keypoints

King's Fund

Public Health/ Primary Care series

Improving Health at Local Level: The role of primary care

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Improving Health at Local Level: The role of primary care

Issues arising from a King's Fund review

Primary health care teams now have an explicit responsibility for public health. This has long been a concern of many who work in the field, but a shift in Government policy, signalled in *The new NHS – modern, dependable* and *Saving Lives: Our Healthier Nation* has introduced new, formal duties. Improving the health of the local population has become a major goal of primary care groups.

The challenge is to find ways of putting policy into practice. The key points set out below are based on a review of current research and development at the interface between primary care and public health. They single out the issues that must be addressed in order to move from well-intentioned rhetoric to effective action and positive outcomes.

Clarify the meaning of 'public health' for primary care

The meaning of public health is not universally clear or shared by all in primary care. The term itself may be too broad to be helpful. Is it mainly about identifying and minimising risks to the health of populations, about improving health across localities or about tackling health inequalities between groups? Is it a combination of all these? Or is the pursuit of public health defined by the disease-based targets set by Government: reducing deaths from cancer, coronary heart disease and stroke, accidents and suicides? Leaving each primary care group to develop its own definition is unlikely to be the best use of their resources, or to produce consistent results.

A clear definition must be developed and articulated so that all players share an understanding of what 'public health' means for primary health care.

Carve out a distinctive role for primary care

How can all those involved in primary care – as doctors, nurses, therapists, managers, administrators, etc. – apply their own skills most appropriately to improving health and tackling health inequalities? The argument about public health being broader than public health medicine has been largely won, but putting theory into practice is still perplexing for many whose skills and training are largely medical. For them, the question remains, how can they contribute and, equally important, what should they *not* try to do? The diverse perspectives and capacities of all those in primary health care teams are a powerful asset. But how far can (or should) these be diverted from health care practice where there are already skills shortages?

The public health challenge is enormous. It cannot fall entirely on the shoulders of primary care workers. Their 'public health' role must be clearly defined, recognising how each professional group can make a distinctive contribution that adds value – not only to the work of other primary care team members, but also to that of local authorities, health authorities and other local organisations. Any changes in the way that health professionals use their time are likely to affect patterns of service delivery to the public. The process of deciding about the role of primary care must therefore take account of the views of service users as well as those of primary care workers.

Maintain a consistent political direction

Primary care practitioners need the support of policy-makers at national and local levels to enable them to improve the health of communities. They need to know that they will not be unduly subject to political whim and that they will have a reasonable chance to make progress on difficult issues that will not be swiftly resolved (for example, transforming mental health services). They share this need with most colleagues in the NHS.

The era of a circular a day must end. Government must demonstrate a greater sense of realism about the capacity of primary care organisations and other NHS bodies to respond to an overwhelming number of apparently equal priorities. Effective practice – in health improvement as in health care – depends on clear and consistent political direction, supported by adequate resources.

Ensure strong local leadership

There is an urgent need for strong leadership at local level to improve health and reduce health inequalities. Primary care teams can be expected to play an active role, but not to lead. This must come from health authorities, whose job it is to provide strategic direction, to promote local action to improve health and health care, to reduce health inequalities and to support PCGs and the emerging primary care trusts.

Health authorities have many diverse calls on their time and resources. There is a persistent danger of activities to improve health and reduce inequalities being given a lower priority than activities associated with health care. This means that the whole board of each health authority must be clear about what it is aiming to achieve and what its priorities are. Health authorities must ensure that their leadership of Health Improvement Programmes sets challenging but achievable goals that reflect national and local priorities. And these must extend well beyond the scope of primary care teams. Whether or not there is a local Health Action Zone, health authorities can often be most effective by working in partnership with local authorities, for example supporting their efforts to improve housing, the local economy and the environment, to promote leisure opportunities and to develop personal social services.

