



Public Health  
England

# Public Health for GPs

**Dr Rebecca Wagstaff**  
**Deputy Director, Health & Wellbeing**  
**PHE NW**

**[Rebecca.wagstaff@phe.gov.uk](mailto:Rebecca.wagstaff@phe.gov.uk)**



Public Health  
England

# Session Objectives

1. Overview of Public Health Practice
2. Health Status: A Population Perspective
3. Opportunities for GPs



Public Health  
England

# What is Public Health?



Public Health  
England

# What is Public Health?

**“The science and art of preventing disease, prolonging life and promoting health through the organized efforts of society”**

**Helping people to stay healthy and protecting them from threats to health.**

**Epidemiology**



What is Public Health?



Public Health  
England

# Public Health: A Population Focus

Organised measures to **prevent disease, promote health and well-being and prolong life**

Considers health/issues at a **population level**

- Nations
- Regions, Local Authorities, Neighbourhoods
- Ethnic groups
- Age (children, older persons, etc)





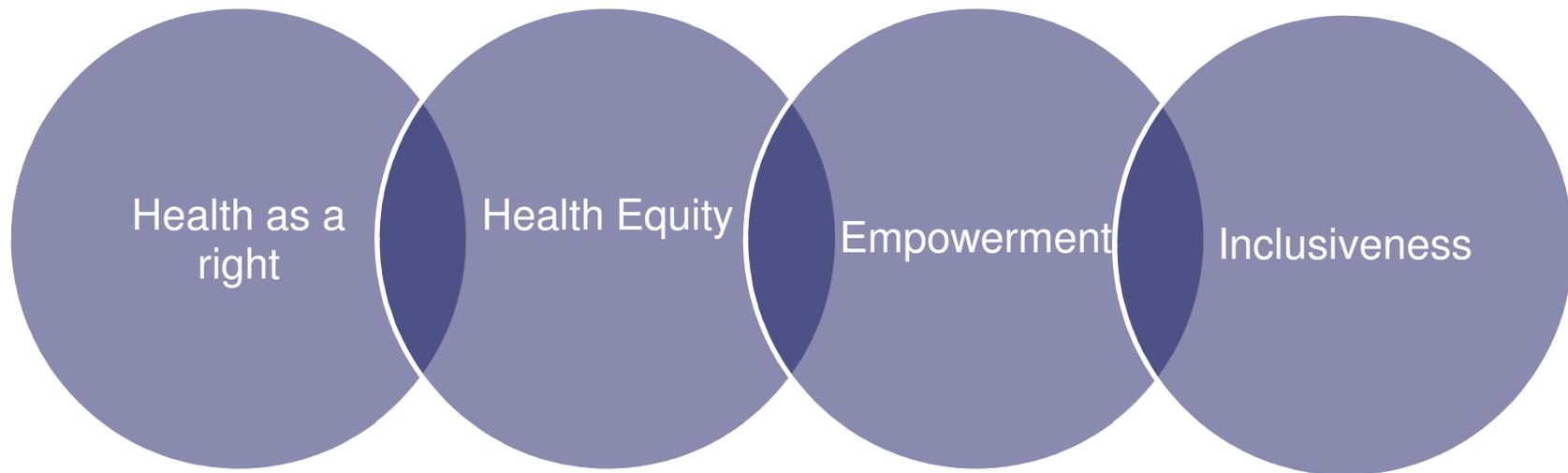
Public Health  
England

# Which populations do you work with?



Public Health  
England

# Public Health Values





Public Health  
England

# Achievements of Public Health

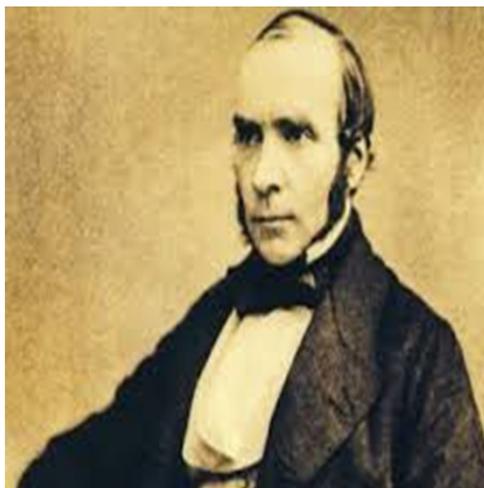
Immunisation

Workplace Safety

Control of Infectious Diseases

Healthier mothers and babies/Family planning

Tobacco regulation and legislation



**John Snow** – Identified contaminated water as the source of a major cholera outbreak in London (1854).

# Areas of Public Health Practice

---

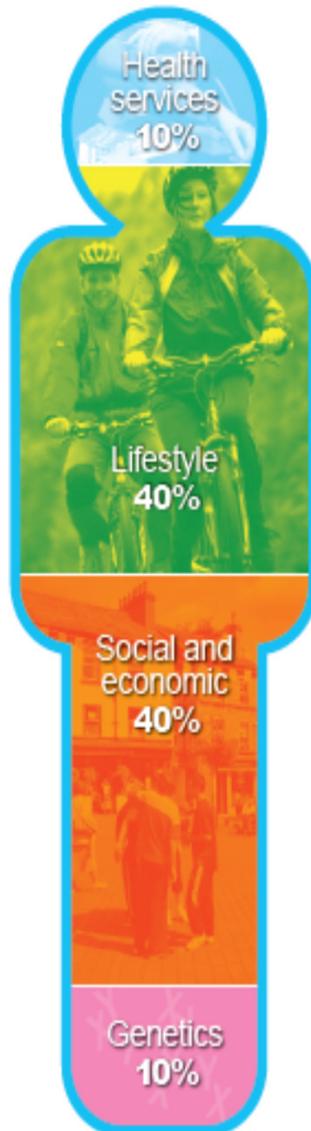




Public Health  
England

# What makes us healthy?

## What makes us healthy



# Public Health

The three areas we use to improve health in Cumbria.

### Health protection



### Population healthcare quality



### Health improvement

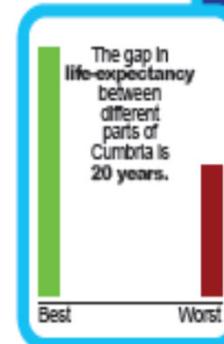
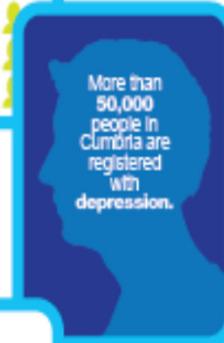


