

# HEALTH PROTECTION IN SCOTLAND ANALYSIS OF WRITTEN SUBMISSIONS TO CONSULTATION

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This research analysed responses to a consultation about the scope and possible organisational arrangements for health protection in Scotland. The consultation document was distributed to local government, NHS, national agencies and professional bodies with a health protection remit. The consultation focused on how to define the scope of health protection, major issues for health protection in Scotland, organisational and legislative issues and the benefits of linking Scottish arrangements to the Health Protection Agency in England and Wales. There were ninety-five responses to this consultation.

## Main Findings

- The most popular option for the organisational arrangements for health protection in Scotland was option four. This option creates a Scottish health protection organisation, integrates some Scotland-wide functions with the Health Protection Agency proposed for England and Wales.
- The reasons for support of option four are that it sets up a Scottish organisation, that some functions such as radiological protection are provided across the UK, that it retains local health protection within NHS boards and that it will minimise disruption.
- Respondents agreed with the major issues for health protection identified in the consultation document. However, a fifth of those who expressed views on this area believed that injuries in young people and children and falls in older people were not ‘major issues’ to be dealt by health protection.
- Respondents agreed that all the health protection functions identified in the document needed strengthening and better resources. This was thought to be achievable through central support and structures for local partnership. Respondents also highlighted the need for an improvement of the knowledge and skill base especially in risk communication.
- Most of the respondents to the questions in the consultation document on microbiology services raised concerns about the resourcing and co-ordination of non-reference laboratories.
- There was strong support for the extension of the network of Scottish reference laboratories to cover cryptosporidium and virology. There was also strong support to extend the remit of the reference laboratory network to test isolates from non-human samples.
- 29% of those on the consultees’ list responded, which is a moderate response rate for this type of consultation. Respondents represented all sectors and types of health protection responsibility.

## Introduction

The Health Department of the Scottish Executive consulted major stakeholders in public agencies and representative bodies about the scope and possible organisational arrangements for health protection in Scotland.

The consultation focused on four main areas:

- how to define the scope of health protection;

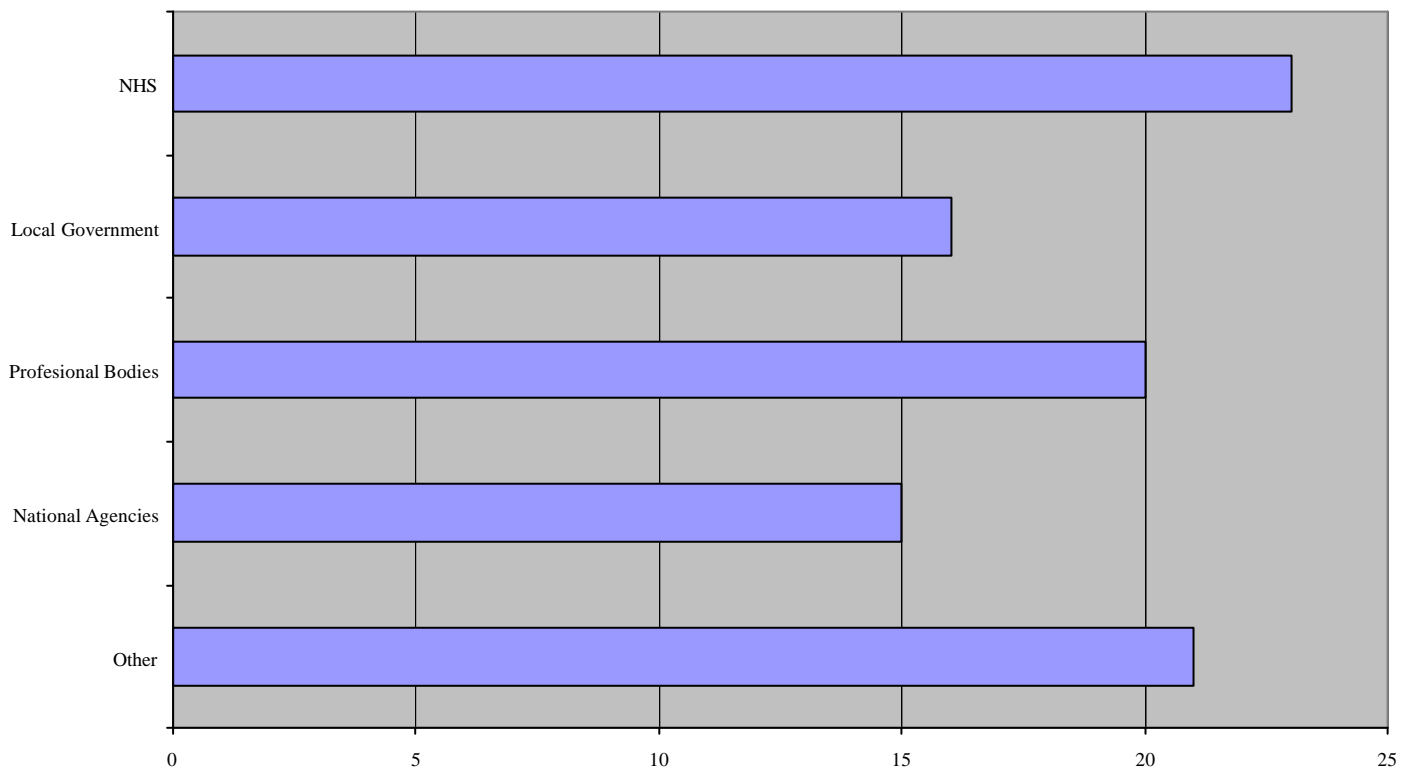
- major issues for health protection in Scotland;
- the organisational and legislative arrangements which might best be made for the delivery of health protection in Scotland; and
- whether, and if so to what extent, it would be beneficial for Scottish arrangements to link into the proposed Health Protection Agency in England and Wales.

