

NHS International Development Framework Consultation



FACULTY OF
PUBLIC HEALTH

Name	Rosy Emodi Head of International Development	The UK Faculty of Public Health (FPH) is a joint faculty of the three Royal Colleges of Physicians (Edinburgh, Glasgow and London) in the UK. We are the standard setting body and the professional home for public health specialists in the UK. In addition to maintaining professional and educational standards, FPH advocates on key public health issues, providing practical information and guidance for public health professionals. We also work at European and international levels to promote high standards of public health practice and build public health capacity and leadership in developing countries. Our international work contributes to improving global public health and fulfils a humanitarian responsibility to share public health skills on a global basis.
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7	Do you agree with the proposed scope and content of the framework and the description of the range of engagement of the target groups?	<p>We are broadly in agreement with the proposed scope and content of the framework. However, we believe that the purpose of the framework could be made much clearer and should lead with the aims set out on page 6 of the consultation document.</p> <p>Overall, we think that the whole document is extremely repetitive, wordy and requires editing in order to ensure that the final document is sharper in its focus and more proactive in its tone. We would recommend that lengthy and descriptive passages are omitted in favour of solutions, actions and recommendations. The layout of the final framework document should be more user-friendly and there must be products such as a one page executive summary, leaflet formats, a web-based guide to resources and further info etc. in order to ensure that the final framework acts as a tool for <u>empowering</u> organisations and individuals within the NHS and wider health sector.</p> <p>It should be made clear that this is NHS guidance and as such, it should be stated who "owns" the framework/guidance, to what extent it applies to the UK as a whole and to what</p>

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		<p>extent it applies to England only. Our view is that the Framework should apply to the UK and therefore the content should adequately reflect this. It would be helpful to add information about the different models in the devolved administrations, for those staff who may be transferring between parts of the NHS. Therefore, the language should be more appropriate to the whole NHS and not just to England - Primary Care Trust and Strategic Health Authorities only exist in England. We believe that a more generic phrase, such as "NHS organisations" or "NHS bodies" should be used with a definition of what this covers provided from the outset).</p> <p>The Framework's emphasis appears to be more on individuals than on NHS institutional involvement in international development. We believe that there should be greater emphasis on supporting organisational involvement, for instance, NHS Health Links or the international departments of NICE and the HPA.</p> <p>The Framework has failed to provide specific guidance for senior decision-makers who are in a position to act as 'agents of change' within organisations and help create the supportive environment that may be required if international development is to be embraced by those organisations where engagement and/or commitment is weak. Practical leadership tools and strategies should therefore be included in the Framework for international development 'champions'.</p>
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12	Do you have any comments on current policy, our views of policy ambiguities and on how policy ambiguities should be handled?	<p>We are concerned that this section is entirely about English policies and does not consider devolution as well as decentralisation. Further, we believe that there are more supportive policies in some administrations, which could potentially be highlighted as possible solutions or models of best practice. An example of this can be seen in Wales where the existence of a proactive policy environment has resulted in over 20% of all NHS Links in the UK being based in Wales, with a significant proportion of these involving primary care and community-links which in our view, are likely to have a greater public health impact (more in line with the WHO policy on health systems strengthening).</p> <p>There is little mention of higher education institutions, which again are subject to differing policies and access to funding for NHS staff in training. Universities and colleges are key NHS partners in relation to international development, such as enabling students of all kinds to make a contribution. They also play a key role in NHS institutional links, monitoring and</p>

