

**Scottish Global Health Collaborative Mapping Survey**  
**Scotland's offer. Supply side mapping: progress to date**  
**Monday 22<sup>nd</sup> February 2016 Committee Meeting**

**Total complete responses to date (18/1/2016 – 20/2/2016)**

119 (114 NHSScotland, 5 not-for-profit, 0 academia)

**Number who conduct global health (GH) work or have done in the last 5 years**

37 (31%)

**Section A: Responses from respondents involved in GH work (n=37)**

**Employer of respondents**

21 health boards, Scottish institutions and organisations

Health boards: Greater Glasgow and Clyde, Borders, Dumfries and Galloway, Fife, Forth Valley, Highland, Lanarkshire, Lothian, Orkney, Tayside, NHS Education for Scotland, NHS24, NHS National Services Scotland: Public Health and Intelligence, Strategy and Governance

Other: RCPE, University of Edinburgh, Scottish Government, South East and Tayside Planning Group, RIPPLE Africa, VSO and the Westgate Medical Practice

**Profession of respondents**

<b>Profession</b>	<b># Respondents</b>	<b>% Total</b>
General Practitioner	11	30
Public Health Practitioner	6	16
Epidemiologist	4	11
Nurse	3	8
Physician	3	8
Public health medicine consultant	2	5
Infectious disease consultant	1	3
NHS Manager	1	3
Senior lecturer in global health	1	3
Medical director	1	3
Charity trustee	1	3
Not provided	3	8

### Career stage of respondents

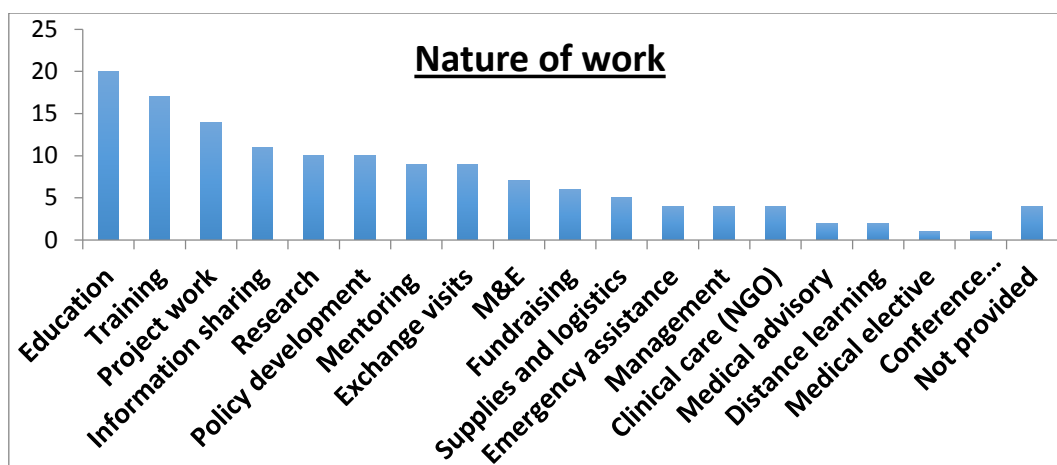
Career Stage (NHS)	# Respondents	% Total
Trainee/ Junior	6	18
Senior	16	50
Director	5	16
Not provided	5	16

### Involvement in GH work by respondents

Type of Involvement	# Respondents	% Total
Through UK employment	14	38
Outside UK employment	6	16
Both through and outside UK employment	17	46

### Countries in which GH work is delivered by respondents

Country	# Respondents delivering GH work
Malawi	11
Uganda	6
Range of countries Zambia	5
India Sierra Leone Tanzania Kenya	4
Nepal Nigeria	3
Ghana Sri Lanka China Bangladesh	2
South Africa Rwanda Ethiopia Vietnam DRC South Sudan Sudan OPT Myanmar Namibia Mozambique	Gambia South Korea Japan Guinea Liberia Swaziland North Korea Colombia Pakistan Kazakhstan EU
	1



### **Theme and/ or specialty of GH work**

Public health  
 General medicine  
 Emergency medicine  
 Primary care  
 Mental health  
 Acute care  
 Pharmacy  
 Obstetrics  
 Child health  
 Oncology  
 Water and sanitation  
 Health systems strengthening  
 Digital health  
 Antenatal care  
 Immunisation  
 Disabilities and rehabilitation

