King's Fund

PROFESSIONS ALLIED TO MEDICINE AND PUBLIC HEALTH

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THE KING'S FUND IS AN INDEPENDENT CHARITY DEDICATED TO STIMULATING GOOD PRACTICE AND INNOVATION IN ALL ASPECTS OF HEALTH CARE

INTRODUCTION

In September and October 1997, the King's Fund held two seminars for the Professions Allied to Medicine (PAMs)[1] in order to discuss their actual and potential contribution to public health, and to explore the future development of their role in public health. This work was commissioned by the NHS Executive, and the issues raised in these seminars resonate with many of the themes that emerged from an earlier research project on multi-disciplinary public health, also commissioned by the NHS Executive and undertaken by the King's Fund[2].

The majority of practitioners in the PAMs are accustomed to thinking of themselves as individual practitioners in their own professional discipline, for which they are highly trained. Typically, they describe their work in relation to individuals, or sometimes families, to whom they apply their therapeutic skills. However, many of them, both as individuals, as members of multi-disciplinary teams or as part of professional organisations, also make a considerable contribution to the practice of public health.

If we define public health as:

the science and art of preventing disease, prolonging life and promoting health through the organised efforts of society[3]

then we see that in fact, the PAMs make a significant contribution to public health in a number of ways. Public health is a multi-faceted occupation, encompassing the multi disciplinary contributions of a range of professions and a range of academic disciplines and ways of working. Public health, as distinct from public health medicine, also spans a range of settings both within the NHS and elsewhere, notably in local authorities. Within the NHS, a public health approach can make a major contribution to the following areas:

- Input to commissioning, including needs assessment, quality specification and evaluation of services
- Health promotion
- Clinical effectiveness/evidence-based practice
- Involving lay people in health issues

The actual and potential contribution of the Professions Allied to Medicine is varied, and spans these categories. Illustrations are provided below. It should be noted that

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[1] The following professional groups were invited to take part: podiatrists, physiotherapists, occupational therapists, speech and language therapists, clinical psychologists and dietitians. It should be noted that some dietitians are specifically employed as Community Dietitians, where their work with communities and their public health role is more explicit. It should also be noted that Speech and Language Therapists are not actually PAMs, but they have many characteristics in common with PAMs.

[2] *Developing public health in the NHS - the multi-disciplinary contribution* by Levenson R, Joule N and Russell J. King's Fund. 1997.

[3] Department of Health (1988) *Public Health in England: The report of the committee of inquiry into the future development of the public health function.*

members of the Professions Allied to Medicine do not necessarily conceptualise their own activities in this way. Indeed, in many instances, there is an indication that individual practitioners bring a range of skills that are relevant to public health work with little self awareness that this is so.

In addition to the distinctive professional skills that differ, at least in part, from profession to profession within the PAMs group, there are also discernible ways in which these professions share an approach to improving the health of the public.

PART 1 - What do Professions Allied to Medicine do in relation to public health?

Input to commissioning, including needs assessment, quality specification and evaluation of services[4]

All the Professions Allied to Medicine are well placed to contribute to the needs assessment stage of commissioning services. Although their practice is primarily with individual patients, this closeness to the service user provides valuable insight into need, both at an individual level and at a community level. PAMs tend to spend a significant time with an individual patient and this enables a relationship of trust to develop. The combination of the practitioner's personal relationship with the client and the professional skills of the practitioner can enable a thorough understanding of need to develop. Since much of the work of the Professions Allied to Medicine takes place in people's homes or in community settings, it may be easier for the professional to get a rounded picture of need that is user-based, rather than based on traditional professional demarcation lines. While this kind of needs assessment cannot stand alone, it can provide an invaluable complement to scientific and epidemiological data used in public health. .

While Professions Allied to Medicine are rarely involved in a direct way in commissioning health services at a health authority or GP commissioning level, they are directly involved in some health authorities. In one health authority, a clinical psychologist is employed by the health authority, and advises on services for individuals, including extra contractual referrals, service reviews and quality initiatives across the whole of the health authority's work.