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		<p>evaluating these links and providing focused education and training in international health skills.</p> <p>We believe that the final Framework should provide clear guidance about the use of NHS Trust charitable funds for international development activities, setting out the reasons why such funds can be used in order to benefit the NHS.</p> <p>There are also considerable ambiguities and variations in policies covering the release of individual staff. It would be helpful to have clear statements about releasing staff for international development work. The Welsh Health Circular 070 (2006) could provide a useful model: http://wales.gov.uk/topics/health/publications/health/circulars/2006/whc2006070?lang=en</p>
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28	Do you agree with our analysis and description of the current position, including the benefits and barriers to involvement?	<p>We believe that this is a very good overview, but would benefit from being more concise in the final document. We are also of the view that too much specificity about particular activities (e.g. 2.4.9) is contained within the Framework, which will be incomplete and out of date immediately. Their inclusion also excludes others which are just as valid.</p> <p>We would recommend that the final Framework contain a more strategic summary with an appendices of resources that signposts users/ readers to more detailed information. Whilst case studies are a good idea, only English case studies have been used and this again provides us with very little confidence about the inclusiveness of this document as a truly national Framework. In our view, it would be better to give a Health Link as an example rather than individuals. Links are the most sustainable and effective way for NHS employees to contribute over a long period and for the benefits to accrue to the institution as well as the individual. There is also insufficient information about the professional organisations and their activities, such as the International Departments of all the Royal Colleges and indeed, ourselves.</p>
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49	Is the information provided for key players appropriate, helpful and at the correct level?	We believe that the information is disproportionately focused on doctors, even though there is some mention and examples of other health professionals and managers. The public health profession is multidisciplinary in nature and we believe that this diversity should be properly reflected throughout the Framework. Public health professionals in the NHS come from a multitude of backgrounds and are arguably better equipped with the appropriate knowledge

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		<p>and skills for international development work than clinicians.</p> <p>There is some overlap with other documents/ publications in this area, such as the British Medical Association’s “Broadening your Horizons” guidance, and THET’s Health Links manual. None of these publications address the issue of continuation of salary for an approved Out of Programme Training (OOPT), which is currently discretionary for each Deanery and varies significantly. We are also of the view that the Framework contains insufficient guidance and information about returning to the NHS after a period of work in international development (either overseas or in the UK). The issue of revalidation has also not been addressed adequately, if at all.</p> <p>We would recommend the inclusion of a clearer section, which links “the barriers” to “the solutions”, so that the Framework becomes an actions-oriented and outcomes-focused tool.</p>
	<p>Any other comments?</p>	<p>We would like to make the following additional comments and observations:</p> <ul style="list-style-type: none"> <li data-bbox="801 759 2148 935">(a) The Framework is silent on the role and importance of ‘Networks’ in terms of the support that these networks can provide. The omission of networks such as the Wales for Africa Health Links Network, Scotland Malawi Partnership, Zambia Health UK Workforce Alliance and the Strategic Health Authority International Leads should, in our view, be rectified in the final document. <li data-bbox="801 975 2148 1222">(b) A constant theme throughout our response to this consultation has been the England-centric focus of the consultation document. In the introduction and context section of the document, it is stated that Tribal Newchurch and partners developed an ‘approach with DH and English Strategic Health Authorities’ (SHAs) international development leads.’ (page 5, paragraph 1). We believe that this failure to engage nationally will devalue the impact and influence of the Framework in the short, medium and longer term if this is not addressed and reflected in the final document. <li data-bbox="801 1262 2148 1437">(c) What strategies are in place to ensure that the Framework carries the necessary influence and impact to effect change within those areas of the NHS, postgraduate education and training sectors that may be resistant to the Framework’s principles and business case for international development? Particularly in a climate of impending public sector spending cuts, our concern is that more wide-ranging and

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		<p>cross-party support for and endorsement of the Framework will be required in order to ensure that it does not become 'just another DH publication'. To what extent therefore, can and should the Framework be 'future-proofed'? Our view is that every effort should be made to ensure that the Framework is endorsed by a wider range of organisations and individuals of influence who can champion the Framework within the wider context of championing the role and contribution of and benefit to UK health institutions and professionals via engagement in international development.</p> <p>(d) How will the Framework be maintained and kept up to date as a 'living' resource for its intended audience and users? We believe that consideration should be given to this as part of the 'future-proofing' of the Framework. Publishing the Framework as an interactive web-tool would be a clear way forward.</p>