



## Autumn Newsletter 2012

Dear Friends and Associates of PHAST,

Summer 2012 has been memorable with the Queen's Jubilee followed by all the excitement of the Olympic and Paralympic Games. It's been a great time to be in London even if it is the wettest summer for 100 years.

Jeremy Hunt is the new Health Secretary after overseeing the smooth running of the 2012 London Olympics. He was previously the party's spokesman on disabilities and welfare reform. It will be interesting to learn his views on Public Health.

PHAST has been active in supporting public health teams in their transition to local authorities and providing public health expertise to Clinical Commissioning Groups and Health and Well-being Boards in London and other parts of England.

PHAST is developing new partnerships to explore opportunities with a variety of organizations from football clubs to management consultants in the UK and internationally. Please see page 2 for details of some recent PHAST projects.

PHAST aims to be a first class, high quality public health social enterprise that delivers academically sound projects and bespoke training on time and within budget.

Please do contact us to discuss our work or the changes taking place.

Best wishes

*Catherine*

Dr Catherine Brogan

### PHAST meeting dates for your diary

Please see below a list of PHAST Associate meeting dates for your diary.

Please join us at our next meeting later this month when Duncan Selbie, Chief Executive Designate Public Health England will be sharing his visions for Public Health England.

Dr. Ric Fordham Deputy Associate Dean, (Knowledge Transfer) School of Medicine, Health Policy & Practice, University of East Anglia will speak on the importance of health economics.

See page 4 for further details.

- **Thursday 20<sup>th</sup> Sept**
- **Tuesday 11<sup>th</sup> Dec**

# PHAST Project Update

These are some of the current projects PHAST is working on:

## **National Work**

- Providing interim public health consultants, analysts etc.
- Evaluation of the Equity Action Programme in Europe
- Evaluation of Cancer Treatment Assessment and Support for Older People Pilot Project
- Evaluation of National Problem Gambling Clinic treatment and counseling service
- Training courses for Health Protection Agency

## **South East**

- Needs Assessments & Evidence Reviews for NHS East Sussex
- Quality Survey - Prison Health Needs Assessment
- Thames Valley positive Support - HIV & Sexual Health Needs

## **London**

- Working with NHS London to support the transfer of PH teams to local authorities
- Developing the Patient and Public Involvement Strategy for CCGs
- Individual Funding Requests evidence reviews
- General practice audit to increase immunisation coverage rates
- Outcomes framework for commissioning an HIV prevention programme
- HIV Testing Fellowship review project
- Development of Health and Wellbeing Boards in Midlands, London and South
- Support and development of London Clinical Commissioning Groups
- Evaluating general practice immunisation systems to improve coverage rates
- Support to Child Death Overview Panel

## **Midlands and East**

- The National Leadership Council training for the Lay Membership
- Health & Wellbeing Boards development projects & training
- Systems Relationships for Health Improvement
- Evaluating end of life care
- Auditing ageism in cancer care

## **International Work**

- Master class action learning set for Adelaide Medicare Local in Australia
- Quality assuring a Health Atlas in Adelaide
- Evaluation of the Equity Action programme in Europe
- We are developing tenders in Somalia and Bangladesh
- Part A revision course in Hong Kong
- Community projects in Sri Lanka

## PHAST Networking

**If you know anyone** who has recently left their NHS post, please suggest that they contact PHAST as we value all those with public health and management skills especially those who have recent experience in the NHS or local government.

The market for public health consultants, analysts and project managers is expanding and we have some exciting opportunities.

Please also spread the word to colleagues that if they are struggling with targets to meet and fewer staff to undertake the work, PHAST can provide surge capacity and undertake routine or project work.

## Congratulations

Congratulations to Prof Sue Atkinson for receiving a Public Health Distinguished Fellowship award. We wish Sue the best of luck for her trip to the US. – **See page 5 for further details.**

## PHAST Online

**A useful source of information** for our friends and associates is our website [www.phast.org.uk](http://www.phast.org.uk) please take a look.

