World Health Organization

African Partnerships for Patient Safety

Report on the First UK Symposium on Partnerships for Patient Safety, Manchester UK

26 February 2013

Executive Summary

The first UK Symposium on Partnerships for Patient Safety was a one-day event hosted in Manchester and supported by the three first-wave English arms of African Partnerships for Patient Safety (APPS). It was coordinated by the WHO secretariat in collaboration with NHS North West.

The symposium covered multiple dimensions of patient safety partnerships and provided the first bespoke open national forum for presentation, discussion and exchange of technical and global health information including:

1. An overviews of APPS;
2. Preliminary findings from 1st wave APPS evaluation;
3. Community and patient engagement mechanisms used across the programme;
4. An introduction to WHO Private Organisations for Patient Safety (POPS);
5. Preliminary findings from an ethnographic study of surgical checklist implementation;
6. The application and utility of the 5S-Kaizen approach;
7. A panel discussion on learning from 1st and 2nd wave partners;
8. A discussion on the future of health partnerships in the UK.

The Symposium also served to expose participants to the newly launched APPS resources and included poster presentations within an interactive market-place session. The programme focused on key elements of APPS implementation, partnership working and the importance of context. It highlighted the challenges that still lie ahead and emphasized the growing momentum for action beyond the current WHO APPS partnerships.

Over 70 delegates were in attendance from the UK and Ireland, Norway, Switzerland and Zimbabwe and spawned discussion that is leading to action to expand the partnership programme. A sister symposium is being considered for the African Region and the learning from this UK event will feed into future events.

The Symposium demonstrated the interest and commitment of colleagues and organizations across the UK to health partnerships focused on patient safety and this builds on the workshops that took place in close collaboration with the Tropical Health Education Trust (THET) in 2012.

To build on the momentum generated in Manchester the following recommendations are made:

1. A comprehensive report will be made available to participants and disseminated widely through the APPS website and partner organisation communication channels;
2. The APPS registration mechanism will be promoted to attendees as part of APPS implementation plans for 2013;
3. Consideration will be given to establishing an annual patient safety partnership symposium with greater executive level engagement and executive and policy level engagement beyond the English NHS, across Scotland, Wales and Northern Ireland in the first instance working in partnership with THET;
4. The global ‘catalyst group’ to be established in 2013 will be advised to consider the role and input of NHS England and associated NHS organizations.

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Introduction and background

WHO African Partnerships for Patient Safety (APPS) was initiated in 2008 following a mandate from the 46 Ministers of Health of the WHO African Region to act on patient safety. The programme was a response to the commitment of the Ministers of Health to implement changes in patient around 12 interrelated action areas.

African Partnerships for Patient Safety (APPS) focuses on assessing the on-the-ground situation of patient safety in African hospitals and the implementation of patient safety improvements through hospital-to-hospital partnerships. Although the initial focus is hospitals, countries can use the lever of APPS to extend improvements in hygiene and patient safety to all health posts, over time.

The UK Department of Health has been a major supporter of WHO Patient Safety since 2005, cemented through a Memorandum of Agreement that provided the catalyst for the creation of the World Alliance for Patient Safety. In relation to APPS, a Donor Agreement with the Department of Health International Division provided seed funding and this, combined with financial and in-kind support from France and Switzerland supported the establishment of APPS. Since 2008, the English NHS has played a pivotal role in APPS, supporting NHS Hospital Trusts with existing health partnerships in Africa, to join the programme and commit to incorporate patient safety improvements within their work.

APPS provides a framework that facilitates access to knowledge and resources that will enable individuals, teams, hospitals, communities, ministries of health and NGOs to systematically address weaknesses in the safety of health-care systems. Hospitals and countries participating in the programme have co-developed resources including policies and guidelines.

Eight NHS Trusts in England are participating in APPS (3 first wave and 5 second wave). Each Trust works to hard-wire action on patient safety into an existing partnership with its partner hospital in Africa. The long-term plan has always been to advocate for patient safety improvement beyond the APPS partnership hospitals and this has been addressed to date through conference presentations and event attendance at various health and development fora both in England and in Africa.

North-south collaboration in the pursuit of stronger, safer and more effective health-care systems in the WHO Region of Africa is at the heart of APPS. A core WHO team supports participating hospitals in the north and south during a 2 year minimum period of patient safety improvement activity.