The Health Department commissioned a research project to analyse written responses to the consultation and inform Ministers in their consideration of action. The objectives of the research project were to monitor responses and describe the level of support for the six organisational options proposed in the consultation document. It hoped to describe views, set out concerns, and make recommendations. The consultation document was circulated in November 2002 and the deadline for responses was 31 January 2003.

## Responses by sector and health protection responsibility

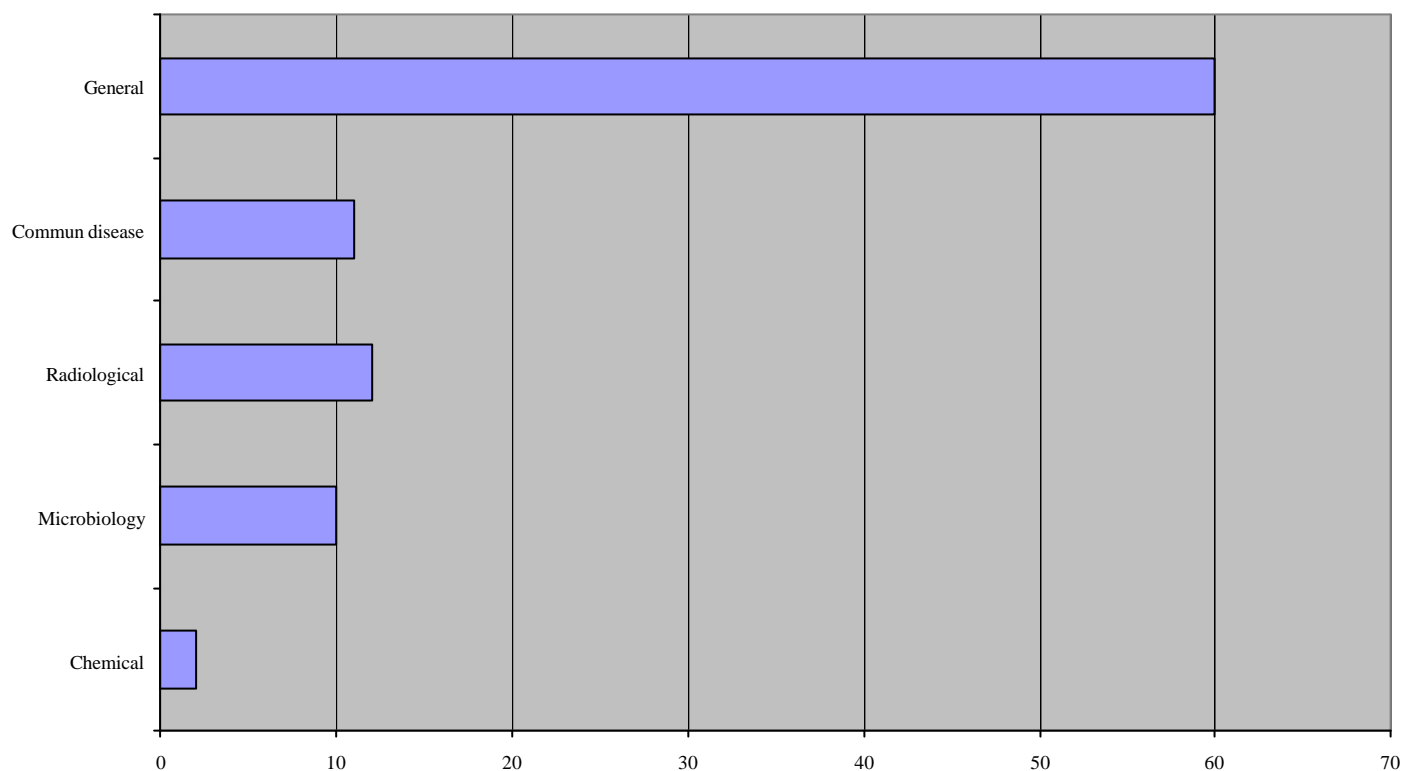
The 95 respondents included 29% of those on the consultee list, and about a third of respondents not on the list who took the trouble to respond to the general invitation. There was a moderate coverage from NHS boards, local government, national agencies and professional bodies (Figure 1).