Please consider writing a paragraph about a project you have been involved in or contribute ideas about what services you could offer.

PHAST has adapted to ensure we have the right skill mix, tools and systems to meet the needs of clinical commissioning groups, health and well being boards and commissioning clusters and commissioning support services.

We are in demand throughout UK and have undertaken a variety of international projects.

As ever, we have strong teams of excellent public health consultants and specialists delivering first class public health training and projects.

We support charity work in Sri Lanka, India, Burma and Africa.

"There is something in the Olympics, indefinable, springing from the soul, that must be preserved."

- Chris Brasher

## Supporting Health & Wellbeing Boards

**Health & Wellbeing Boards bring a new and potentially tremendous opportunity to improve whole systems and to deliver lasting population health improvement**

**We believe the keys to success are**

- Defining the scope and structural arrangements to fit local circumstances
- Working together early on real issues
- Understanding each partner's vision, culture and constraints
- Inspiring each other to impact on deep seated health inequalities
- Understanding and setting out clear governance and accountability arrangements



## PHAST Associates Meeting

The next PHAST Associates meeting is being held on 20<sup>th</sup> September 2012 at the Kings Fund London.

We are delighted to announce that the new Chief Executive Designate of Public Health England will be speaking at the meeting. We hope that you will join us for what should be a very interesting afternoon.



**Where?** Kings Fund, Marlborough Room 3

What Time? 3-5pm

**For further information and an agenda please contact [Penelope@phast.org.uk](mailto:Penelope@phast.org.uk)**

## Congratulations -Distinguished Fellowship in Public Health

Sue Atkinson has been awarded the Joan H Tisch Distinguished Fellow in Public Health at Hunter College, CUNY. This will entail her working in New York for the next few months, where she will be looking at comparative health/public health policy and likely to focus in on 'food'/obesity and related areas. She will also be teaching and giving seminars and public lectures. She will build on some of the London/New York and UK/USA comparisons she undertook a few years ago. There are a lot of factors that make it a very exciting time to be there; health and public health reforms on both sides of the Atlantic, the Presidential election in November, with 'health issues' high on the electioneering agenda, and some major initiatives by Mayor Bloomberg on 'food' related issues, including most recently banning the huge size fizzy drinks!

## Gender Convergence in Human Life Expectancy

Congratulations to Prof Les Mayhew on the publication of his paper 'Gender convergence in human life expectancy and the postponement of death' which was trailed in May this year by the Media and received some good publicity in the Sunday Times, BBC and elsewhere it is now available at: <http://www.cass.city.ac.uk>

Les explained to us that there are some very important public health messages in the paper as well as a demonstration of the beneficial effects 'the public health profession' has had, particularly on male life expectancy, over a long period through its various activities - campaigns, policies, service delivery, evaluation etc. We hope he will speak at our next Associates meeting.

## On a Mission to Commission

### Adelaide Workshop 16<sup>th</sup> July 2012

Dr Peter Del Fante, Clinical and eHealth Director for Healthfirst Global, commissioned PHAST to provide a workshop to Medicare locals in Adelaide Australia.

PHAST Director, Dr Eugenia Cronin, carried out the workshop, 'On a Mission to Commission' which was a great success and there is potentially more work PHAST can undertake with Peter in Adelaide and elsewhere in Australia.

PHAST associates in Australia are explaining the strengths of evidence based commissioning to improve health and reduce inequalities.

