



Public Health
England

PHE North West

Public Health Training Prospectus

Issue Date: January 2020

Review Date: December 2020

About Public Health England

PHE exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through advocacy, partnerships, world-class science, knowledge and intelligence, and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

Public Health England 133-155 Waterloo Road Wellington House London SE1 8UG

Tel: 020 7654 8000

<http://www.gov.uk/phe> [Twitter: @PHE_uk](https://twitter.com/PHE_uk)

For queries relating to this document, please contact: PHE North West on 0344 225 0562

© Crown copyright 2016

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v2.0. To view this licence, visit OGL or email psi@nationalarchives.gsi.gov.uk. Where we have identified any third-party copyright information you will need to obtain permission from the copyright holders concerned.

Contents

1	Training location details	4
2	Introduction	5
3	PHE North West	5
4	Health & Wellbeing/Healthcare Public Health.....	8
5	Health Protection	10
6	Internal placements and experience	12
7	Appendix.....	17



1 Training location details

1.1 Name of training location

1.1.1 PHE North West Centre

1.2 Type of training location

1.2.1 Generalist and specialist public health training

1.3 Placements available

1.3.1 Short-term project attachments may be available during StR training

1.3.2 Long-term PHE attachment – one year – post MPH. This will include the following training opportunities within PHE North West offices and embedded NHS England/Improvement teams:

- Health & Wellbeing (Health Improvement)
- Healthcare Public Health including:
 - Screening & Immunisation
 - Specialist Commissioning
 - Dental Public Health
- Knowledge & Intelligence team
- Screening Quality Assurance Service (SQAS) - Regional and National

1.3.3 Health Protection attachments:

- Mandatory three-month attachment – post MPH and the Faculty of Public Health Diplomate Examination (DFPH – Part A)
- Optional long-term two-year attachment – post MPH and DFPH

2 Introduction

- 2.1.1 This prospectus outlines the specialist public health training opportunities available at PHE North West and provides details of what specialty registrars (StRs) in public health and other prospective trainees can expect when considering an attachment.
- 2.1.2 This prospectus should be read in conjunction with the Faculty of Public Health, Public Health Specialty Training Curriculum 2010¹ and Health Education North West Public Health website²

3 PHE North West Centre

- 3.1.1 As part of PHE Centres and Regions, PHE North West is one of nine PHE centres across England. A PHE centre is often described as the front door of PHE – the first point of access between national, regional and local PHE and the public health system led by local government, NHS England/Improvement sub-regional teams and a range of other key stakeholders with a local presence, including Health and Wellbeing Boards, Clinical Senates, Health Education England, Academic Health Science Networks and the Local Government Association.
- 3.1.2 PHE North West has three offices covering the North West of England:
- Cumbria & Lancashire – based in Preston
 - Cheshire & Merseyside – based in Liverpool
 - Greater Manchester – based in Manchester
- 3.1.3 PHE North West provides:
- Health and wellbeing expertise and support to local authorities, the NHS and others to maximise health and wellbeing and reduce health inequalities in the local population
 - Healthcare public health advice to the NHS England/Improvement sub-regional teams, including specialised commissioning services and dental public health services
 - Health protection expertise and services
 - Screening and immunisation expertise, via teams embedded within NHS England.
- 3.1.4 PHE North West is supported by national directorates, including Health & Wellbeing, Health Protection and Chief Knowledge Office. PHE North West is the first point of contact for local organisations and public health teams to access national resources and expertise. PHE North West also champions the health of local people and ensures that the local perspective is represented at national level in PHE.
- 3.1.5 The SQAS for the North of England has one of three regional offices co-located with PHE North West. SQAS teams work regionally and nationally to assure the quality of the national screening programmes

¹ <http://www.fph.org.uk/uploads/2010%20MASTER%20PH%20Curriculum.pdf>

² <http://www.merseydeanery.nhs.uk/currently-in-training>

3.2 Competencies

3.2.1 All competencies required for StRs can potentially be addressed across the various teams. These include:

- surveillance and assessment of the population's health and well-being
- assessing the evidence of effectiveness of health and healthcare interventions, programmes and services
- policy and strategy development and implementation
- strategic leadership and collaborative working for health
- health and wellbeing
- health protection
- health and social service quality
- public health intelligence
- academic public health
- commitment to environmental sustainability