This first UK Symposium responded to the calls from first wave APPS partners within the UK to strengthen their role in advocacy and spread.

Held in Manchester, and supported and facilitated by the three first wave partner hospitals and NHS North West, the symposium gathered together over 70 participants comprised of existing APPS partners, technical experts, global health actors and partnership focused organisations. The symposium offered a platform for sharing insights, exchanging views about the current state of health partnerships and patient safety and quality, the future of the programme in England and the widespread dissemination of the co-developed APPS resources.

The 3 first wave partnerships are reaching the end of their official period of support. Significant progress has been made at a local, regional and national level across the

first wave partnerships and a bank of APPS resources and an APPS Approach to patient safety improvement has been developed. Until now there has been a limited push strategy to disseminate the APPS approach and associated tools and resources beyond existing APPS partnerships. The first such endeavor took place during the THET conference 2012 through the vehicle of two two-hour workshops. The workshops introduced non-APPS health partnerships to the programme and its various resources.

The Symposium afforded a significant opportunity to harness the energy, learning and expertise of first and second wave partners on the APPS approach in the UK. Such a symposium formed an official launch pad for spread beyond the first and second wave and a rallying call to attendees to address patient safety in all of their work, helping to move towards the APPS vision for safe health care in every country of Africa through sustainable partnerships.

Summary of the sessions

Opening remarks

Andy Bacon, Associate Director, Armed Forces Community and Global Health, NHS North West

Andy welcomed delegates to the first UK Symposium on Partnerships for Patient Safety and set the scene for the day by reminding the audience about the history of this small but ambitious programme.

He provided a personal insight on how Africa is “not the same as everywhere else” highlighting that changing practices can be very difficult whilst urging the audience to “hold on to the rewards” that this can bring.

Session 1 - Introduction and welcome to APPS

Dr Shams Syed, APPS Programme Manager & WHO Patient Safety Partnerships Lead

Shams provided the opening remarks for the Symposium outlining the genesis of APPS, its significance in the global health arena and how this symposium contributes to the ongoing strengthening of a global patient safety movement. Shams described how WHO Patient Safety was established in 2004 with a World Alliance for Patient Safety. In 2005 the Kenyan Ministry of Health hosted a patient safety workshop in Nairobi focused on patient safety in Africa and this was

subsequently built upon with a 2007 Kigali Workshop attended by 21 countries. This event called for health care-associated infections (HAI) to be considered a priority.

Shams set the scene for the day by emphasising the three core objectives of APPS and shared the APPS co-developed definition of partnership:

"Partnership can be defined as a collaborative relationship between two or more parties based on trust, equality, and mutual understanding for the achievement of a specified goal. Partnerships involve risks as well as benefits, making shared accountability critical."

Shams concluded by addressing the reality of partnership work and reflected on a partnership call he had been involved with that week that raised the very stark reality on the ground in one of the African countries including shortages in essential drugs and supplies “We saw unnecessary deaths that could have been prevented” and how, in spite of the situation and current challenges, the hospital still welcomed colleagues from a nearby African country to train on production of alcohol based handrub (ABHR). He concluded by highlighting the need to learn continuously to improve patient safety through partnerships and encouraged all participants to utilize the day to share openly and honestly, focusing on both success and failure.

Session 2 - Keynote address: Sharing Medical Expertise – Shaking the world gently

Dr Joyce Hightower, Project Manager, Africa Region, APPS

Joyce delivered a short expose on the importance of sharing medical expertise across time and culture with an emphasis on how partnerships are changing the way the world does health care, one handshake at a time. She reminded the audience of an African proverb “If you want to go fast, go alone. If you want to go far, go together”. She also reflected on how medical knowledge and practice in Africa have led innovations and encouraged all to challenge common assumptions on solely north-to-south knowledge transfer.

Joyce focused on the ethos of the APPS partnerships relating to sharing around a common purpose as a mechanism to make health care more valuable, how the focus on producing a needed item adds momentum (e.g. alcohol based hand rub) and the potential to promote helpful innovations and spread beneficial information. Her session also reminded delegates of the connection between six of the patient safety action areas and the five Millennium Development Goals.

Joyce concluded by stating that the APPS team is convinced that it is possible to go both faster and farther through partnership working.

