

Knowledge into Practice: core principles of the PACK programme



Locally owned

- Localisation and training embed the programme into the health system.
- Draws on stakeholder input at throughout localisation and implementation.
- Local ownership allows sustainability.

Evidence-informed

- Evidence-informed clinical content
- Evidence-informed implementation through educational outreach
- Randomised control trials show improvements in outcomes and quality of care.

- Step-by-step instructions guide localisation, implementation and training.
- Algorithms and checklists allow for practical use during consultations and training.
- Content is simple and concise.
- Makes the clinical decision making process explicit.

Easy to use

Up to date

- Content and training is updated annually.
- Keeps pace with evidence and policy.
- Draws on ongoing end-user feedback.

Addressing the needs of patient and provider in primary care

- PACK Global content aligns with international guidance and best practice
- Localised content then draws with local policy and addresses local disease burden and health systems issues.
- May inform local policy initiatives, improving access to medicines, equipment and tests.

Policy-aligned

- The programme supports integrated comprehensive care for each patient in each consultation.
- Reduces fragmentation around multimorbidity.
- Puts the patient first by enabling efficient, evidence-informed care.
- Addresses provider needs through a clear interface for clinical content and referral pathways.

Person-centred

- Defines the role of each team member.
- Focuses on task sharing.
- Generates a culture of support and mentorship.

Interdisciplinary teamwork

Comprehensive

- Covers over 300 common presentations and diagnoses.
- Provides an integrated approach to address multimorbidities.
- Spans the patient's life course, from 0-100 years.
- Facilitates access to the multidisciplinary team across all levels of care.