

Institute of Community Health Nursing



Submission to

Public Health Policy Framework,

Department of Health

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Introduction

Public health is defined as the science and art of preventing disease, prolonging life and promoting health through organised efforts of society (Acheson 1988). A courageous and visionary public health policy will clearly state the interventions needed to address the health of the Irish people regarding: health protection and promotion, environmental health, health surveillance, health intelligence and tackling health inequalities.

Public health improves population health through interventions with the individuals and families that comprise communities and the systems that impact the health of communities (Olson et al 2010). Naming realistic and achievable public health interventions in response to assessed health and social needs will be the starting point for a public health policy that guarantees population health e.g. by 2014 there will be a 5% reduction in the proportion of 7 year old school children who are obese.

Health professionals such as public health nurses should have a clearly (re)defined public health function in relation to contemporary public health issues such as: vaccination, smoking cessation and obesity (school health). The role of the GP in primary health care should also be clarified and newly appointed GP practices should enrol patients based on geographic regions to support the model of public health delivered through the mapped primary care teams (PCT) and networks. The Institute of Public Health (IPH) and the Health Protection Surveillance Centre (HPSC) should have a more practical and visible role within primary health care networks as integrated primary health care supported by health information technology will deliver optimum and measurable public health outcomes.

Evidence based mass media public health campaigns (smoking cessation, immunisation, road safety, first aid in relation to stroke and heart attack, healthy eating etc) which show positive results should be tailored to target those most at risk. This will facilitate involvement in decision-making by patients who by the use of information technology are more empowered to assume responsibility for their own health in a changing relationship with the health system (WHO 2011). Media coverage which provides early warnings of severe climate or man made threats should also be increased in line with the coverage of homes with television and internet access identified by Census 2011.

Any comprehensive and credible public health policy will need to embrace primary, secondary and tertiary prevention within its framework, all too often public health is seen as merely primary health prevention. A clear statement outlining the public health interventions identified within secondary prevention (detects and treats problems in their early stages, identifies risks or hazards and modifies, removes or treats them before a problem becomes more serious) and tertiary prevention (limits further negative effects from a problem and keeps existing problems from getting worse, it alleviates the effects of disease and injury) is overdue. The aspiration to provide continuing care in the community setting to those with chronic health and social needs including mental health and disability will need dedicated integrated teams of professionals who will work within best practice guidelines.

Public health research, development and education should take place in the real world and be implemented at LHO and network level. Research should include both the science and the art or the how of public health. How best practice PCT based public health can be effectively delivered should be high on the research agenda. Governance frameworks which best support PCT members should also be identified and the competencies needed to lead a range of primary care caseloads explored. Third level institutes need to work with PCT members to develop a range of best practice public health interventions which are then integrated into third level curricula. The use of health information technology will support the new public health policy.

Conditions necessary to support public health policy

The following five conditions are needed to provide a framework for the implementation of the core public health interventions proposed in the policy:

- 1) Universal Access to health care
- 2) 'Real' Primary Health Care
- 3) Involvement of individuals and communities in primary health care
- 4) Clear roles and responsibilities for primary health care leaders within a system of governance and accountability
- 5) Applied health intelligence

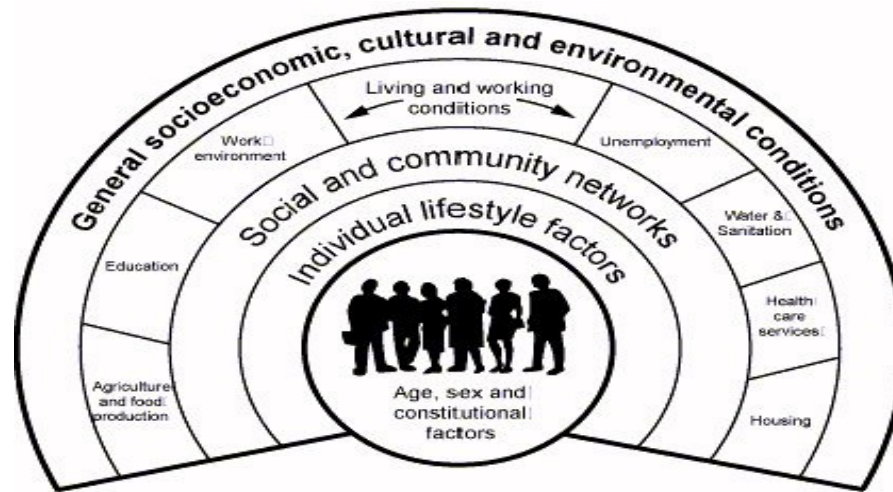
1) Universal access includes both financial provision (Programme for Government 2011-2016) and the development of an open system of referral between service providers. Primary care has traditionally been seen as the point of access to secondary care sanctioned by General Practitioners. To change this perception of getting a 'prescription' or letter of access to secondary care, community paediatricians, geriatricians, mental health / addiction experts and population health nurses (see below) should be employed, located and directly accessible by the public within primary health care. Primary health care workers should also have an open referral system to each other and to acute care.