Session 3 - What have we learned since 2008 – key lessons from the APPS evaluation so far

Julie Storr, WHO APPS England Lead

Julie shared some of the preliminary findings of the APPS evaluation of first wave partnerships and introduced how the Logic Model has been considered since the programmes initial start-up. The APPS approach to evaluation is dynamic in nature and through the presentation Julie focused on some of the outputs and short-term outcomes that are contributing to medium and long-term impact as the partnerships develop. Evaluation is one part of the six-step cycle of improvement and each partnership develops their own approach to evaluation based around their priorities.

At a programme level, APPS captures data that relates to the three programme objectives. It does this through repeat Situational Analyses that provide over a 100 pieces of information on the structures and processes of patient safety at the national and health-care facility level. In addition to this quantitative data, APPS evaluation focuses on some of the qualitative aspects of each partnership – how is the partnership approach developing? How is patient safety being improved and what is helping or hindering? And what progress is being made on expanding patient safety improvement beyond a single hospital. During 2012 all available data was reviewed during a two-phase exercise comprised of 1:1 telephone calls and field visits.

During phase 1 phone interviews were conducted with leads from the first wave African and European partnership hospitals - Uganda, Ethiopia, Malawi, Mali, Senegal, and Cameroon. Phase 2 saw site visits in two first-wave partnership hospitals (Central Kamuzu Hospital, Malawi and Gondar Hospital, Ethiopia) and one second-wave partnership hospital (Mbeya Referral Hospital, Tanzania). In-country focus groups with healthcare workers, semi structured interviews with APPS leads, and observational surveys on the medical wards and operating theatres were conducted in select African partnership hospitals. Evaluation interviews were structured in a manner to analyse the technical aspects of specific patient safety action areas and in addition, the partnership-based approach. Furthermore, developing country innovations in response to specific patient safety challenges were also highlighted within each evaluation phase. Appreciative Inquiry Methods and Realistic Evaluation underpinned this approach.

Julie shared some of the preliminary findings on the positive themes emerging including improved knowledge of patient safety topics as a result of training; improved awareness of patient safety challenges through advocacy work; and improvements to the patient safety system through production of the WHO alcohol based hand rub (ABHR) formulation. On-going challenges relate to structural determinants including human resource and infrastructure limitations and patient safety culture.

A full report of the two-phase evaluation will be shared with APPS partners and a briefing paper posted on the APPS website during 2013.

Session 4 - Working with Patients and Civil Society to Improve Patient Safety in Africa

Rachel Gooden, WHO APPS Community Engagement Technical Officer and Caroline Staffell, International Alliance of Patients' Organizations (IAPO)

Rachel Gooden:

Rachel focused on the value of engaging communities to patient safety improvement in Africa and shared a video clip of the APPS lead in Malawi on the importance of engaging civil society. Kamuzu Central Hospital in Malawi is partnered with South Tees NHS Foundation Trust in England. Community Engagement has formed a critical part of patient safety improvement in African hospitals and one of the key elements highlighted by the 2008 WHO AFRO paper on Patient Safety, was the establishment of effective partnerships with patients, families and communities.

Rachel explained that an extensive literature review was undertaken on community engagement, including WHO policies and recommendations, with a particular focus on developing country situations. The review also included incorporating the practical experience and work of the Patients for Patient Safety (PFPS) Programme within WHO. PFPS is a global network of patients, providers, policy-makers and those affected by harm, dedicated to improving health-care safety through advocacy, collaboration and partnership. Patient champions work with their health-care systems to raise awareness of patient safety issues and undertake activities to influence policy and practice. There is an active PFPS network now across Africa and APPS is working closely with PFPS to ensure the learning and experience can enhance APPS Partnerships across the region.

The review culminated in the development of a 7-step approach to engaging communities. This framework was co-developed by the six hospital-to-hospital partnerships involved with APPS as a first wave partnership. The steps include:

1. Know the community
2. Create an enabling environment
3. Raise awareness
4. Collect community knowledge
5. Develop robust communication mechanisms
6. Feed into Monitoring and Evaluation
7. Create a community Ripple Effect

Rachel provided illustrations of community engagement in action at Gondar University Hospital in Ethiopia**,** who alongside partners from Leicester have undertaken some simple patient and family interviews to hear their perspectives. Issues that have emerged as important have been a lack of understanding of

treatment plans and procedures and feeling unable to raise questions due to the power balance between patients and health-care workers. The need for effective communication mechanisms is critical. Kisiizi Hospital in Uganda, working with their partners in Chester, UK undertook an extensive mapping exercise of community and outreach mechanisms already in place and have undertaken patient safety awareness raising, particularly regarding two of their key areas of infection prevention, hand hygiene and medication safety with local school children and community groups such as the local dance group and within outreach clinics for the elderly and (as a church of Uganda hospital) in chapel with local congregational members. As part of their official launch of the APPS programme in the hospital, the local dance group wrote and performed a song about infection control and the importance of hand hygiene.

