



Inside this issue

Developing the community of practice	2-3
Roots	4
Commissioning for Value packs	5
Healthcare Public Health PHE consultants	6
Specialised Commissioning PHE consultants	7
PHE's response to "Improving general practice - a call to action"	8-9
PHE's National General Practice Profiles updated	10
Health Select Committee	11
NHS Health Check quarter two returns	12-13
Training opportunities	14

Note from the Editor

Welcome to the November issue of the Healthcare Public Health (HCPH) newsletter! It has been a very busy and productive past month with lots to report on making this our 'bumper issue'! We would like to thank those who have submitted articles and updates.

Inside this issue, Muir Gray writes about the importance of developing a Community of Practice and the Roots of the newsletter, Sue Baughan highlights the support provided by the Commissioning for Value packs to CCG's and other local leaders, Hilary Guite provides an update on PHE's response to "Improving general practice – a call to action" and other interesting news from colleagues across the field!

We are pleased to announce that the newsletter has been gaining high interest and support, if you would like to submit an article or have any feedback please contact muir.gray@medknox.net or Shakti.dookeran@phe.gov.uk

Over December we will be consulting on our website and the next newsletter will be sent out in January. We would like to wish all our readers a Happy Christmas and a bright and productive 2014!

*Working together
towards population
healthcare*

Developing the community of practice

In December we will open a discussion on the development of the community of practice. As the authors of an excellent report on networking in public health point out *“Use of the term ‘Community of Practice’ is inconsistent across seminal works, even by the same author.”*¹ However, due to the influence of Etienne Wenger a definition there is general agreement that *“Communities of Practice are groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis.”*²

The importance of a community of practice is that it allows people working in different organisations to work together on a common mission – the delivery of health and social care that is equitable and of high value to populations and individuals. The community will also offer training but wishes to encourage action learning *“a continuous process of learning and reflection that happens with the support of a group or ‘set’ of colleagues, working on real issues, with the intention of getting things done.”*³

The results of the learning should be made available to all members of the community through the case book [Public Health Experience](#)

¹ McGill I, Brockbank A. (2004) *The Action Learning Handbook*. UK. RoutledgeFalmer (p.11)

² Cameron, E., Green, M. (2004) *Making Sense of Change Management*. Kogan Page. (p.11).

³ Wenger, E. (1998) *Communities of Practice: Learning, Meaning, and Identity*. Cambridge University Press. (p.7).

Scope of the Community:

Public health professionals committed to improving and transforming health and social care, and trainees, work in

- Local Authority Departments
- Public Health England
- NHS England
- Area Teams, where specialist commissioning is managed
- CCG's
- National teams
- Provider Trusts
- Nursing services
- Academic departments
- Companies and not for profit organisations

We need to find a way in which people from all these sectors can feel part of a single community and ensure the Faculty is fully engaged.

Roots

There are two main roots of the newsletter and the commitment to creating a community of practice for healthcare public health.

One is the Yahoo group which was started by Ash Paul and Daphne Austin and which has played a huge part in developing the knowledge and expertise of public health professionals, as well as maintaining their morale. This is a closed group which operates the Chatham House rule, namely comments cannot be attributed to individuals. It is now convened by Greg Fells, as a volunteer, in addition to his day job with Bradford

The second is what was called the Public Health Commissioning Network which was initiated by a certain Duncan Selbie when he was Director of Commissioning in the Department of Health. He commissioned a project based in the Oxford Radcliffe NHS Trust, now the Oxford University Hospitals NHS Trust, to ensure that public health professionals involved in commissioning would share knowledge and help one another on the principle of Do Once And Share. The project was managed by Muir Gray and a trainee Tom Porter, who now works in Wales

The Yahooo Group will continue and we will carry an interview with Greg Fell in the January Newsletter.

