

Primary Care International: An Overview

Who We Are

PCI was launched as a social enterprise in 2014 by Red Whale | GP Update, one of the UK's leading providers of medical education in primary care. Our goal is to improve healthcare by strengthening front-line health care at home and in health centres. In resource-poor contexts in particular, PCI seeks to grow the capability of the workforce to learn and develop, raising clinical care standards, addressing related health systems issues, and ultimately delivering improved health outcomes across a range of settings. Our initial focus is on addressing Non-Communicable Diseases (NCDs) at the primary care level.



Clinical skills role play in Jordan



Advisory work in Kenya



NCD Training in Bangladesh

Our Expertise

Peer to peer learning through expert training teams: The team comprises practising clinicians who have worked and taught in many countries. They have trained doctors, nurses, pharmacists and community health workers in clinical skills, consultation skills, health systems management and strategy. The wider PCI team also brings expertise in development, social enterprise, technology, learning, and evidence-based medicine. More details of the PCI team are below.

Pragmatic, evidence-based approach: PCI combines a review of the latest literature and evidence with input from practicing clinicians, to develop credible, independent, evidence-based clinical Field Guides. They are based on WHO Essential Medicines Lists and adapted for each new context in which they are introduced. These Field Guides are now becoming widely recognised resources for primary care practitioners seeking concise, pragmatic guidance.

Innovation: Innovation in healthcare is needed to address the rising costs of healthcare, especially in NCDs. But innovation is not just about new drug treatments and new technology. It is also about achieving prevention, early diagnosis without expensive referral, and long-term access to affordable treatment. PCI's approach is to seek new ways of achieving these goals as appropriate to the diverse contexts in which it works.

Blended learning packages: In addition to face-to-face training and advisory work, PCI has developed a range of online resources, notably monthly clinical e-updates and moderated discussion forum. PCI is also in the process of testing interactive digital Field Guides (through a new app) and reviewing options for the development of further online learning content.

Recent Projects

PCI is a fast-growing organisation with a growing demand for its services. Below are some examples of recent projects, most of which are ongoing.

Health Poverty Action NCD Training and technical support to Health Poverty Action and Ministry of Health staff in Somaliland.

UNHCR Collaborating on a project *Caring for Refugees with NCDs* to build health workforce clinical and non-clinical skills in NCDs and contribute to the development of integrated systems and approaches for improved NCD management. Training programmes to date delivered in Kenya (Dadaab and Kakuma), Jordan, Burkina Faso, Bangladesh and Algeria.

Médécins Sans Frontières Partnership to deliver NCD training to MSF clinicians. Co-delivery of NCD training in Amman, Jordan, to MSF staff from all 5 sections of their global workforce in 2016.

Tabibi 24/7 Working with new private practice in Cairo, Egypt on a new model of primary care based around home visits. Training and mentoring the practice in NCD management techniques to incorporate into this service.

World Health Organisation Appointed by WHO Europe and WHO Eastern Mediterranean Regions to work in Turkey and Jordan to support adaptation of the PEN protocol to Syrian context, deliver Training of Trainers (TOT) sessions in support of these guidelines and train doctors in the use of WHO NCD Emergency Kits.

Population Services International Myanmar Delivery of diabetes and hypertension training / training of trainers as part of a PSI Universal Healthcare Coverage initiative.

AMPATH Piloting an innovative approach to increasing access to quality primary care services using micro-finance as a community entry point in Western Kenya.

For more detail on recent partners and project news, visit www.pci-360.com.

Our Team

Clinical training team

The PCI clinical training team is led by Clinical Directors Drs Sarah Montgomery and Peter LeFeuvre, an experienced husband-and-wife team. The team is made up of experienced GPs/Family Physicians with extensive international experience particularly working in low-resource settings.