Other examples from Senegal and Malawi highlighted the use of local radio to share patient safety messages. In Malawi the hospital have undertaken radio messaging and the development of knowledge sharing through talking with communities in waiting areas of the hospital and have developed a partnership with two key civil society organizations at the national level – Consumers Association of Malawi and Malawi Health Equity Network to spread patient safety beyond the hospital. Both national organizations sit on their APPS programme board at the hospital and participated in their official launch of the APPS programme.

The session concluded with Rachel emphasising the on-going collaboration with organizations such as IAPO and the PFPS programme at WHO. The APPS approach is not necessarily new but provides partnerships with somewhere to start and a framework for action. One of the lessons so far is that community engagement is not an add-on but needs to be integrated from the beginning in all the planning and preparation for patient safety improvement activity.

Caroline Staffell:

Caroline introduced the International Alliance of Patients' Organizations (IAPO) a unique global alliance of over 200 national, regional and international groups representing patients. IAPO was established in 1999 with its vision that patients throughout the world are at the centre of health care. IAPO's membership spans over 60 countries and all world regions, representing an estimated 365 million patients.

Caroline summarised the organisation's patient-centred health-care principles of respect and support for the individual patient, their wants, preferences, values, needs and rights; choice and empowerment; patient engagement in health policy; access and support and the provision of information that is accurate, relevant and comprehensive. To illustrate the work of its members Caroline highlighted a number of national groups active within Africa.

The Community Health and Information Network (CHAIN) Uganda is working to address issues such as the lack of patient empowerment, misdiagnosis and incorrect treatment, quality and safety of medicines, low literacy levels, safe use of medicines and inadequate patient information. In 2012 CHAIN ran a health literacy campaign

with the aim of increasing understanding of existing health problems and challenges from the perspective of communities. The campaign is concerned with enhancing awareness and access to health information and creating links between communities and health professionals, including representatives of the Ugandan Ministry of Health, National Drug Authority and WHO Uganda Country Office.

The Patient and Community Welfare Foundation Malawi (PAWEM) addresses the lack of trust between health workers and communities, the lack of patient information and low literacy levels. It seeks to address the underuse of health-care facilities by communities and uses a rights-based approach to empower patients. PAWEM also focuses on unsafe water, poor hygiene and sanitation.

Caroline concluded with two things. She shared information on the IAPO Advocacy Toolkit for Patients' Organizations, which provides information on common global patient safety issues and a set of tools and advice on advocating for safer healthcare and raising awareness, and highlighted that on 30 October 2013 Patient Solidarity Day takes place in Africa (**www.patientsorganizations.org/africa**).

Further information and resources can be found on the IAPO website **www.patientsorganizations.org**

Session 5 - WHO POPS – Partnering with industry to improve patient safety

Claire Kilpatrick, Consultant Infection Prevention and Control and Patient Safety and WHO POPS Lead

Claire introduced the new Private Organisations for Patient Safety (POPS), a collaboration formally launched in 2012. This is the first ever, in-house private sector interactive platform, actively engaging industry in the area of infection prevention and control at WHO. To set the context Claire outlined notes from the sixty-fifth World Health Assembly proceedings, May 2012, where 'Member States also discussed ways to prevent NCDs through action involving other sectors than health, in particular industry and trade and finance'. There are other examples of such collaboration around immunisation, influenza and injection safety. In addition, universities and industry have been positively and transparently collaborating for over a century. Leveraging such collaboration for patient safety and infection prevention is ripe for a number of reasons. In particular, such a collaboration will enable WHO to:

1. Capitalise on existing relations and energy
2. Capitalise on corporate social responsibility
3. Address the next stage of WHO Clean Care is Safer Care
4. Address gaps in patient safety through innovation
5. Share costs through a unique science and technology partnership

There are numerous expected benefits for Member States/patients as a result of participating in the platform including in relation to the availability of ABHR, and

awareness raising on the need to reduce HAI. In addition there are a number of possible spin-offs, e.g. through improved infrastructure, such as clean water and general improvements in hygiene. Ultimately POPS will contribute in a number of ways to a reduced HAI burden through improved hand hygiene, as a starting point.

