

3.01 THE CLINICAL EXAMPLE ON

Healthy People: promoting health and preventing disease

This statement is part of the curriculum produced by the Royal College of General Practitioners (RCGP) which defines the learning outcomes for the discipline of general practice and describes the skills you require to practise medicine as a general practitioner in the National Health Service (NHS) of the United Kingdom. Although primarily aimed at the start of independent work as a general practitioner, it must also prepare the doctor beyond the training period and provide support for a professional life of development and change.

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KEY MESSAGES

- The optimal approach to the public's health requires co-ordination of the three domains of public health: health improvement, health protection and healthcare services
- As a general practitioner (GP), you have a crucial role to play in promoting health, preventing disease, and delivering brief advice and interventions where appropriate
- Factors predisposing to poor health operate across the whole life course from pre-birth to old age
- Health inequalities are important determinants of health
- Screening and immunisation have risks as well as benefits
- Work offers an opportunity to promote health and well-being

CASE ILLUSTRATION

Tracy Bennett, 47 years old, attends your surgery for a repeat blood pressure check following a pre-operative assessment for her forthcoming laparoscopic cholecystectomy. She was told that her smoking and 'borderline' blood pressure meant that the health risks were too high and her surgery would be deferred until it was under control.

Tracy is angry at the delay. She has been intermittently off work for four months, with some episodes certified as biliary colic and others self-certified, and this has affected relationships with the residential care home manager and her fellow care assistants. She is dismissive of her blood pressure as it has 'never been high before'. She tells you that it was probably high because she is very worried about her family: her 25-year-old daughter Gemma has recently had her first cervical smear and been advised that she needs further investigation. Her daughter is reluctant to do this and is suffering from panic attacks when thinking about hospitals; Tracy's mother has recently moved in because she is not coping with hip arthritis (her previous doctor had said that hip replacement surgery was risky owing to her frailty); and Tracy's husband has been made redundant and has started drinking heavily - this was also a feature of their early relationship but had improved for some years until the redundancy.

As her GP you feel the priority at the initial consultation is to establish rapport and acknowledge Tracy's anger, knowing that her engagement in self-help approaches will depend on her attitude. You observe that Tracy has a raised BMI and note from her computer records that she smokes 15 per day. Today's blood pressure is 158/94. There is no previous record of giving lifestyle advice (e.g. through 'brief interventions').¹

You ask Tracy to prioritise her concerns. These are: to be deemed fit enough for surgery and to help her mother, whose health is deteriorating. She is also concerned about her daughter's low mood since the cervical smear results. As a result, Tracy is now smoking heavily and her weight is ballooning.

After you explain how health risks accumulate from a poor lifestyle and how they influence many diseases, you explore Tracy's perceived barriers to improving her lifestyle. She has always struggled with her weight, which makes her feel defensive, and is too busy to exercise. She smokes to cope with stress and feels she could not cope without smoking. Her poor relationships at work are making things worse.

¹ Brief interventions and 'Every Contact Counts' give patients advice and encouragement to consider the positives and negatives of their lifestyle and habits, plus support and information for positive change. For further information, see www.ncl.ac.uk/ihs/engagement/documents/training/session1.ppt and <http://nhslocal.nhs.uk/story/every-contact-counts>