**Figure 1: Number of respondents by sector**



An area of health protection responsibility (communicable disease, radiological hazards, microbiology or chemical hazards) could be identified just over a third of respondents (Figure 2).

**Figure 2: Number of respondents by health protection responsibility**

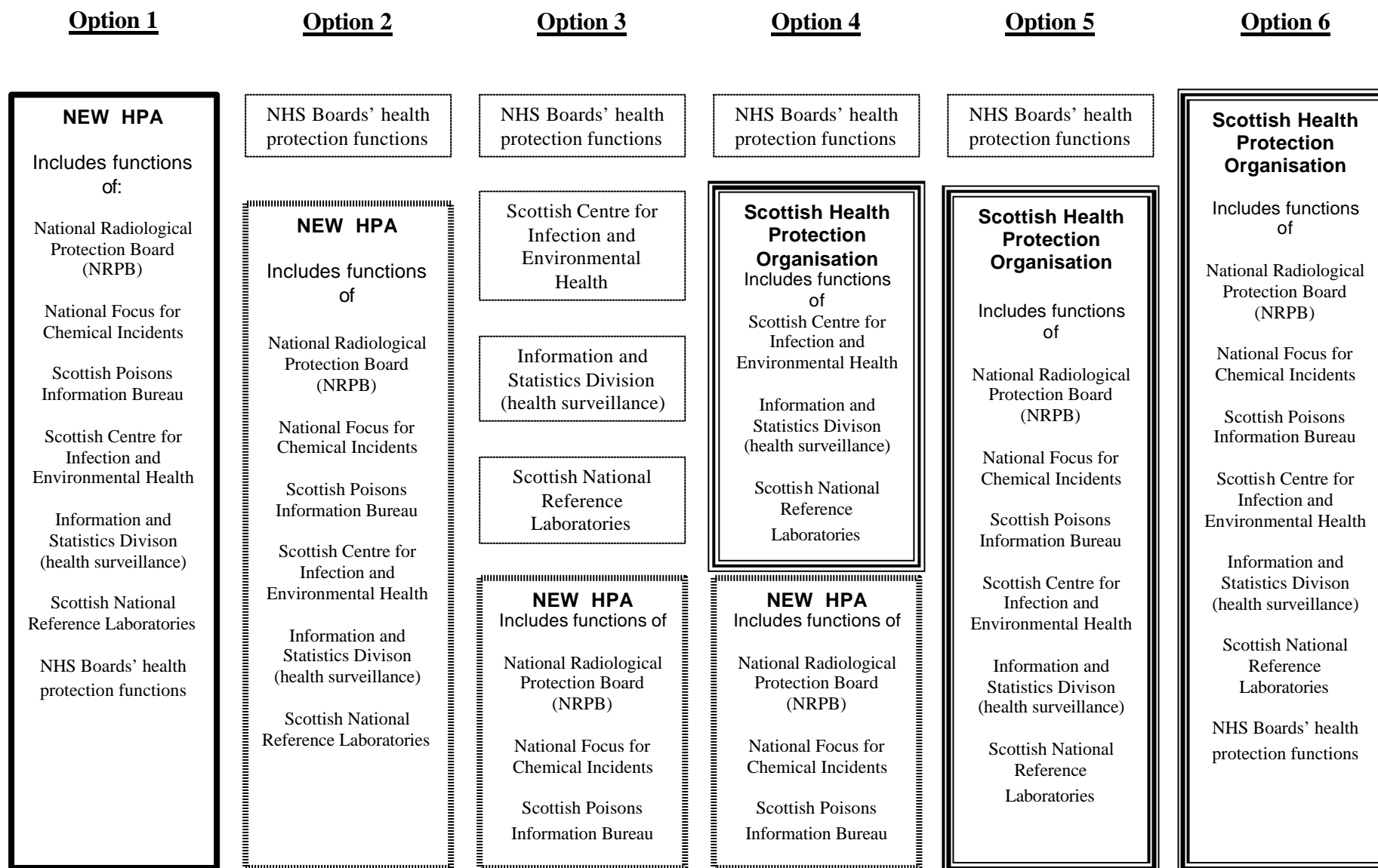


## Support for the organisational options for health protection

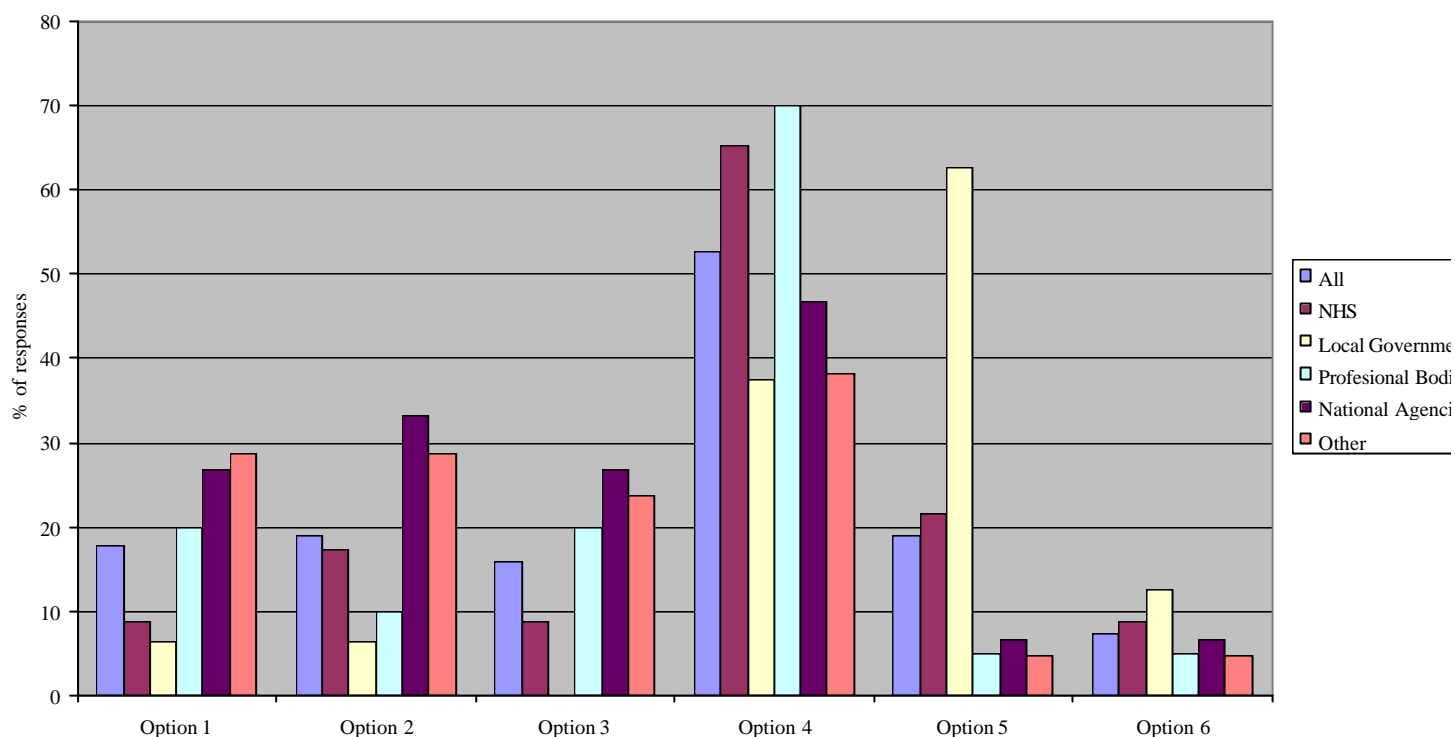
The consultation document set out six options for organisational arrangements for health protection (see Figure 3):

- Option 1: Full integration of all Scottish health protection services into the proposed new HPA;
- Option 2: Integration of all Scotland-wide services into the proposed new HPA but no change to local arrangements;
- Option 3: Integration of certain Scotland-wide services into the proposed new HPA but no change to other Scottish arrangements;
- Option 4: Integration of certain Scotland-wide services into the proposed new HPA and the establishment of a Scottish Health Protection Organisation for the remaining Scotland-wide services;
- Option 5: No integration into proposed new HPA but the establishment of a Scottish Health Protection Organisation for all Scotland-wide services with no change to local services;
- Option 6: No integration into new HPA, establishment of a Scottish Health Protection Organisation for all Scotland-wide and local services.