To date a total of 14 companies are committed to POPS until July 2014 and results are promising with the first project on volume sales of ABHR where all companies have provided data that has resulted in recommendations to address country gaps in reliable, affordable ABHR availability.

The next phase of the work will see the development of more formal project proposals, e.g. plugging the gaps in Africa, as well as support for **SAVE LIVES**: Clean **Your** Hands global annual campaign – 5 May 2013. The platform will be evaluated after one year and proposals for how to keep the collaboration successful in the long term will include a call to new companies. POPS will be the feature of a 'Publication' on the approach with a potential for transferring the model to other areas of patient safety improvement. Further information is available on the WHO website http://www.who.int/gpsc/pops/en/index.html

Session 6 - "We have bigger problems than the checklist": Improving Surgical Safety in UK and African Settings

Dr Emmilie Aveling, Research Associate, University of Leicester

In this session, Dr Emmilie Aveling presented findings from a study conducted with her colleagues Professor Mary Dixon-Woods and Mr Peter McCulloch. The study compared factors influencing implementation of the WHO Surgical Safety Checklist in UK and African hospitals, and considered the implications for optimising checklist implementation in diverse settings.

Following the positive findings of the pilot study of the WHO surgical safety checklist, the checklist is now being taken up in hospitals around the world. However, while increasing evidence from high-income country hospitals suggest there are many challenges to effective implementation of surgical safety checklists, there have been no studies of implementation processes in low-income countries. Understanding barriers and facilitators to implementation of the checklist is central to efforts to replicate the pilot study's positive findings. Using comparative, qualitative case studies of two UK hospitals and one African hospital, our study compared influences on checklist implementation in these diverse settings. Our study identified several factors that were common across diverse settings, pointing to the potential value of international patient safety partnership. These included staff 'overload', lack of awareness and training, and resistance, particularly from surgeons. There were also barriers that were unique to the different settings, reflecting differences in existing clinical systems, resources and cultures. Factors facilitating checklist compliance and completeness included local champions (particularly surgeons) and wider institutional support for patient safety. Better implementation of the surgical checklist in all settings will require: leadership, particularly from surgeons; establishing systems for regular audit of checklist use and

post-operative outcomes; multidisciplinary training to improve within-team communication; and assessing and addressing the deficiencies in clinical systems that undermine the value of making checks.

Session 7 - Lunchtime marketplace

An expanded lunch time session allowed networking among the delegates, one of the central objectives of the symposium, and provided an opportunity to explore the recently launched APPS tools and resources. Three market place stands encouraged interaction to drill deeper into:

- **WHO APPS Improvement Resources** – The WHO APPS team were at hand to outline the suite of recently launched APPS resources co-developed by first wave partnerships. Delegates were provided with a CD of resources, also freely available via the APPS website http://www.who.int/patientsafety/implementation/apps/resources/framework/en/index.html

- **First Wave Lessons Learned** – Colleagues from each of the three first wave sites (Countess of Chester NHS Trust, South Tees NHS Trust and University Hospitals Leicester) presented posters and discussed their partnership work, personal reflections and next steps. The Kamuzu Central Hospital (KCH), Malawi - South Tees APPS partnership has strengthened previously established links between the two hospitals. Most recently South Tees have made applications through various agencies and charities for funding to continue with intensive training for staff from KCH in infection prevention and control competencies and improvement skills. Members of the 2012 Malawi visit team are planning a self-fund return visit, in October/November 2013. The Leicester – Gondar, Ethiopia partnership has created a diverse APPS Board and meet regularly as a team. Friendship and an appreciation of different ways of working has helped meet the many challenges that partnership working brings. Participation in APPS has contributed to strengthening how the Leicester health partnership works in different environments, within a different culture and with different people. The Chester – Kisiizi, Uganda, partnership is looking to build on its success in 2013 through collaborating on a train-the-trainer programme and strengthening patient safety assimilation within the existing health partnership.

- **Reverse Innovation** – Shams Syed explained the focus of APPS on bidirectional learning. APPS has built in the concept through the unique co-design of the programme itself by hospitals in both Africa and Europe. He explained the challenges of collating the “bi-directional learning experiences” of the hospital partnerships through the APPS evaluation mechanism that will

inform other hospital partnerships across the world. He also shared insights from the work he is leading with the journal Globalization and Health to facilitate the global discussion and learning on the potential for reverse innovation in global health systems.