3.3 Training opportunities

3.3.1 Where possible/relevant, StRs on attachment in PHE North West are given the opportunity to attend:

- daily health protection meeting
- weekly regional and national health protection teleconference
- north west centre corporate management meetings
- centre team meetings
- national operations and strategic leadership meetings (as appropriate)
- on-call training sessions
- ad hoc local, regional and national training

3.3.2 StRs will also be encouraged to attend the annual Public Health England Conference, the 5 Nations Health Protection Conference and join other relevant partners networks such as the Sustainability and Health Network for the North.

3.3.3 PHE North West PHE has links to local universities and academic institutions, and StRs will have the opportunity to get involved with teaching or research opportunities with university partners.

3.3.4 PHE North West has links to other PHE centres in the North, with opportunities for regional projects. In addition, there are opportunities for working with national PHE colleagues on a variety of national projects.

3.4 Supervision & Induction

- 3.4.1 Each StR will have an educational supervisor. There are a number of accredited educational supervisors within the centre and SQAS. The educational supervisor keeps an overview of their training needs throughout the time in the training location. In addition, due to the nature of the varied work at PHE, other trainers will be available as project supervisors, and people who are not accredited trainers or from professional groups outside of public health may also help deliver specific training in areas where they have expertise (in agreement with the educational supervisor).
- 3.4.2 There will also be opportunities for StRs on long term attachments to work alongside the PHE North West Centre Director and Deputy Directors to develop Phase 3 leadership competencies.
- 3.4.3 The progress of the StR will be monitored throughout the attachment via regular meetings with the educational or project supervisor (at least 30 minutes per week). The StRs are strongly advised to ensure that these meetings occur.
- 3.4.4 When StRs start their placement they will undergo an induction programme for two to three weeks so that they can meet key people and find out what is happening across the centre. During this time, along with their educational supervisor, they will identify opportunities to meet some of their public health training needs. This will be addressed using a learning agreement to outline projects, timeframes, outcomes and the date of the next review.

3.5 Administration

- 3.5.1 StRs will have use of a laptop and skype headset and are expected to undertake agile working. Desks at all PHE bases have facilities for linking laptops to a monitor, keyboard and mouse.
- 3.5.2 Some business administration support may be provided if required, linked to relevant case or project work. Computer software includes Microsoft Office and other packages as appropriate. There is access to journals through PHE library services. All StRs are able to access university libraries using their NHS ID. Teleconference and video conference facilities are available.
- 3.5.3 Usual HR arrangements for StRs will be in place during the attachment. No additional funding will be available for the attachment.

3.6 Location, accessibility and sustainability

- 3.6.1 StRs are expected to complete their 3-month mandatory health protection training at the base within their allocated training zone and will be mainly office based, to maximize emergent learning opportunities. StRs undertaking longer placements work more flexibly across the three sites, including occasional working from home with Educational Supervisor agreement.

- 3.6.2 PHE North West office sites are fully accessible by a range of transport modes. Sustainable travel, by train, bus, walking or bicycle (mileage reimbursed via the lead employer), is actively encouraged as part of the daily commute and to meetings within the day. Further information is given in Section 7: Appendix
- 3.6.3 Registrars are encouraged to use journey planning tools including those listed below to support sustainable travel;
- o <https://www.traveline.info/>
 - o <https://www.google.com/maps>
 - o <https://www.cyclestreets.net/journey/>
- 3.6.4 PHE supports the #activesoles movement and encourages staff to wear comfortable footwear to work (including trainers) to be more physically active.
- 3.6.5 The national PHE Sustainable Development Management Plan can be found [here](#).

