Faculty of Public Health

Of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

9 July 2008

Professor the Lord Darzi of Denham KBE
Parliamentary Under Secretary of State
The Department of Health
Richmond House
79 Whitehall
London
SW1A 2NS

Dear Lord Darzi,

Re: Faculty of Public Health response to the Next Stage Review

The Faculty of Public Health (FPH) very much welcomes your review's focus on health and wellbeing and the quality of care.

We fully support the aspirations of the report, including the emphasis on increased clinical involvement and leadership, but we feel that further work needs to be done in order to make that involvement and leadership truly effective in optimising the health of the population. In particular, we feel that further consideration should be given to the role of the NHS beyond healthcare settings per se and the responsibility clinicians have for the wider health of the people they serve. As your report points out, the recommendations need to be set in the context of assessment of population health needs and effective priority setting in order to be successful.

From the public health perspective, we would like to see much more attention given to skilling up clinicians of all professional backgrounds in the principles and practice of public health – ie. health promotion, health protection and healthcare improvement in the context of health inequalities. The FPH would be very happy to help you with this.

We would like to highlight the unique and vital contribution that public health specialist input will make in ensuring effective implementation of your recommendations. Public health overarches and underpins every aspect of health service delivery and can pull the sometimes disparate strands together into a coherent whole. In contrast, losing the population overview places the success of NSR in jeopardy and risks an increase in health inequalities.

To our mind, 'quality' includes such public health essentials as safety, appropriateness, accessibility, acceptability, effectiveness and efficiency – the understanding of which are all core specialist public health competencies. We therefore regard it essential that public health specialists are included in your proposed national and regional Quality Boards.

Crucially, public health is vital to achieving the vision of world class commissioning – all 11 competencies for WCC are core skills for PH specialists – and the public health workforce has a key leadership and team working role to play within the NHS and beyond. Because the public health workforce is not explicitly mentioned in the Next Stage Review (apart from a passing reference in the workforce document) there is a real danger that implementation will not include NHS public health consultants and practitioners and therefore will not be balanced or equitable. Needless to say, we feel that public health specialists and practitioners must not only be included in your proposed '250 leaders' programme, but should actually contribute to the input into that programme.

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In conclusion, I would refer you to our consultation submission which sets out the remit and role of public health professionals in improving health, protecting health and improving health services (this is attached). We also enclose a more detailed response to the specific content of the Next Stage Review.

We look forward to working with you in implementing your recommendations and I would be delighted to discuss with you further the contribution the public health workforce can make in achieving your vision for the NHS.

Yours sincerely

Professor Alan Maryon-Davis
President

Encs.

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Faculty of Public Health response to the Next Stage Review – July 2008

The Faculty of Public Health

The Faculty of Public Health (FPH) is an authoritative UK-wide public health body which aims to advance the health of the population through three key areas of work: health promotion, health protection and healthcare improvement. In addition to maintaining professional and educational standards for specialists in public health, FPH advocates on key public health issues and provides practical information and guidance for public health professionals.

Commissioning

We welcome the focus on 'world-class' commissioning across the sectors at local level, with practice-based commissioning providing integrated care, and wish to emphasise the importance of applying public health specialist expertise to these tasks. All eleven WCC competencies match closely to core specialist public health skills. This public health specialist role will be especially critical given that primary care trusts (PCTs) will have a responsibility for commissioning comprehensive wellbeing, prevention, and acute services.

It is important that there is clear guidance on how PCTs and local authorities will work together on the commissioning and on the provision of services when the competition and procurement rules appear to put barriers in the way of this. Directors of public health will play a critical role in this agenda given that they are, for the greater part, jointly appointed between PCTs and local authorities.

Prevention

The NSR highlights six key public health areas for particular focus for PCTs: tackling obesity; reducing alcohol harm; treating drug addiction; reducing smoking rates; improving sexual health and improving mental health. Many of these overlap with those areas set out in the pubic health white paper *Choosing Health* (2004) which set targets for some of these areas for 2010. We would seek clarification on whether these areas will now supersede those set by *Choosing Health*.

We welcome the proposals to amend the Quality and Outcomes Framework (QOF) to include incentives on preventing ill health. However, we seek assurance that commitment to prevention will be accompanied by sustained investment in preventive, health protection and health promotion services in addition to the proposed QOF enhancements. Where appropriate, action should be based on guidance from the National Screening Committee, NICE and other authoritative bodies.