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[4] For a useful publication which sets out how PAMs can make a contribution to purchasing, see *Getting involved and making a difference - purchasing and Professions Allied to Medicine.* Department of Health. April 1997.

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PART 1 - What do [illegible] health?

Input to commissioning [illegible] evaluation of services

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In one health authority, the clinical psychologist has been asked to carry out a review of Elderly Mentally Infirm (EMI) services across the three boroughs in the health authority, to look at issues of service mix, equity of access and co-ordination of services across agencies. He has looked at population data, rate of occurrence of mental health problems in the elderly, current provision and the elements of an ideal service. He is now leading borough by borough meetings of all stakeholders, discussing the findings of the review and working to create a common view of pressure points and action plans to address them.
In the same health authority, the clinical psychologist is taking a lead on developments to improve co-ordination of psychological therapy services. Key elements have been ensuring equal access to counselling services for the population, improved mental health input to GPs, and a co-ordinated psychological therapy service within the mental health Trusts.

Source: Lawrence Moulin, Clinical Psychologist, Ealing, Hammersmith and Hounslow Health Authority.

In another health authority, a physiotherapist is employed as a primary and community care commissioner. There is some indication that involving the Professions Allied to Medicine in commissioning roles can help to ensure that the concerns of all the Professions Allied to Medicine, and not just their own profession, are represented in commissioning decisions. The dismantling of the internal market and the move away from annual contracts may facilitate a greater role for Professions Allied to Medicine in commissioning as a longer term view of health gain may be facilitated.

Health promotion
Many of the Professions Allied to Medicine undertake educational work, not only aimed at individuals, but at the wider community. Examples include:

Cook and eat initiatives
Dietitians play a part in educating groups, based in schools, communities, housing estates etc. Dietitians apply their skills to educate and encourage healthy food choices and cooking methods that promote good health. This is not restricted to cooking exclusively "healthy" foods. If people want to eat eggs and chips, some schemes may be prepared to help them prepare them in the healthiest possible way.

Food choice programmes in school and at home also exist in a number of places. There are also some particular examples of initiatives that are partly educational, as well as fulfilling other purposes, such as community cafes, with which dietitians may be involved.

Education
While many people might see speech and language therapy as educational in itself in work with individuals, it also fulfils educational purposes in a wider context. The range of activities undertaken by speech and language therapists include work with teenage mothers to underline the importance of communicating with their babies and children, work with key workers of people with learning disabilities and with parents of children with disabilities. Parents and carers can themselves be equipped to

In one health authority [illegible]
of Elderly Mentally Ill [illegible]
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Source: [illegible]
Mersey [illegible]

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Health promotion
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Education
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encourage speech and language development, and the health of the community is improved more widely through their efforts. Effective voice use can also be taught to people who are likely to put their voices under strain, such as teachers.

We take our voices for granted - and we also tend to take for granted that at some time in our lives we will lose our voices or suffer from hoarseness - an inconvenience, as most of us will see it. Yet for an increasing number of people, that inconvenience could become something much more serious. Many of the pressures in life can put strain on the voice, leading to symptoms that are worse than those of simple laryngitis and cause real and lasting damage.

For this reason, many speech and language therapists are now working with groups of people like teachers, salespeople, telephonists, singers and actors, all of whom need to keep their voices healthy, yet at the same time expect them to cope with constant strain and over-use.

While there are many courses which teach vocal techniques and presentation skills, they tend to teach how to speak effectively. They all too often fail to teach how to speak efficiently. That is where speech and language therapists, with their knowledge of the mechanics of speech and pathology, have an important role to play. They can help people identify everyday factors that can affect their voices, such as pollution, smoking, alcohol, air conditioning and so on, and to recognise the demands that are placed on their voices, such as speaking above background noise or talking for long periods with little opportunity to rest. Speech and language therapists can help people spot the early signs of vocal stress and misuse and show them how to take immediate steps to put things right and prevent the development of chronic problems. Through early intervention, speech and language therapists can reduce time off work, the need for voice therapy and/or surgery.