4 Health and Wellbeing/Healthcare Public Health

- 4.1.1 The health and wellbeing team's aim is to improve health and reduce health inequalities, through building partnerships and engaging a wide range of stakeholders to develop and implement robust, effective health programmes and to address the factors that affect people's health. The health and wellbeing team works across all north west local authorities, mainly working with the public health teams. The team aims to achieve significant lasting improvements in people's health by working in partnership with other organisations both locally and nationally. The primary goal of public health is to prevent disease before it starts. This is the best way to improve the health of local people and to avoid unnecessary expenditure on services.
- 4.1.2 The health and wellbeing team provide local authorities with public health intelligence and resources and support them to:
- promote healthy lifestyles through delivery of national campaigns
 - commission evidence-based services
 - deliver co-ordinated high quality preventative services.
 - use health impact assessments and health equity audits to assess the impact of policies and programmes on health.
- 4.1.3 The health and wellbeing team has close links with PHE's national topic-based teams and there may be opportunities to work on the national agenda.
- 4.1.4 Healthcare Public Health is concerned with ensuring the best use of NHS resources to improve the health of the population. It is involved with strategic advice and support to the NHS - both directly to NHS England sub-regional teams and Sustainability and Transformation Partnerships (STPs)/Integrated Care Systems (ICSs) and also to local

Clinical Commissioning Groups via local authority public health teams. There are also opportunities to work alongside the Strategic Clinical Networks and healthcare provider organisations, in their programmes to improve clinical pathways and healthcare settings for the delivery of care. StRs may also get the opportunity to become involved with national healthcare public health networks and undertake work for PHE at a national level.

4.1.5 The health and wellbeing team and the healthcare public health team supports the public health system at three levels;

- support to individual local authorities/ CCGs and NHS England, providing PH advice, tools, intelligence, analysis and evidence
- support to regional networks, bringing communities of interest together, facilitating StRead and use of best practice, developing shared resources etc.
- conduit between national PHE resource and public health in local authorities/CCGs, feeding local priorities to shape national PHE endeavors and ensuring best use of PHE developed resources locally

4.1.6 The healthcare public health team also encompasses the health and justice agenda which provides opportunities for working closely with the prison health service. The scope of the work in health and justice covers all three dimensions of public health, i.e. health protection, health and wellbeing and healthcare public health. PHE North West has a key role in providing expert public health advice, guidance and support tools to Her Majesty's Prison and Probation Service (HMPPS) and NHS England in its commissioning of offender health services.

4.2 What type of work might I do?

4.2.1 The work available is likely to include:

- leading and supporting health needs assessment
- data analysis and interpretation to inform commissioning
- translating evidence into practice to improve health
- working with local authority public health teams and other stakeholders to build networks to share good practice and develop shared work programmes
- work with social marketing specialists to promote behaviour change
- utilising different implementation methods to improve outcomes of public health programmes
- leading and supporting evaluation of public health interventions
- leading and supporting health needs assessment
- evidence reviews
- teaching
- quality surveillance

- 4.2.2 There are opportunities to be involved with projects across a variety of topic areas, such as: blood pressure, atrial fibrillation, diabetes, TB, NHS Health Checks, antimicrobial resistance, offender health etc.
- 4.2.3 See Appendix for examples of recent StR projects / experiences in health and wellbeing and healthcare public health, and for details of key contacts.

4.3 One-year placement

- 4.3.1 Training placements could be offered at any stage of training, but it is recommended that the Faculty of Public Health Diplomate Examination (DFPH - Part A) is completed first. It is possible to plan the placement to follow their health protection placement. Trainees may also wish to do some work with the screening and immunisation team while placed with the health and wellbeing / healthcare public health team or vice versa.
- 4.3.2 There is opportunity for work across the range of competencies, good experience for partnership working and excellent opportunity to tap into national PHE expertise.
- 4.3.3 Health and wellbeing/ healthcare public health team will work with colleagues in health protection to widen the scope of in-house training to include health and wellbeing so that all trainees can participate in the sessions outlined above.
- 4.3.4 Key contacts:
- Health and Wellbeing: Dr Rebecca Wagstaff – Rebecca.Wagstaff@phe.gov.uk
 - Healthcare Public Health: Charlotte Simpson - Charlotte.Simpson@phe.gov.uk