FPH welcomes the commitment to invest new resources in those areas worst affected by obesity and alcohol-related ill health. We look forward to contributing to the development of new strategies and initiatives on these issues. As smoking is the biggest indicator of inequalities, we would highlight the importance of continued action to reduce smoking prevalence in those worst affected areas.

Information

Patient access to health records
We welcome the proposals to allow all patients access to their medical records. We ask that consideration should be given to those patients, particularly older patients, who may not have personal access to computers, for example. Consideration should be given to providing access via GP surgeries and other healthcare settings.

An important consideration is data protection – particularly with regard to how to withhold information in patient records which identifies third parties, or which has the potential to 'harm' the patient. This may require amendment of the Data Protection Act or a process of continuously monitoring the content of the record of every patient register with HealthSpace to check that no material which contravenes Data Protection laws has been included. This obviously has resource implications and further advice should be sought on this issue.

Careful consideration should also be given to who would be given access to this information, in terms of NHS staff, other health professionals and also whether patients should be allowed the option of not having their medical records or personal medical information available online.

Inequalities

FPH very much welcomes the NSR's emphasis on empowering patients and helping them to be informed and involved as active partners in the healthcare they receive. We welcome the creation of an NHS constitution which sets out the rights and expectations of patients and staff with regards to the NHS, and look forward to commenting on the new constitution. An important consideration will be how to disseminate the constitution to ensure everyone is aware of their rights as patients, and to supporting those vulnerable groups at greater risk of health inequalities to attain those rights and better access services.

Access to treatment
We would like to see further guidance on how guaranteeing all patients access to the most clinically and cost-effective drugs and treatments will be achievable in the context of local needs assessment and local decision-making.

Resourcing/funding

Payments to hospitals
We note that payments to hospitals will now be linked to the quality of care they provide, including clinical outcomes, patient experience and patient-reported outcome measures. This requires careful consideration as to how benchmarks for these metrics will be set. Patients' assessments will be influenced by their expectations of the NHS – which will vary considerably. Developing a robust tool for benchmarking and calibrating such assessments will be crucial.

Aligning funding with quality metrics also raises the question of how hospitals with poor quality ratings can be helped to improve rather than see their funding cut. Clarification is required on how 'failing' hospitals will be supported to improve and provide quality services. Consideration should be given to piloting this proposal before being implemented nationally.

Consideration should also be given to piloting this proposal before being nationally rolled out.

New technologies/innovations
We welcome the creation of new regional innovation funds, and would expect public health specialist representation on these expert panels. Assessment of applications for investment in innovation and new technologies should be driven by the contribution they will make to population health, not the newness of the technology where often the long-term clinical outcomes are unknown. All innovation should be rigorously evaluated.

Establishment of new bodies/organisations

We note that the NSR sets out proposals for the development of a number of new organisations and bodies, at both national and regional level.

Quality observatories
We welcome the setting up of 'quality observatories' to support good information about acute care and would advise that they work closely with the existing public health observatories (PHOs) and local Health Protection Agency surveillance functions to build a fuller picture of the health status of local populations. Much of the information currently collected and analysed by the PHOs is germane to the clinical quality agenda, and therefore we feel that consideration should be given to incorporating the quality observatory role within an extended remit for the PHOs.

Coalition for Better Health
We welcome the establishment of a formal coalition between government, private and third sector organisations around a set of new voluntary agreements, and would expect senior level public health specialist representation to be included in this coalition.

We welcome the initial focus on combating obesity. This could evolve naturally from the current Healthy Weight, Healthy Lives Delivery Group. However, voluntary agreements have previously been made with the food industry, for example, around salt reduction and reducing saturated/trans fats in food. We would welcome clarification on what strategies will be put in place should voluntary agreements fail.

National Quality Board
FPH would expect public health specialist representation on this new national board, and also on the proposed regional quality boards (perhaps through the regional directors of public health). We look forward to receiving further information on this proposal as it develops.

Integrated care organisations
FPH would expect local public health specialist involvement in piloting the proposed new integrated care organisations. We look forward to receiving further information on this development.

NHS Leadership Council
FPH would expect public health specialist representation on this new council. We would also argue that basic public health skills and competencies should form part of the input into the leadership programme, and also for public health specialists to be included as participants in the mentoring scheme of 250 leaders. We look forward to receiving further information on this.

NICE appraisal guidance process
We fully support the drive to ensure that effective treatments are made available to patients quickly and safely. We wish to ensure that the speeding up the process is not done at the expense of quality.