# PHAST Autumn Training Programme

PHAST have recently released a copy of the Autumn training programme – please visit the website [www.phast.org.uk](http://www.phast.org.uk) for further information on our current prospectus/courses available and how to register on a course



For more information about PHAST or becoming an associate please visit our website [www.phast.org.uk](http://www.phast.org.uk) or contact [penelope@phast.org.uk](mailto:penelope@phast.org.uk)

## PHAST Project Summaries

Please see below on the next few pages brief summaries of the following PHAST Projects: -

- Current and future Public Health and Primary Healthcare Needs of City Workers
- Right Care Sickle Cell Event
- Economic Evaluation of an innovative Central London Alcohol Recovery Service

# Current and Future Public Health and Primary Healthcare Needs of City Workers

**Project period: January to March 2012**

**Project Type: Health Needs Assessment**

## **Objective**

The City of London Corporation commissioned PHAST to undertake research into the current and future public health and primary healthcare needs of City of London (City) workers.

The primary objectives were to analyse existing datasets, engage key stakeholders and a sample of the City commuting worker population, in order to inform commissioners for future strategies to;

- Improve the health and wellbeing of the City worker population.
- Support City workers in accessing health services.
- Support employers by improving productivity.



## **Background**

The background to this research lies in the context of the changes resulting from the Health and Social Care Act 2012, and the following two assumptions;

- The widely held perception that working in the City leads to significant amounts of stress related illness;
- The principle that NHS funding for key health services are generally based on where individuals live, rather than where they work.

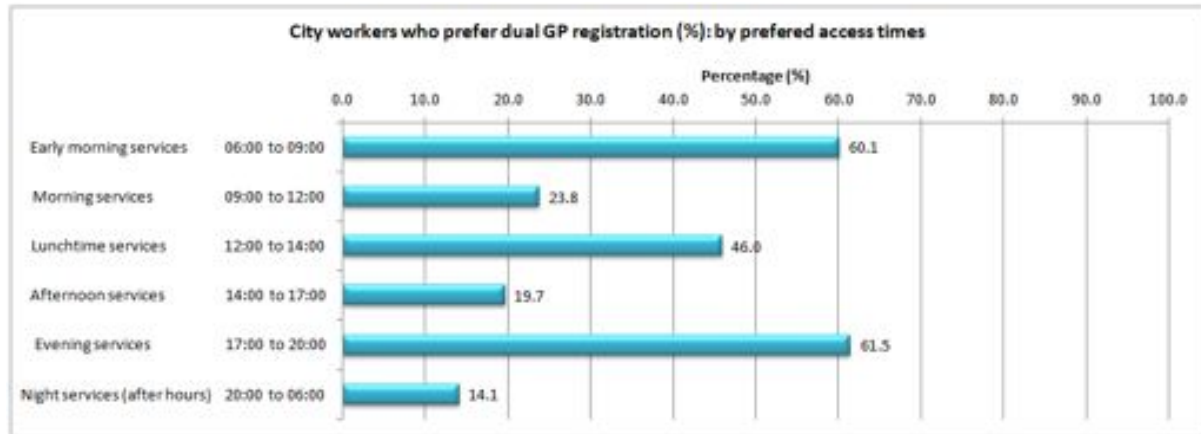
The first of the points above suggests that there could be significant unmet health needs among the working population. The implication of the second is that there may be limited funding and services provided in the City itself to the working day population of over 300,000 as there are far fewer; in fact less than 12,000, residents.

## **Methods**

The research is based on a combination of qualitative and quantitative methods, including interviews and a street-based survey of City workers. Areas of healthcare considered in the report include; the ability to register with General Practitioners (GPs) close to one's place of work, a future option of dual registration (GPs close to work and home), and the provision of other, specialist services including counselling.

## Results

**Need:** The research findings suggest that there is a particular need amongst City workers for support with stress, anxiety and depression. The sub-set of City workers currently showing the greatest health needs are those who are both suffering from high levels of stress and who smoke (just over 3% of total). City workers who drink more than twice the recommended levels of alcohol on a single occasion (binge drinkers) are generally currently in good health, however the health needs associated with this behaviour are likely to manifest later in life, when many of them will no longer be working within the City of London. Enhanced prevention services targeting binge drinking in the City of London is therefore likely to have long-term financial benefits to the NHS.