5 Health Protection

- 5.1.1 The health protection team (HPT) identifies and responds to health hazards and emergencies caused by infectious disease, hazardous chemicals, poisons or radiation. It does this by providing advice and information to the general public, to health professionals such as doctors and nurses, and to national and local government. Furthermore, the Health Protection team takes action to control sources, break pathways and control receptors to reduce or prevent exposure.
- 5.1.2 During the placement, you will gain understanding of:
- surveillance of communicable diseases and environmental hazards
 - the role of the various agencies in diagnosis, prevention and control of communicable diseases and environmental hazards
 - the legal basis of communicable disease control and environmental public health
 - the basis of infection control in the community
 - the role of immunisation including systems for monitoring vaccine uptake
 - the public health role in emergency planning
 - environmental epidemiology and health risk assessment

5.1.3 You can also develop skills in:

- applying surveillance skills in prevention and control of communicable disease and environmental public health
- investigation of single cases of common communicable diseases
- investigation of clusters / outbreaks / environmental hazards including the application of appropriate epidemiological methods
- advising professionals and the public on communicable diseases and potential health effects of environmental hazards
- identification and management of clusters / outbreaks / health effects of environmental hazards
- decision making and time management
- media handling and interview techniques
- risk assessment

5.2 What type of work might I do?

5.2.1 The work available is likely to include:

- managing cases and incidents of infectious disease, hazardous chemicals, poisons or radiation
- undertaking literature reviews
- data analysis
- teaching
- audit, such as Immigrant Screening for TB, Review of Chemical Incident Form
- cluster investigation, e.g. alleged cancer clusters
- critical literature review, e.g. hand hygiene

5.2.2 See Appendix for examples of recent StR projects/experiences in health protection, and for details of key contacts.

5.3 Three-month placement (mandatory)

5.3.1 All trainees in the Public Health StR training scheme are required to undertake a three-month attachment in health protection. The purpose of this placement is to meet the health protection relevant outcomes for Phase 2 and to prepare the StR for participation in the out-of-hours health protection rota

5.3.2 Trainees **must** have passed the DFPH – Part A before starting their health protection placement. If they have not yet passed the examination, they can arrange a date to start a placement that is conditional upon passing the DFPH.

5.3.3 Full time StRs will work the whole time with the health protection team for three months. It is not generally acceptable for StRs to undertake joint placements with other training locations during the short-term placement

5.3.4 Placements for StRs who work part-time will be extended so they have three months equivalent experience

5.3.5 Key contact: Dr Sam Ghebrehewet – sam.ghebrehewet@phe.gov.uk

5.4 Two-year placement

- 5.4.1 Longer term placements comprise more in-depth experience in all aspects of health protection than can be obtained in a three-month attachment.
- 5.4.2 This may include longer placements in related departments, such as Centre for Radiation, Chemical and Environmental Hazards (CRCE), the Field Service (FS) and the Manchester Public Health Laboratory if appropriate. Trainees will also be expected to maintain wider competencies through project work with other parts of PHE and/or a local authority.
- 5.4.3 Up to two longer term StRs can be accommodated per PHE North West base at any one time (i.e. a total of six across the North West). Two-year placements are advertised across the North West and are subject to competitive interview.
- 5.4.4 Placements are advertised to all trainees in the North West each year.
- 5.4.5 In specific cases, one-year placements may be arranged for StRs who wish to pursue a career in health protection but it is not possible to fit a two-year placement before CCT.
- 5.4.6 Key contact: Dr Sam Ghebrehewet – sam.ghebrehewet@phe.gov.uk

6 Internal placements and experience

- 6.1.1 There are various training experiences/secondments available to StRs on PHE attachments, depending on the StR's individual career interests and plans.
- 6.1.2 StRs should liaise with their educational supervisors and lead trainers in their area, ideally early on in their attachment or even before they start, to plan these training opportunities.

6.2 Field Services (FS)

- 6.2.1 The Field Service (FS) which is part of PHE's National Infection Service has eight nationally-distributed bases. The FS team covering PHE North West is based in Rail House in central Liverpool.
- 6.2.2 There are two consultant epidemiologists who are accredited educational supervisors and can provide specialist training placements for StRs with an interest in infectious disease epidemiology.
- 6.2.3 FS North West can provide a full range of experience in infectious disease epidemiology: outbreak investigation, surveillance work, data management, data analysis, statistics, research methods, and scientific writing and presenting. FS North West works with PHE centres to provide a health protection service covering infectious, chemical and radioactive hazards across the area, providing technical support with incident management. FS North West also maintains and manages several surveillance systems, and is actively involved with academic research.