Commissioning for Value packs

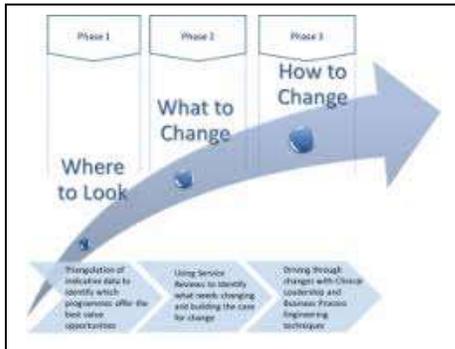
PHE Northern and Yorkshire Knowledge and Intelligence team has worked with NHS England and Right Care to develop intelligence packs which aim to support local leaders to improve healthcare outcomes, quality and efficiency. The packs aim to answer the question 'where should a CCG look if it wants to improve the value it is getting for its population'. Spend, quality and outcome indicators for the 10 programmes of care have been benchmarked for each CCG against a group of 10 CCG's with similar demographic characteristics. Where the CCG is significantly different from its peers, the opportunity to improve value is calculated from the CCG's current position to the average of the 5 best performing CCG's in its group. The packs can be accessed from this link:

<http://www.rightcare.nhs.uk/index.php/commissioning-for-value/>

The packs are based on some work which Yorkshire and Humber Public Health Observatory piloted in 2012/13. The next step in the commissioning for value process is to prioritise the programmes of care which offer the greatest opportunity to improve value for the population and to identify 'what to change'. Yorkshire and Humber piloted the production of 'deep dive' intelligence packs which analysed spend, outcome and quality from prevention to end of life care across a programme of care. These packs can now either be produced locally or commissioned through Right Care. There are now many examples of how the commissioning for value approach has been used to improve spend, quality and outcomes for populations. These case studies can be found on the Right Care site: <http://www.rightcare.nhs.uk/index.php/resourcecentre/commissioning-for-value-best-practice-casebooks/>

Within PHE, the Commissioning for Value packs form part of the corporate programme to promote place-based public health systems. They highlight some of the public health opportunities to improve population health. The indicators in the packs include prevalence, modelled prevalence and indicators of preventative activity (smoking quit rates and management in primary care). The 'deep dives' into a programme of care offer the opportunity to look at the potential impact of preventative activity in more depth and also to feed in local data about the current impact of preventative programmes and the opportunity for development as part of the transformation of the pathway.

For more information, please contact sue.baughan@phe.gov.uk



*3 phases of the
Commissioning for
Value process*

Healthcare Public Health PHE consultants

Healthcare Public Health consultants are the key PHE link between the NHS England Area Teams and the PHE Centre for healthcare public health the wider aspects of Public Health. We are also working with the 4 Strategic Clinical Networks and the Senates. We undertake an advocacy and Public Health leadership role with a range of different teams within the Area Teams including being members of the Quality Surveillance Groups. We are in the process of developing Centre footprint healthcare PH networks involving colleagues from Local Authorities contributing to the core offer with CCGs, specialised commissioning, provider PH Consultants and KIT colleagues.

Their roles will vary because job plans are being driven by stakeholders and Centres are starting to evolve differently e.g. Helen is the West Midlands Centre Children and Young People Executive Team Lead and Andrew has been involved with Military Healthcare whereas Sue has been heavily involved with Individual Funding requests (IFRs). The role will evolve as the healthcare system continues to bed down following the large structural reforms that have taken place during 2013.

Meet the team

North East	Sue Gordon
Yorkshire and Humber	Andrew Clark (until Dec 2013)
West Midlands	Helen Carter
Devon, Cornwall & Somerset	Debbie Stark

*Further recruitment is in progress and will update as posts are filled.