Acknowledge and address conflicting demands

There are bound to be conflicts between the needs of whole populations for better health, the needs of particular groups to improve their health relative to others (reducing inequalities) and the needs of individual patients for treatment and care. These conflicts raise difficult questions about how to set priorities, how to distribute limited

funds and how to allocate clinical time. In the past, health authorities have managed dilemmas about resource allocation. GPs and primary health care teams have been the natural allies of patients and have seen it as their responsibility to ensure patients get whatever treatment they need. Now PCGs are responsible for commissioning services and, increasingly, as they move towards trust status, they must manage budgets and, by implication, decide how to allocate resources.

It is not yet clear how doctors will face up to this development, or how patients will perceive it. Conflicting demands must be acknowledged and addressed openly, within and between the professions and in ways that engage the public.

Involve the public

Involving the public in decisions about health has been strongly advocated in recent years by Government and by NHS leaders. However, most of the emphasis has been on involving individuals in their own care and users in shaping and monitoring NHS services. It is increasingly acknowledged that individuals and local communities have a vital role to play in identifying local needs and building healthier communities. *Saving Lives: Our Healthier Nation* calls for a partnership between national government, local communities and individuals, and this provides a fresh impetus for involving the general public in shaping the wider health agenda.

There is room for a more rigorous and consistent approach to public involvement. Health authorities and primary care groups both now have a duty to consult the public. A wide range of methods is being used to engage citizens and service users in decisions about health and health care. Decision-making bodies should develop a shared understanding of how best to involve the public in different circumstances, subscribe to a common set of standards and, where possible, combine their efforts to avoid duplication. The aim must be to involve the public in identifying needs and assets within communities, and to work collaboratively to improve health. The challenge is to ensure that models of public involvement are appropriately applied, that confidence and capacity are developed on all sides, and that members of the public feel their time is well spent and their views taken into account.

Develop appropriate education and training

Improving the health of the public requires an integrated approach to education and training, at undergraduate and postgraduate levels. This applies to doctors, other health professionals and to colleagues in related fields outside the NHS. Postgraduate education for trainee general practitioners has historically lacked a thorough grounding in public health. Indeed, it is possible to become a GP with very little knowledge of public health. This is no longer acceptable.

Undergraduate education for doctors, nurses and other health professionals should build in an understanding of population health from the outset, taking care to integrate medical and non-medical models. Postgraduate education and training modules in public health should be more readily available to health workers in primary care, even if it is not the main focus of their day-to-day work. It is essential that those in primary care develop an understanding of public health concepts and methodologies that is at least sufficient to enable them to value and use information that is gathered by public health specialists.

All GPs need skills that will enable them to understand and participate in local decisions about health improvement and to deploy resources where they are most effective. Opportunities to develop such skills should be part of a continuing process of professional development. Nurses and professions allied to medicine also need better opportunities to gain public health skills.

Take forward the research agenda

Research on public health in primary care has tended to concentrate on public health within a medical model. There has been relatively little research into how primary care can work with others within a social model. There is a wealth of

published material on how to conduct needs assessments but relatively little on how primary care teams can improve health once needs have been identified.

The following questions must be addressed:

- Is the right sort of research being undertaken?
- What are the appropriate methodologies for examining a range of interventions, from very specific health interventions to complex social interventions?
- Do we really know what works in improving the health of the public and addressing health inequalities?
- Whose perspectives influence the choice of research topics?
- Are research findings put into practice?
- Is there sufficient emphasis on the development aspects of 'research and development'?
- Who collates and disseminates research findings?

It is time to ensure that lay/community perspectives are included in public health research projects. Research should not focus exclusively on the medical end of the public health spectrum. This is particularly an issue for the allocation of NHS R&D funds. Those who make decisions on this funding should take a fresh look at what should be funded, who might be appropriate partners in the research process, and how lay involvement in identifying research priorities for primary care and public health should be developed.

There is a role for the new Health Development Agency at national level and for the new Public Health Observatories at regional level to ensure that research findings are well publicised and that those in primary care are supported in understanding and implementing research findings.

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