To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:	
 Primary care management	<p>How quickly might lifestyle changes lower Tracy's blood pressure levels?</p> <p>What action should I take when a patient refuses to attend follow-up after a screening test?</p> <p>What social and lifestyle factors might I ask about?</p>
 Person-centred care	<p>Do I think Tracy's family circumstances mean she is more or less likely to respond to (a) brief intervention during the consultation (b) additional one-to-one help from a smoking cessation advisor or dietician?</p> <p>What are my non-drug management plans for Tracy?</p> <p>How do I secure her commitment to long-term changes to her lifestyle?</p> <p>What sources of support and advice could I offer to Tracy in her role as carer for other family members?</p>
 Specific problem-solving skills	<p>What occupational factors about a patient's working environment are vital to developing a management plan?</p> <p>What techniques can I use to help patients overcome anxiety about hospital investigations/procedures?</p>
 A comprehensive approach	<p>How should the disclosure that Tracy's husband is drinking heavily again affect my management plan?</p> <p>What coping strategies besides smoking could Tracy adopt to deal with the stress in her life? How do non-smoking women in Tracy's situation cope?</p>
 Community orientation	<p>In my own practice community, what are the factors that encourage or inhibit older people from moving in with their children? What are the costs and benefits?</p> <p>How can public funding encourage older people to remain independent? What is the role of the voluntary sector in my own practice community? What is the role of the GP as a commissioner or advisor to commissioners in facilitating independence?</p>
 A holistic approach	<p>What are the options for Tracy losing weight? What scope is there for a whole-family intervention to improve their overall health? What actors (professional or lay) could help me with this approach?</p> <p>What are the risks for Tracy's daughter if she delays further investigation?</p>
 Contextual features	<p>As Tracy's GP, how important is my own exercise and eating in terms of role modelling and influencing her choices?</p>
 Attitudinal features	<p>To what extent is Tracy's family problem a matter for her to sort out herself?</p> <p>What is my role as a GP in encouraging patients to participate in population screening programmes, even if the evidence of benefit for that particular type of patient is equivocal?</p>
 Scientific features	<p>What evidence is there for the effectiveness of 'brief intervention' advice to stop smoking or lose weight before an elective operation?</p> <p>What are the characteristics of a good screening programme?</p> <p>How do I assess whether or not a trial of lifestyle modification is worthwhile for mild hypertension?</p>

LEARNING OUTCOMES

The following learning outcomes or objectives relate specifically to your role as a GP working in partnership with healthy people. These learning outcomes are in addition to those detailed in the core statement, *Being a General Practitioner*. The core statement and this statement should be used in conjunction with the other curriculum statements. In order to demonstrate the core competences in the area of public health you will require knowledge, skills and attitudes in the following areas:

The RCGP areas of competence

1 Primary care management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.)

This means that as a GP you should:

- 1.1 Understand the concepts of promoting health (salutogenesis), Health and Wellbeing, and quality of life as perceived by patients²
- 1.2 Understand the multiplicity of the determinants of good health³
- 1.3 Be able to explain to patients the long-term impact on health of risk factors such as alcohol and substance misuse, poor diet, inadequate exercise and risky sexual behaviour
- 1.4 Know the main risk factors for childhood accidents, and child abuse (see also statement 3.04 *Care of Children and Young People*)
- 1.5 Understand the surveillance systems that GPs are involved in, such as the RCGP Weekly Returns Service

2 Person-centred care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them.

² Blaxter M. *Health (2nd edn)* Polity, 2010 www.polity.co.uk/keyconcepts/blaxter-health.asp

³ Dahlgren and Whitehead's model of the social determinants of health, e.g. <http://jech.bmj.com/content/64/4/284.full>

This means that as a GP you should:

- 2.1 Know the 'Stages of Change' models for behaviour change⁴
- 2.2 Understand the concept of risk and be able to communicate risk effectively to patients and their families
- 2.3 Be able to explain the benefits and risks of child immunisation and vaccination in order to reassure parents effectively
- 2.4 Understand the effects of smoking, alcohol and drugs on patients and their families
- 2.5 Negotiate a shared understanding of problems and their management (including self-management), so that patients are empowered to look after their own health and have a commitment to health promotion and self-care
- 2.6 Encourage patients, their carers (and family when appropriate) to access further information and use patient support groups
- 2.7 Recognise and contend with the potential tension between your health promotion role as a GP and the patient's own agenda
- 2.8 Promote health through a health promotion or disease prevention programme
- 2.9 Promote people with a disability in the workplace by encouraging and advocating disabled patients
- 2.10 Promote the positive benefits of work and health to patients
- 2.11 Promote return to work and rehabilitation after illness or accident

3 Specific problem-solving skills

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty, and marginalise danger, without medicalising normality.