6.2.4 FS North West is also a training location for the UK Field Epidemiology Training Programme (which is not covered in this prospectus, as it has a different entry route and training programme).

6.2.5 Key contact: Paul Cleary – Paul.cleary@phe.gov.uk

6.3 Screening & Immunisation Teams

6.3.1 The PHE screening and immunisation teams are responsible for providing expert advice and leadership to Section 7a services commissioned by NHS England. These include leading and commissioning the national cancer screening programmes (breast, bowel and cervical), ante natal and newborn screening programmes, diabetic eye screening, Abdominal Aortic Aneurysm screening programme, and Immunisation programmes (except travel). Screening and immunisation teams are responsible for the introduction of new programmes, changes to existing programmes and improvements in the quality and outcomes for programmes including the reduction in inequalities on the targeted populations. We offer experience of programme management, quality improvement, commissioning, incident management and governance of programmes, and as the teams are embedded in NHS England there is exposure to work in NHS England and with providers of the NHS commissioned services.

6.3.2 The Screening and Immunisation team can offer placements of varying length, and the placement could be in conjunction with other PHE work (such as Health Care Public Health).

6.3.3 Key contact: Dianne Draper (PHE) - dianne.draper@nhs.net

6.4 Dental Public Health

6.4.1 The dental public health team is the principal provider of dental public health expertise and advice in the North West. It is composed of 80% local and 20% national projects

6.4.2 StRs may wish to undertake specific projects with the dental public team. In most projects, they would be expected to work closely with local dental professionals and commissioners, particularly NHS England.

6.4.3 The dental public health team also train StRs in dental public health which is different from the training that StRs in public health would receive and is not covered in this prospectus.

6.4.4 Key contacts: Melanie Catleugh – Melanie.Catleugh@phe.gov.uk

6.5 Specialised Commissioning

6.5.1 PHE North West offers professional public health clinical expertise to support the commissioning of specialised services by NHS England. The specialised commissioning Public Health team for the North West is embedded within the North West NHS England

sub-regional Hub team.

6.5.2 StRs may wish to undertake project work of a specialised services commissioning nature. Such projects may comprise training and experience with the screening and decision-making on individual funding requests (IFRs); commissioning policy and service specification development; QIPP (Quality, Innovation, Productivity, Prevention) schemes for quality improvement; reduction of variation and efficiency savings; contribution to the management and investigation of serious incidents in clinical services service reviews and reconfigurations.

6.5.3 Key contacts: Surinder Sethi - su.sethi2@nhs.net

6.6 Knowledge & Intelligence Service (KIS)

6.6.1 The North West Knowledge and Intelligence Service (KIS) is a part of the national Chief Knowledge Office. The service's work is divided into four overarching programmes: Health Intelligence Networks; behavioural risk factors and wider determinants (including support for national health intelligence work programmes; supporting PHE-wide priorities; and general local contribution/support (locally directed intelligence support)

6.7 Centre for Radiation, Chemical and Environmental Hazards (CRCE)

6.7.1 StRs may wish to undertake experience with CRCE. Experience gained includes a more detailed understanding of the health effects of radiological and chemical exposures, and providing expert specialist advice to other health professionals and departments.

6.8 Screening Quality Assurance Service

6.8.1 The Screening Quality Assurance service is part of the screening division within the national health and well-being directorate. It provides a regional service across the North of England and has links with the schools of public health in the North West, Yorkshire and Humber and the North East.

6.8.2 Screening identifies apparently healthy people who may be at increased risk of a disease or condition, enabling earlier treatment or better informed decisions. National population screening programmes are implemented in the NHS on the advice of the UK National Screening Committee (UK NSC), which makes independent, evidence-based recommendations to ministers in the 4 UK countries. The Screening Quality Assurance Service (SQAS) ensures programmes are safe and effective by checking that national standards are met.

