

NHS Yorkshire and the Humber & NHS North West

NORTH TO THE NORTH PARTNERSHIP FOR HEALTH

Summary report on a strategic health link between NHS Yorkshire & the Humber/North West regions and the North West Frontier Province of Pakistan



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NHS Yorkshire and the Humber & NHS North West

NORTH TO THE NORTH PARTNERSHIP FOR HEALTH

A strategic health link between NHS Yorkshire & the Humber/ North West regions and the North West Frontier Province of Pakistan

Background

- 1 In October 2005, a major earthquake hit northern Pakistan killing 75,000 people and leaving thousands injured and homeless. There was an immediate and huge response from the Yorkshire and the Humber and North West regions, both of which have large populations with ancestral links to the affected area.
- 2 The earthquake devastated the local healthcare system and the NHS in Yorkshire and the Humber and the North West played a key role in the emergency response.
- 3 Dialogue continued between the two NHS regions and the Government of the North West Frontier of Pakistan (NWFP) on establishing a long term strategic partnership between our provinces/regions. In May 2007, we visited NWFP to explore this with the Provincial Government's Department of Health, leaders in NWFP's main hospitals, universities, the British Government's Department for International Development (DFID), and local voluntary organisations. This report describes the outcome from this visit and how partners wish to take this forward.
- 4 Our commitment and enthusiasm to take this forward are described in a jointly signed "Aide Memoire". We wish to develop a long term partnership of equals with focused outcomes and supporting existing arrangements. The benefits to NWFP will be in supporting achieving WHO Millennium Development Goals. The benefits to the NHS will include better understanding and engagement with local communities of Pakistani (as well as other developing countries) origin and developing better skills for managing emergency responses (such as an influenza pandemic).
- 5 We agreed that the partnership should concentrate on three specific outcomes, namely:
 - To support NWFP's developing health sector regulations/quality management
 - To support building leadership and capacity planning
 - To support emergency planning and disaster management
- 6 The success of the project will be dependent on support, commitment and sharing know how from colleagues and organisations in the NHS

locally and with other partners. Placements are being developed in both regions for exchanges with an emphasis on building capacity through training and mentoring.

- 7 We describe here some of our initial plans from both Pakistan and northern England. If you are interested in supporting us or finding out more please contact info@north2north.org.uk

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Background

- 8 In October 2005, a major earthquake hit northern Pakistan killing 75,000 people. Hundreds of thousands were injured, left homeless and lost their livelihoods. The United Nations estimated that, in total, 4 million people were directly affected. There was an immediate and huge response from the Yorkshire and the Humber and North West regions, both of which have large populations with ancestral links to the affected area.
- 9 The earthquake devastated the local healthcare system and the NHS in Yorkshire and the Humber and the North West played a key role in the regional response. However, although well-meaning and important, the health response was often poorly coordinated and not always linked to need. To ensure that future support from the NHS was directed for mutual benefit, it was suggested that an agreement be developed between the two regions and the North West Frontier of Pakistan (NWFP).
- 10 As part of that process, an NHS delegation consisting of Paul Johnstone, Regional Director of Public Health for Yorkshire and the Humber, Andrew Furber, then Consultant in Public Health at Yorkshire and the Humber, and Mahmood Adil, then Deputy Regional Director of Public Health for the North West, visited Pakistan in early May 2007 to meet with senior Government and health officials in the North West Frontier province and to see local hospitals and other health facilities.
- 11 Financial support for the visit was provided through the Humanitarian Fund set up by the Department of Health, the British Medical Association, and the Royal College of Nursing.
- 12 This report outlines the main findings of that visit and the areas of work identified for future collaboration. This is a long term project requiring support and input from a wide range of individuals from the NHS and other organisations. It is hoped that many colleagues from the NHS in Yorkshire and the Humber and the North West will wish to be involved. Section 30 below details how to express an interest in taking part.

Key points from organisations visited

- 13 Health Care Reforms Unit, Department of Health, NWFP
 - Estimates of the burden of disease are unreliable as little health information is routinely collected; human resources are weighted heavily in favour of medical staff; and there are few incentives for doctors to work in primary care
 - There is a strong wish to move away from the centralised command and control structure with development of a management and leadership ethos; reform of the internal market; and development of public health professionals
- 14 Health Regulatory Authority
 - Current standards are broad spectrum; generally speaking management in the public sector is poor and the private sector has few regulations or controls
 - More effective legislation is being introduced including a system of penalties for non-compliance; and assessment of secondary care organisations was introduced in May 2007
- 15 Accident and emergency department of the Lady Reading Hospital
 - Equipment and resources are very basic; there is no comprehensive ambulance service; and no communication infrastructure
 - Development of a satellite based telecommunication system is being explored; the head of A&E is leading work to establish a disaster management centre; and plans to run a major incident medical management and support (MIMMS) course in 2007
- 16 Pakistan Institute of Community Ophthalmology
 - The Institute is unique in South East Asia with a highly skilled workforce and its model has been adopted in a number of other countries
- 17 Abaseen Institute of Medical Sciences – Community Diabetes Clinic
 - Diabetes is a significant problem in this area, but traditionally has not been high on the government's agenda
 - The Institute has developed a community based programme through strategic partnerships between the public and private sector
- 18 Provincial Health Services Academy
 - This provides short term management courses which over time have become more specialised and comprehensive
- 19 Technical and Management Agency (TAMA)
 - TAMA won a DFID contract to support the Health Regulatory Authority on quality assessment surveys and the development of teaching and training modules on healthcare standards

