshop X discussed the diagnostic, logistic and monitoring support systems. Concepts and other elements related to these systems were worked out, as well as the PHC monitoring and evaluation methodologies. Finally, Workshop XI was dedicated to the debate on the contracting of PHC teams, referring mainly to management contract instruments and the use of incentives for teams as an instrument to improve the quality of care provided. In addition, it aimed to evaluate the primary care planning process in its implementation phase.

MATERIALS AND METHODS

This study is a qualitative documentary research. Documentary research seeks past facts without any scientific character, which testify to some fact considered as a document, because the documental analysis favors a better perception of the maturation process of the study evolution (CELLARD, 2012). The qualitative method starts from the subjective analysis, evaluating symbolic data through interaction and careful look at its reality can not be reduced to the operationalization of variables, to later employ the interpretation of the material in a full and contextualized (MINAYO, 2010). This study was conducted in the city of Santa Maria, located in the central region of Rio Grande do Sul State The municipality has 276,108 inhabitants and a territorial area of 1,779, 556 km². This is undergoing restructuring of the Health Care Network, which consists of Basic Health Units, Family Health Strategies, Community Health Agents Strategies, Specialized and Complementary Services, Hospitals, Adult / Child Emergency Care, Health Surveillance Service, in addition to the Mobile Emergency Care Service and Emergency Care Unit (SANTA MARIA, 2013). The municipality of Santa Maria has 15 Basic Health Units, 14 Family Health Strategies and, since 2014, the Family Health Support Center, which aims to improve PHC and the FHS work process, with the support of multiprofessional teams composed of doctors, speech therapists, physiotherapist, social worker, psychologist who participated as facilitators of the Planning process (SANTA MARIA, 2015). The PHC Planning workshops, promoted by the National Council of Health Secretaries and the State and Municipal Health Secretariats, were mostly held at the franciscan university. The themes of the workshops proposed by CONASS were developed and organized to be developed through six expanded meetings, interspersed with dispersal activities in the territory. In addition to the health team professionals, there were also tutors and facilitators workshops, represented by professionals working in the municipality and health regions, in the management of health policies, such as Basic Units and Family Health Strategy. In addition to these, representatives of Higher Education Institutions (HEIs), such as teachers working in the area of management and PHC and residents whose training has affinity with this field of knowledge and practices. The main criterion for acting as a tutor or facilitator in this process was the proactive involvement of these social actors in the mobilization of health teams and the commitment to broaden their theoretical and practical knowledge for the deepening of reflections and grounding of dispersion actions in the territory. Thus, the facilitators were those who moderated the workshops in the municipalities and the tutors, in addition to this attribution, were responsible for the continuous monitoring and face-to-face dispersal activities of health team workers, which are being developed to date.

Data collection was performed at the Center for Permanent Education, located in Santa Maria Municipality, sector responsible for the Permanent Education activities of the municipality. The data collection period was from February to March 2017. The collection was developed by reading productions written by health teams, which were recorded on posters, diagrams and syntheses. In these documents, we sought the fragments of texts that indicate the reflections that emerged during the workshops in the planning process. The contents described were evaluated, selecting those that most closely approximated the objective proposed in this study. All these data made up a technical report prepared by the Permanent Health Education Center of the Santa Maria Municipal Health Secretariat team, which served as the main data source for this work (SANTA MARIA, 2016). For data analysis we used the methodology proposed by Cellard (2012), which provides the preliminary analysis and the analysis itself. Regarding the preliminary analysis, it was composed of the following steps, developed from: a) examination and criticism of the document; context of documents; authenticity and reliability of the text; nature of the text; key concepts and internal logic of the text. According to the author, for a data analysis it is important to codify the archives and categorize them in order to extract the relevant contents by comparing them with other elements contained in the documentary corpus. The document analysis itself was performed after these initial steps, through the articulation of the content of the documents, the literature of the area and the interpretations of the researchers. In order to present the results clearly and clearly, the Health Units were coded by the capital letter U, followed by cardinal numbers from 1 to 15. Although this is a documentary research with no ethical appraisal, authorization was requested from the Permanent Health Education Center of the Santa Maria Municipal Health Secretariat and the commitment to return results was concluded after the study was completed.