6.8.3 The aims of screening quality assurance are to:

- Deliver a consistent quality assurance process across England
- Provide support to commissioners and providers

- Be a resource of specialist advice/expertise on screening.
- Devise and operate robust monitoring arrangements to ensure that services are delivered to the highest levels of quality, safety and efficiency.
- Monitor and review performance of each individual service
- Take appropriate action when screening performance is highlighted as a concern
- Contribute to the development of national policy
- Support the implementation of national screening initiatives

6.8.4 The senior leadership team for the North region includes three public health consultants who are accredited educational supervisors each with a programme specific regional and national screening quality assurance portfolio.

6.8.5 Screening Quality Assurance Service North is linked with PHE North West to offer placements of varying length in conjunction with other PHE work such as Health Care Public Health. Projects supervision is also offered for both regional and national work.

6.8.6 SQAS have three offices in the North of England, North West (PP3 Manchester), Yorkshire and Humber (Blenheim House Leeds) and North East (Waterfront 4 Newcastle). Hot desking with teams is offered with full remote access to drives available after completion of mandatory information governance training (including Section 251). Projects can usually be completed from existing PHE bases aside from travel to essential meetings.

6.8.7 The work available is likely to include:

- Service quality improvement work with screening providers
- Experience of the quality assurance visit process including evidence assessment, meeting with providers and production of visit report
- Data analyses and audit of available screening metrics
- Support for the implementation of changes in the screening pathway
- Development of the screening quality assurance process and national models to improve consistency
- Experience of the oversight and management of screening incidents
- Opportunity to develop screening blogs for the dissemination of learning
- Development of the screening quality assurance service role in addressing screening health inequalities,

6.8.8 Examples of project work completed or underway include:

- Development of a tool to increase the focus on addressing cervical screening health inequalities as part of screening quality assurance visits based on the identification of levers within the national service specification.
- Questionnaire survey of cervical screening providers about the screening quality assurance visit process (poster presentation at British Society of Colposcopy and Cervical Pathology).

- Cost economic analysis of clinical referral pathways in colposcopy
- Mapping of communication process for the notification of child death in relation to screening with development of national audit.

6.8.9 Key contact: Dr Helen Lewis-Parmar Helen.lewis-parmar@phe.gov.uk

7 Appendix

Key Contacts:

- Health and Wellbeing - Rebecca Wagstaff – Rebecca.wagstaff@phe.gov.uk
- Healthcare Public Health – Charlotte.Simpson@phe.gov.uk
- Health Protection – Sam Ghebrehewet - Sam.ghebrehewet@phe.gov.uk
- Screening and Immunisation – Dianne Draper - Dianne.draper@nhs.net
- Screening Quality Assurance Service - Dr Helen Lewis-Parmar - Helen.lewis-parmar@phe.gov.uk
- Administration – Jess Dunlop -Jessica.dunlop@phe.gov.uk

7.1 Centre contacts and details: Cheshire & Merseyside

- 7.1.1 PHE North West's Cheshire & Merseyside office is located in Suite 3B, 3rd Floor, Cunard Building, Water Street, Liverpool, L3 1DS.
- 7.1.2 The Cunard Building is located in Liverpool City Centre, around a 20-minute walk or 10-minute cycle from Lime Street Station, which provides rail connections to Manchester, Preston and nationally. James Street Station is a 5-minute walk and provides local connections to Lime Street Station, the Wirral, Chester and Moorfields (for onward journeys to Southport and South Liverpool). Details of local bus and train timetables can be found [here](#).
- 7.1.3 Secure indoor cycle storage, lockers, showers and drying room are located in the basement of the building itself. Liverpool also has a bike share scheme, [Citybike](#), which has a bike station just outside the building.
- 7.1.4 Further details about the building location, facilities and nearby car parking can be found [here](#).
- 7.1.5 The key academic links in the region are: University of Liverpool, Liverpool John Moores and the Liverpool School of Hygiene and Tropical Medicine.