**Demand:** The research results indicate a strong demand amongst City workers for more NHS GP services and potentially the reopening of an NHS walk-in centre in the City of London. Dual GP registration, with practices near both work and home, was welcomed in principle, though many practical barriers are noted. There is a high demand for access to health services and clinics during early mornings, lunchtimes and evenings, as demonstrated in the snap-shot results figure above. Pharmacies are identified to be able to play a more significant role to future services. Any new services would need to be well signposted, geographically flexible, located close to major transport hubs, and have short waiting times or robust appointment systems. See the full report: <http://www.cityoflondon.gov.uk/business/economic-research-and-information/research-publications/Pages/the-public-health-and-primary-healthcare-needs-of-city-workers.aspx>



East London and the City





# Summary of Right-Care Sickle Cell Event

## 23<sup>rd</sup> March



Dr Paul Nelson and Dr Catherine Brogan won funding from the QIPP team to organize a workshop with Patients, nurses and clinicians to address priorities listed below.

### Priorities identified in pre-meeting questionnaire

- Commissioning acute and community care as a package - not one without the other
- Comprehensive care: including social worker, psychologist
- Recognition and payment for specialist services: multidisciplinary sickle clinics - psychology services - specialist clinics (e.g. renal, obstetric, neurology, orthopedic)
- Funding of automated red cell apheresis service, chelation
- Access: model to support frequent non-attenders and prevent late access

### Priorities identified on the days

- Access to healthcare, Clinical Networks
- Register Issues, Research
- IT and communication
- Patient and Process related outcomes

### Suggested important OUTCOME measures identified on the day

- Minimise impact of disease: improve pain management-outcomes
- Uncomplicated pain management
- Days of pain experienced at home (including off school or work)
- Hospital contacts for appropriate or complicated episodes
- Hydroxy Carbamide or transfusion levels. Offered but refused (also needed -recorded on the NHR)
- Counts of patients who have had comprehensive annual review in last 12 months.+ evidence of appropriate response to what was found
- Patient Satisfaction and or experience
- DNA rates, Numbers of new complications e.g. creatinine (age stratified)

### Potential Next Steps

- Work together to support NIHR set research priorities for Sickle Cell
- Meet again to work specifically on networks with the aim of supporting specialist commissioning to develop clinical networks in London.
- Become and consortium and write a research Grant together

# Summary of Economic evaluation of an innovative central London alcohol recovery service.

## Background:

A pilot project with short-term local authority funding sought to examine the introduction of an alternative to A&E for the immediate care of intoxicated patients assessed by London Ambulance Service (LAS) crews.

Patients accessed the service via LAS 999 services in a central London Borough with a high density of entertainment venues, and their eligibility assessed based on a clinical protocol to exclude potentially complex cases. The patients reached the service venue either by an LAS 999 ambulance or 'booze bus', and was available on Friday and Saturday nights, and some other 'high demand' nights (i.e. Christmas & New Year period).

## What was the problem?

An internal evaluation of the pilot found it to be acceptable to staff and patients, clinically safe, and effective at avoiding the need for A&E attendances for the patient group. However, potential commissioners remained unsure of the service's cost effectiveness or value for money.

## How did PHAST help?

A PHAST health economics consultant scoped the client's precise needs, including delivery within a limited timescale.

PHAST undertook a review of existing health economics and costing evidence in relation to the client group and services concerned; and developed a costing model to compare the costs of the service compared to A&E. The model also examined alternative staffing and capacity scenarios for the service, and determined the thresholds at which the service appeared cost effective.

The report concluded that the service was cost effective with acceptable staffing arrangements and capacity assumptions, and that it represented good value for money to the NHS.

The evaluation also identified a number of un-quantified benefits, including:

- Reduced burden on A&E capacity.
- Improved environment for A&E staff and other patients.
- Reduced travel and down times for LAS vehicles.
- Improved opportunities for alcohol interventions with 'binge drinkers'.

## Impact:

The PHAST analysis and report was well received by the client and contributed to the decision-making to commission the service.