**Figure 3: Options for organisational arrangements for health protection in Scotland**



**Figure 4: Support for options for organisational arrangements by sector**



Option four which creates a Scottish health protection organisation, integrates some Scotland-wide functions with the Health Protection Agency proposed for England and Wales, and leaves with the NHS boards the health protection responsibility they currently have, was the most popular option (Figure 4). The strongest support for this option came from respondents at a local level.

The reasons for supporting this option are that it sets up a Scottish organisation, that some functions such as radiological protection are provided across the UK, that it retains local health protection within the NHS boards, and that it minimises disruption. Concerns about this option relate to the dispersal of health protection functions across several agencies.

Respondents agreed with the proposition in the consultation document that environmental health officers should not be included within any new central organisation, but were concerned that EHOs should be fully integrated within health protection partnerships and properly resourced to fulfil their role.

## Issues for Health Protection in Scotland

The consultation document set out major issues for health protection in Scotland:

- injuries in children and young people;
- healthcare associated infections (HAI) and anti-microbial resistance;
- infections in childhood;
- infections associated with injecting drug use;
- sexually transmitted infections;
- respiratory illnesses associated with exposure to airborne hazards;
- intestinal infections caused by organisms of animal origin;
- falls in older people;
- cancers linked to exposures to radiation;

- emerging and re-emerging infections;
- incidents and outbreaks caused by the deliberate release of biological, chemical or radiological agents;
- climate change.

About half of respondents gave views on these ‘major issues’ suggested in the document, and almost all agreed that these were indeed major issues. Two injury prevention issues, injuries in children and young people and falls in older people, received a lower level of support (a fifth of those giving views did not agree that they were major issues, while other issues had total or near-total support). Health protection consequences of international travel were proposed by a fifth of all respondents as a further major issue.

## Health Protection Functions

Over half of respondents gave views on the health protection functions suggested in the document:

- surveillance;
- investigation;
- risk assessment;
- risk management;
- risk communication;
- emergency response and management.

Respondents agreed that these were indeed important functions that needed strengthening. All functions needed more resourcing, and strengthening through better central support and structures for local partnership. Improvement of the knowledge and skills base was particularly needed in risk communication.

## The Contribution of Microbiology Services

The consultation document asked about microbiology services including reference and other laboratory services.

Two fifths of those giving views on whether no change should be made to non-reference laboratories disagreed with this proposition. Most of the respondents to this section were concerned about the resourcing and co-ordination of non-reference laboratories.

There was strong support for extension of the network of Scottish reference laboratories to cover cryptosporidium and virology. There was also strong support among respondents on to this question for extending the remit of the reference laboratory network to test isolates from non-human samples. No respondents who gave views on the possibility of centralising the reference laboratories believed it was possible immediately – most opposed the suggestion, and those who did not had concerns about practical issues.

When asked about the introduction of standard operating procedures in Scottish laboratories there was strong support, but concern that these procedures should be applied flexibly, and communicated carefully. Respondents were divided on whether Scotland should participate in the initiative to appoint an Inspector of Microbiology in England.

## Conclusions

- Option four was supported by over half of the respondents to this consultation. No other option had this much support. This option involves integration of certain Scotland wide services into the Health Protection Agency in England and the establishment of a Scottish Health Protection Organisation.

- Stakeholders may need reassurance that different organisations with health protection responsibilities at different levels will be able to act in a concerted manner under this option.
- Within the consultation major issues for health protection were discussed. The areas in the consultation were widely supported except for injuries in children and young people and falls in older people. A major issue that a fifth of respondents thought was important and was not included in among the major issues identified in the in the consultation document was international travel.
- There was support for an extension of the network of Scottish reference laboratories to cover cryptosporidium and virology. There was also support to extend the remit of the reference laboratory network to test isolates from non-human samples.
- Further consideration on the place of non-reference laboratories and their role in health protection is justified by this consultation. There was concern among respondents to questions on microbiology services about the resourcing and co-ordination of non-reference laboratories, and two fifths of those giving views on whether no change should be made to non-reference laboratories disagreed with this proposition.
- Respondents were divided on whether Scotland should participate in the initiative to appoint an Inspector of Microbiology in England, and broadly supported the introduction of standard operating procedures. They did, however, have concerns that standard operating procedures should be applied flexibly and allow for innovation, changes in technology, and the appropriateness of procedures to local circumstances and populations.