## The four big health challenges in Cumbria



Ageing population

Mental health

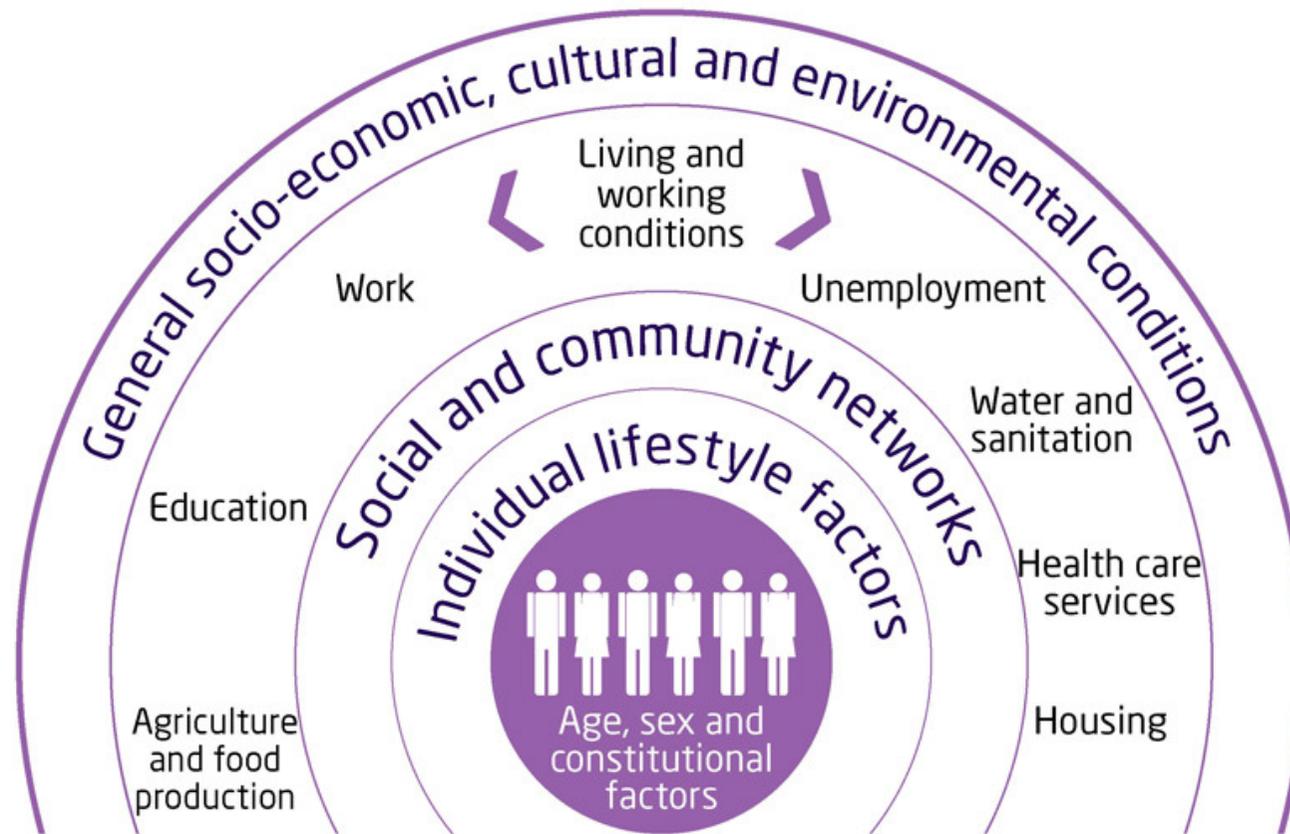


Health inequalities



Children and young people

# The Wider Determinants of Health



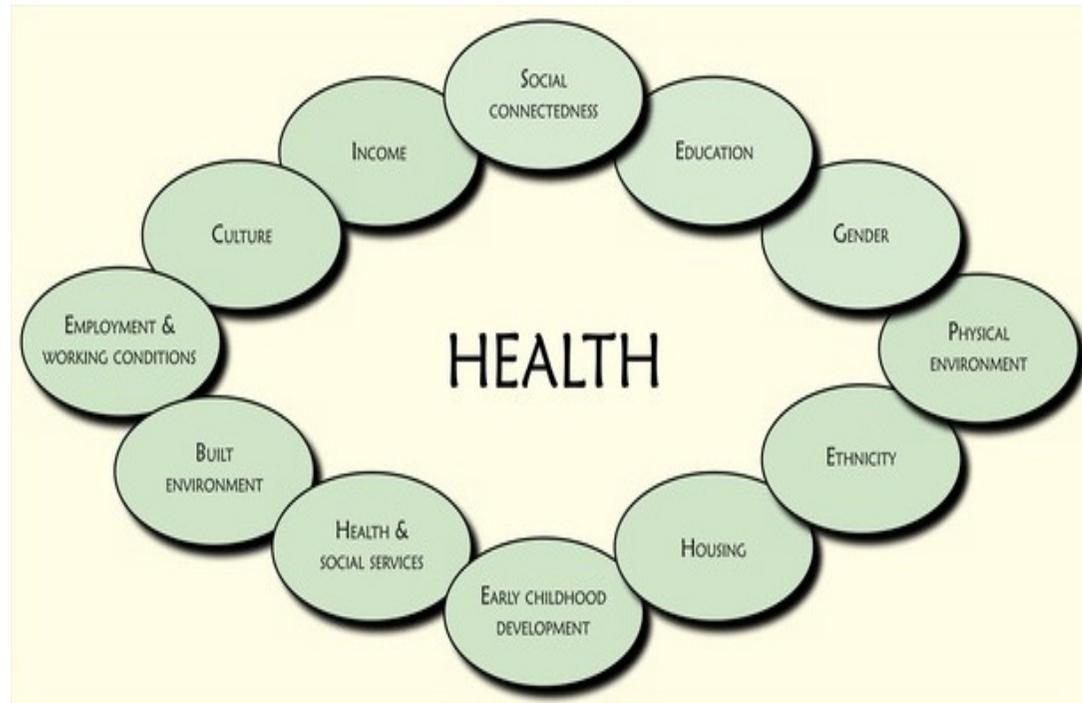
# Health Protection

- Infectious diseases
- Chemicals and Radiation
- Emergency response
- Food and Water Safety
- Climate Change



# Health Improvement

- Inequalities
- Education
- Housing
- Employment
- Family/community
- Lifestyles



# Health Services

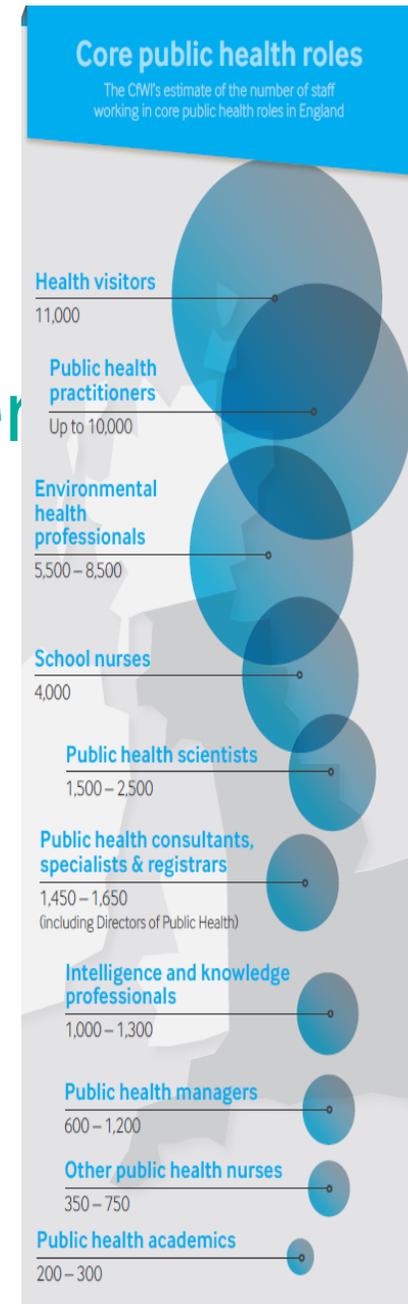
- Clinical effectiveness
- Efficiency
- Service planning
- Audit and evaluation
- Clinical governance
- Equity



*National Institute for  
Health and Clinical Excellence*

# Public Health Workforce

- 40,000 public health workers
- Local Authorities
- Public Health England
- NHS England
- Trusts
- Academic Institutions



# Opportunities for Contributing to Public Health

---





Public Health  
England

# Opportunities: Know your populations

## Public Health Outcomes Framework:

<http://www.phoutcomes.info/>

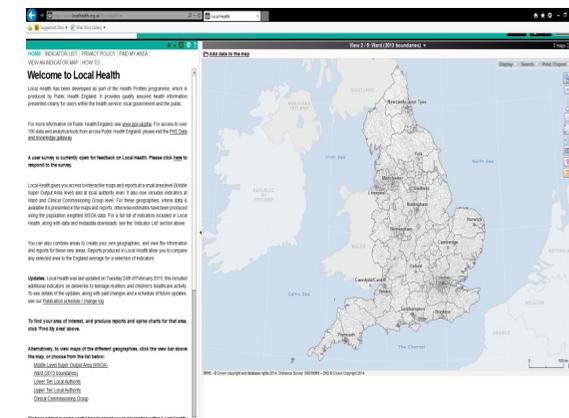
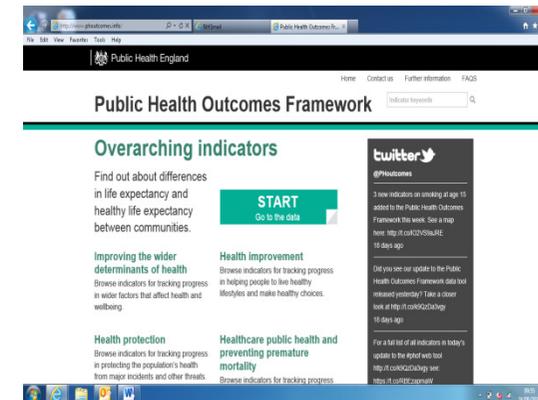
## Local Health:

<http://www.localhealth.org.uk>

## Annual Public Health Report:

<http://www.cumbria.gov.uk/elibrary/Content/Internet/536/6181/42016122644.pdf>

## Joint Strategic Needs Assessment



# Population Data and Research

- Surveillance and monitoring of population statistics, specific diseases and risk factors
- Assess health and look at trends
- Look at differences between populations
- Evaluate interventions

## Cumbria

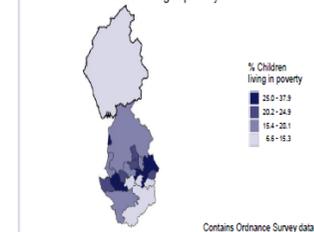
This profile provides a snapshot of child health in this area. It is designed to help the local authority and health services improve the health and wellbeing of children and tackle health inequalities.

