this week

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GP partners' expenses rise as pay falls

UK general practices continue to face major pressure on their finances, driven by falling earnings and rising expenses, new data show.

In England, the average earnings of GP partners in 2022-23 was £140 200 before tax, a fall of 8.6% from £153 400 in 2021-22, show data from NHS Digital. Salaried GPs earned an average of £69 200, a 1.8% rise. At the same time, average expenses for GP partners in England rose from £329 000 to £355 200, an 8% increase.

The proportion of practices' income being consumed by expenses continues to rise. This expenses to earnings ratio for partners in England increased by 3.5 percentage points between 2021-22 and 2022-23, from 68.2% to 71.7%, and up from 59.3% in 2008-09.

The data also show pressure on GP earnings and expenses in the other UK nations. In Northern Ireland the average income of partners fell by 5.8% in 2023-23, while the expenses to earnings ratio rose by 2.7 percentage points to 58.2%. In Wales average partner income fell by 0.6%, from £115 900 to £115 300, and the expenses to earnings ratio increased by 1.9 percentage points to 66.3%. In Scotland average partner income increased by 0.4%, from £119 500 to £120 000, and the expenses to earnings ratio increased by 1 percentage point, to 56.6%.

The BMA's General Practitioners Committee for England pointed out that, when adjusted for inflation, GPs' income fell more sharply across the board—by 18% for partners and by 9% for salaried GPs.

Katie Bramall-Stainer, chair of the committee, said, "These figures echo what we have been telling governments old and new for months now: that practices across England are seriously struggling to stay afloat. Perhaps most worrying is that these figures are from two financial years ago, meaning right now there will be practices facing even more bleak positions. GP partners are responsible for all the annual costs of running their practice. If they don't get the recurrent funding they require, just like any other business they will be forced to consider whether they can keep their doors open."

Mark Steggles, chair of the BMA's committee for sessional GPs, said the 2% rise for salaried GPs in England "still represents a trend of pay erosion." He said, "Salaried GPs are working harder than ever but seeing their pay reduce in real terms. If we are to retain and recruit GPs there must be urgent action from government to address this pay erosion, as well as underfunding across the system."

Gareth Iacobucci, *The BMJ*

Cite this as: *BMJ* 2024;386:q1916

"Practices across England are struggling to stay afloat, and these figures show them facing even more bleak positions," said the BMA

LATEST ONLINE

- Eight month suspension for surgeon who sexually harrassed colleagues "emboldens perpetrators," say victims
- GP funding model should change to deliver population health, says think tank
- Afghan medical students arrive in Scotland to complete their studies

SEVEN DAYS IN

General practices in England will get 7.4% increase to fund pay rises

The government has confirmed that general practices in England will be given a 7.4% increase to their core funding for 2024-25—an extra £311m—to fund pay rises for GPs and staff. This followed its acceptance in full of the DDRB's pay review recommendations to offer GPs a 6% rise this year.

The health and social care secretary, Wes Streeting (left), said, "We said we would increase the proportion of NHS resources going into primary care, and now we are providing practices with the biggest funding uplift in recent years."

The details came as GPs in England were engaged in ongoing collective action over their contract, which they warned has forced practices to close and some GPs to quit. In a recent interview with *The BMJ* Katie Bramall-Stainer, chair of the BMA's General Practitioners Committee for England, said anything less than a 10.7% DDRB award would be a "retrograde step," as it would merely bring funding back to where it was five years ago.

Amanda Doyle, NHS England's national director for primary care, said, "We welcome this pay rise but know there is more to do and will continue to work with the profession to improve primary care for staff and patients."

Gareth Iacobucci, *The BMJ* **Cite this as: *BMJ* 2024;386:q1907**

Pay

Consultants in Northern Ireland accept pay offer

The BMA's Northern Ireland Consultants Committee has accepted a pay offer from the Department of Health, ending their pay dispute. A referendum of consultants had a 75.1% turnout, with 94.3% voting to accept a 5.26% average additional rise on 2023-24 pay scales, which will be backdated to March 2024. The rise is in addition to 6% already awarded for 2023-24 and is separate from any subsequent pay award for 2024-25.