2&3) Real primary health care offers the greatest opportunity to respond to health and social care needs and also to involve the public in its own health care. Primary care teams are planned within a system of networks (30,000 – 50,000 persons approximately per network) which will be supported and funded within LHOs. The current membership of the PCTs and their networks is limited to a team which mirrors the medical model of the acute hospital system and highlights the differences between primary health care and primary (medical) care. Hopefully the vision for care in the primary health care setting will not be limited by terminology.

Creating a real PCT would demand input from a wide range of expertise such as that listed below at network or LHO level in a structured manner. An annual report generated from each network would include a business case outlining the needs of individual networks and a corresponding range of public health interventions (selected from those identified in the national policy) adapted to the needs of the relevant LHO. A recognised model of Health Impact Assessment (HIA) such as that advocated by the IPH applied at network level would provide the evidence base for the outcomes and continuation of the most appropriate interventions. The use of nursing and other health information systems such as the Patient Held Record (PHR) and the Population Health Information Tool (PHIT) will contribute significantly to the HIA.

Suggestions for the Macro Network Primary Health and Social Care Team

A real primary health care network team might include the following members in order to embrace wider determinants within a social model of health:



Dahlgren and Whitehead 1991

- Environmental Health Officer
- City / County Council Planning and Development Officer
- Health Promotion Officer
- Area Medical Officer
- Members of the public
- Members of the community Gardai
- Social Workers (all care groups), Family Support Workers, Community Mothers, Health Care Assistants etc.
- Members of local voluntary and statutory agencies
- Pre-School, School Liaison, Primary and Secondary School Teachers
- Population Health Nurse
- Representatives from the Health Protection and Surveillance Centre and also from the Institute of Public Health, who would disseminate, interpret and collect data locally which would address gaps and overlaps in bottom up health information.
- Primary Care Network Manager and core primary care team members

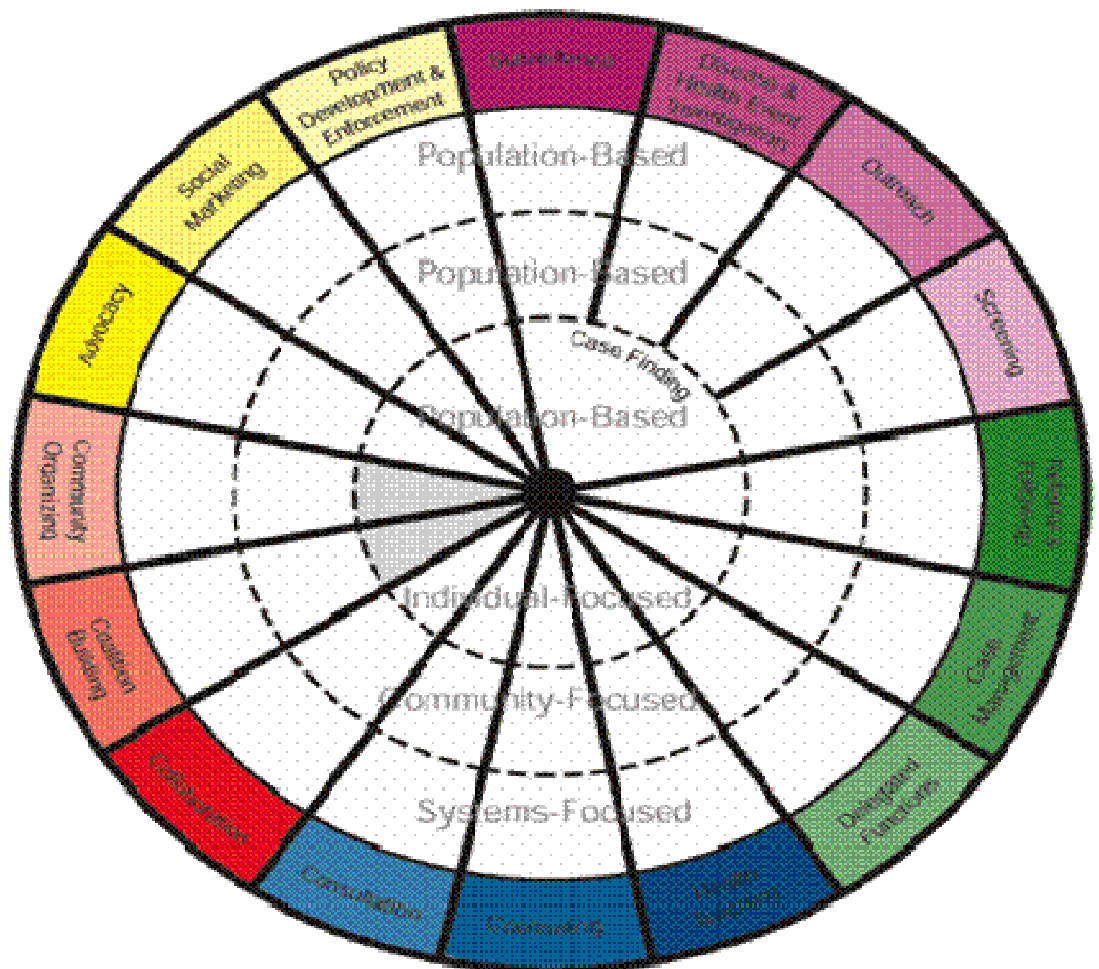
4) Roles and Responsibilities for primary health care workers

