

RCGP response to Department of Health & Social Care policy paper survey: [Transforming the public health system: reforming the public health system for the challenges of our times](#)

April 2021

1. Are you responding as an individual or an organisation?

Organisation: The Royal College of General Practitioners (RCGP).

RCGP is the largest membership organisation in the UK solely for GPs. Founded in 1952, it has over 54,000 members who are committed to improving patient care, developing their own skills and promoting general practice as a discipline. The RCGP is an independent professional body with expertise in patient-centred generalist clinical care.

2. What do local public health partners most need from the UKHSA?

Experiences early on in the pandemic exposed weaknesses in the UK's testing capabilities, as well as inadequate infrastructure to urgently deliver sufficient Personal Protective Equipment for various NHS staff in these situations, including for primary care services.

Experiences from NHS staff of the COVID-19 pandemic, including those working on the frontline in general practice, need to be listened to by the UKHSA and action taken to put the systems and resources in place to ensure better preparedness for potential future infectious outbreaks.

Our members also reported a lack of clear guidance from government in the earlier stages of the outbreak. General practice has played a crucial role in the pandemic – including running COVID-19 'hot hubs' and delivering 75% of the vaccinations – alongside continuing care for patients. This has shown the importance of recognising the role general practice plays in health protection, and this needs to feed into UKHSA's future work to ensure guidance and outputs consider the implications for general practice.

In terms of test-and-trace, evidence from all over the world indicates that the more localised the approach, the more successful it is. Few know their local populations as well as public health specialists and GPs embedded in communities. A fully operational NHS test-and-trace service will require high-quality and timely data flows to local systems, as well as the right levels of capacity in all parts of local government and the health and care system.

RCGP, and the profession as a whole, has developed constructive and effective lines of two-way communication with government during the pandemic on emerging issues for general practice, and we hope these can be strengthened further as the role of UKHSA develops.

3. How can the UKHSA support its partners to take the most effective action?

Ensuring high-quality and timely data flows to local systems to inform activity will be really important for supporting partners. A collaborative approach will be crucial for UKHSA and to promote joined-up working across government functions on public health issues – nationally, regionally and locally. It will also be important to try to ensure sufficient levels of capacity and capability in all parts of local government and the health and care system to build health

protection capabilities. Public health teams in local authorities, GPs, practice and community staff will need the support, backing and confidence to do their jobs. As outlined in more detail in other areas of this survey response, the public health function of general practice needs to be better understood, supported and resourced.

4. How do you think the health protection capabilities we need in the future should differ from the ones we have had to date?

As outlined above, there are a range of lessons which will need to be addressed from the COVID-19 pandemic to effectively prepare the UK for future health threats.

The COVID-19 pandemic has shone a spotlight on the interplay between high inequalities and weaknesses in the health protection of the UK. COVID-19 has hit the poorest and most vulnerable in society the hardest, with people living in the most deprived areas of the UK at least twice as likely to die from COVID-19 as those in the least deprived areas. It is crucial that the UKSHA has a significant focus on health inequalities, working with the Office for Health Promotion and key partners, with a core aim across government to tackling deprivation to support strategies for health protection.

The pandemic has also demonstrated the need for and benefits of strong international connections, with strengthened data and information exchange and sharing agreements. UKHSA will need to make considerable efforts to build and sustain these connections, long after the COVID-19 emergency period.

5. How can UKHSA excel at listening to, understanding and influencing citizens?

Patients' trust in the advice they receive affects their decisions and health outcomes. The concept of trust is particularly important in situations of uncertainty and risk and this has been demonstrated repeatedly during the COVID pandemic, for example when trying to tackle vaccination hesitancy and low uptake. Engaging with frontline NHS staff, especially those working in general practice, will need to be a key part of UKHSA's work. Patient surveys have repeatedly shown the high levels of trust of patients in their family doctor. General practice is well placed within communities and has a wealth of expertise in building connections with patients in their locality. UKHSA should work to sustain and build the connections and collaborations between the health sector, community leaders and the voluntary sector as we emerge from the pandemic.

6. Within the structure outlined, how can we best safeguard the independence of scientific advice to Government?

Ensuring the independence of scientific advice to government will be fundamental, as will the independence and strong leadership role of the Chief Medical Officer (CMO). These functions will need well-resourced teams to support them. In addition, adequate data and analytical expertise must be secured both centrally and at local levels to allow evidence-based decisions at all levels.

7. Where and how do you think system-wide workforce development can be best delivered?

There is an opportunity to improve public health workforce intelligence and planning, to clarify the roles of relevant health and care professionals within local systems, and to ensure adequate resources to allow a highly skilled and data-informed workforce.

Accountability for health and community-based workforce planning needs to be strengthened, and this should include more transparent and joined-up planning across health and community sectors. To achieve this, the responsibilities for the Secretary of State for workforce planning within the Health and Social Care Bill need to be strengthened, which should include a requirement to report workforce plans for specific, longer-term horizons. This is important for the delivery of a workforce that can truly improve the health of the nation, rather than focussing on quick fixes which do not get to the root of the challenges. A process will need to be established which builds on the existing workforce planning capabilities of statutory education bodies and other ALBs. Clearer lines of responsibilities are needed for workforce planning across the health and social care system, and existing workforce planning data needs to be published on a regular basis to inform this activity and provide transparency. Guidance will need to be established on how local planning activity relates to national plans.