RESULTS

From the analysis of data and theoretical references, two categories were formed: Outlining the challenges of the work

process in Primary Health Care and Constructing the Objective Image of Planning: new possibilities for primary health care. The data of these categories are presented in text format and also in figures built by the Word Art Word Cloud application. It is noteworthy that the words that are blurred in the pictures are the same as the readable words and the application inserts them for image filling purposes.

Outlining the Challenges of the Primary Health Care Work Process

In this category will be presented the situational diagnosis, which was found through data analysis and is organized into six sense cores. In the thematic workshops, the main challenges were related to the fragmentation of health care networks, where health services do not connect to develop the line of care, and continuity of care (U3, U5, U8, U9, U10, U14). Related to this challenge is the low primary care coverage, (U12, U5, U13, U14, U15) and the lack of referral and counter-referral, where users seek emergency care services that could be attended at the Basic Health Units, and the lack of communication between hospitals (U8). In this Center the lack of organization to perform risk stratification, as well as the registration of families is a challenge for services, do not recognize the population of its territory (U4, U9), related to risk stratification occurs the lack of knowledge of families with vulnerability (U6, U10), coupled with the clutter to schedule user appointments and users' lack of understanding of primary care services (U10, U11). They have a low number of community health agents and lack of multidisciplinary teams, causing weaknesses in registration of uncovered areas, With the lack of these professionals the care that the user needs may be impaired because all services in Primary Care should occur to meet the health needs of users (U1, U2, U3, U5,07). In this nucleus are the discontinuity of consultations of pregnant women, because they do not attend to perform prenatal care, with the birth of the baby do not perform childcare leaving fragile child development (U3, U8, U9, U12 U14, U15). Lack of records in mother and baby vaccination cards are also challenging services. (U3, U5, U9,U10,U12,U13,U14). In this workshop stood out the high rates of new cases of syphilis without partner treatment and inadequate treatment of syphilis, lack of awareness about the disease, makes these cases only increase, always leaving a gap in the promotion and prevention of diseases (U2,U3, U4,U5,U8,U9, U12 , U15). One of the biggest challenges also found was the high rate of patients with hypertension and diabetes mellitus, high rates of chronic diseases, which are growing more and more because they are not resolved in a short time actions must be taken to keep them (U3, U4, U5, U6,U8,U9,U10,U12,U13,U15),

Constructing the Objective Image of Planning: New Possibilities for Primary Health Care

In the analysis of this nucleus, it is observed the expectations about the home visits that are made weekly for the registration of the families residing in the territory, performing the risk rating of families to know the families of greatest social vulnerability (U2, U5, U13, U15). Planning with goals to organize territory and get 100% registration of new families of discovered areas (U5, U7, U9). This Center addresses permanent education, with teams performing qualification of health professionals, and together elaborate internal instruments to expedite the registration of families in the territory (U3, U4, U10, U14). In addition, discussing criticism at a team meeting to improve user service and greater staff commitment to the service emerged as a possibility brought by Planning (U4, U10). Also, perform the risk classification with the families of the territory to assist in the organization of the servisse (U6), cwith appointment schedules as required by the user (U11), identifying family cases of greater vulnerability and weaknesses (U11) It was understood as a macroprocess of work to be favored by the workshops and their consequences.
As a strategy to improve the rates of chronic diseases, the highlight was the development of health actions to reduce the rates of hypertension and diabetes, such as, actions that support users in controlling their disease and thus PHC can play its role in health prevention, promotion and recovery (U3, U5, U9, U12, U13, U15). In addition, to build the objective image, the need to improve PHC communication with other points of the care network emerged, in order to enhance the organizational flows and care lines of users (U4).