### The child population in this area

	Local	North West	England
Live births in 2013	4,814	86,372	664,517
Children (age 0 to 4 years), 2013	25,200 (5.1%)	440,300 (6.2%)	3,414,100 (6.3%)
Children (age 0 to 19 years), 2013	104,900 (21.1%)	1,686,300 (23.7%)	12,833,200 (23.8%)
Children (age 0 to 19 years) in 2020 (projected)	100,700 (20.2%)	1,709,500 (23.4%)	13,325,100 (23.6%)
School children from minority ethnic groups, 2014	2,542 (4.3%)	168,020 (19.0%)	1,832,995 (27.8%)
Children living in poverty (age under 16 years), 2012	14.7%	21.4%	19.2%
Life expectancy at birth, 2011-2013			
Boys	79.0	78.0	79.4
Girls	82.5	81.8	83.1

### Children living in poverty

Map of the North West, with Cumbria outlined, showing the relative levels of children living in poverty.



© Crown copyright 2015. You may reuse this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence

### Key findings

Children and young people under the age of 20 years make up 21.1% of the population of Cumbria. 4.3% of school children are from a minority ethnic group.

The health and wellbeing of children in Cumbria is mixed compared with the England average. Infant and child mortality rates are similar to the England average.

The level of child poverty is better than the England average with 14.7% of children aged under 16 years living in poverty. The rate of family homelessness is better than the England average.

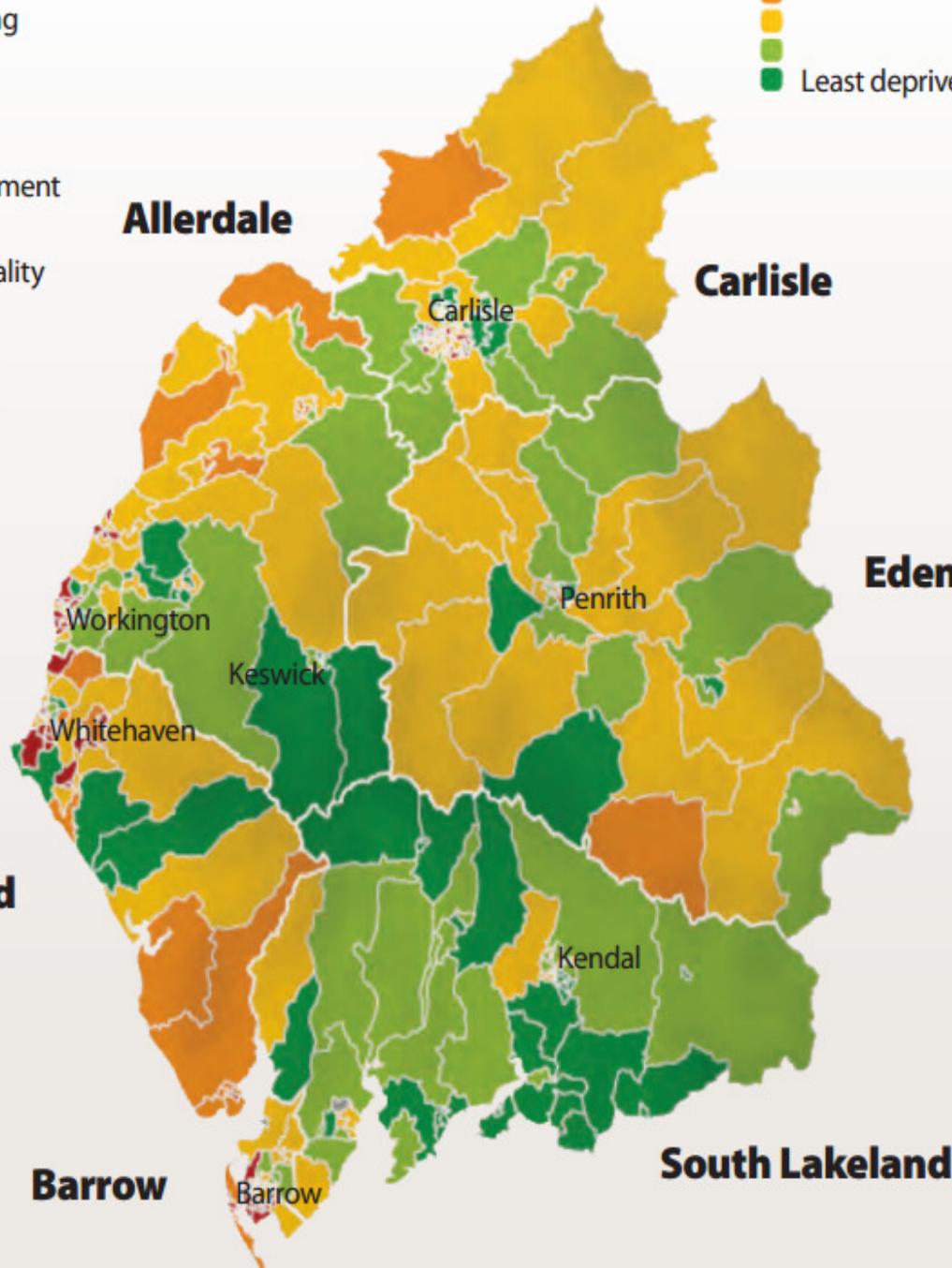
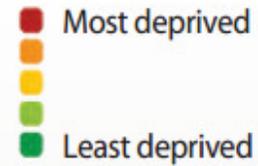
Children in Cumbria have average levels of obesity: 10.0% of children aged 4-5 years and 19.3% of children aged 10-11 years are classified as obese.

The teenage pregnancy rate is better than the England average. In 2013/14, 47 teenage girls gave birth. This represents 1.0% of women giving birth which is similar to the England average.

The hospital admission rate for alcohol specific conditions is worse than the England average. The hospital admission rate for substance misuse is worse than the England average.

Levels of deprivation are based on the following criteria:

- Crime
- Benefit claimants
- Educational attainment
- Health
- Environmental quality
- Employment
- Access to housing
- Access to services



# Know your population

## Deprivation in Cumbria

	Allerdale	Barrow	Carlisle	Copeland	Eden	South Lakeland	Compared to England
1 % working age adults with level 4 or greater education	30.2%	32.8%	28%	19.2%	32.6%	41.1%	31.1%
2 Fuel Poverty	27.7%	28.5%	24.7%	25.5%	38.3%	28.3%	18.4%
3 Excess winter deaths	15.4	6.8	19.2	23.9	14.7	20.1	18.1
4 % people who agree they can influence decisions in their area	40%	39%	41%	365	38%	44%	29%
5 Estimated smoking prevalence	22.2	28.9	25.8	22	17.9	13.5	21.2
6 Hospital admissions due to alcohol	1957	2528	2022	2121	1367	1433	1743
7 % reporting drunk and rowdy behaviour as a problem	18%	25%	20%	30%	14%	14%	No data
8 Estimated prevalence of drug misuse (crack and opiates) per 1000	7.2	12.4	9.2	6.1	6	4.4	9.4
9 Healthy eating among adults	27.2%	23.8%	28.1%	26.6%	31.7%	32.7%	28.7%
10 Mortality from all cancers <75	120	117	123	115	94	96	110
11 Mortality from all circulatory diseases <75	75	86	77	83	59	59	67
12 Level of deprivation	22.3	30.9	22.6	25.2	14.1	12.4	21.5
13 Median household income	£25,319	£22,835	£26,154	£26,109	£27,344	£28,052	£28,989
14 Mean house price	£156,112	£111,852	£114,690	£127,804	£220,400	£238,205	£214,193
15 Rate of crime per 1000 people	146	195	195	151	93	100	No data
16 % satisfied with their local area	87%	76%	83%	78%	93%	95%	80%
17 % of working age population with a disability	18.5%	25%	15.7%	21.8%	22.8%	23.1%	20.5%
18 % of working age adults with disabilities in employment	69.7%	38.2%	43.9%	26.3%	48%	63.4%	49.2%