Wales

All health boards failed to break even last year

All seven health boards in Wales failed to meet the statutory duty to break even over three years, an audit found. Against a backdrop of significant demand, the total in-year deficit for 2023-24 has risen to £183m, up from £150m the previous year. Adrian Crompton (right), auditor general, said, "The growing cumulative deficit demonstrates that, despite record levels of investment and higher than ever levels of savings, the statutory framework put in place by the Welsh government to drive financial sustainability in the NHS is not working."

Suicide

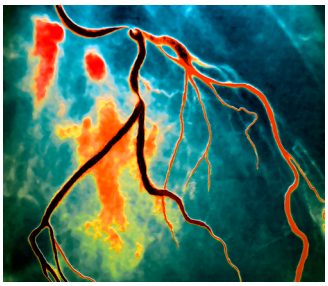
Rates across all age groups are highest since 1999

England and Wales registered 6069 suicides (11.4 deaths per 100 000 people) in 2023, up from 5642 (10.7 per 100 000) in 2022, showed data from the Office for National Statistics. This is the highest proportion seen since 1999. Suicides among men and boys rose to 17.4 per 100 000 in 2023, up from 16.4 per 100 000 in 2022. Rates have increased across all age groups since 2022, especially among people aged 45 to 64. London had the lowest suicide rate, and the highest was in the north west of England.

Health checks

Programme is rolled out in workplaces in England

The Department of Health and Social Care has announced a programme of NHS checks in the workplace to help identify risk factors for cardiovascular disease. Employers from a range of professions will take part in the programme, including the building, hospitality, and transport sectors and social care. A scheme to trial digital checks at home will start in early 2025, with local authorities in Norfolk, Medway, and Lambeth selected as pilot sites. The health minister Andrew Gwynne said that the checks would help shift the focus from treatment to prevention.



Vaccination

Uptake of shingles vaccine has increased this year

Uptake of the Shingrix shingles vaccine in England among people turning 65 was 28.6% at the end of April, up 7 percentage points from 21.6% when measured at the end of January. Uptake among 70 year olds was 39% at the end of April, up 7.7 percentage points from January. The Shingrix immunisation programme started on 1 September 2023, with two doses being offered to all immunocompetent individuals turning 65 and 70 years of age and to severely immunosuppressed individuals aged over 50.

UKHSA launches school catch-up campaign

The UK Health Security Agency is urging parents to ensure their children catch up on missed vaccinations before starting school. A marketing campaign has been launched in England to remind parents and carers of the risk from their children missing out on protection against serious diseases, including measles, whooping cough, meningitis, diphtheria, and polio. Since autumn 2023 several major measles outbreaks have occurred, resulting in the highest number of cases in England since 2012.

Allergies

Food allergies double in UK over decade

Researchers from Imperial College London have estimated that from 2008 to 2018 the prevalence of food allergy in the UK rose from 0.4% to 1.1%, with the highest prevalence among preschool children at 4%. The study, published in *Lancet Public Health*, found that most patients were managed exclusively in primary care and that prescribing of adrenaline autoinjectors was low, even in those with previous anaphylaxis. Prescriptions were also less common for people living in more deprived areas.

MEDICINE

Sexual health

Condom use in adolescents falls across the world

The World Health Organization has called on the world's governments to tackle a sharp decline in condom use among adolescents that is raising their risk of sexually transmitted infections and unintended pregnancies. From 2014 to 2022 the proportion of sexually active adolescents who reported having used a condom the last time they had intercourse fell from 70% to 61% in boys and from 63% to 57% in girls. Almost a third of adolescents (30%) reported using neither a condom nor the contraceptive pill at last intercourse, found a survey of more than 242 000 15 year olds in 42 countries and regions.