Session 8 - Application of Quality Improvement in the Context of Africa

Alison Lonsdale, South Tees NHS Foundation Trust, Dr Clare Hamson, APPS Lead, North Cumbria NHS Trust, Dr Soonu Verghese, North Cumbria NHS Trust

Alison described the principles of Kaizen and lean technologies and their application in different health economies. Dr Verghese explored the history and successful application of the 5S Kaizen at Mbeya Referral Hospital, Tanzania. Finally, Dr Hamson focused on the influence of the Kaizen approach on infection prevention and control practices at Mbeya, based on feedback from colleagues in Mbeya as well as her own observations on their first partnership visit. What emerged from the sessions was the interconnectedness of APPS, infection prevention and control and patient safety improvements and Kaizen. With a Kaizen culture everyone is implementing improvements and everyone takes ownership for their part in making the health-care organisation extraordinary in multiple dimensions including quality, patient safety and cost. Kaizen offers potential to assist in the culture and behaviour change required to strengthen patient safety through a simple, common sense approach.

Kaizen involves five basic steps:

1 Define – find opportunities for improvement or problems to solve
2 Discuss – consider the idea with your team or supervisor
3 Implement – a change for the better must be implemented to be a Kaizen
4 Document – by creating a simple report called a Kaizen report
5 Share – post it, review it, and discuss

The foundation for the Kaizen approach is centred around the 5 S's: Sort, Set, Shine, Standardize and Sustain. This provides a natural entry point for clinical improvement in the arena of patient safety.

In Mbeya Referral Hospital, Tanzania, it is clear that Kaizen is in action around the hospital with evidence of a Kaizen culture that impacts on the attitudes of health-care workers. The Mbeya-North Cumbria partnership has built on this foundation to stimulate change in the two patient safety action areas chosen by the partnership

(hospital infections and health-care waste management). In fact discussions have been stimulated with the Tanzanian Ministry of Health on how best to utilize the approach being developed at Mbeya for national application. The approach is of growing interest across the APPS network.

Session 9 - Ask the Panel – a chance to drill deeper

Chair: Andrew Jones, Head of Partnerships, THET
Panel members: Dr Ian Holtby, representing the South Tees – Kamuzu (Malawi) partnership; Sandra Kemp, representing the University Hospitals Leicester – Gondar (Ethiopia) partnership; Sam Walker, representing the Countess of Chester – Kisiizi (Uganda) partnership; Vicki Cheston, representing the Guys and St Thomas's – Ndola (Zambia) partnership; Dr Peter Donaldson, representing the Ipswich – Beira (Mozambique) partnership; Dr Joyce Hightower-Dixon, APPS lead African Region; Julie Storr, APPS lead for England.

Ask the panel consisted of a question and answer format with questions invited from the audience. There was an interest in how best to undertake audit in a resource constrained setting and panel members shared their experience of auditing surgical checklist implementation, hand hygiene and general infection prevention measures. Acting on the findings and sharing results was highlighted.

There was also question and debate around patient safety in a mental health context. The panel explained that in a number of the partnerships patients with mental health problems form part of the patient population and the APPS principles and resources do enable patient safety to be addressed in its widest sense. Further work in this area is required.

There was also a debate about the similarities in the challenges of implementing safer surgery in the UK and Africa that built on the morning session by Emmilie Aveling. There was acknowledgement that partnerships focusing on safe surgery perceived that challenges were very similar in terms of implementation and that this commonality helped to cement the partnership and enable knowledge and learning to flow in both directions.

Finally, a question was asked about the representativeness of some of the APPS hospitals in Africa that might impact on spread. With specific reference to Uganda it was emphasized that there are now a range of hospitals across the country that are

addressing patient safety improvement and the learning from the first wave site is helping to build capacity and catalyse spread.

Session 10 The Future of International Health Partnerships in the UK

Andrew Jones, Head of Partnerships, THET

Andrew began his session by quoting Niels Bohr – "prediction is very difficult, especially about the future". Against this backdrop Andrew established the historical context of THET and its over twenty years' experience working with health partnerships in the UK. Andrew explained the model of institutional health partnerships is increasingly being seen as a credible vehicle for strengthening the health workforce in developing countries. He describes APPS as a small beacon of light which is growing brighter and beginning to be noticed by others interested in innovative methods of bringing about change in the health workforce.