Family medicine  
 Adult medicine  
 Malaria epidemiology  
 Undergraduate medical education  
 Quality improvement  
 Infectious diseases  
 Sexual and reproductive health  
 Peripheral vascular disease  
 Respiratory infections  
 Acute care nursing  
 Community development  
 Palliative care  
 Global health surveillance  
 Cervical screening  
 First aid

### **Partners and organisations through which GH work is conducted**

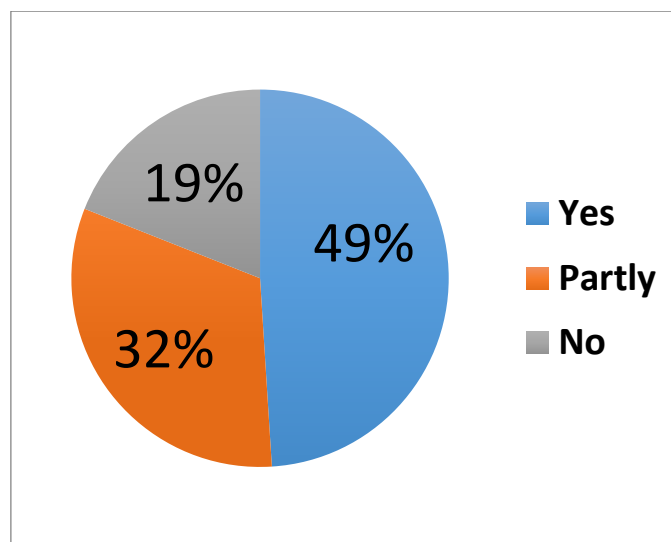
RCGP  
 University of Edinburgh  
 Aksum – Barts Medical School Partnership  
 West Scotland Faculty International Primary Care Network  
 Westgate Zingwangwa Partnership  
 Leeds University  
 Glasgow Caledonian University  
 Wellcome Trust  
 Christian Medical College, Vellore India  
 National Medical Journal of India  
 Overseas institutions  
 Kenya Medical Research Institute  
 Reach Out Mbuya HIV/AIDS Initiative, Kampala  
 Pyongyang University of Science and Technology

LSHTM  
 Global Health Academy, Edinburgh  
 Glasgow Medical School  
 NHS Borders & St Francis Hospital (Zambia) Partnership  
 Palliative Care Support Trust (Malawi)  
 Cochrane Collaboration  
 Public Health England  
 Staford University  
 Bwindi Community Hospital, Uganda  
 Edinburgh Malawi Cancer Link  
 Grameen Caledonian College of Nursing  
 Nepal TB Programme  
 International Society for Disease Surveillance  
 College of Medicine, Malawi

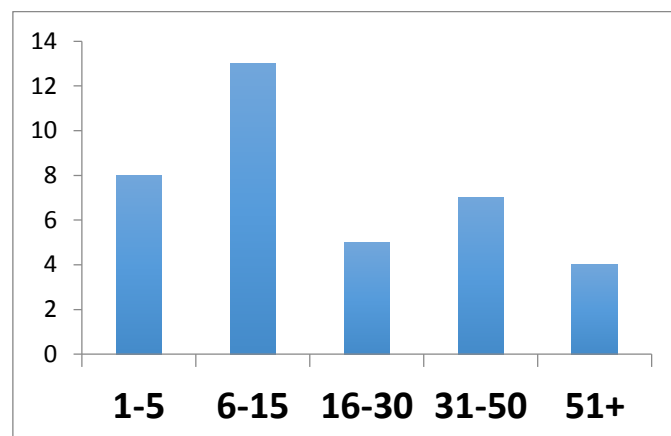
Queen Elizabeth Central Hospital, Malawi  
Scottish Enterprise  
Scottish Development International  
Scottish Government  
Gates Foundation  
DFID  
WHO  
VSO  
Merlin  
Ministry of Health Rwanda  
Ministry of Health Colombia

Nkhoma Hospital, Malawi  
IUATLD  
UKTI  
Centres for Disease Control and Prevention  
UNICEF  
USAID  
MSF  
European Commission  
Save the Children  
Ministry of Health Kazakhstan