PHE local and regional contact details

<https://www.gov.uk/government/publications/phe-centre-addresses-and-phone-numbers/phe-local-and-regional-contact-details>

Specialised Commissioning PHE consultants

Specialised Commissioning consultants play a very specific role working closely as part of the Specialised Services Commissioning Teams helping to ensure that the teams of commissioning and finance managers take a population approach to specifying and funding health services. These services are usually complex and have low volumes of activity and high cost so that commissioning across conventional population numbers, such as those in CCGs, is less practical. There is also a dedicated team working at the national level on the rare treatments where there are only small numbers of patients and a few providers delivering the service.

The services can be broadly grouped into 75 or so distinct clinical services and these vary from services with larger numbers of patients, such as the renal replacement therapies and cardiac surgery, to the smaller ones with high cost treatments, such as HIV and haemophilia, or those needing good coordination along the patient pathway, such as for patients with haemoglobinopathies and cystic fibrosis.

In reality all clinical services have pathway implications and public health specialists would see it as a key part of their job to work across organisational boundaries to ensure the optimum management of patients and to achieve the best value for the NHS. The public health expertise needed usually depends on the different operational issues behind a particular service and the strategic changes that need to be developed to support learning and improvement in the annual commissioning cycle. These may start with the clinical epidemiology, what the current service delivers, the evidence to support any new developments and then work through to evaluating activity and using change management skills. Using the commissioning cycle in a more structured way should allow a better understanding of complex patient outcomes and public health is key to building in improvements to the next year's contracts. The reorganisation is an opportunity that enables public health expertise to become even more integral to the commissioning teams and to build in long term improvements for both patients and the NHS.

Meet the team

Yorkshire and Humber	Dr. Kevin Smith
Cheshire and Merseyside	Dr Su Sethi Claire O'Donnell
West Midlands	Dr. Jonathan Howell
London	Dr. Dianne Addei Vittoria Polito Toyin Ogboye Ayesha Ali (beginning mid-January 2014) Jose Figueora (beginning February 2014) Steve Hajioff (locum until end December 2013) Dr. Toyin Oremakinde (locum until mid-February 2014)
Kent, Surrey and Sussex	Dr Brijenda Rana
Wessex	Dr. Sally Nelson
Devon, Cornwall and Somerset	Nevila Kalfia (not yet in post)
Avon, Gloucestershire and Wiltshire	Nevila Kalfia (not yet in post)

PHE's response to "Improving general practice - a call to action"

This summer NHS England responded to widely reported pressures within the primary care system with a consultation and engagement exercise called "Improving general practice- a call to action" (<http://www.england.nhs.uk/ourwork/com-dev/igp-cta/>). The consultation consisted of an evidence pack and a series of questions about how general practice should develop in the future to respond to the growing pressures from rising expectations; rising need and reducing resources. Around 40 people from PHE responded to the consultation. These responses were coordinated and two documents submitted: i) a strategic response from PHE setting out our vision for general practice and PHE's offer to support the development of this vision ii) a detailed response to the majority of the consultation questions. If you would like a copy of the response documents please contact Shakti.dookeran@phe.gov.uk

The vision set out in PHE's response articulates a primary care service that is both a well-being and an illness service that works across the life course to improve population health outcomes. PHE's offer has been warmly welcomed and we will be working directly with them on ensuring that this work is keyed in to their *Improving General Practice* workstreams. NHS England does not want to produce one large document, but rather a range of tools, short policy documents, factsheets and best practice ideas that area teams and CCGs can use locally.

PHE's offer is in 3 parts and the headline elements of the offer include:

Developing a shared vision for general practice by articulating the central role of general practice in promoting Health and Wellbeing across the life course in their communities as part of a joint narrative on Health and Wellbeing. Also by identifying the general practice system leadership and partnership role in working with others providing health improvement services such as local authority public health departments and pharmacies.

Realising the Vision for example by working with NHS England to develop the evidence base for a future model of general practice and for evidence of effective interventions across professional groups working in general practice; developing a template for an evidence based health and wellbeing plan to be used by GP practice teams with patients to help them understand what they need to do to be as healthy as they can be.