Pollution

London's ULEZ scheme improves air quality

The expansion of the Ultra Low Emission Zone to outer London

has reduced the number of older, more polluting cars and has improved air quality across the city, said a report by the Greater London Authority. More than 97% of cars and 89% of vans driven in outer London now meet the ULEZ standard. Overall emissions of nitrogen oxides (NO_x) in outer London were 13% lower from cars and 7% lower from vans in 2023 than they would have been without the ULEZ expansion—equivalent to 424 fewer tonnes of NO_x that year.

Only 57% of 15 year old girls reported using condoms the last time they had sex, a WHO survey showed

Mental health

NHS 111 offers new crisis support service

People of all ages who are in a mental health crisis or their concerned family can now call 111, select the mental health option, and speak to a trained mental health professional. The health minister Stephen Kinnock said, "We want to ensure we give mental health the same attention and focus as physical health. For the first time, there is one number you can call whether you are feeling physically unwell or worried about your mental health to access the support you might need."

Blood donation

NHS appeals to donors as stocks remain low

NHS Blood and Transplant (NHSBT) reissued a call for donors after warning that stocks remained precarious owing to a cyberattack almost three months ago. A ransomware attack on 3 June on Synnovis, a provider of pathology services, led the blood donor service to issue an amber alert asking hospitals to restrict the use of O type blood to essential cases and to use substitutions if clinically safe. Wendy Clark, NHSBT deputy chief executive officer, said the service was very grateful to existing donors but that "the amber alert can only be removed once we are confident stocks have reached a strong and sustainable level."

Cite this as: *BMJ* 2024;386:q1913

LISTS GROW

From 2013 to 2023 the total number of general practices in England fell by **20%** from 8044 to 6419, while the average practice list size increased by 40% from 6967 to 9724 patients

[BMJ Open]

SIXTY SECONDS ON . . . LAB MEATS

FUEL FOR MAN'S BEST FRIEND?
No, this isn't a veterinary journal. The UK is investing £15m in the National Alternative Protein Innovation Centre (NAPIC), which is charged with looking into various forms of laboratory grown "alternative meats" derived from plants, insects, algae, and fermented proteins.

THAT'S A LOT FOR A BEANBURGER
Not when the future of the planet is at steak—sorry, stake. With global population projected to reach nearly 10 billion by 2050, meat consumption could rise by as much as 50% by mid-century, says the UN Environment Programme. Moving to plant based proteins, such as soy and peas, and lab grown meats is vital, it argues.

MEATING THE PROBLEM HEAD ON
In a manner of speaking. Guy Poppy, UK Research and Innovation's food sector champion, said alternative proteins could lead to reduced meat consumption, which could cut greenhouse gas emissions, promote sustainable agriculture, and encourage healthier eating. A research paper last year suggested that vegans contributed only a quarter of the greenhouse gas emissions of people who ate more than 100 g of meat a day.

SO, IT'S PLANTS ALL THE WAY?
A new report from the Food Foundation says the possible benefits of cultivated meats are significant, but it still urges caution, noting "considerable uncertainties" because of limited data on the effects.

GROWING THE EVIDENCE BASE
That's the idea. About 75% of food eaten by humans comes from 12% of plant species, but an estimated 14 000 species are edible. The new investment aims to plant the seed for examining these sources of protein, their nutritional qualities, and how they can be used.

LOCUST GRANOLA, ANYONE?
The UK is culturally more comfortable with eating a prawn than an insect. The NAPIC will try to understand what level of processing would be needed to turn an insect into something people would eat. For instance, insects could be ground into a powder and used to create a protein based biscuit that is low in fat and sugar.

Dorjee Wangmo, London

Cite this as: *BMJ* 2024;386:q1890

JOE GIDDENS/PA/ALAMY

Inappropriate 999 calls from prisons disrupt ambulance services, watchdog finds

The patient safety watchdog for England has called for the prison service to improve the way its staff handle medical emergencies after it found that nearly three in four (71%) 999 calls from prisons were inappropriate, far higher than the national average of one in eight.