This means that as a GP you should:

- 3.1 Use routinely available data to understand the health of the local population, compare it with that of other populations, and identify localities or groups with poor health within it
- 3.2 Assess a healthy individual patient's risk factors
- 3.3 Explain to the patient and/or their relatives the evidence about a screening programme and debate whether it is worthwhile – for individuals or groups
- 3.4 Explain the concept of the hierarchy of evidence to patients requesting Interventions Not Normally Funded (INNF)

⁴ DiClemente CC, Prochaska JO, Fairhurst SK, Velicer WF, Velasquez MM, Rossi JS. The process of smoking cessation: an analysis of precontemplation, contemplation, and preparation stages of change *Journal of Consulting and Clinical Psychology* 1991; 59(2): 295–304

4 A comprehensive approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, co-ordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting.

This means that as a GP you should:

- 4.1 Promote self-care and empower patients and their families whenever appropriate
- 4.2 Consider how to minimise the impact of the patient's symptoms on his or her well-being by taking into account the patient's personality, family, daily life and physical and social surroundings
- 4.3 Work with other members of the primary healthcare team to promote health and well-being through appropriate health promotion and disease prevention strategies
- 4.4 Understand approaches to behavioural change and their relevance to health promotion and self-care
- 4.5 Be able to judge the point at which a patient will be receptive to the concept and the responsibilities of self-care
- 4.6 Understand the importance of ethical tensions between the needs of the individual and the community, and act appropriately

5 Community orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community.

This means that as a GP you should:

- 5.1 Understand the characteristics of the community in which you are working including socio-economic, ethnicity and health inequalities
- 5.2 Assess the health needs of local populations and sub-groups, e.g. working families, 'sedentary' children, the elderly, the unemployed
- 5.3 Engage in the implementation of locally agreed health programmes
- 5.4 Appreciate the different perspective required in managing work and health issues (e.g. back pain, repetitive strain injury, anxiety) and the range of professionals who can help you support patients at work such as occupational health staff, physiotherapists and counsellors
- 5.5 Gain confidence in supporting patients with common illnesses to remain in work, or to return to a working role after illness where appropriate
- 5.6 Understand the links between health and work, including the positive benefits of work on well-being

6 A holistic approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health.

This means that as a GP you should:

- 6.1 Demonstrate an understanding of the patient's (and, where appropriate, the family's) expectations and the community, social and cultural dimensions of their lives that affect their lifestyle choices
- 6.2 Demonstrate tolerance and understanding of the patient's experiences, beliefs, values and expectations regarding preventative medicine such as screening and lifestyle modification
- 6.3 Understand the interaction between work and illness in patients

The essential features of you as a doctor

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

EF1 Contextual features

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks.

Examples of this are:

- EF1.1 The impact of overall GP workload on your ability to deliver health promotional care to well patients
- EF1.2 Whether the ethos of your workplace embraces preventive care and health promotion

EF2 Attitudinal features

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care.

Examples of this are:

- EF2.1 What your views are on the universal right to healthcare, the prioritisation and costs of healthcare, and the minimisation of barriers to accessing care when vulnerable or unwell
- EF2.2 An understanding of your own capabilities and values, and that your attitudes and feelings are important determinants of how you approach health rather than disease
- EF2.3 The interaction of work and your private life and striving for a good balance between them, and your personal example in healthy living
- EF2.4 Ethical aspects of prevention, presymptomatic diagnostics, asymptomatic therapy and factors that influence lifestyles

EF3 Scientific features

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through lifelong learning and a commitment to quality improvement.

Examples of this are:

- EF3.1 Seeking to apply the same scientific discipline to elements of practice concerning healthy people as those who are sick
- EF3.2 Understanding the evidence base that informs the effectiveness of interventions in healthy people and how these differ from the evidence base for treatments in those who are sick
- EF3.3 Linking essential scientific aspects relating to healthy people to other examples in the RCGP Curriculum
- EF3.4 Critically appraising the health needs assessment of a target group or service

LEARNING STRATEGIES

Work-based learning – in primary care

Primary care both inside and outside the practice is the ideal environment for you to learn about the principles of public health, to acquire the appropriate skills and to engage in their application. All three elements of public health (HI, HP and HCPH)⁵ can be learnt in the practice setting.