Source: Pippa Tomlinson, speech and language therapy manager, Royal Hampshire County Hospital.

Physiotherapists and occupational therapists teach safe lifting and handling techniques in a variety of settings, such as industrial workplaces, and care settings where nurses and others are required to lift patients. Carers and family members at home are also taught essential techniques which can prevent serious injury to themselves and to the person for whom they are caring.

Podiatrists also favour an educational role, assisting the community to understand what can keep feet healthy, including the choice of appropriate shoes. Talks given to school children and sports clubs all carry an educational message.

In general, Professions Allied to Medicine can play a significant part in educating colleagues, particularly in the Primary Health Care Team. Dietitians, for example, can provide the scientific knowledge about nutrition that is needed by nurses, GPs and others who see patients on a regular basis. Professions Allied to Medicine can also help to demystify certain subjects, Psychologists who have an expert knowledge of eating disorders can share this knowledge in an accessible form with a range of colleagues. In some instances, psychologists also develop guided therapies for use in primary care by non psychologists.

Clinical psychologists in South Bedfordshire have been developing methods to tackle the rising demand for effective therapies for anxiety, depression and obsessive compulsive disorder in general practice. They have developed a system called Assisted Bibliotherapy, where a supervised but otherwise unqualified worker attends general practices to offer straightforward cognitive therapies in a written form. They discussed the content of a series of weekly information and homework sheets, which are presented in a written form, checking on progress and ensuring understanding. The approach has demonstrated its effectiveness on simple standardised measures.

Source: Peter Morris, Clinical Director, Child and Family Service, South Bedfordshire Community Health Care Trust.

Health promotion plays a part in the work of Professions Allied to Medicine as a matter of course, both with individuals and with communities. In addition, from time to time, there are specific initiatives that can provide a focus for a range of health promoting and health education activities. Foot Health Week and National Back Pain Week are examples of this approach.

Healthy lifestyles

The Professions Allied to Medicine play a considerable role in encouraging and enabling healthy lifestyles. They do this in a variety of settings, focusing on individuals, families, communities and workplaces. As indicated above, this aspect of the work of PAMs also has a strong educational component, as the ability to choose a healthier lifestyle needs to be supported by appropriate information. However, many PAMs also share the view that individuals are not always in a position to have as healthy lifestyle as they might wish to do, and PAMs also make a contribution to the wider arena of social policy, which is discussed in more detail below.

The work of physiotherapists can be used to illustrate involvement in public health. In addition to work with individuals, physiotherapists work in schools, leisure settings, such as sports clubs and gymnasia and in industry. In addition to treating individuals and assisting the process of rehabilitation, physiotherapists advise on safe exercise, and on the treatment and prevention of injury. Physiotherapists may also be involved with "exercise on prescription" schemes, encouraging alternatives and additions to conventional medical and surgical care through helping people to adopt healthier lifestyles. Their work may be focused on individuals, but it may also take place in group settings. In industry, both physiotherapists and occupational therapists are involved in ergonomics, advising on design issues that impact on health, and facilitating a healthier working environment.

During National Back Pain Week in 1997, the Chartered Society of Physiotherapists set up a web site specifically to give advice about back pain. It covered "how to prevent back pain" and "what to do". Members of the public with access to the Internet were able, therefore, to access information to promote their own health and prevent possible long term disability caused by avoidable back problems. The web site was such a success that the Society will be extending it to cover a whole range of advisory services for the general public. The web site can be found on http://www.csphysio.org.uk.

Source: Judy Mead, Senior Professional Adviser, The Chartered Society of Physiotherapy.

Back Education Group - In this group - training programmes for people with newly diagnosed back pain were jointly run by an occupational therapist and physiotherapist. The programme included ergonomic advice, lifestyle review to accommodate posture, movement and lifting, relaxation techniques, exercise programmes and using local Leisure Centre facilities to maintain fitness.

Source: P. O'Hara, Occupational Therapist, Cirencester Hospital NHS Trust.

