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Written submission to House of Commons Health Select Committee Primary care: the public health input

1. Organisation name

UK Public Health Register (UKPHR)

2. Name of person completing the response

MR DAVID KIDNEY

3. Postal Address

UKPHR
18c, McLaren Building, 46, Priory Queensway, Birmingham B4 7LR

4. Telephone

0121 296 4370

Email address

d.kidney@ukphr.org

Executive summary

UKPHR is an Accredited Register under the statutory programme operated by the Professional Standards Authority. Accredited Registers offer an assured workforce, ready and able to help relieve pressures on health and care services.

UKPHR's registrants form part of the core workforce capable of working with others to bring about the radical upgrade in prevention and public health called for in the *NHS Five Year Forward View*.¹

UKPHR gives service users the confidence that public health professionals have the requisite competences and there is a complaints process in place. If a registrant is removed from UKPHR's register, that person cannot join another Accredited Register, protecting the public from malpractice.

GPs and their colleagues in primary care are appreciative of local epidemiological data provided by their public health counterparts. Public Health Specialty Registrars – including those from primary care – benefit from time spent on rotation to Public Health Departments and this practice should become a required element of trainees' development.

A well trained, motivated and regarded core public health workforce will be able to contribute decisively to improved health and wellbeing of the public, reduced health inequalities and less pressure on health and social care services.

More information about UKPHR is given in the Annex.

¹ <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

General

UKPHR welcomes the Health Select Committee's inquiry into primary care and is pleased to respond to the Committee's invitation to send a written submission on the challenges affecting primary care services in England.

As the accredited register for professionals in public health practice we will confine ourselves to the contribution public health should be making to the delivery of primary care in England and related workforce issues.

The 2014 report by the Centre for Workforce Intelligence (CfWI) *Mapping the core public health workforce*² showed that the number of core public health workers in England is in the range of **36,000 to 41,000 people**.

A new report, published by the CfWI and the Royal Society for Public Health, *Understanding the wider public health workforce in England*³ has found that at least **15 million people** contribute to the public health agenda in England - ranging from police and fire personnel, to opticians and housing officers.

UKPHR is an Accredited Register capable of assuring the competence of those who work in and with the core public health workforce. Accredited Registers are a new approach to regulation and are crucial to health and care service delivery.

Registration provides evidence to colleagues, employers and the public of an assured level of competence achieved by registrants. Beyond registration, competence is maintained through a system of annual renewal and a requirement for **continuing professional development**.

UKPHR is also planning to introduce five-yearly **revalidation** of all registrants in 2016.

UKPHR is a not-for-profit company limited by guarantee. It is also a registered charity.

Quality of care

Primary care NHS services (including services commissioned by NHS organisations but delivered by third parties) are eminently well placed to ensure that high quality care is consistently available to patients at the point of need.

In addition, they are have the potential to be an engine room for delivery of public health services: **a population-based approach that engages and empowers individuals and communities in addressing the wider determinants of health led by a multidisciplinary core public health workforce supported by a massive wider workforce**.

² <http://www.cfwi.org.uk/our-work/public-health/mapping-the-core-public-health-workforce>

³ <http://www.cfwi.org.uk/news/new-report-offers-first-insight-into-the-size-and-scope-of-the-wider-public-health-workforce-in-england>

Demand and access

The NHS Five Year Forward View has brilliantly captured the challenges and pressures faced by today's NHS. Demographic change, changes in respect of scientific and technological change and public expectation all point to growing demand on health and social care services alike going forward.

The Five Year Forward View, endorsed by NHS England's partner organisations including Public Health England, sets out the changes needed in funding, organisation and future ways of working. It says this in relation to the contribution to be made by public health:⁴

*The first argument we make in this Forward View is that the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a **radical upgrade in prevention and public health**. Twelve years ago Derek Wanless' health review warned that unless the country took prevention seriously we would be faced with a sharply rising burden of avoidable illness. That warning has not been heeded - and the NHS is on the hook for the consequences.*

The professionals we register form part of the core workforce capable of working with others to bring about this radical upgrade in prevention and public health.

In keeping with all Accredited Registers, UKPHR offers an assured workforce, ready and able to help relieve pressures on health and care services.

Funding

The purpose of registration is to protect the public and promote public confidence in public health practice. As a regulator, albeit not statutory, it is not for UKPHR to involve itself in political issues and the issue of funding is inevitably interlinked in politics.

UKPHR is also a registered charity in England and Wales⁵ and therefore has a duty to remain politically neutral.

We can of course provide factual information about costs involved in assuring a competent, safe public health workforce.

⁴ <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

⁵ UKPHR is registered in England & Wales by the Charity Commission with charity number 1162895

Commissioning

The key challenge is surely to align the relevant services and the appropriate commissioners and providers in a single public health, health and social care framework.

In rising to this challenge, some of the crucially important issues to be identified and addressed include:

A single all-England framework or a devolved approach?

How best to achieve integration of health and social care?

How best to join up NHS and local authorities' strategies?

How will individuals and communities be engaged and empowered?

Who will ensure that health contacts are "right first time" (e.g. MECC – make every contact count)?

How will the great untapped resource of the wider public health workforce be engaged, appropriately trained and commissioned to best effect?

The evaluation of the vanguard pilots may provide important evidence and help guide the design of future commissioning models.

Future models of care

New models of care are being tested in the vanguard areas with a view to identifying ways of working which are cost effective, achieve better outcomes and will be capable of replicating at scale across the NHS.

An example is the Vitality site in Birmingham and Sandwell⁶. A Multispecialty community provider (MCP), It is intended to develop a health and social care system accessible through GP practices, with a care-coordinator to support patients.