Key:  Worse than  Similar to  Better than

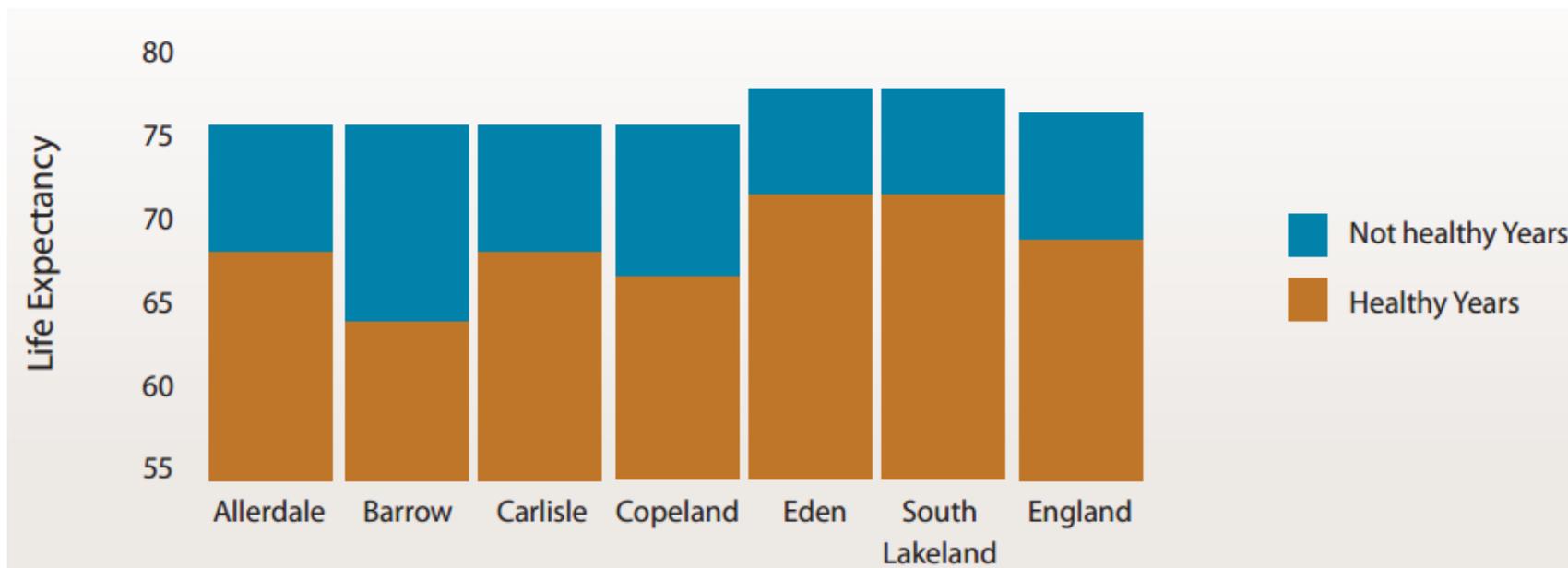


Public Health  
England

# Life expectancy

National average 77.7 men, 81.8 women

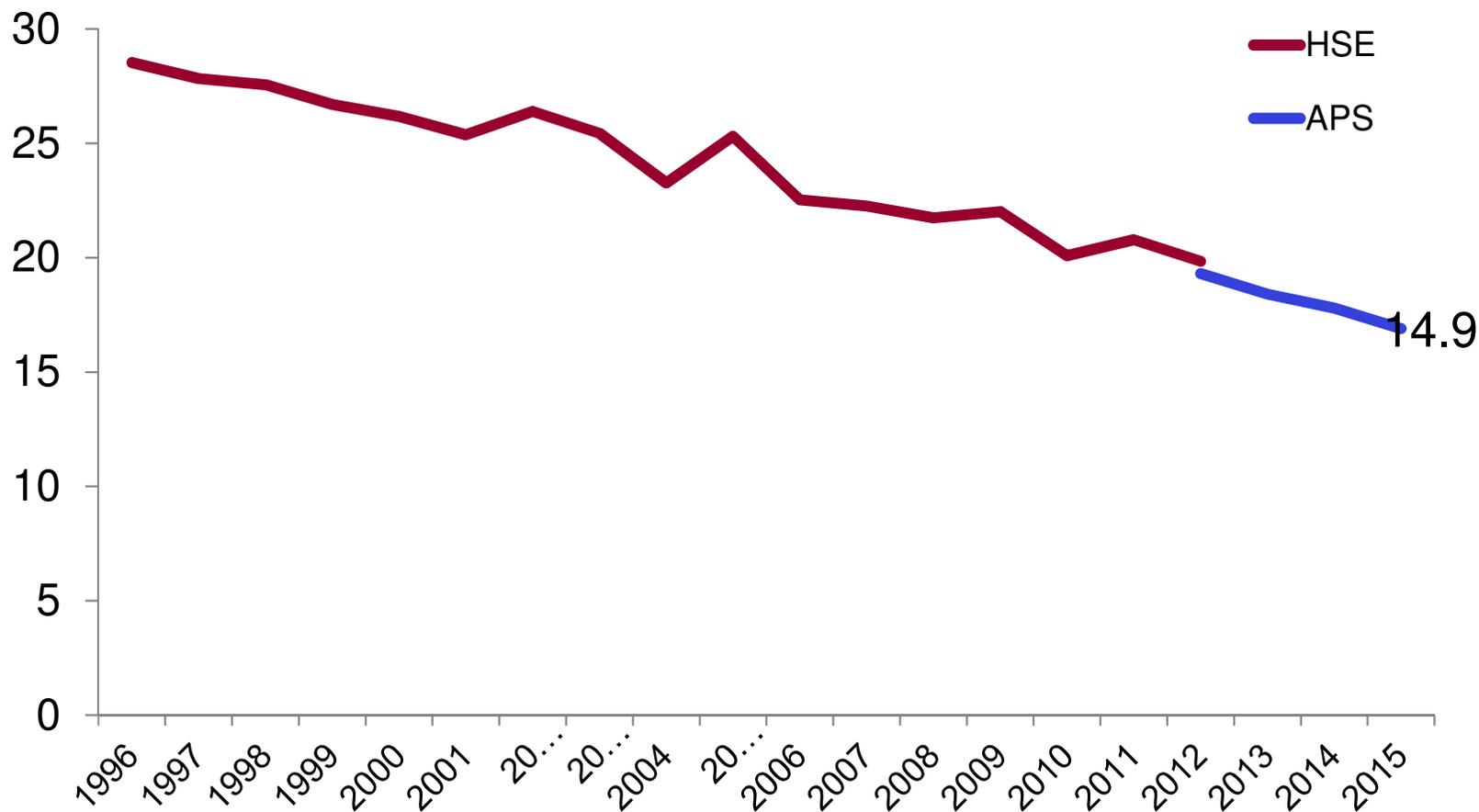
Greystoke (Eden) 91.3, Moss Bay (Allerdale) 71.8



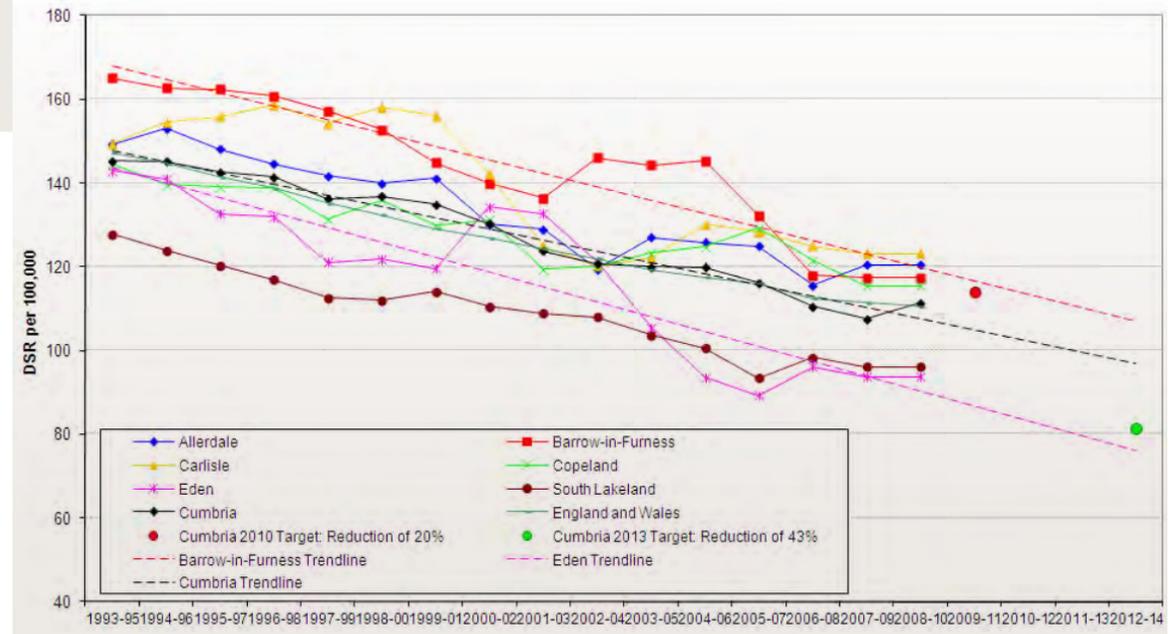
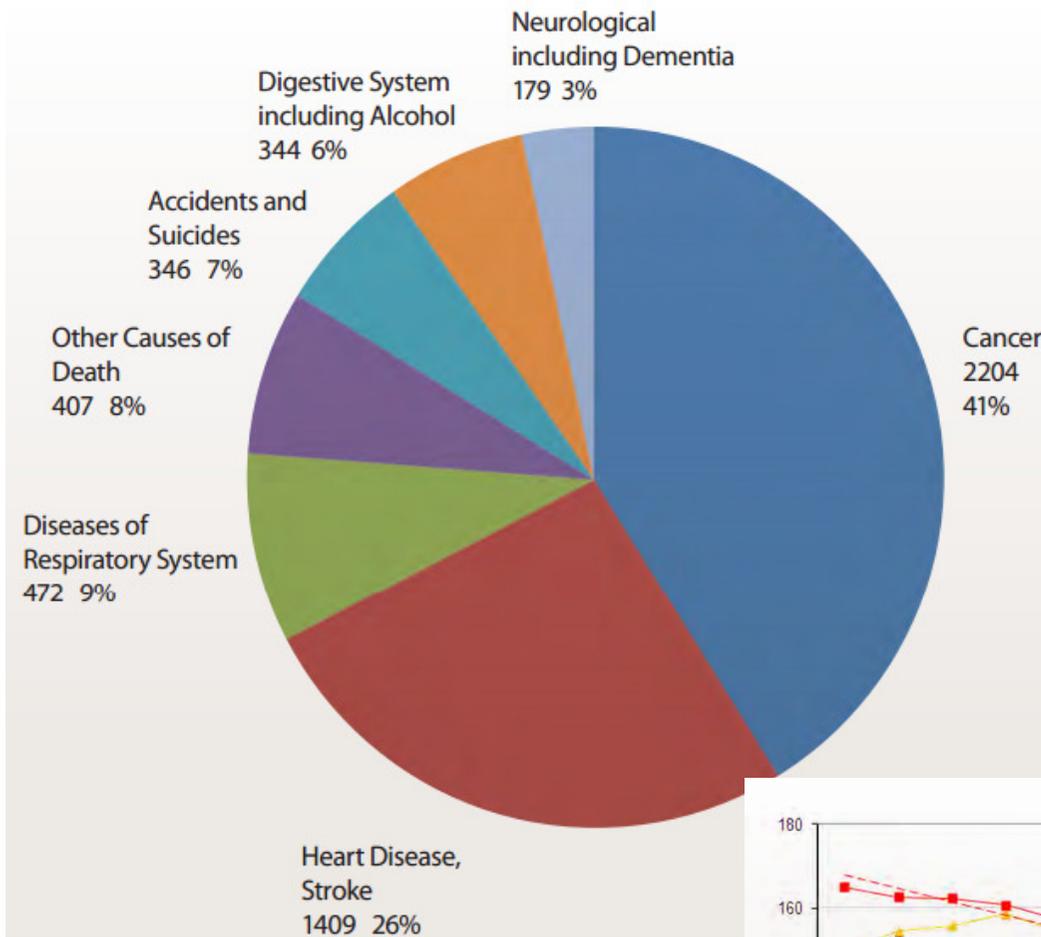