Doctors are trained in diagnosing and managing disease, and the concept of health does not fit the traditional disease model, especially when dealing with individual patients. Primary care is the ideal environment to explore and become conversant with health and health promotion. As a GP specialty trainee you should be involved in your teaching practice's public health, health promotion, prevention and screening activities, learning as part of the multiprofessional primary healthcare team. You should arrange to visit your local public health team, based in local government, and your local health protection unit or local public health office (e.g. Public Health England or the equivalent organisation in the other home nations) to meet the public health specialists and their teams to discuss the wider public health agenda. You may also be able to help with particular projects or undertake mini-sabbaticals or formal attachments.

Work-based learning – in secondary care

All NHS Trusts and Healthcare Providers have to meet basic standards for promoting health as part of their registration with the Care Quality Commission (CQC). Most acute hospital boards have a public health strategy and action plan. While working in hospital placements you will find there are many opportunities for you to explore the public health agenda, particularly in the area of screening, e.g. breast screening services.

Non-work-based learning

As a GP trainee you should have access to courses on public health issues provided locally as part of training programme activities or by postgraduate deaneries working with public health specialists and primary care organisations. Remember that voluntary organisations, schools and workplaces also contribute to maintaining health, both explicitly through projects and implicitly through their core business. You may also learn from your own personal involvement in such organisations in your role as a parent, volunteer or service user, or by visits and courses.

Learning with other healthcare professionals

Many opportunities exist in primary care for you to be involved with nurses, health visitors and public health specialists, all of whom should be engaged in the practice's education and public health programmes.

⁵ Health Improvement (HI), Health Protection (HP) and Health Care Public Health (HCPH) – see also Web Resources below, Faculty of Public Health

Formal learning

The RCGP itself has developed some resources about public health as part of the Centre for Commissioning. The Faculty of Public Health is developing certificate courses for healthcare professionals from any discipline who wish to acquire recognised knowledge in this area. You will also find that several universities award post-graduate diplomas and Masters degrees in public health. These enhance specific areas of competence and develop essential features such as community orientation, taking a holistic approach and scientific features.

Clinical commissioning groups require an understanding of health and disease prevention in order to commission effectively. A range of providers offer educational resources. As a trainee you should take advantage of these to enhance your understanding of the curriculum.

LEARNING RESOURCES

Examples of relevant texts and resources

- Acheson D. *Independent Inquiry into Inequalities in Health* London: HMSO, 1998
- Birch K, Field SJ, Scrivens E. *Quality in General Practice* Oxford: Radcliffe Medical Press, 2000
- Black C. *Working for a healthier tomorrow* London: Department of Work and Pensions, 2008
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/209782/hwwb-working-for-a-healthier-tomorrow.pdf
- Black D (Chair of working group). *Inequalities in Health* London: DHSS, 1980
- Britton J. *ABC of Smoking Cessation* London: BMJ Books, 2004
- Bury M. *Health and Illness in a Changing Society* London: Routledge, 1997
- Chambers R. *Involving Patients and the Public: how to do it better* Oxford: Radcliffe Medical Press, 2003
- Chambers R and Mohanna K. *Risk Matters in Healthcare: communicating and explaining risk* Oxford: Radcliffe Medical Press, 2001
- Chief Medical Officer. *Annual Report of the Chief Medical Officer 2004* London: Department of Health, 2005
- Department of Health. *Immunisations against Infectious Disease* London: HMSO, 1996 (and later updates)
- Department of Health. *Health Promotion England* London: Department of Health, 2001
- Department of Health. *Tackling Health Inequalities: a programme for action* London: Department of Health, 2003
- Department of Health. *Living well for longer: a call to action to reduce avoidable premature mortality.* Department of Health, 2013
- Farmer R. *Lecture Notes on Epidemiology and Public Health Medicine* Oxford: Blackwell Science, 1996
- Health Inequalities Standing Group of the Royal College of General Practitioners. *Hard Lives: improving the health of people with multiple problems* London: Royal College of General Practitioners, 2003
- Jones R, Britten N, Culpepper L, et al (eds). *Oxford Textbook of Primary Medical Care* Oxford: Oxford University Press, 2004
- Marmot Review. *Fair Society, Healthy Lives. Strategic Review of Health Inequalities.*
www.instituteofhealthequity.org/Content/FileManager/pdf/fairsocietyhealthylives.pdf
- Pencheon D, Guest C, Melzer D, Muir Gray JA. *The Oxford Handbook of Public Health Practice* Oxford: Oxford University Press, 2001
- Sackett DL, Haynes BR, Guyatt G, Tugwell P. *Clinical Epidemiology: a basic science for clinical medicine* Boston: Lippincott, Wilkins & Williams, 1991
- Tudor Hart J. *New Kind of Doctor* London: Merlin Press, 1988
- Wanless D. *Securing Good Health for the Whole Population: final report* London: HSMO, 2004
- Warrell D, Cox TM, Firth JD, Benz EJ (eds). *Oxford Textbook of Medicine (4th edn)* Oxford: Oxford University Press, 2004
- Undergraduate Medical Competencies in Occupational Health, www.fom.ac.uk/education/resources-for-medical-schools-medical-students/competency-framework