In June 2013, for the first time, THET, WHO APPS, the French and Norwegian partnership organisations, ESTHER France and FK Norway, will jointly present a session at the International Hospital Federation Congress in Oslo - an opportunity to further encourage hospitals in the North to engage with their counterparts in the South.

Ministries of health in the countries where Health Partnerships are operating are beginning to notice what is happening in their countries, and seeking deeper engagement so that they can not only benefit from some of the data which is generated around workforce development, but also learn from that work and look at those activities which are replicable elsewhere.
With an eye on the future it is important to learn from the way Health Partnerships are operating now and ensure that partnerships fully understand and embrace the nature of partnership and apply its principles fully. Partnerships which continue to work on the *quality* of relationship will have a good basis for the future; those which don't will find that they struggle.

There is much discussion taking place within the Partnerships movement about the need to place a greater emphasis on primary care and public health initiatives – a recognition that much of the health gain for communities takes place within those communities, and yet primary care and public health services continue to be under-provided in many places. Allied to the point around primary care and public health is the second trend relating to the place of Health Partnerships in helping to address the burden of Non-Communicable Disease in developing countries.

Andrew highlighted the possibilities around working in middle-income countries and the opportunities to further develop South/South partnerships or North/South/South partnerships - something that is already developing with some success within the

larger Multi-Country Partnership grants awarded through the Health Partnership Scheme.

Universal Health Coverage will feature in the post MDG world, and there will undoubtedly be areas where Health Partnerships can play their part, particularly in delivering high-quality training for the health workforce which will be engaged in its implementation.

Crosscutting themes are receiving more attention and will probably impinge on the work of most Partnerships at some point as a part of their activities. At present, THET have been concentrating on Biomedical Engineering (and the need to train technicians in equipment maintenance and management) and Patient Safety. There will undoubtedly be others which emerge – Estates Management; Leadership Development to name but a few.

Finally, improved telecommunications infrastructure in some of the countries THET work in is already opening up opportunities for remote engagement with overseas partners, to a far greater extent and more reliably than has been the case in the past. The landscape for international volunteering from the NHS is slowly changing, and THET hope that the effort which is being put into this not only by THET, but also by the Academy of Medical Royal Colleges, the All Party Parliamentary Group on Global Health, NHS Employers, the Department of Health and DFID will bring about some tangible changes over the next twelve months or so, so that it becomes much easier for those who want to volunteer to do so without unnecessary barriers.

Andrew concluded by emphasizing the need to describe impact. What change has taken place through the activities funded through the Health Partnership Scheme not solely to demonstrate value for money but also the value of health partnerships as a significant force for change? Partnerships are about far more than the hard data desired by donors. They are about relationships, mutual trust and understanding, reciprocity of benefit, all of the things that are complex to measure, but which are fundamental to the success of what many in this room do week in, week out.

Session 11 - Closing Remarks: the future of APPS

Dr Shams Syed, APPS Programme Manager & WHO Patient Safety Partnerships Lead

The day concluded with an address on the future of APPS that articulated three key areas:

1 Building a global coalition of organizations focused on the partnership based approach through strategic planning and developing a position statement on the potential contribution of the partnership based approach to global health;

2 Working closely with countries in the African Region to align national patient safety initiatives with the work of the APPS partnerships;

3 Establishing a registration mechanism for any hospital partnership to become part of an APPS network of hospital partnerships.

Evaluation

The symposium was evaluated using an online tool (Survey monkey) with responses sent to all delegates. The response rate was 34% with 80% of respondents outlining that their primary motivation for attending the symposium was networking. 100% of respondents indicated that the event met its stated objectives.

Recommendations

To build on the momentum generated in Manchester the following recommendations are made:

1. A comprehensive report will be made available to participants and disseminated widely through the APPS website and partner organisation communication channels;
2. The APPS registration mechanism will be promoted to attendees as part of APPS implementation plans for 2013;
3. Consideration will be given to establishing an annual patient safety partnership symposium with greater executive level engagement and executive and policy level engagement beyond the English NHS, across Scotland, Wales and Northern Ireland in the first instance working in partnership with THET;
4. The global ‘catalyst group’ to be established in 2013 will be advised to consider the role and input of NHS England and associated NHS organizations.