# Smoking prevalence - England

Adult smoking prevalence in England  
1996-2015



# Premature deaths





Public Health  
England

# Know your population – and how you manage them

## AUDIT TOPIC (1)

## Secondary Prevention of Coronary Heart Disease

**EVIDENCE:** SIGN Guideline No.41. Secondary Prevention of CHD following MI

Patients should have their serum cholesterol measured (fasting) between 6-12 weeks post MI.

Patients with total cholesterol level <sup>3</sup> 5.0 mmol/l should be started on lipid lowering therapy.

Patients should be prescribed Aspirin (75-150mg/day), unless contraindicated.

Patients should be prescribed Beta-blocker therapy, unless contraindicated.

Patients should be prescribed ACE inhibitor therapy, unless contraindicated

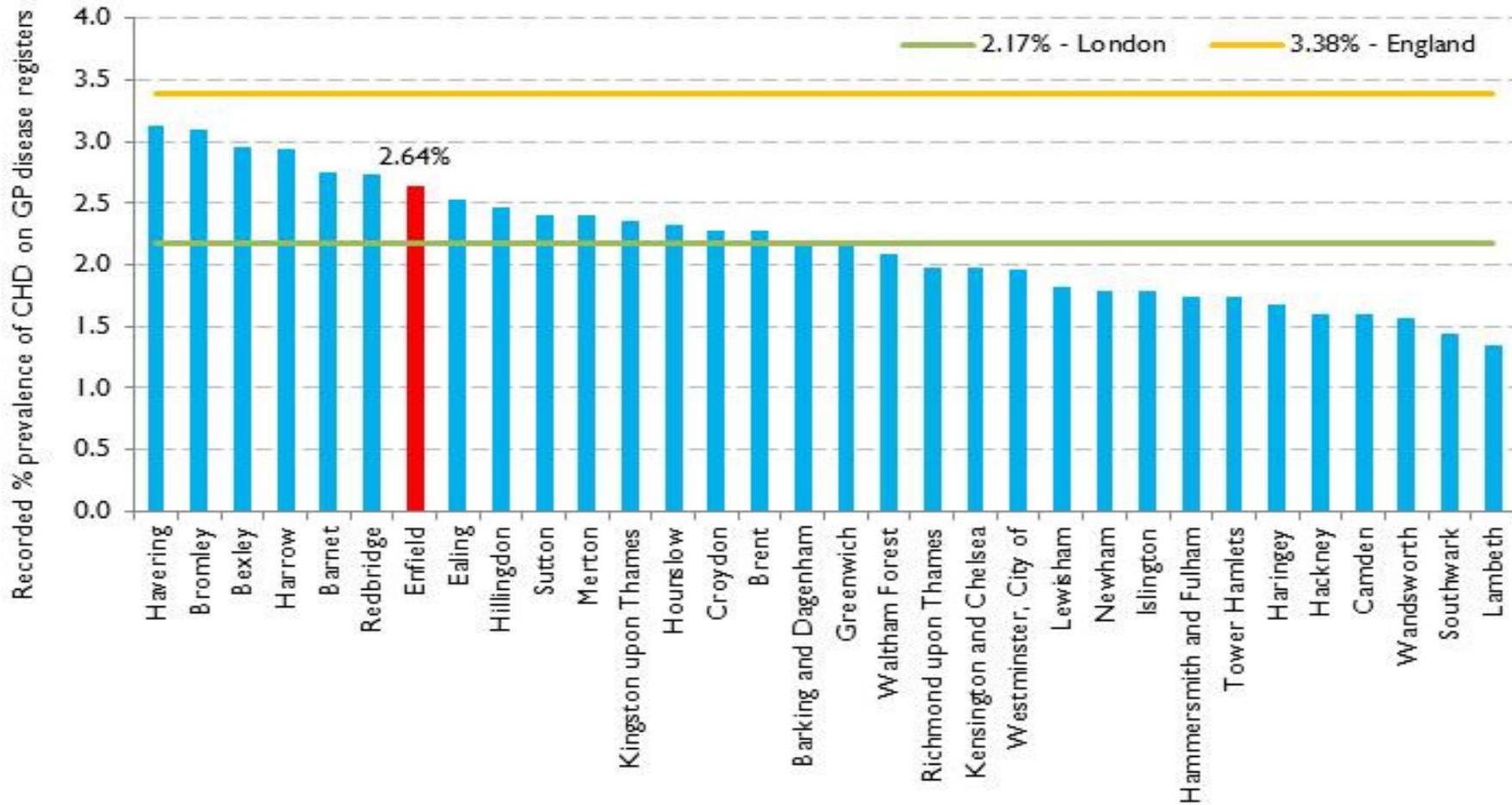
Patients should have their smoking status recorded

Patients should have their blood pressure taken and recorded annually

Patients blood pressure should be < 140/90



Know your population –  
and how you manage them



Patient Login >

HCP Login >

Home About SPACE About Us Testimonials Blog Enquiries

My Account Self Management Programme Change password Logout

## Self Management Programme

Progress - 100%



My progress

Welcome

Patient stories

Managing an exacerbation >

Stage 1 >

Stage 2 >

Stage 3 >

Stage 4 >

Appendices >

Ask the expert

Top tips

You are here: [My account](#) / My progress

My details Exercise goals Exercise Stress My weight Smoking Exacerbations

Name	Admin User	Started programme	14th Dec 2010
Current exercise level	4	Time in programme	77 weeks
Exercise level 1 started	1st Nov 2011	Last login	3rd Jun 2012
Exercise level 2 started	10th Nov 2011		
Exercise level 3 started	20th Nov 2011		
Exercise level 4 started	20th Nov 2011		

### Have your symptoms changed?

Have your symptoms changed? If so refer to [am I having an exacerbation](#) for guidance.

### My long term goal

To give up smoking

**ACHIEVED**

### My Certificate

 [Download certificate](#)

### Provide feedback

 [Please provide feedback on the SPACE for COPD SMP](#)

Know your  
population –  
self  
management



Public Health  
England

## Opportunities:

# Make every contact count & Tackle health inequalities

Prioritise lifestyle improvement

Health promotion

Public health campaigns

Work with communities and voluntary sector



“If you’ve had that **cough** for 3 weeks, get down to your doctor. The sooner the better.”