NHS Evidence
FPH welcomes any measure which makes it easier for patients and staff to access information and evidence on the best available healthcare treatments etc. Clarification is sought on how NHS Evidence will fit with other valuable health information portals such as the National Electronic Library for Health, Public Health Observatories, Cochrane Library.

Public health workforce

General
With reference to *A High Quality Workforce: NHS Next Stage Review,* FPH welcomes this clear, coherent framework for workforce planning, education, training and development. We welcome the emphasis on positioning staff for leadership, management, research and educational roles.

To our mind, 'quality' includes such public health essentials as safety, appropriateness, accessibility, acceptability, effectiveness and efficiency – the understanding of which are all core specialist public health competencies.

We strongly welcome the acknowledgement of the need for increased capacity to focus on health promotion, wellbeing and disease prevention, and the explicit reference to strengthening the numbers and skills of the public health workforce.

We welcome the emphasis on clinicians as 'partners', extending their remit into stewardship of resources and working with others beyond the NHS.

Clinical focus
We would welcome a broader perspective on what constitutes the 'NHS team'. The report focuses on clinical staff and does not adequately consider the host of NHS staff not on the frontline but who provide important and complementary roles such as the public health workforce, either at consultant or practitioner level.

Occupational health
Whilst the report has a clear focus on valuing its employees and offering flexible career pathways, there is no specific reference to the strengthening of occupational health services. Occupational health should be an integral part of the strategic direction of the NHS. A robust and integrated occupational health service should help to promote a safe and healthy workplace, work towards the optimal physical and mental health of employees and strengthen the relationship between health and productivity.

Easy access for NHS staff to information about high quality care
Public health expertise needs to be at the heart of this initiative.

Education and training for clinicians
From the public health perspective, we would like to see much more attention given to skilling up clinicians of all professional backgrounds in the principles and practice of public health – ie. prevention, health promotion, health protection and healthcare improvement in the context of health inequalities. The Faculty would be very happy to help with this.

We want to ensure that plans to develop continuing education and training (including leadership training) for doctors also support the needs of consultants in public health whatever their professional background. We look forwarding to having a central role in the development of education and training to enhance the core roles of practitioner, partner and leader.

We feel it is essential for FPH to work closely with Medical Education England to ensure that the foundation programme is fit for purpose in relation to public health skills and competencies.

Dual accreditation

Dual accreditation between public health and clinical specialties needs to be considered carefully and the concept more clearly outlined. FPH would need to ensure that a robust and comprehensive system is put in place to ensure that a dually accredited consultant in public health is 'fully' competent to practice. The length of time required for training, continuing professional development and revalidation would be considerable if full accreditation were to be obtained and maintained in two specialties. Arguably, what is needed is not dual accreditation, but a more robust and tailored public health component within training programmes for all clinical specialties. FPH would be well placed to have an advisory role in developing the public health component of clinical specialty training and in supporting modular credentialing.

Academic medicine

We welcome the strengthening of the Walport academic fellowship programme and recommend that public health fellowships be extended to all disciplines that contribute to the NHS public health workforce, not just medicine.

Specialist community public health nurses

We welcome proposals to develop the health promotion role of nurses and would want to ensure that these are joined up with the standards set by FPH for consultants and those being developed for public health practitioners.

Professional advisory groups

We agree strongly that professional groups must contribute to strategic workforce development at all levels. However, by creating professional advisory boards to provide an overview for each of the professional groups we run the risk of perpetuating current silos and duplicating current professional bodies' workforce planning. Alternatively, consideration could be given to creating national workforce advisory groups based on either functions (such as health promotion, disease prevention), client groups (eg. children, older people) or broad topic areas (such as cardiovascular disease, mental health, sexual health).

Appointment of Medical Directors

The NSR sets out proposals for the appointment of a medical director in each strategic health authority (SHAs). Clear guidance will be needed on the remit of the new medical directors, particularly in relation to existing regional directors of public health posts. FPH hopes that the Department of Health will consult with the FPH – which has a statutory role in developing job descriptions for all public health specialists to ensure that roles and responsibilities are clearly set out. We would also expect senior public health specialist representation on each senior clinical advisory group to be set up in each SHA.

Clinical Excellence Awards Scheme

This is a significant factor in incentivising quality and in redesigning local services. The current clinical excellence awards scheme does not serve this agenda as well as it should. These awards need to better recognise clinical (including public health) leadership which results in modern effective services. This is slightly different from making awards dependent on clinical standards. It recognises that clinical leaders including consultants in public health can be instrumental in the quality of patient care and improvement of health status for large population groups at a more strategic level.