Dr Sarah Montgomery

Dr Montgomery has a wide range of experience in primary health care programme development and training in India (Kerala and Andhra Pradesh), Tunisia, Egypt, Iraq and Armenia. A UK general practitioner and family physician for 25 years, she has also been a clinical executive for the UK NHS and acted as an advisor with a special interest and 13 years' experience helping healthcare authorities plan for provision of healthcare to refugee populations. Dr Montgomery speaks English, French and intermediate Tunisian Arabic.

Dr Peter Le Feuvre

A UK general practitioner and family physician since 1985, Dr Le Feuvre has been a UK National Health Service (NHS) advisor with a special interest and 8 years' experience providing

medical care to newly-arrived and long term asylum seekers and refugees in the UK. He has been involved in the planning and implementing of three different models of healthcare for refugees, and in training medical students and doctors in asylum seeker healthcare. Internationally, Dr Le Feuvre has built up solid experience in primary health care programme development and has demonstrated an ability to innovate and solve problems in healthcare delivery. He speaks English, French and some Arabic.

Guideline writing team

Dr Lucy Jenkins leads on guideline development, working with an Academic Advisory Board made up of international experts in evidence-based medicine.

Dr Lucy Jenkins, Clinical Lead, Guideline Writing Team

Dr Jenkins is a practising GP and family physician, founder and Medical Director of Red Whale | GP Update, and leads the development of GP Update guidelines. Prior to her work as a GP, she worked in a Public Health Unit, focusing on quality improvement strategies in the NHS in both primary and secondary care. Dr Jenkins has worked and taught in a number of countries including Uganda, Nepal and Egypt where she developed and implemented NCD frameworks for use in a resource-limited setting, developed a training programme for family physicians, and taught both doctors and medical students. Lucy Jenkins is a Director of PCI and is currently on sabbatical in India where she is working on new PCI Field Guides and teaching in a hospital.

Professor David Mant, Chair of Academic Advisory Group

Professor Mant is Professor Emeritus in the Department of Primary Care at Oxford University. He has served on the editorial boards of four medical journals and been a member of many national research advisory committees, such as the Medical Research Council Advisory Board. He is Principal Author of over 120 papers and currently in receipt of 8 research grants. Professor Mant has provided expert advice on primary healthcare to various national health authorities including advising the Chinese government and being commissioned to produce a white paper for the UK-India CEO forum on opportunities to develop primary care in India.

Dr Peter Rose, Coordinator of Academic Advisory Group

General practitioner and family physician since 1982, with 12 years as senior lecturer and researcher in primary healthcare at Oxford University, contributing to over 60 scientific papers, reviewing papers for 4 medical journals, such as the Journal of British General Practice and invited speaker and contributor at numerous national medical conferences. Founder and director of Red Whale | GP-Update, teaching on courses throughout the UK and in Australia, both on the general update course and developing and presenting an additional course in cancer care.

Other Advisors

In addition to the medical (clinical and research) expertise above, we are drawing on a small number of trusted experts to ensure our work is effective, sustainable and innovative. These include:

Dr Nigel Pearson, expert in Health Programming & Evaluation in Fragile States

A leading implementer of health programmes in fragile states and complex emergencies, he is known as an innovative thinker and researcher on approaches to health service delivery, and brings a wealth of experience working with UNHCR and other agencies. His track record

includes in-depth experience with cluster mechanisms and humanitarian coordination & responses, strengthening health systems, community systems and social accountability systems. Dr Pearson recently reviewed the Global Fund's support to fragile states.

Stephen Todd, Programme Director and Senior Teaching Fellow, UCL

Stephen Todd has 30 years' experience designing innovative products and services and leading complex operational change programmes, including 10 years at Hewlett-Packard and 7 years at management consultants PRTM (now part of PwC). At Hewlett-Packard, he founded a new R&D centre for HP's Medical Products Group that championed protocol-based healthcare and led the technology strategy and partnerships in Europe for HP's healthcare information management business. He has extensive experience helping start-up businesses and social enterprises and is an Associate Fellow at the University of Oxford's Said Business School.