Carol Scudamore, now fit and well, aged 66. From Cumbria.

Had a cough for more than 3 weeks? Has it changed? Does your chest feel different? Or noticed small spots of blood in your phlegm? If you have any of these symptoms, then visit your doctor as you could need a simple chest x-ray. It may be something more than just a cough. The sooner it is diagnosed, the sooner – and easier – it can be treated.

[www.3weekcough.org](http://www.3weekcough.org) WE'RE WAITING, YOU SHOULDN'T **NHS**



### Health and behaviour

Unhealthy lifestyles cost the NHS across the UK billions of pounds every year. Smoking costs £5.2 billion, obesity £4.2 billion, alcohol £3.5 billion and physical inactivity £1.1 billion.



Public Health  
England

# Brief interventions



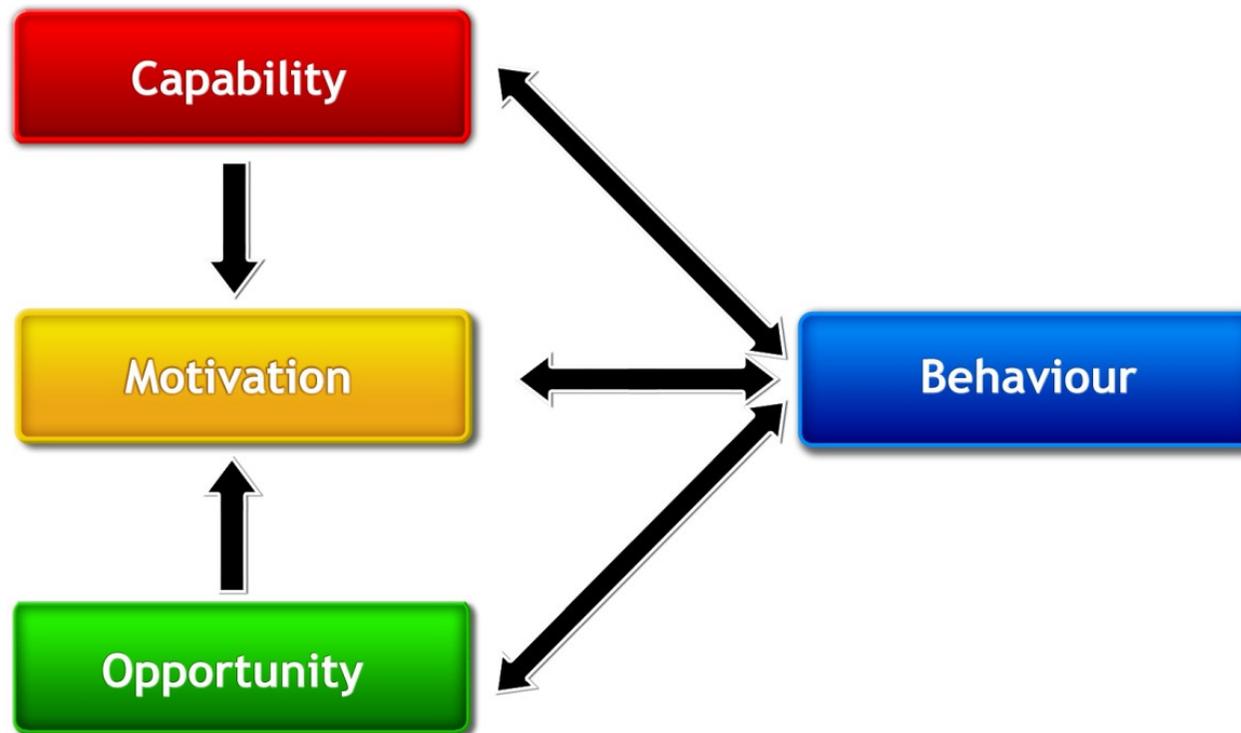
Public Health  
England

## Brief interventions -

- Identification and brief advice (IBA)
- Brief intervention (BI)
- Extended intervention (EBI)