- Having previously relied on foreign consultants, it has now developed a cadre of experienced local staff

- 20 Para-pelagic Centre
- A unique spinal injuries centre providing world class care through low cost technology and its dedicated team
 - Clinical outcomes are very good, but waiting times are long and efforts are being made to increase the capacity of the centre

Links to other initiatives

- 21 Efforts were made to ensure that the visit complemented and linked into other health and non-health initiatives in this area. From the outset, it was seen as a practical and innovative way of implementing some of the recommendations of the reports on *Global health partnerships* (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_065374) by the former Chief Executive of the NHS, Sir Nigel Crisp, and *Health is global* (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_072697) by the Chief Medical Officer, Professor Sir Liam Donaldson.
- 22 In addition to the visits detailed above, whilst in Pakistan the delegation met with the Health Adviser for the UK Department of International Development. Health represents DFID's biggest investment in Pakistan and the Department was keen to support the NHS initiative and ensure there was no duplication of effort. Further discussions will take place with the Health Adviser over the coming months.

Aide memoire

- 23 At the end of the visit, the delegation met with the Secretary Health for NWFP and key members of his staff. This led to the development of an aide memoire subsequently signed by both parties which details areas of common interest for future collaboration.
- 24 It was agreed that this would be a long term partnership of equals with focused outcomes and working within existing structures and arrangements. The overall aim was to support NWFP in achieving the WHO Millennium Development Goals. Benefits to NWFP would include access to NHS technical support for priority areas like emergency preparedness. The benefits to the NHS would include better engagement with local communities of Pakistani origin (for whom health outcomes remain poor), as well as other developing countries and the development of better skills for managing emergency responses in poor resource settings (as might occur in an influenza pandemic).

Key outcomes

25 The visit identified three common areas of interest for future collaboration:

Developing health sector reforms/quality management through:

- Exploration of shared learning of primary care models in both countries
- Development of regulations to manage poor performance
- Development of information systems for healthcare performance
- Sharing good practice on innovation and leadership
- Support and development of a public health cadre within the health professional workforce structure of NWFP

Building leadership and capacity planning through:

- Technical support for development of a digital library in the Provincial Health Services Academy in Peshawar
- Exchanges between the Academy and UK Universities and Academies
- Collaboration and provision of technical assistance in work on HIV/AIDS
- Supporting the newly established Khyber Medical University to build professional capacity

Supporting emergency planning and disaster management through:

- Collaboration and training to develop specialist skills
- Shared learning from the UK resilience programme

Resources

26 A project plan has been developed and will be kept under regular review by a steering group* consisting of the NHS delegation to NWFP, with other colleagues co-opted as and when required. The steering group's role would include development of a media handling plan and engagement with local stakeholders.

27 The project plan includes a reciprocal visit from colleagues in Pakistan. An application for funding to support that visit has been made to the Tropical Health and Education Trust (THET). It is also proposed to offer a placement for a public health trainee in each of the two English regions to liaise with partners in both the UK and Pakistan.

28 Consideration is being given to establishing a charity to raise and handle the other funds that will be required to support the collaboration with NWFP. However, this will take time and alternative sources of funding are being explored for the shorter term.

*N2N is now a charity and the steering group has been replaced by the Board of Trustees

How you can become involved

- 29 The collaboration has attracted high level support from Government and, as mentioned above, offers a practical and innovative way of implementing some of the recommendations of recent major reports on global health. The steering group has initiated discussions with national organisations such as the Healthcare Commission, the Institute of Health Services Management (IHSM), and the Emergency Planning College. Links are also being made with other (non-health) local initiatives, such as the recent visit by the Lord Mayor of Leeds to the earthquake-affected area.
- 30 However, the success of the project will be dependent on support, commitment and sharing know how from colleagues and organisations in the NHS locally. Placements are being developed in both regions to allow public health trainees to work on the project and details of these placements will be circulated shortly. Other medical specialties, nurses and management trainees are also welcome to join in this collaboration for specified projects in line with their training programmes. Therefore, the steering group is keen to hear from other colleagues, of any discipline, who are interested in supporting this project. The group is particularly keen to hear from those working in areas where the organisations in NWFP have identified gaps in their knowledge and expertise, eg professional standards, leadership and training, emergency resilience. The photographs at the end of this report provide some insight to the visit. Colleagues who are interested in supporting the project are invited to send their details, including an e-mail address, to info@north2north.org.uk
- 31 It should be noted that the NWFP Government takes the safety of visitors to the area very seriously and security concerns should not be an issue for those taking part in reciprocal visits.

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