Occupational therapy provides an interesting perspective on how work with individuals and broader "public health" activities interweave and overlap. Occupational therapy has a professional emphasis on "meaningful doing" by using everyday activities to help people gain or regain independence in their life roles. This may take place at home, at school, in prison, in residential care or at work. The spectrum of occupational therapy activity is evident in cardiac rehabilitation, for example, where assistance to an individual to be active is also linked to choosing a healthy lifestyle, as well as a broader context of trying to influence employment opportunities and legislation relevant to people who have health problems or disabilities. Occupational therapists also work with local authorities, housing departments and schools in the design of safe, accessible environments for all.

Screening

Concern for the health of populations as well as individual health is evident in the actual and potential role of the Professions Allied to Medicine in health screening, which can also be seen as an aspect of health promotion as well as early detection of disease. The work of podiatrists in screening diabetics is one example, which aims to impact significantly in reducing amputations among a vulnerable population. Wider screening programmes, such as screening 9 year old children for foot health problems at school is no longer routinely carried out, although some podiatrists would argue that it would be beneficial if it were.

Clinical effectiveness/evidence-based practice

Closely linked to commissioning is the wider area of clinical effectiveness, where the contribution of Professions Allied to Medicine can be very significant. PAMs can contribute to knowledge about evidence-based practice, and are involved in developing guidelines on a wide range of issues, including the effectiveness of

podiatric surgery, the management of sports injuries and the appropriateness of treatments for individuals.

" I am asked a few times each week to advise the purchasing team on appropriate treatments for individuals. An example of this would be a recent case of dealing with a father whose 12 year old daughter was showing a severe conduct disorder. Despite treatment in local services offering behavioural management approaches to dealing with the problems, the father demanded that his daughter be given long term psychotherapy, which would have been on an Extra Contractual Referral (ECR) basis. I reviewed the evidence on effectiveness, talked to the local provider about treatments which had been offered and local alternatives, and agreed with the father a local alternative."

Source: Lawrence Moulin, Clinical Psychologist, Ealing Hammersmith and Hounslow Health Authority.

The Association of Chartered Physiotherapists in Sports Medicine has developed a clinical guideline, based on the best available evidence, for the management of sports injuries during the first 72 hours. It is based on a regime known as PRICE - protection, rest, ice, compression and elevation. The guideline is designed for the use of sports coaches and others likely to be dealing with immediate injuries at sports venues. More importantly, information is being developed for the general public, so that they can take steps to help themselves to deal with non-serious injuries, aiding speedier recovery, saving the health service resources and avoiding lost days through sickness absence. Materials will be developed in collaboration with the Health Information Quality Centre in Winchester.

Source: Judy Mead, Senior Professional Adviser, The Chartered Society of Physiotherapy

Involving lay people in public health issues

Public health is not simply a matter for experts and health professionals. Progress towards a healthier society depends on enabling and empowering individuals and communities to be more involved in health matters. The Professions Allied to Medicine contribute to this approach in a number of ways, some of which transcend narrow professional boundaries and work within the shared values of maximising the impact that individuals and communities can have on the improvement of the public's health.

Community development for health

A community development approach to health is neither new, nor limited to any particular profession. Several of the Professions Allied to Medicine offer examples of this broad approach to health.

There are many instances across the country of dietitians taking a community development approach to encouraging better health in a whole community. One example is the involvement of dietitians to encourage the cultivation of allotments on common land for growing vegetables. The role of a dietitian is not just that of a food expert, but also a community development role in encouraging and supporting a community to take action for access to healthier food in general. The dietitian may find herself liaising with the local authority in order to get the land for allotment use. The actual involvement of people in starting and maintaining allotments may be as health promoting as the consumption of what is grown by the allotment gardeners.

In Leeds, dietitians were involved in a project to highlight and secure the long term viability of allotments. The project aimed to raise awareness of the contribution that gardening could make to overall health (including improved nutrition and the achievement of a target of eating five fruit and vegetable portions per day, exercise, stress reduction and social contacts).

