



THE UNIVERSITY *of* EDINBURGH

Edinburgh Research Explorer

## Safer primary care for all: a global imperative

**Citation for published version:**

Sheikh, A, Panesar, SS, Larizgoitia, I, Bates, DW & Donaldson, LJ 2013, 'Safer primary care for all: a global imperative', *The Lancet Global Health*, vol. 1, no. 4, pp. e182-e183. [https://doi.org/10.1016/S2214-109X\(13\)70030-5](https://doi.org/10.1016/S2214-109X(13)70030-5)

**Digital Object Identifier (DOI):**

[10.1016/S2214-109X\(13\)70030-5](https://doi.org/10.1016/S2214-109X(13)70030-5)

**Link:**

[Link to publication record in Edinburgh Research Explorer](#)

**Document Version:**

Publisher's PDF, also known as Version of record

**Published In:**

The Lancet Global Health

**Publisher Rights Statement:**

Copyright © 2013 Sheikh et al. Open Access article distributed under the terms of CC BY-NC-ND. Published by Elsevier Ltd. All rights reserved.

**General rights**

Copyright for the publications made accessible via the Edinburgh Research Explorer is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

**Take down policy**

The University of Edinburgh has made every reasonable effort to ensure that Edinburgh Research Explorer content complies with UK legislation. If you believe that the public display of this file breaches copyright please contact [openaccess@ed.ac.uk](mailto:openaccess@ed.ac.uk) providing details, and we will remove access to the work immediately and investigate your claim.



## Safer primary care for all: a global imperative



Copyright © Sheikh et al. Open Access article distributed under the terms of CC BY-NC-ND

Paradoxically, although primary care is the setting in which most care is provided, in the context of deliberations on patients' safety and reduction of the burden of iatrogenic harm, most attention has hitherto been focused on specialist care settings. Promotion of universal health coverage has recently emerged as a key priority for WHO and its member states, and provision of accessible and safe primary care is regarded as essential to meet this important international policy goal.<sup>1</sup> The release of the deliberations from WHO's inaugural Safer Primary Care Expert Working Group<sup>2</sup> is intended to help redress this imbalance by signifying WHO's intention to stimulate international action to support the delivery of safer primary care.

This begs the question of why, more than a decade after the issue was raised, so little progress has been made in primary care.<sup>3</sup> This situation can partly be explained by the fact that the findings from original studies showing the high frequency of medical errors and associated morbidity were all undertaken in hospital settings.<sup>4</sup> These landmark epidemiological investigations first alerted the international community to key areas of concern in hospital care provision and resulted in a range of government-backed policy and research initiatives,<sup>5</sup> which have in turn helped to create an important new discipline of enquiry. Studies have evolved from initial descriptive work aiming to assess the frequency of errors to, more recently, randomised controlled trials, which are now testing interventions designed to enhance patients' safety.

A second key reason for the inattention to primary care is that it is sometimes perceived as less risky than secondary care. This situation is indicative of a failure to distinguish between relative and absolute measures of risk. Thus, although it is reasonable to conclude that complex procedures such as emergency hip replacement surgery in an elderly patient with related comorbidities run a greater risk of iatrogenic harm than do antibiotics issued to a young woman with a urinary tract infection in a general practice consultation, there is a failure to appreciate that, in view of the fact that most care takes place in community care settings, the overall burden of iatrogenic harm is likely to be substantially higher in these settings than in specialist care settings. Additionally, an increased proportion of error in primary care is

likely to arise from misjudgments and misdiagnoses, a complex field conceptually, which is difficult to study in circumstances in which extensive follow-up and true diagnosis needs to be established as a comparison.<sup>6</sup>

Up to now, most work on safety has been dominated by an economically developed country agenda, and, moreover, one in which the focus has been on errors of commission. Low-income and middle-income country participants of the WHO Safer Primary Care Expert Working Group made clear the policy need for local data on the burden of unsafe primary care in their countries. In view of restricted universal access to health care, these participants especially highlighted the need to broaden the focus of enquiry so that the risk of preventable harm associated with errors of omission is also studied.<sup>7,8</sup>

The WHO Safer Primary Care report<sup>2</sup> has grappled head-on with the challenges associated with many variations in the scope, nature, and provision of primary care in different countries; insufficient data from low-income and middle-income country settings to inform priorities for care; the need to develop instruments and approaches to more accurately assess the overall disease burden; and the almost complete absence of trial evidence on how to improve the safety of primary care provision. Therefore, the report should result in a welcome widening of the lens through which patients' safety considerations are viewed.

Building on the Alma Ata declaration<sup>9</sup> and WHO's recent reaffirmation of the central importance of primary care,<sup>1</sup> WHO's deliberations provide a call for action and an agenda for change. This initial WHO pronouncement will now be followed by a global synthesis of available epidemiological evidence on the risks associated with primary care provision, the findings from an international research prioritisation exercise undertaken by members of the Safer Primary Care Expert Working Group, and a WHO Global Roadmap to Safer Primary Care.

\*Aziz Sheikh, Sukhmeet S Panesar, Itziar Larizgoitia, David W Bates, Liam J Donaldson

Centre for Population Health Sciences, University of Edinburgh, Edinburgh EH8 9AG, UK (AS); Division of General Internal Medicine and Primary Care, Brigham and Women's Hospital, Harvard Medical School, Boston MA, USA (AS); Department of Primary Care and Public Health, School of Public Health, Imperial College London, London, UK (SSP); WHO, Geneva, Switzerland

(IL); Department of Health Policy and Management, Harvard School of Public Health, Boston, MA, USA (DWB); and Institute of Global Health Innovation, St Mary's Campus, London, UK (LJD) [aziz.sheikh@ed.ac.uk](mailto:aziz.sheikh@ed.ac.uk)

AS is the Chair of the WHO Safer Primary Care Expert Working Group. SSP is the project manager of the Safer Primary Care Expert Working Group. IL works for WHO and steered the WHO Safer Primary Care area of work. LJD is the WHO Envoy for Patient Safety. DWB is External Advisor for Patient Safety Research, WHO. We thank all members of the WHO Safer Primary Care Expert Working Group.

- 1 WHO. The world health report 2008—primary health care (now more than ever). World Health Organization, 2008. <http://www.who.int/whr/2008/en/> (accessed May 3, 2013).
- 2 WHO. Safer primary care. [http://www.who.int/patientsafety/safer\\_primary\\_care/en/index.html](http://www.who.int/patientsafety/safer_primary_care/en/index.html) (accessed May 3, 2013).
- 3 Wilson T, Pringle M, Sheikh A. Promoting patient safety in primary care. *BMJ* 2001; **323**: 583–84.
- 4 Kohn LT, Corrigan JM, Donaldson MS, Institute of Medicine. To err is human: building a safer health system. Washington, DC: National Academy Press, 2000.
- 5 Department of Health. An organisation with a memory. London: Department of Health, 2000. [http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4065083](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4065083) (accessed May 3, 2013).
- 6 Wilson T, Sheikh A. Enhancing public safety in primary care. *BMJ* 2002; **324**: 584–87.
- 7 Rodin J, de Ferranti D. Universal health coverage: the third global health transition? *Lancet* 2012; **380**: 861–62.
- 8 Moreno-Serra R, Smith PC. Does progress towards universal health coverage improve population health? *Lancet* 2012; **380**: 917–23.
- 9 WHO. Declaration of Alma-Ata. In International Conference on Primary Health Care. 1978. Alma-Ata, USSR: World Health Organization. <http://www.euro.who.int/en/who-we-are/policy-documents/declaration-of-alma-ata,-1978> (accessed May 3, 2013).