The current practice of prison staff calling 999 whenever a medical emergency is flagged by prison officers—even before the person is seen by the inhouse emergency response nurse—means many ambulances are diverted from calls to the community and then cancelled en route to the prison, found an investigation by the Health Services Safety Investigations Body (HSSIB). The practice is causing delays in ambulances reaching patients, with crews frustrated that "diversions regularly led to time being wasted," the report said.

Dave Fassam, HSSIB senior safety investigator, said, "A system like this not working on multiple levels creates a risk of harm to patients. This is not just to patients in prisons but also those in the community who might be anxiously waiting for an ambulance and need time critical treatment.

"The conversations we had with paramedics, call handlers, and prison staff emphasised their frustration and concern. Ambulance crews are worried about the time wasted when they could be on other calls, and prison officers are concerned about making a personal judgment on a situation they don't feel equipped to assess."

IN CASES where an ambulance reached the patient, just 19% needed to be taken to hospital, compared with 51% nationwide

Prisons in England made between one and 40 calls to ambulance services every week in 2023, the investigation found. One trust received 5000 calls from prisons that year.

In most cases emergency 999 calls from prisons resulted in the request for an ambulance being cancelled or the service providing advice to the prison over the phone, said the HSSIB. In cases where an ambulance reached the patient, just 19% needed to be taken to hospital, compared with 51% nationwide.

The investigation blamed the overuse of ambulance services on fear among prison staff of being blamed for making the wrong decision, inexperience among staff, and a lack of recurring training on recognising medical emergencies. It cited one example of a patient described as being "unresponsive," which in clinical terms means the patient is unconscious. This prompted the dispatch of an air ambulance and multiple ambulance crews, who on arrival discovered that "unresponsive" had meant the patient was refusing to answer questions.

In another example an ambulance crew was advised that they were attending a patient aged 90 who had twisted his ankle, when on arrival the crew found a 30 year old patient with multiple stab wounds.

The HSSIB has called for HM Prison and Probation Service to work with the Association of Ambulance Chief Executives to review and amend their processes for identifying and dealing with medical emergencies and to improve staff training.

Elisabeth Mahase, *The BMJ*

Cite this as: *BMJ* 2024;386:q1896

Lecanemab's benefits "just too small to justify cost"

The Alzheimer's disease drug lecanemab should not be made available on the NHS because it doesn't represent good value for taxpayers, NICE has said in draft guidance.

Lecanemab (marketed by Eisai as Leqembi) binds to and eliminates amyloid β aggregates that are thought to contribute to neurodegenerative processes in Alzheimer's disease. The drug was licensed on 20 August by the Medicines and Healthcare Products Regulatory Agency for slowing progression in adults with mild cognitive impairment or mild dementia resulting from Alzheimer's.

NICE's decision followed a rejection of marketing authorisation for lecanemab by the European Medicines Agency in July. The EMA said the treatment's small effect in delaying cognitive decline "does not counterbalance the risk of serious adverse events." Last year the US FDA granted approval for lecanemab for mild cognitive impairment or mild dementia, though this came with a "black box" warning because of the major safety risks associated with the drug, specifically brain swelling and bleeding.

Intensive monitoring

Lecanemab is the first drug to be licensed in the UK that has been shown to slow the progression of Alzheimer's

The treatment's small effect in delaying cognitive decline does not counterbalance the risk of serious adverse events EMA

ADRENAL INSUFFICIENCY

Patients should have steroid injections at home, says NICE

People with primary or secondary adrenal insufficiency should be provided with an emergency medical kit containing steroid injections to treat an adrenal crisis and avoid the need for emergency hospital treatment, new NICE clinical guidance has advised.

The advice aims to improve the treatment of primary, secondary, and tertiary adrenal insufficiency and help to prevent and manage adrenal crises when cortisol levels in a person's body fall significantly. If left untreated this can lead to a medical emergency and can result in death.