The dietitian's role included:

- *highlighting existing healthful activities*
- *facilitating inter-agency work to try to protect existing assets*
- *to help increase the uptake of empty allotments*
- *to work with Officers and members of the Council and the Leeds Gardeners Federation in order to improve access to people on low incomes, for example, through reduced rents and equipment loans.*

While the project did not succeed in all its aims, contacts were not wasted, and have led to success in other projects. Local Agenda 21 issues are now developing, and this may help to highlight the project again. The dietitian involved notes the need to be opportunistic and persistent. She also points out the value of this kind of project in making contact with some people (particularly men) who would not normally consider making healthy lifestyle changes.

Source: Carolyn Hull, Community Dietitian, Leeds Community and Mental Health Services Trust.

For some communities, access to healthy food is limited by availability of shops or transport, or by poor options within the local shops. In the interests of the public health, dietitians have sometimes become involved in supporting food co-ops and in helping local communities to organise them.

Drawing on the experience of community dietitians in Bolton, community dietitians in Leeds worked on a community development project on an inner city estate which resulted in the setting up and operation by the community of a fruit and vegetable co-op.

Leeds City Council commissioned work on needs assessment, which, amongst other issues, raised the problems for residents on low incomes being able to afford to eat a healthy diet. The community dietitian worked with other agencies and people living on the state to set up a food co-op, run by local people, with the support of workers to sell quality fresh fruit and vegetables on a no-profit basis. A grant was sought from the Council for equipment for this project. This met a need because of the lack of supply from local shops, combined with transport difficulties.

By December 1997, the co-op had been running for 8 months, with approximately 120 members, and between 20-30 family order per week

Evaluation is in progress, and other groups may start up as a result of this work.

Source: Carolyn Hull, Community Dietitian, Leeds Community and Mental Health Services Trust.

Speech and language therapists are also actively concerned with the issue of societal attitudes to people with disabilities. People with communication impairment may be as disabled by the attitudes of other people as they are by the impairment itself. As communication is a two-way process, successful interaction depends on both parties. People with communication difficulties will only be able fully to utilise their skills if given an opportunity to do so. This relies on others having an understanding of communication impairment, a positive attitude to communication impairment and the ability to adapt their own communicative skills to meet the needs of the other person.

Communication is not unique to humans, but what is unique is our ability to communicate verbally - to speak to each other. But there are some 2.5 million people in the UK who find it difficult to speak, and for many of them, communicating with people who do not share their difficulties only adds to their problems.

Speech and language therapists aim to raise awareness of the importance of communication, to educate society to recognise that all forms of communication are of equal value, and to teach ways and means of ensuring that those with communication difficulties can play a full role in society.

Existing initiatives include the development of a programme of talks to emergency service teams on how to deal with people who use communication aids, and a training programme specially aimed at businesses who have contact with the general public.

Source: Pippa Tomlinson, Speech and language therapy manager, Royal Hampshire County Hospital.

Advocacy
Professions Allied to Medicine also contribute to public health by acting as advocates for the needs of the people with whom they work. As well as raising the awareness of national and local statutory and voluntary agencies on the service needs of people, Professions Allied to Medicine may also be active, mainly through their professional organisations, in trying to influence legislation that affects disabled people. One example of advocacy is the work of podiatrists who have worked with single homeless people who had difficulty in registering with GPs. Occupational therapists working with people with learning disabilities are also advocates for "normalisation". Professions Allied to Medicine may also advocate the needs of vulnerable people in both national and international fora and the media.

PART 2 - Obstacles and opportunities for Professions Allied to Medicine in public health

In order to develop the contribution of Professions Allied to Medicine to public health, it is necessary to examine both the obstacles to the development of that contribution, and the opportunities that exist and can be extended to maximise the contribution which they can make. Some of the issues discussed here present both obstacles and opportunities, but for clarity, the positive and negative aspects have been separated where possible.

Obstacles to the contribution of Professions Allied to Medicine to public health

The dominance of the medical model
The medical model is seen by many lay and professional people as the most powerful paradigm for understanding health and illness, and this can limit the value that is ascribed to the knowledge and opinions of other professions. The Professions Allied to Medicine each have unique skills, but they also share a commitment to understanding individuals in the context of their everyday lives, as do many other clinicians and managers. This holistic approach does not fit easily into the traditional model of western science that underpins modern medicine, and it can, therefore, sometimes be undervalued by clinicians and managers.

