

Short, medium and long term benefits to Scotland of international health partnerships

In summary these comprise:

- improving awareness of global health issues in Scotland
- improving skills in caring for people from minority ethnic groups
- learning how best to package health services to ensure optimal access from developing country users: developing culturally competent services.
- developing an international research base
- developing skills in community development- enabling and empowering grass roots patient involvement and partnerships with health providers
- improving community health education (particularly reproductive and sexual health including HIV/AIDS)
- improving skills in rapid appraisal, management of change
- facilitating and encouraging a national “Fair Trade” mentality and ethos
- helping to create a welcoming Scotland through shared knowledge and cultural adeptness
- providing stepping stones for new pathways of information exchange between continents
- raising awareness of other cultures and traditions
- creating positive news (particularly African news) to counter the constant nihilistic images of Africa.

Scotland's society is becoming increasingly multicultural. Ensuring accessibility and equity of take up of primary and secondary health services for all is a priority for the NHS. Championing equitable access requires investment in recognising the needs of the diverse populations, and sharing and learning from this diversity.

The international health work carried out by NHS staff has an impact on the NHS as an Employer and as a Service Provider. International Health work enhances the skill base of NHS staff, and is an important factor in the development of a more culturally competent and culturally sensitive service.

International health engagement supports the NHS in Scotland in its commitment to reduce social and area based health inequalities

Health inequalities emerge for multiple and complex reasons. The change in the population structure in Scotland has led to the emergence of particular inequalities. Scotland is becoming increasingly multicultural, with an expanding African population, an established Indian, Pakistani and Bangladeshi population, a strong Chinese community, and a rapidly emerging Polish and Eastern European community.

Palliative Care

In Scotland, patients from minority ethnic communities access less palliative care services than their White counterparts, raising concerns that services may be relatively inaccessible to these populations. Studies from Edinburgh University have identified issues of access, cultural compatibility, and lack of awareness of service options.

International palliative care programmes are often addressing illness other than cancer and can help inform Scotland's need to reach out to those with non-cancer palliative care needs. Engaging in international palliative care work can encourage better understanding of global inequalities, and the cultural, social and traditional issues and factors influencing access to, and use of health services, which are important in reducing inequalities. The sensitisation to

cultural issues gained through international health work also provides important learning and skills development.

International health engagement supports the NHS in its commitment to invest in staff

Better Health Better Care underscores the importance of supporting staff as agents of change by investing in staff skills, training and competencies to help improve services for patients. The NHS in Scotland commitment to staff education, training and development is best evidenced in its capacity to continually evaluate and reshape investment in staff growth so that changing patient, staff and organisational needs are met.

Staff from Scottish palliative care settings who have been engaged in international work report significant learning applicable to their personal and professional development needs. In particular there is the opportunity to gain fresh perspectives, learn to work with limited and differing resources, challenge personal values and attitudes, demonstrate flexibility and adaptability, develop leadership skills, strategic thinking and change management. They also report a renewed sense of vocational commitment inspired by sharing the experiences of staff and of patients in resource poor settings.

International health engagement supports the NHS in its investment in global research

Scotland has a global reputation in health research, with an influence that exceeds its size. The Scottish and UK Governments aims to make the UK a world-class environment for health research, development and innovation. Its emphasis is on translating scientific findings into clinical care, and diluting the 90/10 research gap where only 10% of biomedical research and research resources are targeted at diseases that affect 90% of the world's population.

Palliative care staff in Lothian have contributed to the global research agenda with papers published in the BMJ (Kenya Cancer care studies) AIDS Care, (Zambia AIDS studies).

International health engagement supports the NHS in its commitment to foster partnership with the 3rd sector

Palliative care – especially Community Palliative Care - builds on diverse membership and works to strengthen the opportunity for empowered community involvement. Significant lessons can be learned in engaging community and in building community capacity to engage from links with developing country palliative care services. In the majority of resource poor countries palliative care is owned and delivered by the community, it emerges from informal partnerships between faith organisations such as churches and mosques, and village health committees. Frequently led by community organisations such as the many African Churches' Women's guilds or Mothers' Associations, it focuses on delivery in the house hold, and at the most basic point of need. Indeed, the WHO has recognised two international palliative care programmes in Kampala, Uganda and Calicut, India as global demonstration projects for community based care.

Linkages with resource poor country hospices, which are far more than brick buildings but extensive community networks of mobile care, can provide lessons in effective public, private and voluntary sector engagement. Best practice examples of community engagement can be used to rethink practice here in Scotland, and are particularly applicable in providing new ways of empowering and involving ethnic minority communities.

The Crisp report encourages health linkages to support the developing world

Recognition of not only the importance of sharing, but the moral imperative of the UK to share and support developing country health systems alongside the need for coherent and systematic approaches to international linking, lay behind the request to Lord Crisp from the Prime Minister, the Secretary of State for International Development and the Secretary of State for Health to review how the UK's experience and expertise in delivering health services can be used to support the developing world (published February 13th 2007) . The emphasis of this report lies in the need for strategic coordinated action from all the UK's health providers. The Government recommendations encourage NHS linkages across all specialities and go some way to establish the parameters for international health linking.

The Health Directorate of the Scottish Government already at the forefront of NHS health links through their innovative pilot scheme between NHS Scotland, VSo and Scottish Government, have helped progress the opportunities for NHS staff to engage. A Chief Executive Letter (January 08) requests all Scottish Health Boards to support their NHS staff to volunteer in development work.

Conclusions

There is demand from developing countries for the skills and services that Scottish health professionals can bring. There are willing Scottish staff, and there are excellent organisations such as VSO which will facilitate pathways for effective health links. There is high level support for international health linking, and there is a great need for coordinated linkages where programmes interlink and connect with each other offering the maximum contribution to partners in developing countries.

What is lacking is an acceptance of a culture of health linking within the day to day work of the NHS. There is a fear that by investing in other health services our services to patients will suffer. This myopic view needs to be addressed, and put to rest.

Instead there needs to be a celebration of the amazing work that many NHS and other staff have done over the last years, (mostly unpaid, mostly in their holidays, mostly at a financial cost). Celebrating this very positive example of true vocational care that knows no geographic boundaries, and the many benefits that learning through sharing brings back to our NHS may be just what is required to really embed *Better Health Better Care* into the heart of the nation.

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