



Birmingham
Health and Wellbeing

Public Health and Housing: Local Leadership for Health Improvement

Thursday 20th January 2011
Saffron Centre, Moseley





What do GPs want from Public Health?

Dr Samar Mukherjee

GP, Heart of Birmingham



Dr Samar Mukherjee

M Sc, FRCGP

General Practitioner

Newtown and Aston Pride Health
Centres

Chair: ICOF LLP and
GPP. Com Ltd



Liberating the NHS



Healthy Lives, Healthy People:

Our strategy for public health in England

What do GPs
want from
Public Health?

What GPs will need for successful commissioning:

- The ability to command support when making choices about the allocation of resources;
- Balancing resource allocation decisions across the whole of the healthcare portfolio for both existing and new services;
- Minimise unnecessary health care interventions and use of poor value interventions;
- Setting out specifications and standards for services that will achieve the clinical, quality and productivity outcomes sought and securing these through the contracting process;
- Monitoring services to ensure delivery of these outcomes;
- Developing and improving the care pathway for patients to better achieve desired outcomes.

Hopes....

- Local influence of the triumvirate GP,LA,PH e.g. Swine 'flu; Aspirin in MI
- Genuine localism in health care provision e.g. TB inoculation
- Social marketing*****
- Advertising of health & wellbeing-on an industrial scale
- Emerging evidence incorporation into...Pathway redesign
- Reliable information to support investment/disinvestment
- Contract monitoring knowhow

Hopes....

- HCPH seat at the decision making table
- Active clinically -innovative training grades
- The public face of health & wellbeing
- Being the 'honest broker'
- Political face of the local health economy

Core competencies for HCPH include:

- Assessing health needs of populations, and how they can best be met using evidence-based interventions;
- Supporting commissioners in developing evidence based care pathways, service specifications and quality indicators;
- Providing a legitimate context for setting priorities using 'comparative effectiveness' approaches and public engagement.
- These competencies are needed in order to sustain health services within a cash-limited system.

Core competencies for HCPH include:

- A further role which can fall to HCPH is that of engagement with the public over service development and in particular over the prioritisation of services

Summary

- Health Care Public Health specialists have competencies that will be essential for successful GP commissioning;
- GP commissioners need to be seen to be making objective decisions while continuing to work as GPs and this requires the population perspective
- Public health specialists are in a position to engage with the public over issues of service design and prioritisation as 'honest brokers
- GP commissioners need to retain direct access to the medical Public Health workforce, and other elements of the HCPH workforce: this specialist workforce should not be lost to the NHS by being placed in Local Authorities. Alternative models of provision of HCPH are desirable
- The development and practice of Public Health skills by general practitioners and hospital specialists (and others involved in the development of health care) is an important facet to the successful delivery of clinician-led commissioning.

