



30th March 2011

Department of Health, Room G18
Wellington House
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**DH Healthy Lives, Healthy People:
Consultation on the Funding and Commissioning Routes for Public
Health**

Thank you for the opportunity to respond to this consultation. The Guild of Healthcare Pharmacists represents UK wide around 4,000 pharmacists including the majority of hospital pharmacists, pharmacists employed by NHS Primary Care organisations and pharmacists employed by other public bodies such as Prisons and the Care Quality Commission. The Guild is part of the health sector of the union Unite. Our response to each consultation question is as follows:

Question 1. Is the health and wellbeing board the right place to bring together ring-fenced public health and other budgets?

This would seem to be the right place if the responsibility for the non ring fenced budgets is also represented. The concern would be that non ring-fenced budgets would not prioritise public health expenditure where before these proposed changes public health expenditure would have been funded from these budgets.

Budget holders from the non ring-fenced budgets may have new priorities going forward. It would also be important that the Health and Wellbeing board is seen as more than a place where funding decisions are made

Question 2. What mechanisms would best enable local authorities to utilise voluntary and independent sector capacity to support health improvement plans? What can be done to ensure the widest possible range of providers are supported to play a full part in providing health and wellbeing services and minimise barriers to such involvement?

This requires those working in public health to be alert to the local opportunities. Some voluntary organisations will work in every geographical area but others will have a local focus. Out reach into these organisations will be vital.

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Question 3. How can we best ensure that NHS commissioning is underpinned by the necessary public health advice?

GP commissioners will have significant experience in public health advice. Thus the GP consortia will be well placed to advise on what would be needed locally once the public health data, associated with a topic, is available to them. Although there is value in sharing expertise with regard to some public health campaigns often results are achieved through local implementation. It is important that for each area it is clearly defined who is leading.

Question 4. Is there a case for Public Health England to have greater flexibility in future on commissioning services currently provided through the GP contract, and if so how might this be achieved?

GP practices have significant historical knowledge of providing public health services to the general population. Some groups may benefit from additional providers which specific understanding of the needs of a population group. Community pharmacies are very accessible to patients and in general have long opening hours. They would be one of a number of additional providers that could be commissioned to provide additional public health services.

Question 5. Are there any additional positive or negative impacts of our proposals that are not described in the equality impact assessment and that we should take account of when developing the policy?

We feel that there is a need to consider the public health requirements of small population groups that can be hard to reach to ensure uniform coverage.

Question 6.

Do you agree that the public health budget should be responsible for funding the remaining functions and services in the areas listed in the second column of Table A?

Infectious diseases – it is not clear which budget would fund the treatments needed for a pandemic type infection e.g. pandemic flu. We would propose this should be part of the national funding – new public health funding budget.

Treatments such as bariatric surgery are no longer routinely commissioned by all PCTs and GP commissioning groups may not prioritise treatments such as these

Question 7. Do you consider the proposed primary routes for commissioning of public health funded activity (the third column) to be the best way to:

a) ensure the best possible outcomes for the population as a whole, including the most vulnerable communities? and

b) reduce avoidable inequalities in health between population groups and

If not, what would work better?

In order for greater equity we feel that some schemes may be more appropriately commissioned at a national level. GP consortia commissioners in reviewing the health needs of the population served and the financial situation of the health economy may not commission some public health activity.

Question 8. Which services should be mandatory for local authorities to provide or commission?

All of the listed services.

Question 9. Which essential conditions should be placed on the grant to ensure the successful transition of responsibility for public health to local authorities?

The grant allocation needs to be clearly identified and agreed from the current health and other expenditure.

Question 10. Which approaches to developing an allocation formula should we ask ACRA to consider?

- Needs of the population groups
- Low Income Scheme Score (LISI)
- Patient demographics

Question 11. Which approach should we take to pace-of-change?

We feel that the pace of change should take place over 3 years.

Question 12. Who should be represented in the group developing the formula?

Patients, health economic experts, public health, commissioners

Question 13. Which factors do we need to consider when considering how to apply elements of the Public Health Outcomes Framework to the health premium?

- How quickly the outcomes will be seen / realised
- Cost benefit ratio

Question 14. How should we design the health premium to ensure that it incentivises reductions in inequalities?

This would be better done locally reflecting the changing needs of a specific population.

Question 15. Would linking access to growth in health improvement budgets to progress on elements of the Public Health Outcomes Framework provide an effective incentive mechanism?

No – this may mean the population with the greatest need has the lowest uplift on budget.

Question 16. What are the key issues the group developing the formula will need to consider?

We feel that a key issue is outcome measures in a specific time frame

We hope these comments are of assistance. Our reply may be made freely available.

Yours faithfully

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