Outcomes and evaluation for example by agreeing measurable outcomes for population health gain from general practice in terms of physical and mental wellbeing across the life course and developing a monitoring programme on health inequalities. In addition developing measures which encourage GPs and primary care practitioners to engage with community assets, such as Citizens Advice Bureau and mutual aid groups.

PHE in it's response also asked for the continuing commitment and involvement of NHS England on PHE priorities for which general practice is important to their success for example in integrating, promoting and monitoring participation and in some cases in direct delivery of interventions such as the NHS Health Check programme, and stop smoking. PHE's focus here would be on ensuring there were accessible care pathways that include health promotion, evidence based standards of care, and support from NHS England in reducing unwarranted variation.

If you have been involved in responding to this consultation via your CCG or directly please let us know how you approached the consultation and what success you had including prevention within the response. We are interested to hear your views on PHE's offer and if you would like to work with us on delivering it, contact Dr Hilary Guite

Hilary.guite@phe.gov.uk

PHE's National General Practice Profiles updated

PHE's National General Practice Profiles draw together a wide range of information to give an overview of the health needs and priorities for each GP practice in England.

The profiles have been refreshed with 2012–13 data, including the latest Quality Outcomes Framework (QOF) data, which were released at the end of October. Other data sources include the GP Patient Survey and the Attribution Dataset of GP Registered Populations.

The profiles help CCGs and local authorities set commissioning priorities and allow individual practices to compare themselves against others and CCGs.

In total, there are around 250 indicators in the profiles, covering more than 99% of practices in England.

The data can be viewed and used in a number of different ways:

- a summary page showing the population pyramid for a selected practice area and giving key information about numbers of people registered overall QOF score, ethnicity and deprivation
- spine charts showing the difference in health between the practice area and the England average, including for a number of clinical domains such as cardiovascular disease, diabetes and respiratory disease
- new trend charts showing changes in each practice area over the four years since the profiles began
- new QOF indicators for osteoporosis and peripheral arterial disease
- new smoking prevalence indicators derived from the GP Patient Survey
- benchmarking against clinical commissioning group, deprivation decile and practice peer group
- scatter plots allow the user to explore the relationship between different indicators.

The National General Practice Profiles and supporting documentation will go live on Tuesday 3rd December: <http://fingertips.phe.org.uk/profile/general-practice>

For queries, feedback or more information, please contact: EastKIT@phe.gov.uk

Health Select Committee

PHE's Chief Executive Duncan Selbie gave evidence to the Health Select Committee on 19 November. He was joined by fellow witnesses Richard Gleave, Chief Operating Officer, Professor Kevin Fenton, Director for Health and Wellbeing and Dr Paul Cosford, Director of Health Protection and Medical Director. Their most pressing concern was to determine whether PHE had, as originally promised by Government, an expert voice independent from the Department of Health and the freedom to speak truth to power. Duncan Selbie reassured them that this freedom was enshrined in the Framework Agreement, published on 15 November.