An emergency management kit contains hydrocortisone for intramuscular injection that can be administered by anyone, including the person with adrenal insufficiency, when an adrenal crisis is suspected.

The NICE guidance details the standard equipment and information for each proposed kit, including intramuscular hydrocortisone injections, syringes, and needles. It says people with the condition, their close family members, and carers should receive training on how and when to use the kits.

The guidance reminds people with adrenal insufficiency to increase their tablet glucocorticoid doses if they are unwell and to call 999 or attend an emergency department if they think that they are developing

The advice aims to help prevent and manage adrenal crises when a person's cortisol levels fall significantly

an adrenal crisis. Treatment for adrenal insufficiency usually involves corticosteroid (steroid) replacement treatment for life, and the guideline emphasises the importance of glucocorticoid as an essential hormone replacement and lifesaving treatment for adrenal crisis.

Chloe Mezzetti, who has Addison disease and was a lay member of NICE's guideline committee, said, "These valuable guidelines will help shape the standard of care and improve patient safety for people living with Addison's and adrenal insufficiency."

Matthew Limb, London

Cite this as: *BMJ* 2024;386:q1893

Ministers consider outdoor smoking ban in England

Healthcare leaders have welcomed news that the government is considering restricting smoking in some outdoor areas to help cut deaths from tobacco use and reduce the burden on the NHS.

The plans are not concrete, but measures could involve banning smoking in pub gardens, outdoor restaurants, and hospital grounds. Any new ban would apply only in England, but the other UK nations could follow suit.

When asked about media reports on a ban, the prime minister, Keir Starmer, told the BBC on 29 August, "Over 80 000 people lose their lives every year because of smoking. That is a preventable death and is a huge burden on the NHS and the taxpayer. So yes, we are going to take decisions in this space. It's important to get the balance right, but everybody knows the NHS is on its knees. We want to move to a preventive model when it comes to health."

Khan review

The Khan review, commissioned by the previous Conservative government, recommended banning smoking in pub gardens, pavement cafes, and all outdoor areas where children were present, such as public beaches and playgrounds. It also called for all hospital grounds to be smoke free. The Conservative government did not accept those recommendations, but others formed the basis of its Tobacco and Vapes Bill, which is to be reintroduced and would ban the sale of tobacco to anyone born on or after January 2009.

A YouGov poll of 3715 adults carried out on 29 August found that 35% would strongly support banning smoking in pub gardens and outdoor areas of restaurants, with 23% tending to support, while 18% would strongly oppose and 17% tending to oppose.

Martin McKee, professor of European public health at the London School of Hygiene and Tropical Medicine, told *The BMJ*, "Especially when money is tight, it makes perfect sense to reduce the cost to the taxpayer from ill health and lost productivity, and this is a further step on the road to de-normalising smoking."

Jacqui Wise, Kent Cite this as: *BMJ* 2024;386:q1908

disease, NICE's independent committee heard.

The evidence of its clinical effectiveness came from the Clarity AD trial, which included almost 1500 people. The Faculty of Public Health told NICE that the treatment effect seen with lecanemab was smaller than the changes regarded as a minimum to be clinically important. But the Royal College of Psychiatrists and the Association of British Neurologists considered that the observed treatment effect of lecanemab was clinically meaningful and that it equated to a slowing in disease progression of between four and six months, which NICE accepted.

However, the costs, including fortnightly infusions in hospital and intensive MRI monitoring for side effects, combined with the relatively small benefits, meant it was not a cost effective use of limited NHS funding, the committee said. It also noted a lack of evidence on lecanemab's long term effects.

Samantha Roberts, chief executive of NICE, said, "This is a new and emerging field of medicine, which will no doubt develop rapidly. However, the reality is that the benefits this first treatment provides are just too small to justify the significant cost to the NHS."