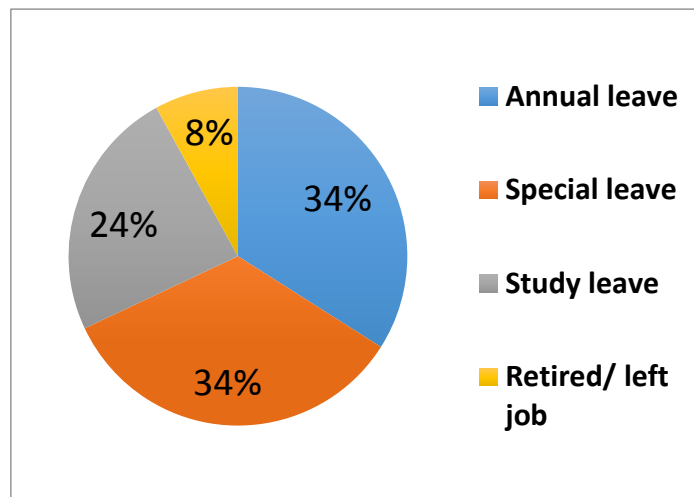
**Voluntary provision of GH work by respondents**



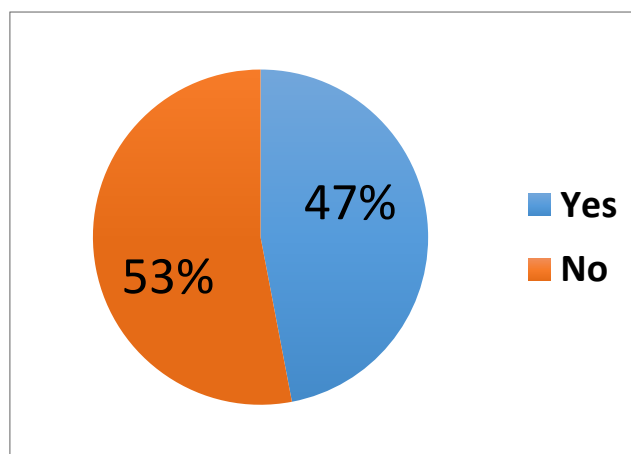
**Approximate number of days committed by respondents annually**



**Ways through which respondents make time for overseas GH work**



**Respondents' awareness of support from employer**



**Types of support received by employer (NHS)**

- |   |                                       |
|---|---------------------------------------|
| Gifts from Board endowment fund           | Special leave & expenses (conference) |
| Publicity: intranet site and notice board | Study leave                           |
| Equipment release mechanism               | Special leave                         |

**Section B: Respondents not involved in GH work (n=82)**

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**% of those who do not currently work in global health but would like to**

44/82 (54%)

## Section C: Responses from all respondents (n=119)

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### Number signed up for collaborative

68/119 (57%)

### Further information provided by respondents (42/119)

Provide "floating locums" to allow experienced Dr in the NHS to go abroad for 3 months for overseas projects

I would like to know what it is and how it can be linked with GP training and surgeries

The year volunteering overseas was the best year of my life. It has taught me lots of clinical, teaching and leadership skills which I am able to use in my job as a GP Partner.

We have explored the possibility of a mentoring scheme for early career GPs to be matched with more experienced GPs who have global health experience. Also, advocating for more formal Out of Programme Experiences (OOPEs), in international primary care, for GPs in training.

Small numbers of staff across a variety of disciplines are engaged in this work. Some visit Zambia others assist in other ways - offering consultancy advice, fundraising etc. We also engage with others to support our projects ie Scottish Water. We get no financial assistance from the Board for the twinning. Involvement is at the discretion of the individual's line manager leaving some colleagues better supported than others to pursue this interest. Even providing antimalarials or vaccines by Occupational health would be valuable but is not forthcoming. On the whole I don't think there is a great appreciation by the Board or Executive team on the benefits it brings to the NHS from this global partnership.

Ongoing cuts in public health funding and mitigating the impact of austerity means that this area of work can only be undertaken during annual leave - and if externally funded. We have a number of GPs, consultants and scientists with expertise gained through working with MSF - it was invaluable in pandemic flu, we had people back safely from Liberia during Ebola before PHE established anything.

Would love to join vso when I retire if I m still able to stand up!!

Given my NHS commitments I cannot see how I could find the time to be involved with GHWork at this time. i might consider it if or when i retire or go part-time

We are so extremely pressed in terms of delivering a service locally, and with constant efficiency savings meaning fewer staff, that it's just not feasible to do anything in terms of global health

As a medical doctor I tried to look into if it'd be possible to arrange some sort of sabbatical from NHS work in Scotland (this was a number of years ago, around 2005/6/7, I was a staff grade in Emergency Medicine) and it was incredibly difficult to get any information or to find anyone who'd be willing to talk to me about the possibility. There seemed to be more info for other HCPs, eg nurses. For this (and other reasons) I ended up moving from the NHS to the private sector (as a clinical research physician) to make enough money to be able to afford to go to Malawi to volunteer at rural clinic level for 6 months.