7.2 Centre contacts and details: Cumbria & Lancashire

- 7.2.1 PHE North West's Cumbria & Lancashire office is currently located at Lancashire County Council, Pitt Street Reception, County Hall, Preston, PR1 8XB
- 7.2.2 County Hall is opposite Preston railway station, which provides national rail connections to London, Manchester and Liverpool, alongside local services. Many local buses also stop outside County Hall. Local journey planning and details of bus and train timetables can be

found [here](#).

- 7.2.3 Secure cycle storage is available at both the railway station and outside County Hall, with changing facilities also available within County Hall. Further details about cycle routes across Lancashire can be found [here](#).
- 7.2.4 The Council operates several Park and Ride sites to help reduce congestion in the city centre, and details of these can be found [here](#).
- 7.2.5 The key academic links in this region are: Edge Hill University, University of Central Lancashire, University of Cumbria, and University of Lancaster.

7.3 Centre contacts and details: Greater Manchester

- 7.3.1 PHE North West's Greater Manchester office is in 3 Piccadilly Place, London Road, Manchester MA 3BN.
- 7.3.2 Three Piccadilly Place is located opposite Piccadilly railway station, which provides national and local rail connections. Piccadilly also has a Metrolink stop, providing local tram services. Information on train, tram and bus times and routes, and journey planning can be found [here](#)
- 7.3.3 Secure cycle storage is available at both Manchester Piccadilly Station and on floor of the car below 3 Piccadilly Place, with showers and changing facilities available cycle racks. Bike hire is available from the railway station and more information can be found [here](#).
- 7.3.4 The key academic links in this region are: University of Manchester, and Manchester Metropolitan University. The Greater Manchester base also offers regular joint clinico-epidemiology meetings with the Regional Infectious Diseases Unit at North Manchester General Hospital

7.4 Example projects in Health Protection

- 7.4.1 **Evaluation of the carbapenemase-producing Enterobacteriaceae (CPE) screening policy:** The StR worked with partners in microbiology, infection control and surveillance at MFT and colleagues in health protection and field services. The work involved interpreting evidence and current guidance, undertaking an analysis of the data and drawing appropriate conclusions to inform public health guidance for ongoing control of CPE in the hospital setting. The work was published in the Journal of Hospital Infection and presented at the Infection Control Study day in Manchester.
- 7.4.2 **AMR - Clinical Scenarios & Literature Review:** PHE and Champs received funding from HEE to pilot a AMR training programme using virtual reality (VR) with Cheshire & Merseyside primary care prescribers. This piece of work involved developing an evidence-based approach to the training including a formal literature review of the evidence-base around delayed antibiotic prescribing in primary care. Alongside this, the StR was required to develop scenarios about antibiotic prescribing – including evidence-based recommendations of where different antibiotic prescribing methods were most appropriate - in primary care as the basis for the VR training. This involved researching current clinical guidelines and liaison with a wide range of clinical stakeholders to gain consensus about the most appropriate prescribing strategies.

- 7.4.3 **Clinical incident management:** After PHE were informed of a damaged piece of medical equipment by an acute trust, the StR was tasked with supporting the consultant with incident management. Due to the low evidence-base around risk of communicable diseases from this specific piece of equipment, the StR had to conduct a thorough literature review and lead discussions with national specialists to determine the risk of transmission to other patients and define the appropriate steps that needed to be taken for patients who may have been exposed to IDs from the damaged equipment. Due to the low existing evidence-base and the unique methods of risk ascertainment in this case, this incident is now being submitted for publication to share the learning with the wider public health community.
- 7.4.4 **Health Protection Redesign:** Supporting the lead consultant, the StR has provided deputy leadership for the redesign of patch-based working (geographical areas of responsibility for consultants and practitioners) within the PHE NW Health Protection Team. This has included running focus groups with HPT staff, assimilating information and evidence from a range of different sources to inform an evidence-based options appraisal. Over the coming months, the StR will be involved in supporting the implementation of any changes in working practices across the PHE NW area and evaluating the success of any change.