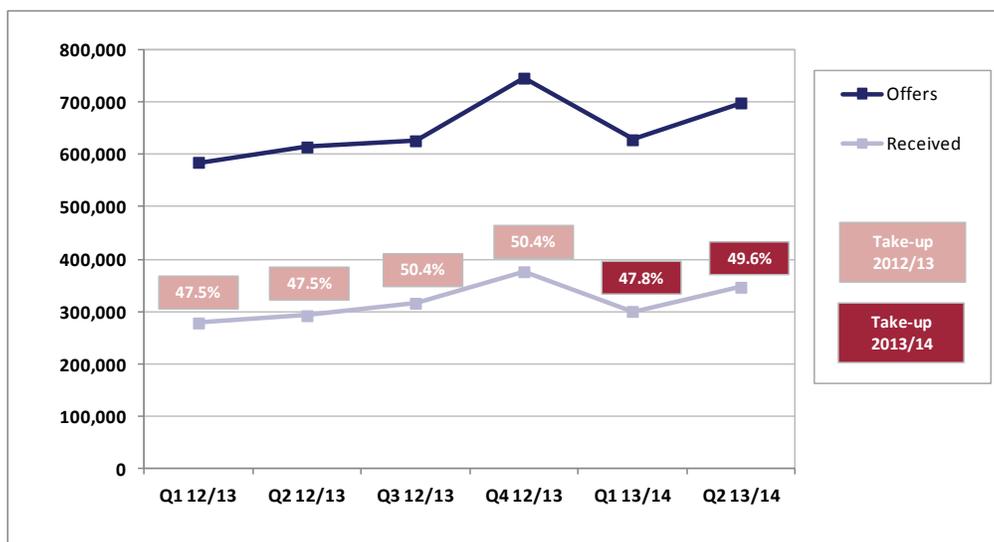
The Committee was equally clear that it expected PHE to deliver a commentary on key public health policy issues, holding up a mirror to Government, local authorities and the NHS in changing the narrative from the historic focus on hospital based care to the people and place agenda that we know matters most in improving the health and wellbeing of the population. Other topics that were discussed including PHE's early priorities, NHS Health Checks, health inequalities and the underlying drivers for poor health, the new statutory duty to improve health now with local government, the recent report on the health impacts of shale gas extraction, obesity and the food industry, and alcohol minimum unit pricing.

NHS Health Check quarter two returns

Summary statistics 1 July to 31 September 2013 (Q2) England:

- Nationally, a total eligible population of 15,323,148 was identified for the NHS Health Check programme.
- Of the eligible population, 698,808 NHS Health Checks (4.6%) were recorded as offered in the second quarter of 2013/14. A total of 346,588 NHS Health Checks were recorded as having been received
- Take up was 49.6% (346,588 NHS Health Checks). 2012-2013 England average for the same quarter was 47.5%
- All 152 local authorities in England made a return to the Public Health England reporting website for Q2 2013/14. One local authority was unable to record the number of offers made due to a data access issue
- In seven areas, uptake was reported below 25%. PHE and its partners are committed to working closely with local authorities who demonstrate difficulties implementing this programme
- Future data releases are scheduled for 26 February 2014 (2013/2014 quarter three) and 28 May (2013/2014 quarter four).

NHS Health Checks in England offered and received (and take-up) in 2012/13 and Q1 – Q2 2013/14



Summary of NHS Health Checks offered and received across England comparing 2012/13 with 2013/14

	Percentage of eligible people that were offered a NHS Health Check	Percentage of eligible people that received a NHS Health Check
2012/13	16.5%	8.1%
Q1 and Q2 - 2012/13	7.7%	3.7%
Q1 and Q2 - 2013/14	8.7%	4.2%

“Local authorities became responsible for commissioning the NHS Health Check programme in April and to see that roll-out and uptake has improved in the last quarter and also compared to this time last year is very encouraging. PHE in collaboration with our key stakeholders will continue to support local authorities to achieve successful implementation and improvement of this priority public health programme.” - Professor Kevin Fenton, Director of Health and Wellbeing for Public Health England.

Training opportunities

Jenifer Smith, Centre Director for South Midlands and Hertfordshire has been granted funding to establish a partnership between PHE and London School of Economics to develop training and education for value based commissioning. There will be e-learning modules in health economics, burden of disease modelling, stakeholder engagement and multi-criteria decision analysis and an intensive executive coaching course in facilitation of decision conferences.

We anticipate the first modules to be ready for pilot early next year and will be looking for volunteers to test them – more information to follow!

*Please note the following correction was made to the Editorial section in the October 2013 newsletter:

“Linked to the publication of the Atlases the Rightcare team working with colleagues in the Department of Health and NHS England produced and developed the SPOT tool, the Spend and Outcome Tool. This has been followed up with Commissioning for Value Packs which have been distributed to every CCG and we will ensure that all public health professionals are aware of what they mean and how to use them.”