Management and Coordination Team

Responsible for strategy, team-building, business development, contracts and project management. Key team members include:

Jonathan Winter, Director

Bringing a mix of non-medical expertise and business experience, Jonathan Winter is leading the start-up and development of Primary Care International. He has a long track record bringing together experts to address difficult challenges and shape innovative, practical solutions. He has also led many start-up projects internationally, working with some of the world's best-known business organizations and NGOs. Jonathan Winter has also worked extensively with Internet technology and in this context brings a special interest in the potential role of e-Learning to increase effectiveness and reduce cost of implementing guidelines and educating healthcare workers.

Julia Beart, Programme Manager

Julia has fifteen years' experience in the field of international health and development, working in programme design, partnership building, strategy and business development. With a commitment to international development and humanitarian work dating back to a student internship at Médecins Sans Frontières, she has worked across East Africa, West Africa and Asia. Previously Julia worked with award-winning organisation BasicNeeds where she developed an interest in healthcare innovation and was involved in developing franchising, training and quality assurance services.

Debbie Thompson, Programme Manager

Debbie Thompson has more than 20 years' experience coordinating and managing projects in the charitable and not for profit sector in Peru and the UK and her role with PCI, from company formation in March 2014, has involved setting up and managing the operational processes, encompassing financial, legal-compliance, product and relationship management.

PROJECTS

PCI is experiencing fast-growing demand for its services. Below are examples of recent projects across our flagship Healthcare Innovation Programme as well as projects delivered as an expert technical partner in Continuing Medical Education (CME) since our foundation in 2014.

Where training and CME are the focus of capacity building, our clinical team estimate that, in each year, every doctor or nurse trained is likely to benefit an average 1500 people with Non-Communicable Diseases (NCDs). For community health workers, this estimate rises to 5000.

“Because of the training and field guides from PCI, we can now address whatever diseases our patients come to us for in a way that we never thought was possible without this family medicine approach.”

Dr Sonak Pastakia
Director, BIGPIC project in Kenya

Healthcare Innovation Programme

AMPATH – Scaling up an innovative approach to increasing access to quality primary care services using micro-finance as a community entry point in Western Kenya. The pilot project (20,000 beneficiaries) has seen a 200% increase in the take-up of healthcare from screening and its goal is to scale across Kenya.

Health Builders - Strengthening the healthcare system in Rwanda through improved management, infrastructure and technology. The initial NCD pilot will improve clinical quality assurance. This will benefit 90,000 people, with plans to reach over 2 million people at scale.

Additional projects are in various stages of the programme’s sourcing and selection process. For example, we are working with the Ministry of Health in Botswana to develop a training programme that will support health workers to implement their new NCD guidelines, as part of strengthening primary care nationwide.

Other project work

Health Poverty Action - NCD Training and technical support to Health Poverty Action and Ministry of Health staff in Somaliland. PCI guidance has been incorporated in national treatment guidelines.

UNHCR - Collaborating on a project *Caring for Refugees with NCDs* to build health workforce clinical and non-clinical skills in NCDs and contribute to the development of integrated systems and approaches for improved NCD management. Training programmes to date delivered in Kenya, Jordan, Burkina Faso, Bangladesh and Algeria have reached 378 frontline health workers with a 25% increase in clinical knowledge and confidence post-training.

Médécins Sans Frontières - Partnership to deliver NCD training to MSF clinicians. Co-delivery of training in Amman, Jordan, to MSF staff from all 5 sections of their global workforce in 2016, and a phase of blended learning now being planned.

Tabibi 24/7 - Working with new private practice in Cairo, Egypt on a new model of primary care based around home visits. Training and mentoring in NCD management techniques to incorporate into this service, resulting in the launch of a flagship diabetes management programme – a first for primary care in Cairo.

