

Customer *Insights*

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This month, Customer Insights looks at the growing importance of Public Health. Pf spoke to Fiona Harris, a Consultant in Public Health, and found that understanding local population needs could be key to delivering successful sales messages.

What is your role and why is it important?

I am a Consultant in Public Health. Public Health is about the health of a population – we look at population statistics and generate health needs analysis – these aspects underpin how services are commissioned. The role of Public Health is to build up a picture of a population, to understand the needs of target groups and to help target services effectively. Public Health also has a role in giving specific advice on commissioning issues. Some consultants are specialists – for instance you may have a Consultant in Public Health that specialises in acute commissioning, partnership work (working with local authority) or the prevention agenda. As the NHS evolves, the focus of a Public Health Consultant is evolving with it.

Which other stakeholders influence your work?

Public Health tends to operate within Primary Care Trusts but I have a very unusual position, although it is potentially where Public Health is going: I have a joint appointment with a PCT and a Local Authority.

Historically, before 1974, Public Health and Community Services were based in Local Authorities – they weren't part of the NHS. In 1974 they moved across to the NHS. Now we are almost coming back full circle. People like myself, and many Directors of Public Health, have joint appointments.

Part of it is because local authorities have been given a remit for health and wellbeing – the prevention agenda.

What are your main responsibilities?

I am very much focussed on prevention and partnership working, but I also do a lot for the PCT, in particular on developing the needs assessments to inform commissioning. PBC groups also are increasing wanting to understand the needs of their population and ask Public Health for advice. Much of my work involves analysing and presenting data. At the moment the NHS is awash with data but very little of it can be made into information and less of it gets made into knowledge and wisdom. So while the NHS has data, it needs to be presented in a way that is understandable and has been meaningfully interpreted. And that's where Public Health comes in. It is about the analysis of data and understanding what it is potentially telling you.

You cannot give absolutes. For instance, I have been doing some work around learning disabilities – projecting what is likely to happen to the level of learning disabilities over the next 20 years. I cannot predict with absolute certainty, but I can show that although we are unlikely to get huge increases in the number of people with learning disabilities, these people are living longer. This has a health impact because there are certain diseases,

such as dementia, that people with learning disabilities will suffer from earlier. We therefore need to consider this and be aware of the type of services that will be needed to support them in the future.

How do such projects come about?

That particular piece of work is being done under the auspices of a Joint Strategic Needs Assessment. The JSNA is a 'duty' that has recently been placed on the Director of Public Health for a PCT, the Directors of Adult Social Services in Local Authorities and the Director of Children's Services in Local Authorities, and it is a process whereby you build a picture of the population and what its needs are. That information will then underpin commissioning. We did some work years ago in the PCT, looking at inequalities across the population – it highlighted a number of key groups that we needed to do more work on. Learning disabilities was one of them. The report looks at all the standard things you get in a needs assessment, but also includes the views of people with learning disabilities and their carers and looks at the implications are for commissioning.

Who do you partner with?

The statutory partners I work with are Health and Local Authorities, including social services and the Police, but the wider partnerships also include Fire and the voluntary sector. There is a political drive to bring these partners much

closer together. There is now a Comprehensive Area Assessment where instead of having each organisation individually reviewed by the Health Commission or CSCI, all of the organisations within an area will be assessed at the same time. There is much more of an emphasis on partnership – local authorities or health won't achieve their targets unless everyone is on board.

Is there a role for pharma within this?

The industry already enters into partnerships with health organisations, but it hasn't often been involved in anything with Local Authorities. In all honesty, for some of the areas of treatment, that's probably going to be where they need to be focussing. However, the NHS and Local Authorities are starting to look at programmes of activity to tackle lifestyle issues. Thinking more broadly, it could be very useful if pharma got on board. The kind of money you need to make changes in local authority is not huge, but you do need time, effort and people. But it's about creating behavioural change, not necessarily having treatments. Pharma would need to be a little more altruistic and align with the common view of partnership within a local area but there would be partnership benefits to this.

Do you see much of pharma in your role?

I spent 15 years working as a pharmaceutical adviser and saw a lot of the industry. I don't get so

much attention from the industry nowadays, but that's not to say that I won't go to a pharmaceutical company in the future and discuss our ideas. For example, it may be very worthwhile to go to a company and present proposals on how we could reduce obesity: is there anything that can be done to raise awareness? There may be a quid pro quo for them. What we need to do is make people aware of the risks of being overweight and support them in making changes – while the majority may be able to do this without treatment, there will always be those that can't.

Drug companies do come to see Public Health. But the approach has got to be in line with Public Health thinking. It's got to be a population-based approach. One of the dangers is that often the industry thinks of people in Public Health as being clinicians. They tend to come in with stories and anecdotes about

individuals. There is still the view that you have to sell hard and pull heart strings. The industry needs to move away from that sort of approach.

It's not that Public Health is not interested in individuals, but that's not what is going to influence them. What is going to influence them is good evidence that their intervention is going to have significant benefits and potentially make savings somewhere else. That is also where commissioning comes in. It requires the same kind of approach that the industry might develop for a commissioner.

Can the industry benefit from Public Health?

Pharma should really be trying to understand what Public Health does – even if it is not going to come and sell to it. There is real benefit. Commissioning is very much going to be underpinned

by needs analysis – and so unless pharmaceutical companies understand that and see where it fits into it, they are going to find themselves floundering. One key focus is evidence to support interventions and Health outcomes data. If companies have got good evidence that suggests their medicine produces good outcomes (eg reduced mortality) and will lead to targeted cost-savings, they will be far more successful. The industry does need to focus some of its attention on some of the specialists who work in Public Health and those in commissioning.

If pharma was prepared to invest in some of the prevention services, Public Health may be keener to work as a partner.

Is Public Health a customer for the industry?

We are not a customer, but we are a huge influence. We are no

longer academics presenting data – we are analysing it and making strategic interpretations and decisions on how services should be commissioned. This means that companies should see great value in what we do. There is a place for Healthcare Managers, or people within similar sorts of roles, to come and see Public Health. But not to sell. For the sales professional, the key is to understand your local population, assess its needs and align your messages to suit them. Often, sales messages are developed that contain holes – Public Health and Commissioners will target those holes and so you need to be prepared. But doing your homework doesn't just mean knowing your product and understanding your evidence, it means understanding your population and its needs. Otherwise, you may find that your arguments are full of holes at the first stage.

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