Lack of understanding of role of Professions Allied to Medicine
The role of each of the Professions Allied to Medicine, and the contribution that collectively they can make to public health is poorly understood by professional colleagues and the general public alike. A traditional image of Professions Allied to Medicine working solely with individuals as patients prevails, and while that may be an accurate reflection of some practitioners, it does not do justice to the range and complexity of the potential ways in which Professions Allied to Medicine can improve the health of the public. The title "Professions Allied to Medicine" is seen, by some, as outmoded and inadequate, and it may impede an understanding of their fuller contribution. Many Professions Allied to Medicine also see the treatment of health issues by the media as reinforcing views of health issues being only about individual patients, as well as preferring stories about high technology medicine and miracle cures to stories about long term disability.

Problems of resources, investment and re-investment

Work with individual patients is at the centre of what Professions Allied to Medicine do, and it is what they are expected to do as their primary function. The pressure on resources makes it difficult for Professions Allied to Medicine to offer adequate time to developing the other areas of work where they can contribute fully to public health and not only to the health of individuals. Given the pressure on resources, the dilemma is that each of the Professions Allied to Medicine might need to disinvest from some of their individually focused work if they were to reinvest their time and offer more time to public health-related activity. The acceptability of doing so when there are already lengthy waits for services such as community clinic physiotherapy, occupational therapy assessments or podiatry is low. The nature of contracts between purchasers and providers since the inception of the internal market was also generally seen as unhelpful to Professions Allied to Medicine fulfilling a wider role, since the emphasis has tended to be on narrow measures such as Finished Consultant Episodes and numbers of patients seen, rather than a wider evaluation of the contribution of the range of professional contributions that Professions Allied to Medicine and others can make.

In terms of effectiveness, such decisions may still need to be considered. However, some Professions Allied to Medicine contend that a narrow approach to performance management makes it difficult to carry out even rational and justifiable decisions about reinvestment. The short term tends to prevail over the longer term, even though substantial benefits might follow a longer term strategic view of how the time of Professions Allied to Medicine could best be allocated. The lack of a mandatory seat on the boards of either health authorities or NHS Trusts for one of the Professions Allied to Medicine may be unhelpful, particularly since it was felt by some Professions Allied to Medicine that there may be an insufficient appreciation at Board level of case mix issues for Professions Allied to Medicine.[5]

Training and professional development issues

Training needs change as professions develop. If public health is to be a more central aspect of the role of Professions Allied to Medicine, changes need to be made to professional education at undergraduate and post graduate levels, and issues of access to public health training need to be addressed more widely[6].

The main points of concerns are:

- basic training does not equip Professions Allied to Medicine to work effectively on public health
- Professions Allied to Medicine have insufficient opportunity to undertake post-registration training, which may reflect problems of funding and of time to attend training.

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[5] It should be noted that Health Service Guidelines HSG 95(11) *Ensuring the effective involvement of professionals in health authority work* underline the "need to involve the rehabilitation and therapy professions on issues to do with interfaces between the NHS and education, social services, housing, occupational health and relevant private and voluntary services."

[6] This theme is further explored in relation to a range of public health specialists in *Developing public health in the NHS - the multi-disciplinary contribution* by Levenson R, Joule N and Russell J. King's Fund. 1997.

Separate training for all the Professions Allied to Medicine might be enhanced by more opportunities both for joint training, where appropriate, between the Professions Allied to Medicine and for training that included both Professions Allied to Medicine and other medical and paramedical specialities. This may be particularly relevant after qualification.

There is also some concern that Professions Allied to Medicine can be relatively isolated in terms of less formal opportunities for professional development.

Research issues

The Department of Health's Research and Development strategy recognises the importance of research on all topics relating to health and social care, including those relating to the work of the Professions Allied to Medicine. The Department of Health and the NHS support such research. The Department also recognises the need to ensure that those with a clinical understanding of the work of the Professions Allied to Medicine are able to play a full part in the research effort. A number of research training awards offered by the Department and the NHS go to members of the Professions Allied to Medicine.