World Health Organisation - Contracted by WHO Europe (to work in Eastern Turkey) and by WHO Eastern Mediterranean Region (to work in Jordan) to support adaptation of the WHO Package of Essential NCD Interventions (PEN) to the Syrian context and deliver a Training of Trainers (TOT) in support of these guidelines for doctors working in Northern Syria and Southern Syria. This training has since been cascaded to 100 clinics operating inside Syria. PCI NCD Field Guides will also be incorporated into WHO NCD Emergency Toolkits being piloted across several locations in support of the adapted PEN.

Population Services International - Delivery of diabetes and hypertension training / Training of Trainers as part of a PSI Myanmar Universal Healthcare Coverage initiative.

For more detail on recent partners and project news, visit www.pci-360.com.

WHO – Strengthening NCD care in Syria

After delivering critical Non-Communicable Disease training to primary care physicians in Northern Syria for the World Health Organisation (WHO) last year, PCI are pleased to have further developed that partnership with a package of support agreed in Jordan, where a team supports cross-border operations in South Syria. With more than six million internally displaced people, deaths from NCDs (mainly cardiovascular disease) are the second most common cause of death in Syria, after ‘injuries’. To read a blog post written about this in the new year, [please click here](#). A PCI team travelled to Jordan last week to deliver training in support of the roll-out of the WHO’s NCD Emergency Toolkits, which will include PCI’s own Field Guides, across Syria. These have been fully aligned to the WHO’s Package of Essential Non-Communicable Disease Interventions (PEN) and represent an incredibly exciting opportunity to get our pragmatic evidence-based guidance materials used ever more widely.

Health Builders – health systems support in Rwanda

PCI recently launched a new collaboration with [Health Builders](#), who have spent nearly a decade developing and strengthening health systems in Rwanda. Through a structured process of engagement with local primary care facilities, staff are mentored as they work to improve their management performance in areas such as human resources, infrastructure, finances and pharmacy systems. Now, in collaboration with PCI and with support from our Healthcare Innovation Programme investor Letshego, Health Builders will be developing a new stream of quality assurance around ‘quality of clinical services’ which will deal directly with the quality of patient care delivered. Read more here <https://pci-360.com/healthcare-innovation-programme-sees-new-partnership-with-health-builders-in-rwanda/>

AMPATH – micro-finance as an entry point to community health care

PCI is excited to have launched a new partnership with [AMPATH](#) in rural Western Kenya as part of our [Healthcare Innovation Programme](#). Through the Healthcare Innovation Programme, PCI partners with organizations which provide chronic disease care at community level in innovative, sustainable ways. Such programs are crucial to finding new ways to manage diseases like diabetes and heart disease. This project will see PCI work with AMPATH to pilot and extend a model of care called BIGPIC in which microfinance groups serve as an entry point in a comprehensive range of economic and health services. This approach incentivizes take up of and adherence to NCD treatment as well as breaking the cycle of poverty. Working closely with county Ministry of Health public services, the groups promote both linkage of at risk patients to care, ongoing attendance at clinics and access to affordable treatment. Read more here <http://pci-360.com/microfinance-as-an-entry-point-to-community-health-care-a-new-healthcare-innovation-programme-partnership-with-ampath-launches/>

Population Services International Myanmar - Tackling Diabetes and Hypertension in Primary Care

When we were first approached to work with local partners to strengthen clinical knowledge of diabetes and hypertension amongst primary care practitioners in Yangon, Myanmar, it sounded straightforward enough. Then when we learnt about the myriad of tiny private GP practices and the difficulties in obtaining consistent advice and efficient referrals to secondary care, the challenges became apparent. The importance of a solid primary care system as a backbone to a well-functioning and equitable health system is widely under-estimated, as it is, indeed, in many parts of the world. Read more about the teams’ experience training GPs in diabetes and hypertension here <http://pci-360.com/tackling-chronic-disease-in-primary-care-reporting-back-from-yangon/>