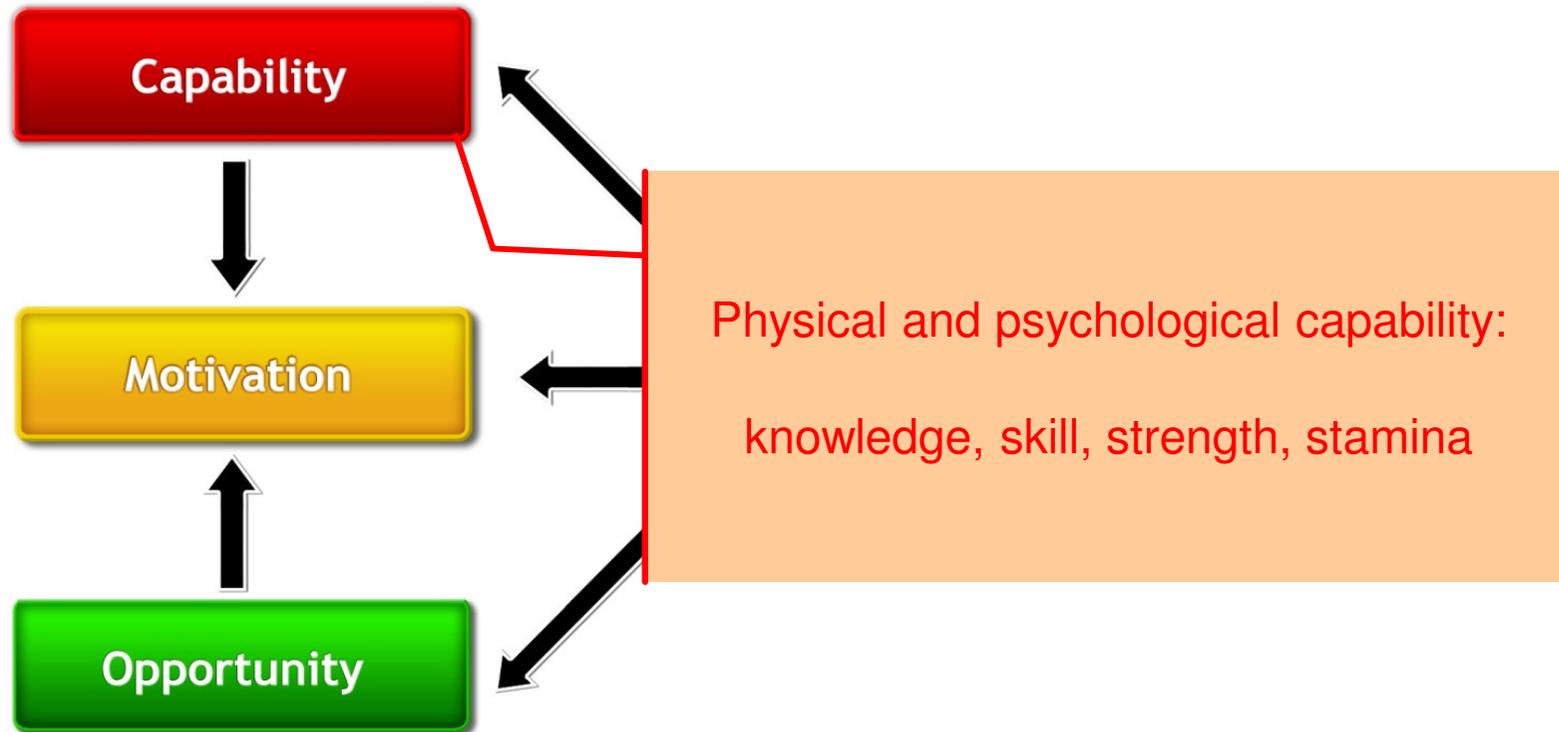


## The COM-B model of behaviour



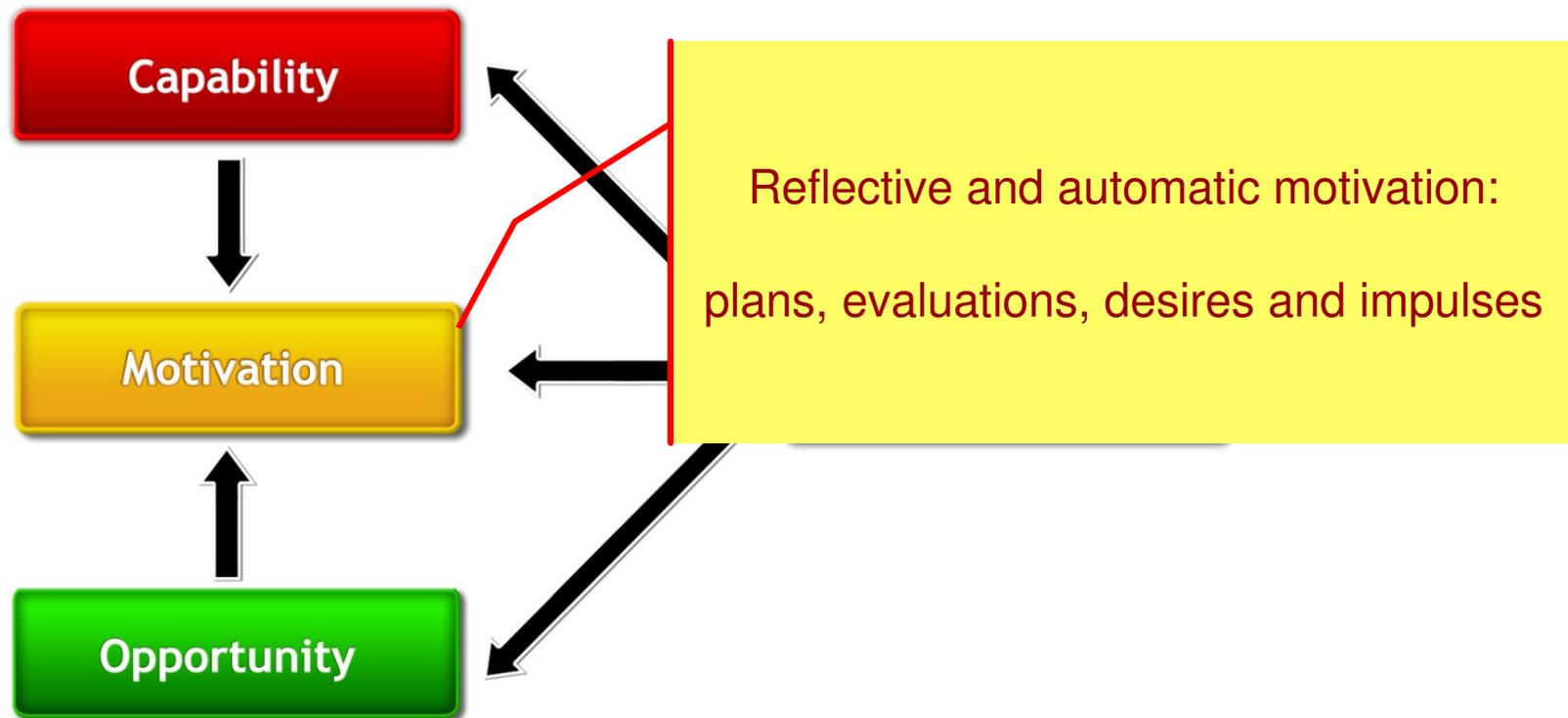


# The COM-B model of behaviour



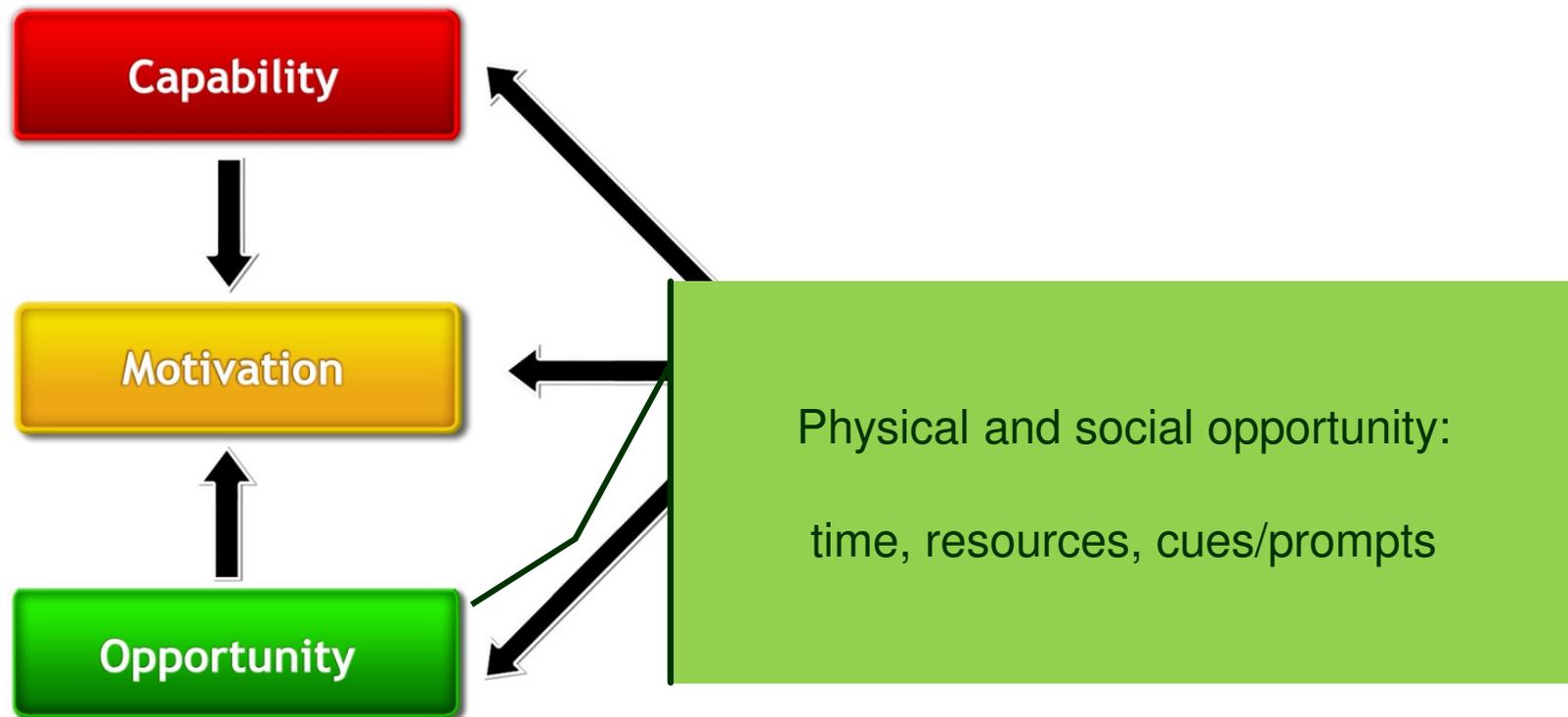


## The COM-B model of behaviour





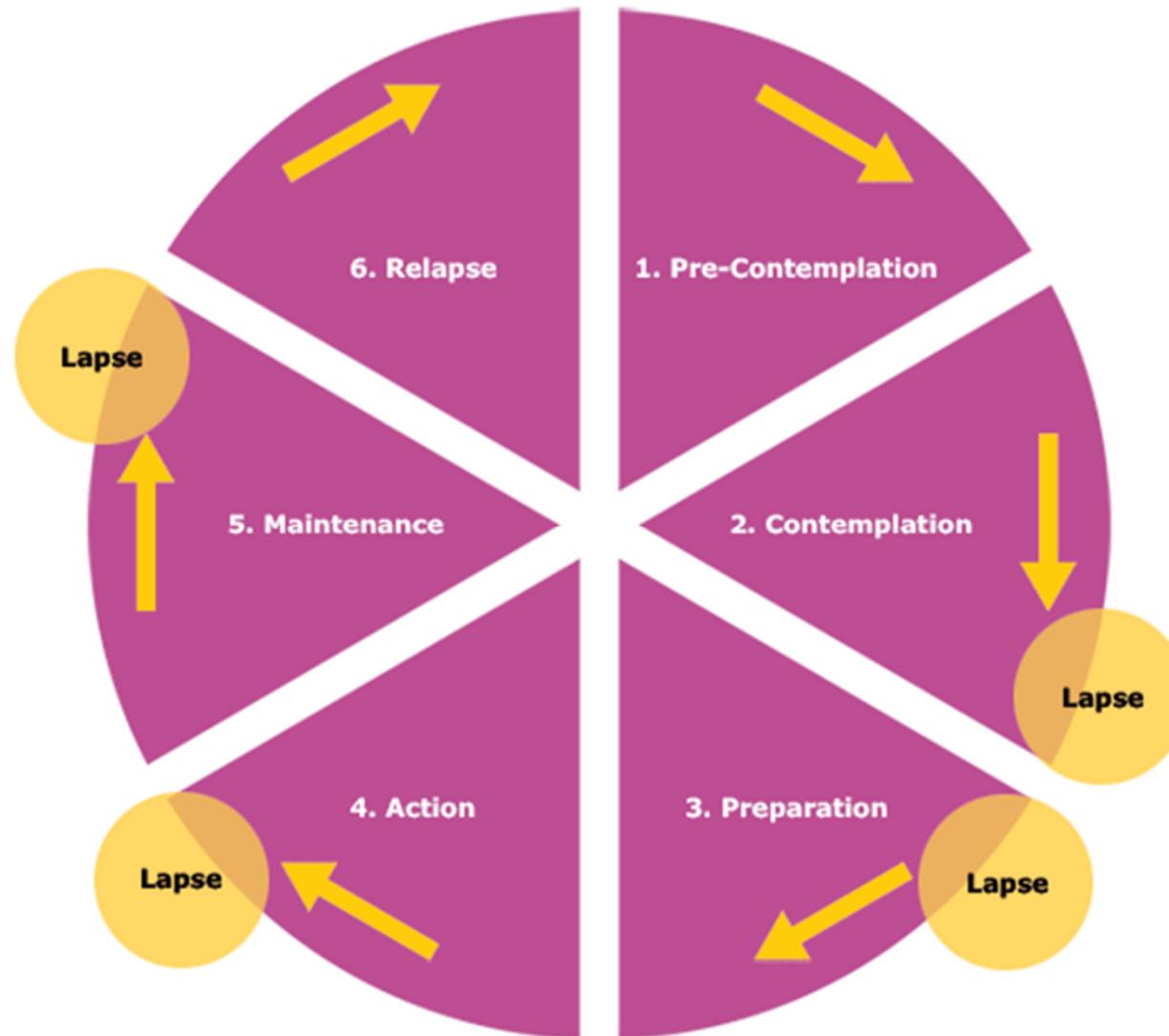
## The COM-B model of behaviour





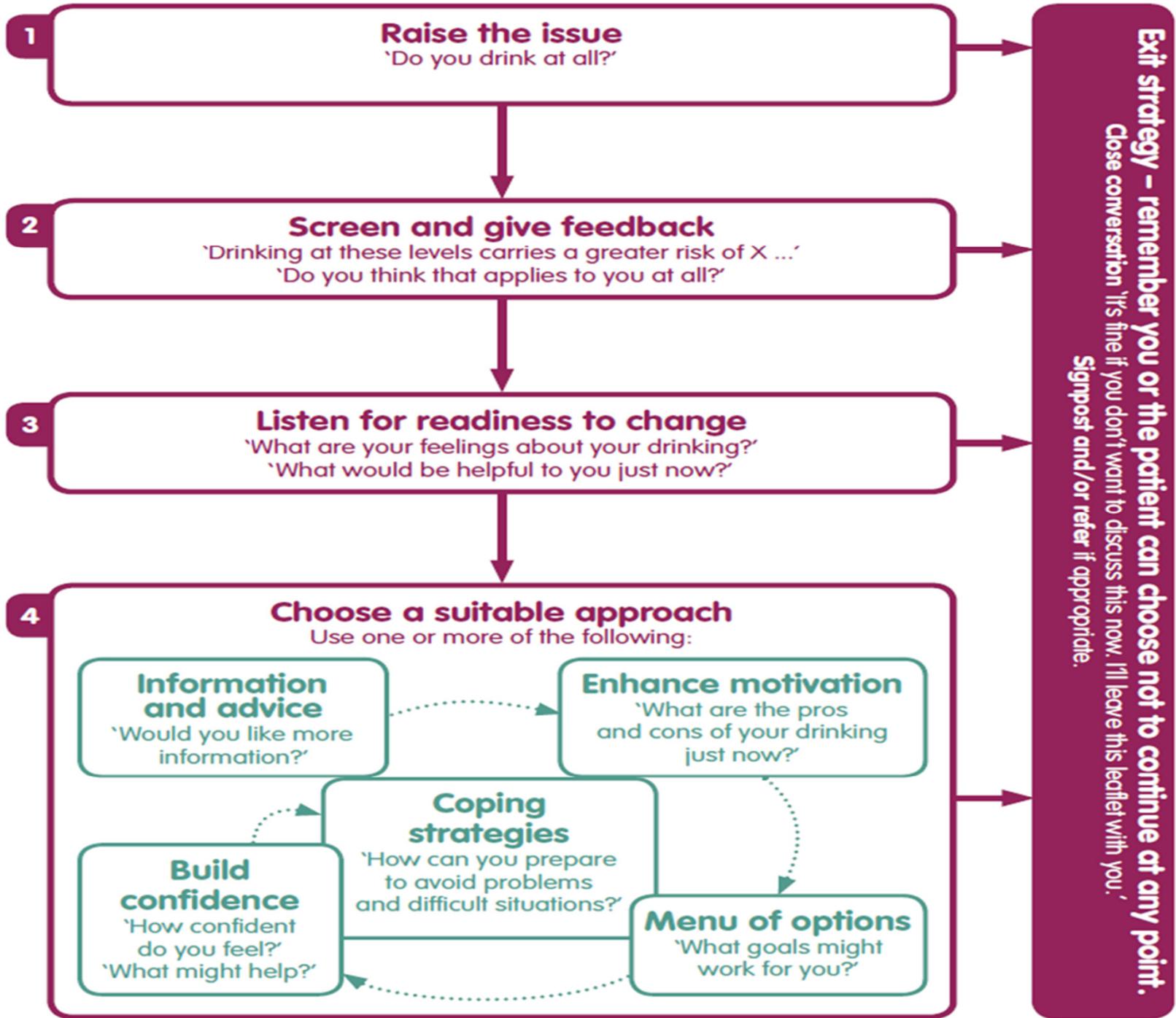
# Cycle of Change

Prochaska and Di Clemente



A MECC chat is NOT focused on helping people to change their behaviour, it is too short an interaction to do that.

It IS focused on helping people to think about changing by raising their awareness of issues, being encouraging and supportive of change, and signposting to further supporting agencies





## Case Study

Jim has come to see you with an aching knee.

At the end of the consultation he mentions he is having difficulties sleeping.

He is 65 and in good health, but his wife died 6 months ago



Public Health  
England

# Script

I just ask if they are aware of how many units of alcohol they are drinking and that it might be at levels that are putting them at risk – either of health problems or of being unsafe on a night out or whatever – and ask them if they would like some information to take home with them.

If I'm with them for a few minutes, I might ask them if they've ever felt that alcohol was causing them worries or ever thought of cutting down. Sometimes just a quick chat about setting yourself a limit or avoiding drinking in rounds can help people to start to think about practical tips.



Public Health  
England

# Script

Patient: You're not going to have a go at me are you? I've had a bad enough night as it is without someone preaching to me!



Public Health  
England

# Script

Patient: You're not going to have a go at me are you? I've had a bad enough night as it is without someone preaching to me!

Health Professional: I'm just here to get a snapshot of what you do. Sometimes smoking or drinking alcohol can affect your treatment, or interfere with your medication or healing. It's not my job to tell you what to do!