DISCUSSION

The challenges highlighted by the professionals in the workshops are not restricted to the loco-regional reality presented in the results. The fragmentation of work and care processes is present in the literature of the area when it highlights that fragmented health care systems are a set of isolated and incommunicating points of health care. Consequently, they are unable to pay continuous attention to the population These sets being primary care primary health care do not communicate fluidly with secondary health care and these two levels are not articulated either with tertiary health care, support systems, or logistics systems. (MENDES, 2015). In addition to the poor articulation between the points of attention of the networks, the workshops contributed to the visibility of work tools that are still fragile or not used in the FHS work process, such as the risk assessment scales. These instruments, as in the exposed literature, serve to assess family risk in to differentiate families belonging to the same area of coverage, in order to identify risk factors that justify the prioritization of care. The risk classification related to the reception in the FHS allows to reflect actions that promote the difference how to operate care, according to the presence of population characteristics, clinical situation in health work, models of care and relations of access to health services (ROSSATO, *et al*, 2018).

In the same approach, professionals highlight the challenges of achieving 100% territory, as they have low PHC coverage, this situation makes the factor of recognizing the territory vulnerable and families of its location, because in the literature it is understood that in the territory it is possible to observe the interaction of the population and the services in the place. A specific population, living in a specific time and space, with defined health problems, and interacting with different services in health, education, as well as social groups and organizations (BRASIL, 2011e). In addition to the difficulty of achieving 100% territory in this nucleus even regarding the challenges listed by professionals, it is the lack of complete staff that interferes in the work processes in primary care, making it with discontinuity of care. Teamwork in FHS services is considered one of the major pillars for changing the current health model, constant and intense interaction of workers of different categories and skills that interact with each other to, building tools to grow a multiprofessional job to ensure the best care for the user (FIGUEIREDO, 2015). Professionals reported in this nucleus the difficulty of performing prenatal

care of pregnant women and childcare, because they do not attend the Unit to perform consultations, or go once in consultations and do not give continuity of prenatal, in the notebook of primary care report on the main purpose of prenatal care, which is to ensure the development of pregnancy, making the development of the baby occurs with safety, preparing the mother and allowing the birth of a newborn to be healthy, with no impact on maternal health, including addressing psychosocial aspects and family educational and preventive activities (BRASIL, 2013).

In this nucleus the professionals identified in the planning workshops that high rates of syphilis and other sexually transmitted diseases occur, but with greater emphasis on syphilis, Because treatment is still one of the challenges pointed out, users do not give continuity of treatment and the lack of active search of the partner, makes the rates increase more and more, Bottega (2016) reports on STDs, which are usually transmitted by sexual contact, by an infected person, as well as by the use of contaminated sharps. Many individuals are unaware that they have STDs because they do not have obvious manifestations in the body, which has made these diseases a serious public health problem. Reinforcing the high rate of Sexually Transmitted Diseases (STD), among them, Syphilis, considered an infection chronic systemic evolution, caused by bacteria, the main route of transmission is sexual contact, followed by mother-to-child vertical transmission when proper treatment does not occur (COSTA, *et al* 2017).
Another index pointed by the professionals in the workshops is the increase of people with chronic diseases, professionals report among all chronic conditions with higher rates is Hypertension and Diabetes Mellitus all these problems increase the burden on health systems of chronic conditions, according to the literature Brazil lives, a health situation that with the accelerated demographic transition and a unique epidemiological transition expressed in the triple burden of disease, with an unsurpassed infectious disease agenda, there is a significant burden of external causes and a strong presence of chronic conditions (BRASIL, 2011f). It is important to highlight the macro and micro processes of work differentiating them for the understanding of work processes that occurs in PHC services.