7.5 Example projects in Healthcare Public Health

- 7.5.1 **Situational Analysis to support the development of a local MR elimination action plan:** The StR worked with the Screening and Immunisation team, to understand the strengths and weaknesses of local immunisation systems, alongside analysis of immunisation data and measles epidemiology. The StR was required to undertake engagement work to understand complex local immunization systems and multi-agency roles and responsibilities. The StR undertook discussions with key stakeholders (LA, CCG, PHE, NHSE/I), analysis of current contractual arrangements, governance and existing action plans. The resulting situational analysis is the stepping stone to a long-term work programme and action plan that has shared ownership across the system, based on a realistic assessment of what the problems are and which are amenable to change. The activity required the StR to chair challenging multiagency meetings, presenting to DsPH and working with stakeholders across the health system.
- 7.5.2 **Development of a business case with NHS Provider:** This piece of work required the StR to review, analyse and interpret childhood flu vaccine uptake data, and produce a briefing paper summarising the key messages and priority areas for action – including exploring the possibility of an immunisation coordinator programme at Alder Hey Hospital. The StR used this analysis to prepare and deliver a presentation for the Alder Hey Infection Prevention and Control committee meeting. Alder Hey were keen to collaborate with the Screening & Immunisation Team, so the StR lead and chaired a number of meetings to produced a business case that supported the implementation of an immunisations co-ordinator programme at Alder Hey Hospital. The StR was required to undertake discussions with multiple partners, including members of the infection prevention and control and infectious disease teams, a microbiologist and a pharmacist from Alder Hey, members of the SIT team and a commissioner and the programme lead for the Shared Care Record. Following the business case, NHSE/I funded a nasal flu vaccination pilot for at risk children with a view to consider investing in the immunisations co-ordinator programme with any future innovation funding.

7.6 Example projects in Health and Wellbeing

- 7.6.1 **Health and Wealth – What Works Evidence Review** - As part of PHE's support for a wealth and wellbeing programme in the Liverpool City Region the registrar was asked to produce an evidence review for interventions to reduce the health related productivity gap between the Liverpool City Region and the rest of the country. This evolving piece of work involved a review of academic and grey literature, married with a survey of current and emerging interventions nationally. The StR liaised with people in academia, public and private sectors, and supported the overall programme presenting to DsPH and assisting with wealth and wellbeing workshops across the city region
- 7.6.2 **CLear Tobacco Assessment:** The StR completed the CLear local tobacco control assessment in partnership with Lancashire County Council. The CLear assessment involves local authorities scoring themselves against a range of questions that look at local priorities, services, leadership and results. This involved liaising with those involved with tobacco commissioning and tobacco services from Lancashire County Council, the CCG's within the council footprint and tobacco free futures to complete their relevant sections of the assessment document. The assessment gave a wide view of tobacco including commissioning, prevention, schools, communications, innovation and cessation. The StR then facilitated the completion of the full assessment and fed back to Lancashire County Council any areas for improvement that were identified. This then informed an update of their tobacco strategy.
- 7.6.3 **Tackling hypertension locally:** The StR reviewed the recently published national PHE guidance 'High blood pressure: plan and deliver effective services' and considered how this may be implemented locally. This process provided an excellent opportunity to become greater involved with the PHE Knowledge and Intelligence Service and discover what forms of data were available to support this work, the most important being general practice profiles. The StR produced a report of observed vs expected levels of high blood pressure for each local authority by practice, the aim being to identify areas of good practice and those requiring attention. This work was shared with the consultants in public health across Cumbria and Lancashire via the Public Health consultants collaborative as a presentation and written briefing. This work will feed into some North West wide work on tackling hypertension locally.
- 7.6.4 **Strategic Clinical Network (SCN) stroke pathway:** The StR provided Public Health representation on the Lancashire and South Cumbria Stroke review steering board. The work involved the review of work from several work streams covering the whole pathway of stroke care including; primary prevention, secondary prevention, hyperacute phase, acute phase, survivorship, rehabilitation and end of life care. The steering board group offered partnership working across a wide range of organisations including Strategic Clinical networks, acute trusts, patient groups and the stroke association. From these work streams, an end to end service specification for stroke services across the area was agreed on. The StR worked to ensure that prevention was embedded throughout all areas of the pathway, not just. This work was taken and presented by the StR to the Public Health Consultants collaborative for comments and feedback. The next steps in this work are gap analysis and creating an action.