Web resources

The Department of Health

The Department of Health or the relevant body in all parts of the UK has extensive information for patients and professionals on lifestyle advice, to inform and enable people to make positive changes through the systematic delivery of consistent and simple healthy lifestyle advice combined with appropriate signposting to lifestyle services.; for example, the Every Contact Counts initiative and e-learning tool for the delivery of brief advice.

<http://nhslocal.nhs.uk/story/every-contact-counts>

The Faculty of Public Health

The Faculty of Public Health is the standard-setting body for specialists in public health. It is a joint faculty of the three Royal Colleges of Physicians of the United Kingdom (London, Edinburgh and Glasgow). It was established as a registered charity in 1972. Its aims and charitable objectives are to promote, for the public benefit, the advancement of knowledge in the field of public health and to develop public health with a view to maintaining the highest possible standards of professional competence and practice, and to act as an authoritative body for consultation in matters of education or public interest concerning public health.

www.fph.org.uk

The Health and Safety Executive

The UK Health and Safety Executive website is an excellent central resource for doctors, patients and employers on all aspects of health and safety in the workplace. It is searchable by industry and occupational health problems.

www.hse.gov.uk

National Office for NHS Cancer Screening Programmes

This site gives information about national screening programmes for breast and cervical cancer. It also provides information about screening for bowel and prostate cancer.

www.cancerscreening.nhs.uk

NHS Immunisation Information

The most comprehensive, up-to-date and accurate source of information on vaccines, disease and immunisation in the UK – an excellent site for both patients and health professionals.

www.gov.uk/government/organisations/public-health-england/series/immunisation

Picker Institute Europe

Works with patients, professionals and policy-makers to promote understanding of the patient's perspective at all levels of healthcare policy and practice. The aim of the organisation is to make patients' views count through a combination of research, development and policy activities.

www.pickereurope.org

Public Health England

Public Health England is an Executive Agency of the Department of Health set up as part of the reorganisation of health services resulting from the Health and Social Care Act 2012. It took on the role of the Health Protection Agency, the National Treatment Agency for Substance Misuse and a number of other health bodies including Cancer Registries and Public Health Observatories

www.gov.uk/government/organisations/public-health-england

RCGP e-learning

e-GP

e-GP includes sessions on screening, obesity, travel medicine, supporting self care, health e-working, and supporting carers

www.e-GP.org

Society of Occupational Medicine (SOM)

SOM is the UK organisation for all doctors working in or with an interest in occupational health in the workplace, the armed forces and academic institutions.

www.som.org.uk

UK National Screening Committee

The UK National Screening Committee (NSC) is chaired by the Chief Medical Officer for Northern Ireland and advises ministers, the devolved national assemblies and the Scottish Parliament on all aspects of screening policy. It has a Fetal, Maternal and Child Health Co-ordinating Group (FMCH) that deals with antenatal and child health screening issues. In forming its proposals, the NSC draws on the latest research evidence and the skills of specially convened multidisciplinary expert groups, which always include patient and service user representatives.

The NSC assesses proposed new screening programmes against a set of internationally recognised criteria covering the condition, the test, the treatment options, and the effectiveness and acceptability of the screening programme. Assessing programmes in this way is intended to ensure that they do more good than harm at a reasonable cost. In 1996, the NHS was instructed not to introduce any new screening programmes until the NSC had reviewed their effectiveness.

www.screening.nhs.uk

ACKNOWLEDGEMENTS

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