

Delivering Public Health in Primary Care: Role of General Practitioners with Special Interest in Public Health

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Abstract

General Practitioner with Special Interest (GPwSI) is one of the pledges made by the Government to formalise the role of specialists in Primary Care to minimise hospital referrals and take pressure off secondary care. Although, there are guidelines for appointment of GPwSI in clinical areas there are none available for GPwSI in Public Health. In this article we describe the Walsall experience and highlight the role of GPwSI in public health by describing some of the work done by them in certain key areas of public health practice. This article describes the benefits of having GPwSI in public health, the challenges faced in commissioning GPwSIs in public health practice and makes recommendations for popularising them, including methods for accreditation.

Keywords

General Practitioner, GPwSI, Public Health, Primary Care, Walsall

Introduction

The ambitious goals set in the *NHS Plan* for 2000¹ highlights the need to formalise the role of specialists in Primary Care to minimise hospital referrals and take pressure off secondary care. General Practitioner with Special Interest (GPwSI) is one of the pledges made by the Government towards fulfilling this goal. The Department of Health in its programme *Shifting the Balance of Power*² proposed to empower Primary Care Trusts (PCTs) to recruit frontline staff such as specialist GPs to cater to the local demand. The Department of health has identified several areas where potential benefits from GPwSIs could be harvested and hence issued guidelines for their appointments in areas of patient care like Care for Older People, Child Protection, Coronary Heart Disease, Dermatology, Diabetes, Drug Misuse, Echocardiography, Emergency Care, ENT, Epilepsy, Headaches, Mental Health, Musculoskeletal conditions, Palliative Care, Respiratory Medicine and Sexual Health. Public Health is one such potential area where

there is a need to have GPwSI. A joint paper by the RCGP and Royal College of Physicians highlight Public health as one of the areas for specialist GPs to work,³ there are however no guidelines presently available to appoint a GPwSI in Public Health. The benefits of having a GPwSI in Public health are wide and have been highlighted in several articles and studies.^{4,5,6,7} In this article we describe the highlights of the work done by GPwSIs in some key areas of public health in Walsall and discuss some of the core issues pertaining to their roles and benefits. We also make recommendations for need to have guidelines for appointments and accreditation of GPwSIs in Public health.

GPwSIs in Walsall

Walsall is one of the most deprived districts in West Midlands and England & Wales. It has a population of about quarter of a million. A large proportion (13%) of this is made up of people belonging to Black and Minority Ethnic (BME) groups. Major public health problems are around sexual health, drugs, alcohol, obesity, teenage pregnancy, smoking and coronary heart disease. There are 131 GPs in Walsall of which 23 are GPwSI. Although none of them have been given the title “GPwSI in public health”, sixteen out these 23 are working in areas concerning public health or public health related issues.

Identifying need for GPwSI

The need to have a GPwSI is identified through a number of ways. Important among them is based on needs assessment done in several areas of public health practice like sexual health, alcohol and drug abuse. The annual report of the Director of Public Health also identifies gaps in service delivery which could be potentially plugged with GPwSI.

The National Service Framework (NSF) describes needs to identify alternative routes through work force issues to meet the targets. This involves identifying new roles to people to

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delivery to meet the targets. These NSF targets have also been potential drivers for identifying the need for GPwSI notably in areas of Coronary Heart Disease (CHD) and Long term conditions.

The financial benefits of having GPwSI have also been potential drivers for commissioning GPwSI led services. Finally, GPwSI services would improve patient care experience in terms of access to services.

Appointment of GPwSI

The Royal College guidelines for appointment of GPwSI have been used as the background document in Walsall. In addition, the standard appointment guidelines of writing job descriptions, person specifications, advertising, short-listing, interviewing and appointing have been followed.

Types of GPwSI and Accountability

Two types of GPwSI have been identified. The first category who are involved in service development and the second who are involved in treatment of patients. Each GPwSI is professionally accountable to a specialist, identified by the PCT, for professional mentoring, annual appraisal, job plan review and managerially to a person in the PCT for administrative support in terms of payment and other issues.

Roles for GPwSI in Public Health

GPwSIs in Public Health have a key role in facilitation for service development around key issues. They act as advisors to PCT on core issues around clinical management and service development. They help in policy development, which could be based both on their knowledge of the local population that they serve as well as available evidence. They also provide education and training to other health professionals who wish to develop their interests in public health.