There will also need to be additional funding within health and education budgets to enable local areas to build the workforce that it needs to meet the health needs of local communities. This should include expanding public health opportunities within existing training and development programmes for NHS staff, including for GPs and others likely to work in primary care.

8. How can we best strengthen joined-up working across government on the wider determinants of health?

To strengthen join-up working across government on the wider determinants of health, the proposals must be complimented by ringfenced resourcing that can support *long-term* co-commissioning of services. The sentiments in the recent white paper to tackle the wider determinants of health are welcomed, but they do not go far enough, and the results will heavily depend on how the principles are interpreted and implemented – which in turn will be dependent on the resources made available. There must be a shift away from short-term government targets for results in health outcomes. The Office for Health Promotion will also need sufficient resource and should be accountable for the delivery of long-term goals. A comprehensive implementation strategy should be developed, setting out shared accountabilities and commitments across government departments.

Government will also need to work with and better support general practice in order to meet its aims on the wider determinants of health. There is a long history of general practice playing a role in identifying and addressing health inequalities, but it needs to be properly resourced to play its part. In the 1970s, Dr Julian Tudor Hart, a GP in the Welsh Valleys, championed the need to address the ‘inverse care law’, and pioneered a population health approach. As GPs we often see that deprivation inhibits the ability of health services to get to the root of the health issue for individuals. For example, to meet the Eatwell Guide costs, those in the poorest 10% of UK households must spend 74% of their disposable income on food – a discussion about a statin to lower cholesterol for patients struggling to put healthy food on the table will not get to the root of the issue. Innovative approaches being led through general practice working with communities should be built upon and properly resourced.

9. How can we design or implement these reforms in a way that best ensures prevention continues to be prioritised over time?

Truly improving public health and building health promotion requires a commitment to strategies that yield results over time, rather than focussing on short-term results or targets.

This means there must be sufficient resource attached to long-term strategies. Lack of certainty in resourcing can make it challenging for NHS services and local authorities to commission services together, and this obstructs longer term planning.

It is also crucial that GPs and primary care teams, as well as patients and service users, are involved in the design of health promotion strategies, to ensure they are effectively embedded within existing health and community systems. Many of those working in general practice are already involved in prevention strategies which should be better supported.

Increasing funding over a sustained period of time will be essential. Local authority public health budgets have suffered chronic underfunding for a number of years. Until these cuts to public health budgets are reversed, and there is true recognition of the return on investment in prevention measures over time, realising any improvements will be challenging.

A co-ordinated approach in interventions will be needed, recognising the role of other key stakeholders other than health and care services. Many successful programmes can be run through schools, places of employment, leisure, and retail centres etc i.e. where people lead their lives. There needs to be greater efforts to learn from these approaches and to look at how they can be built upon.

10. How can we strengthen the local authority and Director of Public Health role in addressing the full range of issues that affect the health of local populations?

A commitment within these roles to work closely with partners in the community, including those working in general practice, would help in some way to ensure they have the expertise of the full range of issues affecting the health of local populations. This also requires building a foundation of strong community networks, including Primary Care Networks (see answer to the following question). This should sit alongside new and innovative ways to gauge and understand the local population's views and needs.

11. How do we ensure that future arrangements encourage effective collaboration between national, regional and local actors across the system?

Effective collaboration across a local system requires each building block within a community to have a certain level of capabilities and resource to start from. A majority of general practices across England are now part of Primary Care Networks (PCNs) and one aim of these networks is to work with community partners and to facilitate population health management approaches to address the needs of their communities. Unfortunately, PCNs remain substantially under resourced, despite considerable expectations being placed upon them over the past few years through nationally determined service specifications, which can leave little space for them to develop and connect with their local aims. There is significant variation across the country in terms of how developed different PCNs are and what their relationships look like with community partners. This is a crucial foundation for the development of truly integrated and cross-sector working, as well as ensuring equity in access to health services. Significant additional investment and developmental support is needed for PCNs – this includes time and space to build the network foundations across all areas of the country and support to build relationships between key players in the community.

Cultivating leadership skills and capacity within primary care networks must also be a priority to enable health improvement activity embedded within communities. One part of the

solution should be increasing long-term funding for PCN Clinical Directors in order to build capacity in their roles. We also propose introducing new funding for community improvement leadership roles to work alongside Directors. Alongside this, there should be greater efforts to ensure learning and development routes and opportunities are available for GPs and PCN teams in areas of public health and health promotion.

12. What additional arrangements might be needed to ensure that regionally focussed public health teams best meet the needs of local government and local NHS partners?

Significant efforts are needed to improve the provision of data and analytical capacity to support those working in the community, and this includes primary care services. RCGP has previously called for data analysts to be deployed in primary and community care, to produce digestible information for clinicians and their teams. Learning and development opportunities in data analysis also needs to be expanded to nurture the skills of existing NHS staff. We also need to see better data more easily available and digestible to those working in primary care, which taps into existing public health data. Together this would help to support staff to identify new opportunities to implement population health approaches at their local level.