The basic macroprocesses are those that support meeting the demands of the population, which are territorialization, the registration of families, the classification of family risks, situational diagnosis, risk stratification of chronic conditions, programming, risk monitoring, PHC agenda and contracting. Basic microprocesses are those that guarantee conditions for the provision of quality security services, which are the reception, reception and preparation, vaccination, dressing, pharmacy, exam collection, therapeutic procedures, sanitation and sterilization, and waste management (MENDES, 2015).
In this category, the expectations of the professionals in the workshops are evidenced, in the same perspective they are related to the challenges, as an action plan to solve the weaknesses reflected in the workshops. In this workshop it was explained about the Health Networks, and the professionals reported their expectations regarding communication with other services, to improve the provision and continuity of care with the user, giving meaning to all services of the Unified Health System only. Health care networks have common mission and objectives, operate cooperatively and interdependently, constantly exchange resources, are established without hierarchy between health care points, organized in a polyarchic manner, primary, secondary and tertiary care, work in full with promotion, prevention, curative, caregiver, rehabilitation and palliative interventions, work under the coordination of PHC (MENDES, 2015). Related to this approach, professionals report expectations regarding PHC coverage, to achieve 100% of the territory, and registration of new families, making weekly home visits to the most vulnerable areas within their territory, within this context, the literature describes the territory as a space that presents, besides its geographical extension, an environmental, demographic, epidemiological, administrative, technological, political, social and cultural profile, which characterizes it as a permanent territory (BRASIL, 2011f). Além da abordagem sobre a territórialização, neste núcleo foi abordado nas oficinas a necessidade de qualificar os profissionais, e a importância de estarem em constante aprendizado sobre a necessidade de realizar educação permanente em Saúde. A educação permanente em saúde destaca-se como um processo de ensino aprendizagem aplicado ao trabalho, valorizando conhecimentos e oportunizando vínculos dentro do seu cotidiano laboral (ALMEIDA, *et al*, 2016).

It was approached by professionals in the workshops about the reception that should be performed with users by health professionals, to assist in addressing the user's need, In the literature, the reception serves to review the needs and priorities, performing the risk classification, avoiding, as far as possible, the queues in order of arrival, and especially the unnecessary waiting of users, Hosting takes place so that users are served according to their needs, making the flow fast and effective (GARUZI *et al*, 2014). Reinforcing about the reception the primary care book brings about the Organization of professionals from the reception of users requires the team to reflect on the set of offers that it has presented to deal with the health needs of the population, because it is all the offers that must be available to be provided, when necessary, in the realization of the qualified listening of the demand (BRASIL, 2013). Understanding the importance of welcoming at the UBS, this core of meaning is addressed about the expectations of professionals about the chronic conditions that are increasing and actions for these indices are of great relevance to the population's healthThe way of living and working of the population has to do with factors that may favor or compromise the health / disease process, which is understood by Social Determinants of Health. The situation of a population comprises acute conditions and chronic conditions, generating a morbidity / mortality profile. From the sociodemographic data of the epidemiological profile of a population, health care networks are organized, especially Primary Health Care (CONASS, 2011).

According to Mendes (2011), he says that chronic conditions, especially chronic diseases, are different, they start and evolve slowly, have causes that vary over time, including heredity, lifestyles, exposure to environmental factors and physiological factors. Unlike acute conditions in which adequate recovery can usually be expected, chronic conditions lead to more symptoms and loss of functional capacity. It is of utmost importance that a reflection on planning occurs in the work processes, as this helps in the improvement of primary care services, making the care and delivery of services to the user of quality and continuity in the Health Network, allowing all services to communicate with each other, helping to prevent and promote care, and thus primary care can be resolutive, giving families the beginning and continuity of care.

Final Considerations

This study aimed to analyze the reflections of health teams, which were triggered in the phase of the workshops of primary health care planning, this process brought to the professionals reflections of their daily work, bringing methods to reorganize their work processes in primary health care PHC. Analyzing the data, we can see the reflections that occurred with the teams during the workshops, with the construction produced by the professionals, we note the constructions in a plan for the improvement of weaknesses, noting that the focus is based on territorialization, family registrations, reception and chronic conditions, the analysis does not see the approach with other aspects such as the active search of pregnant women for prenatal care, postpartum consultation and treatment of syphilis that were issues raised as challenges in health services. Specifically in relation to the maternal and child network, which is one of the priorities of this process, it is considered important to register the recognition of families in its territory, vulnerable areas, but they should also take actions to ensure that the pregnant woman has adequate and quality care, to treat syphilis actions to reduce these rates so that the transmission of mother to baby does not occur, performing the active search for the partner so that both have treatment. It is hoped that this work will contribute to the next researchers, because it is a theme that does not have many theoretical references, results of primary care planning processes but the methodology applied to start the processes. Finally, even if provisionally, it should be noted that the planning process is still in progress, in the tutorial phase, standing out for its potential to reorganize the macro and microprocesses work and health care and, thus, new studies can help in the maturation of the discussions and in the visibility of this permanent health education tool.

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