However, in spite of existing research opportunities, Professions Allied to Medicine feel under-informed about them. Knowledge of what is available does not always percolate to those who need to know in a timely manner, yet research is essential in order to build evidence on effectiveness. In addition, PAMs need opportunities to develop their skills in synthesising existing research, for example through the writing of a systematic review, which helps to build a clearer picture of what treatment is effective and what is not. The difficulties for PAMs, as clinical specialists, in finding time to write research proposals may also cause them to be disadvantaged in obtaining research funding when they are in competition with colleagues in more academic settings.

Information

There was a widespread view that there are problems with information, as data collection varies, and prevents effective comparison of data from different professions and in different Trusts. The need for better knowledge and expertise on information management was seen as important.

OPPORTUNITIES FOR PROFESSIONS ALLIED TO MEDICINE TO CONTRIBUTE TO PUBLIC HEALTH

While Professions Allied to Medicine are well aware of some of the factors that limit their contribution to public health, there is also an awareness of opportunities, particularly as there is a shift in priorities to include a more thorough inclusion of the impact of inequalities on health. The opportunities identified here reflect a range of possibilities within the professions and more widely in the NHS and beyond.

Focus on inequalities

The new emphasis on looking at the impact of inequalities on health was seen as opening the way for a broader view of the determinants of health generally. This might open the way to Professions Allied to Medicine and others working more often

in a wider sphere than their work with individual patients. Concerns to integrate employment, housing, education and health were seen as enabling for Professions Allied to Medicine who wish to work in a holistic way, promoting public health as well as individual health.

Contributing to evidence-based practice

As NHS services become more grounded in clinical effectiveness and more evidence-based, the contribution of Professions Allied to Medicine to the research base and to debates about effective need to be utilised fully. Their expertise on qualitative issues should be noted in addition to their contribution to quantitative measures of outcome.

Closeness to the community

The long established closeness of Professions Allied to Medicine to NHS users, especially older people and people with physical disabilities and mental health problems, is perceived as a strength which presents opportunities to contribute to shaping services that are driven by a concern for public health. Professions Allied to Medicine often work intensively with patients over a period of time, so their knowledge of needs (both met and unmet) is considerable, and could be utilised more fully. Professions Allied to Medicine also see the problems on the interface between different sectors within the NHS and between the NHS and local authority services, and they are often competent to advise on these issues.

Professions Allied to Medicine also have useful links with local statutory and voluntary agencies. Because of their knowledge of both individuals and organisations, Professions Allied to Medicine see opportunities to contribute meaningfully to commissioning at a local level.

Making better use of the collective expertise of the Professions Allied to Medicine

Several of the Professions Allied to Medicine favoured a greater spirit of co-operation between each of the professions in order to strengthen their collective voice. While each of the professions has a number of unique issues, they also share some professional values, goals and a number of broad priorities. Greater inter-professional liaison and a deeper multi-disciplinary focus might enable one professional to raise issues at Board level or at other important fora on behalf of all the Professions Allied to Medicine. This idea is not wholly new, but is capable of further development.

Networking

Professions Allied to Medicine can increase their effectiveness, their skill base, their status and their ability to influence public health and public policy by meeting together in networks that transcend agencies and professional boundaries. The need to meet in informal networks and to have facilitated opportunities to work in a multi-disciplinary way reinforce the findings of the King's Fund's work on multi-disciplinary public health[7]. There is a real opportunity to develop networks for Professions Allied to Medicine and to make fuller use of regional opportunities to meet together as well as broader nation-wide opportunities where bodies such as the King's Fund may have a significant part to play.

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[7] **As for footnote 2**

Developing the Professions Allied to Medicine

Some of the opportunities for Professions Allied to Medicine to have a greater role in public health require work within the professional organisations of each of the professions in order to ensure that they are equipped to take forward the debates and develop the role of their members. Other sources of development may be the professional advisers at the NHS Executive who may be able to take forward some of the obstacles and opportunities for Professions Allied to Medicine.