GPwSI in Sexual health

In Walsall the GPwSI in sexual health have helped in developing a sexual health policy. They co-ordinate with other GP practices in developing services for different groups of people. They highlight of the joint working has resulted in the successful development of a protocol for easy and timely access to Termination of Pregnancy. There has also been a reduction in the number of teenage conceptions. They are also involved heavily in training. They act as advisors to the sexual health group of the PCT. They act as resource for any help in matters relating to sexual health. A wealth of epidemiological information has been obtained from these GPwSIs and indeed they serve as source of local knowledge and data.

GPwSI in Drugs

Walsall TPCT has commissioned a wide range of primary care services through GPwSI in drugs. This has led to increased shared care and consequently reduced the number of admissions to the hospital. This has also

provided an opportunity for GPs to pursue & practice their special interest and has shown to be a good way of Integration of primary care with public health.

GPwSI in Alcohol

GPwSI in alcohol has been the advisor for conducting a health needs assessment of alcohol. They provide a range of primary care services and influence other GPs in adopting good practices relating to care of alcoholics. They have been instrumental in developing primary alcohol centers which have shown to be widely accessed and has taken considerable pressure off secondary care. These GPwSIs liaise between adult mental health services as well. The highlights of this working have been the reduction in the number of hospital admissions due to binge drinking in Walsall. It has also decreased youth offending.

Initiation of evidence based treatment early in primary care has reduced hospital referrals and admissions thereby reducing the demand on secondary care. This has resulted in considerable financial gains to the PCT.

GPwSI in other wider public health issues

Apart from the above mentioned core public health related issues, in Walsall, there are several GPwSI who work in wider public health matters like Diabetes, CHD, Cancer and Genetics. The efficient functioning of GPwSI has resulted in the development of protocols and guidelines for primary and secondary prevention of CHD, Diabetes, Minor Surgery and Long term conditions. It has also improved patient compliance. Considerable pressure has been taken off secondary care. All these have indeed had direct or indirect effect on the public health status in Walsall. GPwSI have provided an important platform to deliver promotive, preventative, curative and rehabilitative services

Developing GPwSI in Public health

Specific guidelines for appointing GPwSI in public health need to be developed. Their accreditation could be done by helping them undergo training either at the Faculty of Public Health Medicine or by the Department of Public health at the local PCTs. A model of integration between Primary care and Public Health must be developed. GPwSI in public health must be encouraged to take up courses like MPH, DFPH or MFPH and reducing equivalent clinical sessions will enable them to have specialist interest sessions.

Role of PCT

PCT has had a pivotal role in developing GPwSI led services. It has funded all the clinical time for specialist sessions and most of the time for professional development. All GPwSI are accountable to the Director of Public Health and they receive guidance for professional development and mentoring from the PCT.

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Challenges faced

There have been concerns about the training and periodic assessment for GPwSI. Guidelines for accreditation for some GPwSI need to be more formalized. There is no uniformity in payment of remuneration to GPwSI with different specialist interest. In terms of governance a lot of professional time has been taken and is felt as a resource crunch. There is no guideline currently available for appointment of GPwSI in public health and though the need for the post of GPwSI in public health has been recognized, it has not been defined.

The future

GPwSI in general and GPwSI in Public Health will have a key and pivotal role to play in the future. This comes in the light of the fact that there is increasing pressure to treat patients more at the primary care level under practice based commissioning due to raising costs of hospital/acute care. There would be a lot of GPs who have special interest in public health and once the process of defining and accreditation is in place we may see more

and more GPs coming forward to work in Public health or public health related issues. The future is also bright not just for GPwSI but with other health professionals with special interest like specialist practice nurse or specialist in allied health. This area also needs to be developed to reap even better benefits.

Biography

Dr Sam Ramaiah is the Director of Public Health Medicine (DPH) and Medical Director for Walsall Teaching PCT. He is also an Honorary Senior Lecturer at the University of Birmingham. Dr Ramaiah commenced his appointment with Walsall Health in June 1993 as the Director of Public Health Medicine. Before his move to Walsall, Dr Ramaiah was the DPH for South Tees Health Authority and a Lecturer in Public Health Medicine in the Universities of Leeds and Newcastle. Prior to this he was a Consultant in Public Health Medicine for Clwyd Health Authority. He has over 100 publications to his name.

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