



Healthy Lives, Healthy People: Our strategy for public health in England

A Consultation Response

NAT (National AIDS Trust)

Introduction

NAT (National AIDS Trust) is the UK's leading charity dedicated to transforming society's response to HIV. We provide fresh thinking, expert advice and practical resources. We campaign for change.

NAT is happy to provide further information on any of the answers below.

Consultation questions

Please note NAT is responding to questions a and b only.

Question a. Role of GPs and GP practices in public health: Are there additional ways in which we can ensure that GPs and GP practices will continue to play a key role in areas for which Public Health England will take responsibility?

NAT has concerns over the definition of the responsibility of GP consortia and how that relates to public health - at 4.50 of the Public Health White Paper we read, 'As NHS commissioners, GP consortia will have responsibility for the whole population in their area, including registered patients, unregistered citizens and visitors requiring urgent care'. This is an inadequate remit to encourage their engagement on 'the health of the local population as a whole' particularly in relation to an infectious disease such as HIV which affects people irrespective of their citizenship or residency status. We know of no definition of public health which limits its scope to a particular category of citizens in a particular locality. **The Government should make clear that all relevant commissioners and providers must in respect of their public health responsibilities take a 'whole population' approach and not discriminate within the local population on the basis of residency status.**

A key role for GPs both as providers and as commissioners will be in promoting HIV testing within the local 'health economy', particularly in the light of the UK National Guidelines on HIV Testing and the recently published NICE Public Health Guidance on HIV testing for MSM and African communities. Irrespective of local prevalence, there will be need for some form of HIV testing available in primary and non-HIV secondary care, but commissioning processes in this regard appear fragmented or possibly non-existent. The White Paper documents suggest that the 'promotion of opportunistic HIV testing' should be funded from the NHS budget. There is a real concern that this will hinder the NHS playing its vital part at the local level alongside local authority public health interventions in addressing HIV testing needs. We note that Public Health England can agree with the NHS funding and actions to ensure the NHS undertakes national screening programmes. **NAT recommends that there be flexibility as to the public health interventions Public Health England can 'commission' from the NHS so as to include a consistent national approach to HIV testing, for example. This will mean HIV testing (and indeed other possible public health interventions) can be appropriately planned with GP involvement.**

Question b. Public health evidence: What are the best opportunities to develop and enhance the availability, accessibility and utility of public health information and intelligence?

The proposal to draw together the existing public health information and intelligence functions of different organisations and agencies has the potential to reduce overlaps in data collection, however it is important that a full analysis of the information required by both central and local service providers and decision makers is carried out to ensure that valuable data is not lost. This must cover not just the areas featured in the Public Health Outcomes Framework, but all important public health issues. **To ensure the data collected going forward is of a comparable or superior quality to that which is currently collected it is important that the functions of the Health Protection Agency (HPA) are maintained within Public Health England, and that the range of data currently collected by the HPA is not reduced in any way. Assurances must also be provided as to the continued independence and availability of data to all interested parties irrespective of political priorities.**

The creation of Public Health England as a single point for data collection creates an excellent opportunity to strength public health surveillance, through the collection and collation of a wider range of information and variables. This will provide better analysis and understanding of the relationship between different issues more clearly, and the impact of wider issues on public health and health outcomes. For example, such an approach to public health surveillance can provide more data on the links between HIV and poverty, and HIV and social care which will help us make changes to wider policy which will improve public health outcomes.

It is important that the data collected at both local and national levels is meaningful in terms of content and format and allows comparisons between areas, and between an individual area and national data to be carried out by local communities, not just professionals and data analysts, to enable them to hold their local authority to account over public health outcomes and improvements. Therefore data must be available in both raw and analysed forms, and must be presented in an accessible and comprehensible manner.

In order to commission services effectively Directors of Public Health and Health and Wellbeing Boards need, in addition to information about cost effectiveness, in depth data on the public health needs of local populations. Such data should be readily available and taken into account in Joint Strategic Needs Assessments.

For the data collected by Public Health England to be meaningful it must be disaggregated by equalities. This includes all the protected characteristics in the Equality Act 2010, additionally the information on disabilities must be disaggregated by condition to enable a complete and meaningful analysis of need.

NAT
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