What is not yet clear (admittedly it is still early days but the need for transformation in delivery of services is urgent) is whether these NHS-led initiatives are going to be joined up effectively with local authority-led services like social care and public health and vice versa.

However, the core public health workforce is well positioned to stimulate necessary engagement locally between CCGs and local authorities and their communities. In West Birmingham and Sandwell, the CCG employs a Public Health Consultant directly to assist it in achieving this objective.

⁶ <http://www.england.nhs.uk/ourwork/futurenhs/5yfv-ch3/new-care-models/community-sites/>

Workforce

It has been observed by UKPHR registrants that GPs are appreciative of local epidemiological data and as we see the emergence of larger practices with multi-disciplinary teams so population based practice profiling becomes more accurate, informative and influential in shaping primary care practice.

Additionally our experience of Public Health Specialty Registrars suggests how valuable trainees from other specialisms - especially primary care - find time spent on rotation to Public Health Departments. We believe this practice should become a required element of trainees' development.

UKPHR shares with other public health organisations a commitment to implement England's *Public Health Workforce Strategy*⁷.

Of particular interest are the **Public Health Skills and Knowledge Framework** (known as the Public Health Skills and Careers Framework until its refresh in 2013), the proposal for a public health workforce **skills passport** and the arrangements for regulation of this workforce, including through **UKPHR registration**.

UKPHR has been a voluntary register for public health **specialists** in the UK since 2003.

Employers have come to value the assurance of professional competence that registration evidences. New recruits are invariably required to be registered with UKPHR (unless already regulated by one of the statutory regulators General Medical Council or General Dental Council).

Since 2011, UKPHR has also operated registration of public health **practitioners**. It offers employers the same assurance of professional competence as for specialists.

In considering public health practice and its contribution to improving health and wellbeing and reducing health inequalities, it is useful to think in terms of public health encompassing:

1. Health improvement
2. Equitable and timely access to healthcare services
3. Health protection
4. Public health intelligence and evidence

A well trained, motivated and regarded core public health workforce is key to instilling these elements in the commissioning and delivery of health and social care services, harnessing the efforts of the much larger wider workforce and engaging and empowering individuals and communities.

⁷ Healthy Lives, Healthy People: A Public Health Workforce Strategy

<https://www.gov.uk/government/publications/healthy-lives-healthy-people-a-public-workforce-strategy>

The prize for achieving these goals is improved health and wellbeing of the public, reduced health inequalities and less pressure on health and social care services.

However multidisciplinary, committed and hardworking it may be, this workforce will be just one component of a society-wide effort to improve our public health improvement.

Our public health success will be measured by how well the public health workforce is able to integrate effective public health ways of working into broader societal developments in governance, service delivery, community assets and public behaviour. Key areas for attention in order to achieve this include:

Public policy;

Population based interventions;

Commissioning and delivery of health and social care services; and

Public information.

UKPHR particularly emphasises the importance of all health and social care workers working to a clear *ethical code of conduct* and in this respect commends a culture of reflective practice. This reminds all staff of their personal responsibility for their actions and the need to be appreciative of the impact their conduct will have on public safety.

UKPHR would additionally welcome coordinated **regulatory action**. As a regulator itself, UKPHR wishes to have close, constructive relationships with other regulators of health and social care workers.

We would welcome a *model protocol* for use by all relevant regulators setting out the actions each will undertake in order to implement the relevant recommendations of the Law Commissions' report and of Sir Robert Francis' reports regarding Mid Staffordshire Hospitals Foundation NHS Trust and whistleblowing respectively.

UKPHR is willing to provide further comment and evidence in support and is willing to contribute oral evidence to the Committee if requested.

**For any comments, queries or questions concerning this response,
please contact:**

David Kidney, Executive Director, UKPHR,
18c McLaren Building, 46, Priory Queensway, BIRMINGHAM B4 7LR
Tel. 0121 296 4370 d.kidney@ukphr.org

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Annex - About UKPHR

UK Public Health Register (UKPHR) was set up as a result of a Tri-Partite public health community initiative, supported by the Department of Health and the Chief Medical Officer, Liam Donaldson, in 2003. It is a Company limited by Guarantee operating a voluntary register of public health specialists and practitioners.

Since 2014, UKPHR's register has been accredited by the Professional Standards Authority under the Accredited Registers Programme. This scheme was established under the Health & Social Care Act 2012.

In 2015 UKPHR was registered in England & Wales by the Charity Commission with charity number 1162895.

At its outset in 2003, UKPHR was intended to provide a regulatory home for public health specialists who were neither doctors nor dentists (and therefore not already statutorily regulated by the General Medical Council and the General Dental Council).

Twelve years on, the UK's public health leaders are much more multi-disciplinary as a result of the 2003 initiative and employers, including local authorities, advertise top posts in public health as "must be registered by UKPHR or General Medical Council or General Dental Council".

Approximately one-half of the 1,200 or so public health specialists working in the UK are today registered by UKPHR (625 as at February 2015).

UKPHR piloted practitioner registration in 2011, initially in 4 locations around the UK. Today, there are ten public health practitioner registration schemes in:

- East England
- Kent, Surrey & Sussex
- London North-Central & East
- North East England
- Thames Valley
- Wales (with arrangement for Northern Ireland practitioners to register also)
- Wessex
- West England
- West Midlands
- West Scotland

As the list shows, not all the UK has access to practitioner registration currently. UKPHR believes this to be inequitable and wishes to establish UK-wide coverage as soon as possible. This necessitates establishing partnerships at a local level with public health bodies willing to co-operate in setting up, funding and providing ongoing support for more local registration schemes.