David Thomas, head of policy at the charity Alzheimer's Research UK, described the granting of the licence for lecanemab but its rejection by NICE as a "bittersweet moment for people with dementia,"

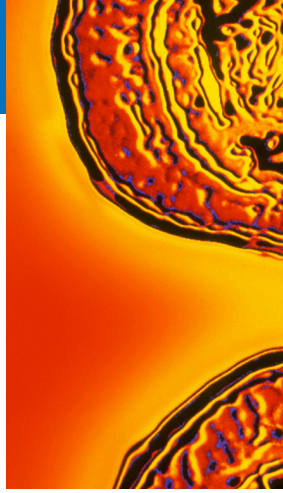
This is a new and emerging field, which will no doubt develop rapidly
Samantha Roberts

although he acknowledged that the situation was complex.

He called on the health and social care secretary to provide some leadership on the situation, such as bringing stakeholders together to provide interim access to lecanemab while more data were being collected, "so we get a better understanding of the benefits that this can provide."

Zosia Kmietowicz, Elisabeth Mahase, *The BMJ*

Cite this as: *BMJ* 2024;386:q1853



NEWS ANALYSIS

Why are fewer pregnant women accepting whooping cough vaccine?

With high rates of pertussis in young babies, is the NHS doing enough to make maternal vaccination accessible? **Emma Wilkinson** reports

So far this year England has had 10 000 laboratory confirmed cases of whooping cough, and 10 infants have died. Although a rise in cases was not unexpected, given that the last peak was in 2016, health officials are concerned about high numbers among vulnerable babies, with 328 cases occurring in those under the age of 3 months.

Public health experts warn that vaccine hesitancy, while it may play a part, is unlikely to explain the scale of the drop—which raises questions as to whether the NHS is doing enough to meet the needs of pregnant women.

Judith Nicholson, from Oxfordshire, had a baby last December. Given her background—scientific editor of the journal *Cell Genomics*—she said there was never any doubt she'd have the vaccine but found it hard to navigate the system. "I remember at one appointment being told, 'You'll need a whooping cough jab and a glucose tolerance test.' I wandered around a few weeks before I thought, "Oh, maybe they meant that I needed to book those'—which was in fact the case.

"It was confusing because so many antenatal appointments are automatically booked, but this wasn't."

Helen Bedford, professor of children's health at University College London, said part of the problem was that maternal vaccination can "fall between services." In some areas pregnant women request it from their GP; in others it's done by midwives or nurses in antenatal units. Bedford said the outbreak and low uptake were "very distressing and of great concern" and need to be tackled, "particularly with the imminent introduction of the RSV [respiratory syncytial virus] vaccine in pregnant women."

Even when vaccination is offered by antenatal services, it's not always clear cut. Not all midwives are trained to give it, and some services depend on the right staff being on shift.

The UKHSA is working to improve vaccine data collection and recording and models of delivery
Greta Hayward

Adam Willis-Jebbett, a mental health nurse from East Sussex whose partner is pregnant, said they received a letter for their 20 week scan, telling them to come to the appointment early to have the whooping cough vaccine "if a nurse is available." Once there, they were told that the department no longer offered it and that they needed to see their GP.

Willis-Jebbett said, "I've no idea how long the letter was incorrect for. It didn't deter us, and my partner has a really understanding and accommodating job, but I can see how others might not be so flexible."

Confusing pathways

Kate Ardern, honorary professor of public health at Salford University, has advised on a recently published report from the think tank Reform, which highlighted the practical steps needed to tackle declining uptake of several vaccines, including pertussis.

The report emphasised confidence, complacency, and convenience as key factors to consider. Ardern questioned whether anyone had done a proper impact assessment of who was being disadvantaged by confusing pathways.

"We have to think about making it easier for people to make and get to appointments, taking into account the inequalities that exist," she said. "I'm not saying there isn't an element of vaccine hesitancy, but pregnant women have so many things to consider, especially if it's their first pregnancy.

"We have got to make access as easy as possible. There has to be proper communication from a trusted professional: being handed a leaflet is not enough. We should be sending text message reminders rather than letters. The system is confusing people and adding complexity."