There is an urgent need to address the changing public health function of all who are employed in primary care in order to 'adapt work practices to local need' (Programme for Government 2011 – 2016) and to address the provision for their educational / training needs in the community setting. The role of the Area Medical Office in the new public health and the relationship between primary care, general practice and the area medical officer will also need to be clarified. The role of the public health nurse in relation to vaccination has changed greatly in the last number of years and will also need clarification. Removing vaccination from health centres and placing the responsibility on GPs for providing primary immunization has left a gap in the PHNs role. She now provides health promotion, constant reassurance and reminders to

parents and also follows up on families who don't attend (It is easy to understand using this example how geographic general practice would better support primary care). However more recently, in times of disease outbreak, pandemic or complimentary vaccination schemes, the PHN is pulled from routine duties to organise and implement these vital public health interventions for all age groups. This prioritising of the vaccination aspects of her role is often at the expense of the rest of her duties. Vaccination should now be identified as a core function of the PHN role. American PHNs have described 17 Public Health Interventions that are core to their community nursing role (see diagram below). Not every PHN needs to intervene at all of the 17 interventions however geographic regions need to provide access to PHNs who are competent to deliver on all of the identified interventions in response to the health and social care needs of the area.

The recommended role of the Population Health Nurse would guarantee the best match of skill level to public health intervention and provide continuous health information to plan community nursing services within a public health model and report on outcomes.

The 17 Public Health Interventions



The Intervention Wheel
 Minnesota Department of Health
 From Olson et al 2010

To date there is no dedicated Clinical Placement Co-Ordinator (CPC) support to undergraduate and post-graduate nursing students who wish to practice in the community setting and most undergraduate nursing students receive a mere one week's practicum in the community. Practice Development in the acute hospital sector is facilitated by a dedicated team of nurses however there is no equivalent nursing grade in the community setting and this issue will need to be addressed before the progression to an integrated care model.

One of the recommendations in the PHIT (2011) is to develop a ladder of competencies for caseload management / leadership in the community setting. This recommendation resulted from the outcome of the PHIT caseload analysis methodology which is a structured model of supervision and governance (PHIT 2011). Caseload Analysis methodology needs to be applied to nursing caseloads (and in time to primary care caseloads) nationally to provide a national system of supervision and governance and to inform practice development locally. Identified practice development initiatives can then be actioned by primary care practice development officers in collaboration with third level institutes.

5) Applied Health Intelligence

To address the gaps identified by the World Health Organisation (2008) in 'bottom up' health information and to provide an evidence base for primary health care, health intelligence and surveillance expertise should be actively employed and situated at the level of network or LHO. Factfile on the HSE website and the Health Well have made tremendous progress in relation to providing health information but it is not sufficiently 'bottom up' for use by PCTs. Representatives from the IPH and the HPSC need to be included in the membership of the macro primary care network team to address these gaps.

Aggregation of health information at Local Health Office level can hide important public health needs. For example the rate of Low Birth Weight nationally is 5.3%, the rate in LHO Dublin North City is 5.7% however the rate in some PHN caseloads within materially deprived geographic areas in LHO Dublin North City is 8% (Caseload Analysis, PHN Population Health Information Tool). This outcome could be used to contribute to the macro primary care network business case as described above.

Vertical and horizontal health information technology should be made available for use in primary health care. Electronic care planning collects information at the level of the individual patient which when aggregated would provide population health outcomes. The awaited system of unique patient identification will support the move to the electronic environment. A range of valid and reliable Key Performance Indicators could then be generated from this source. Aggregated individual patient (paper based) registration data from nursing caseloads has already been shown to provide evidence for population health, workforce and service planning in one Local Health Office (PHIT 2011).

Two Key Public Health Messages

- 1) Align general practice patient lists to geographic primary health care teams /networks which will support population health information, research, education and development, and service planning and delivery
- 2) Identify best practice models of case and caseload management, supported by health information technology, within a governance framework as the vehicle for primary health care secondary and tertiary prevention within an integrated public health model

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Health Professional - Yes