## UK Alcohol Guidelines

**Men and women should not regularly drink more than 14 units of alcohol a week. Ideally, this should be spread evenly over three days or more.**

**Drinkers should limit the amount they consume on single occasions, and intersperse drinking alcohol with eating food and drinking water.**

**Pregnant women should avoid drinking**



## HOW MUCH IS 14 UNITS IN REAL DRINKS?

6 standard glasses of wine at around 14%

6 pints of beer at around 4.5%

7 440ml cans of lager at around 4.8%

7 double shots of spirits

## Examples

*"Stopping smoking is the best thing that you do for your health. I know lots of people who have stopped smoking from the local stop smoking service. Would you like to know about what they can do to help...?"*

*"Most of us don't exercise anywhere near enough to keep healthy. Mind you, even a little bit every day can really help us feel better. Did you know that you should try to exercise for 30 minutes five times a week? Which sorts of exercise do you enjoy?"*

*"Alcohol can be enjoyable, but only in moderation !The more you drink the higher the risk of problems of all sorts. Have you tried having a spacer instead of a chaser? what do you think about that idea?..."*

- Open questions
- Normalising
  
- Giving facts
- Achievable talk
- Open question
  
  
- Giving facts
- Open question
- Practical idea

## The elephant in the room



- OK, here are some tough questions....
- How do I advise about physical inactivity and healthy eating if I'm overweight myself?
- How can I tell someone not to smoke if I smoke?
- I enjoy a good drink at weekends too...won't I be a hypocrite if I tell them to drink less than me?

## Credibility



- We have a duty of care to give healthy messages.
- If our own lifestyles get in the way, at least we can acknowledge that. We are all human after all.
- Have a think about how you can maintain your credibility, and what personal barriers you might have.
- How will you overcome them?

And if you don't deal with those elephants....?

- You are missing an opportunity to help someone to change
- You may be being negligent in your duty to give people information which keeps them healthier and safer
- You are taking away a persons choice.

**F**eedback on risk of alcohol problems

**R**esponsibility for patient to change

**A**dvice

**M**enu or options for change

**E**mpathic approach

**S**elf-efficacy and optimism about change