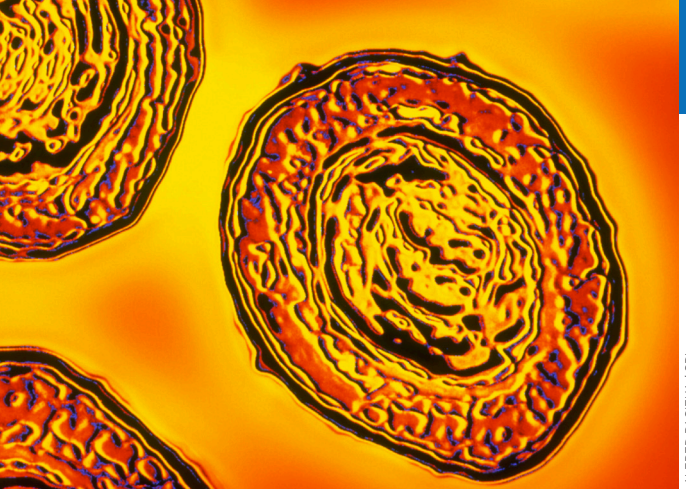
Greta Hayward, consultant midwife at the UK Health Security Agency's immunisation division, told *The BMJ* that the reasons for the fall in uptake were "multifaceted." The UKHSA is working to improve data collection and recording of vaccines and their models of delivery across the country, she said, while ensuring that midwifery staff were "confident and well trained" to be able to answer questions.

"There is lots of work being undertaken by ourselves, NHS England, and regional teams around making the vaccine much more accessible," Hayward explained. She said many trusts had vaccination nurses in antenatal units, as well as immunisation leads taking responsibility for boosting uptake.

The UKHSA has also been sharing best practice, such as placing clinics close to scanning departments so services are aligned. A series of online masterclasses for pertussis and the RSV vaccine (which is due to begin this month) have proved popular with midwives, Hayward said.

Sheffield's Jessop Maternity Wing is one of the places where work is already under way to ensure the pertussis vaccine is readily available. Since being offered at Jessop last year uptake

Ongoing analysis of data from England shows that whooping cough vaccine, when given at the right time in pregnancy, provides 92% protection against death of infants. Yet its uptake in England, which reached a peak of 72.6% in March 2017, has now fallen to 58.9%



ALFRED PASIEKA / SPL

has risen and now stands at 67%—not back to pre-pandemic levels but well above the national average.

Specific community needs

Georgia Lillis, public health programmes midwife at Homerton University Hospital in London, was appointed last year to help boost vaccine uptake and look at specific needs in the local population, including a large Haredi community.

This outreach involves identifying problems, engaging with specific groups, and raising awareness. Since she began, uptake has been on a steady upward trajectory, from around 100 pertussis vaccines a month with very unstable staffing to more trained staff providing around 300-350 a month, with increasing numbers given in low uptake populations.

Homerton offers a walk-in hub for all vaccines at its scanning department, open from 9 am to 5 pm, Monday to Friday. "We usually try to catch people after their 20 week scan, but just having it there is a useful reminder," said Lillis, adding that there is also a Sunday walk-in clinic.

Lillis said true vaccine hesitancy was less of a problem than what she terms "vaccine fatigue." She explained, "After covid, sometimes people just don't want to hear about it. Social media can also spread myths." But she's seeing a boost in uptake from awareness of the whooping cough outbreak and related deaths. She said, "There could be an impact now people see the threat."

Emma Wilkinson, Sheffield

Cite this as: *BMJ* 2024;386:q1900

The current outbreak and low uptake are very distressing and of great concern
Helen Bedford

The system is confusing people and adding complexity
Kate Ardern

SINCE pertussis vaccination began to be offered at the maternity hospital last year its uptake has risen and now stands at 67%

RCGP's exam policy that overlooked disability was unlawful, says High Court

A GP trainee has won a legal case against the Royal College of General Practitioners over its policy on examination attempts, which has been judged "irrational" and "unlawful" in the High Court.

