'... consortia should demand that high quality public health ... delivers the analysis ... and support busy GP leaders will need.'

Public health medicine skills in the NHS: vital and very vulnerable

In 2004, a major Treasury report[1] estimated that, for the country to afford a comprehensive NHS by 2020, a step change in the delivery, effectiveness, and engagement of preventative activity was required. It was envisaged that the NHS would be a major contributor to that public health effort, not withstanding the obvious importance of upstream roles of local councils and others.[2] Even if the NHS only contributes 20–30% of the health improvement seen in recent years in conditions such as cardiovascular disease, this impact could be felt relatively rapidly, in contrast to the longer term and intergenerational effects of improving education or reducing poverty. The NHS contribution is very important now and for 2020.

Recent RCGP initiatives[3] to support a GP-led NHS have also highlighted the need for high quality public health science skills to facilitate effective preventative activity, to underpin NHS healthcare planning and priority setting, and to support busy GP leads with robust technical narratives that allow them to make crucial NHS decisions.

Some might say that an emphasis on accessible, preventative activity that works for individuals is just an example of nanny state politics — but would communities living in disadvantage, or their GPs, agree? Most commentators agree that GPs are best placed to design and deliver such preventative activity across the NHS and beyond. However, many GPs do not have sufficient skills, or time, to discharge these responsibilities, and training keen GPs in the skills that do allow them to lead and deliver those aspirations also takes time and resources. 2020 is only 9 years away.

So the NHS and GP consortia need public health skills now. It is unlikely that private companies will have the incentive or capacity to do this in a locally-sensitive way for every GP consortium in the timescale required.

Many medics in public health specialist roles welcome a close relationship with GP consortia. However, there are major uncertainties about a proposed future local authority environment that has no history, culture, or structure to provide clinical leadership or governance for its potential employees.[4] Some of the best public health medics are already leaving, and high quality medical recruitment to the speciality is at risk.

Whatever the solution, consortia should demand that high quality public health medicine is safeguarded so it delivers the clinical analysis, intelligence, and support busy GP leaders will need. GP consortia have a major responsibility to deliver their local NHS role in population health improvement as well as providing high quality clinical services so they can help safeguard the very future of the NHS. They need the best public health specialist advice close to their teams to do that.

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DOI: 10.3399/bjgp11X583416

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