PART 3 - Next steps

In considering the next steps to support and develop the contribution of Professions Allied to Medicine to public health, it is important to put recommendations into context. One of the essential contextual considerations is the fact that the majority of PAMs are employed by NHS Trusts whose remit is in the provision of health care, rather than an explicit public health role. In practice, this means that most PAMs will spend most of their time delivering a service to individual patients, rather than in activities that are obviously and directly related to public health. However, as we have seen, many aspects of the PAMs' service delivery role also feeds into informing public health analysis and action, while some of the work of PAMs contributes directly to the health of populations as well as of individuals.

A second important contextual factor is the new emphasis on tackling health inequalities through a national contract for better health, as described in the Green Paper *Our Healthier Nation*[8]. The key role given to Health Authorities to lead local alliances in developing Health Improvement Programmes may open the door to many new ways of promoting collaborative action between those with an explicit public health function and those in other parts of the NHS and beyond who can support public health specialists. Indeed, the Green Paper explicitly states that, in addition to better partnerships between Local and Health Authorities, and a stronger role for Local Authorities in improving health, we need:

- greater public involvement, in identifying health problems, developing local strategies to improve health and local community action;

- a stronger national network of experts and interested bodies.

Many of the potential next steps that emerged from the seminars for Professions Allied to medicine are implicit in the obstacles and opportunities that they face. The points that follow draw out the priorities for action in order to maximise and develop the valuable contribution of the Professions Allied to Medicine. However, since both the White Paper *The New NHS - Modern - Dependable*[9] and the Green Paper were published after the two seminars for PAMs took place, in some instances, recommendations build on the logic of what participants said, rather than directly drawing on suggestions that were made before the content of the new documents was known.

Improved partnerships for health

- It is important to recognise, value and support an inclusive approach to public health that utilises the perspective of medical, paramedical, social science and lay perspectives.
- The opportunities afforded by the White and Green Papers should be taken as an opportunity to utilise the perspectives of Professions Allied to Medicine, especially in the impact of inequality on health and on the impact of disability and long term medical conditions.

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[8] Our Healthier Nation, - A contract for health. Consultation Paper. Cm. 3852. HMSO. London February 1998.
[9] The New NHS. Cm. 3807. HMSO. December 1997.

- Health Authorities should ensure that PAMs are encouraged to make an effective contribution to commissioning in the Primary Care Groups that are described in the White Paper *The New NHS.* In order for this to take place, appropriate investment will need to be made in supporting and evaluating multi-disciplinary involvement in commissioning, to include PAMs.

Understanding the roles of the Professions Allied to Medicine

- The Department of Health should work with appropriate professional bodies and the media to develop a programme to improve the understanding of the contribution of the Professions Allied to Medicine. This should be aimed at all sectors of the NHS, colleagues in the local government, business and voluntary sectors, and at the general public.
- Chief Executives and Chairs of Health Authorities and NHS Trusts should consider how they can contribute to an increased awareness of and participation by Professions Allied to Medicine within the NHS at Board level. This may have implications for training and induction for both executive and non-executive directors.

Education, training and research

- There should be improved access to public health-related training for Professions Allied to Medicine at both undergraduate and post-graduate levels.
- Research and development leads should review their practices to ensure that Professions Allied to Medicine are able to make a full contribution to research. This may involve targeting information about research opportunities at PAMs, and assisting them in acquiring the skills that are required to obtain research funding and to undertake research at appropriate levels.
- Regional research and development leads should monitor the uptake of research funds by PAMs in order to ensure that PAMs are being enabled to contribute fully to research and development.

Information and communication

- Partnerships that develop within local Health Improvement Programmes should utilise fully the Professions Allied to Medicine as an interface with the public.
- There should be investment in the support for and development of formal and informal networks to enable Professions Allied to Medicine to develop their contribution to public health.
- Work within the NHS on improving information systems should ensure that information from PAMs that is relevant to public health can be shared and compared across all professions and disciplines.