The BMA said the "landmark" ruling would pave the way for GPs with disabilities to receive fairer treatment over examinations.

Marwa Karmakar, a GP trainee who was supported by the BMA, fought the college's refusal in 2023 to grant her a further attempt at its applied knowledge test (AKT) and challenged the lawfulness of the rule generally. The policy allowed for four (exceptionally five) attempts at the AKT exam, which is required to complete GP training. It did not allow re-sits or additional attempts when candidates received a late diagnosis of a disability and had failed without the benefit of reasonable adjustments, such as being given extra time.

After three failures to pass the AKT before November 2020 Karmakar received a diagnosis of neurodiversity. She requested that her first three attempts be discounted as she had not had reasonable adjustments during these exams.

Relevant factor

An occupational health report in 2022 found that it was likely that her neurodiversity had been a relevant factor in her difficulties passing the examinations and noted her marked improvement with reasonable adjustments in two subsequent failed attempts.

But the RCGP's examinations administrator indicated on 11 January 2023 that there was "no regulatory mechanism available" to grant a sixth attempt.

In his judgment, published on 28 August, Mr Justice Garnham found that "the college has failed entirely to provide a coherent justification for its policy" and labelled its decision "irrational."

He said that the "appropriate remedy is an order quashing RCGP's decision of 11 January 2023 and quashing the rule as it relates to the AKT." Garnham said, "I can see no justification that could be advanced for an arrangement that says it is right to allow disabled candidates who know of their disability to benefit from, say, additional time in which to sit their examinations but 'not possible' to make equivalent allowance for disabled candidates who discover their disability after failed attempts at the tests."

THE COLLEGE HAS FAILED ENTIRELY TO PROVIDE A COHERENT JUSTIFICATION FOR ITS POLICY High Court

The RCGP had argued the policy upheld patient safety. But Garnham's ruling states that public safety "cannot conceivably be put at risk by a policy that gives doctors with neurodiversity additional opportunities to pass the relevant exams."

While upholding Karmakar's claim, the High Court said the RCGP was not in breach of the Public Sector Equality Duty nor guilty of indirect discrimination.

The BMA's chair of council, Phil Banfield, said the ruling vindicated the BMA's support for Karmakar and the association's efforts to stand up for doctors with disabilities who have been treated unfairly. Banfield said that the RCGP had refused to change its stance despite the Academy of Medical Royal Colleges producing principles for colleges on how to provide a consistent and fair approach for all trainee doctors across medical examinations.

"We are proud to support our disabled colleagues and sincerely hope this judgment serves as a warning to other royal medical colleges to ensure they treat all their trainee doctors fairly," Banfield said.

An RCGP spokesperson said, "We will be considering the finer detail of yesterday's judgment before deciding on our course of action."

Matthew Limb, London Cite this as: *BMJ* 2024;386:q1892

THE BIG PICTURE

MSF opens Gaza field hospital

In response to the continuing attacks by Israeli forces on Gaza, the charity Médecins Sans Frontières (MSF) has announced it is prematurely opening a field hospital in Deir al-Balah to help deal with the many hundreds of Palestinians injured in the conflict.

The field hospital (below) was designed to complement the nearby al-Aqsa hospital. However, as the front line approached al-Aqsa last Sunday, many patients were forced to flee in fear for their lives.

Juliette Seguin, MSF's emergency coordinator, said, "There is a cumulative impact to the dismantling of Gaza's healthcare system by Israeli forces. Each health structure dismantled increases the pressure on those remaining, while decreasing people's access to healthcare.

"Without an immediate and sustained ceasefire, the notion of a true medical humanitarian response is an illusion."

Alison Shepherd, *The BMJ*

Cite this as: *BMJ* 2024;386:q1915

MSF

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EDITORIAL

Violence against women and girls

A worsening global emergency that demands urgent action from governments

Violence against women and girls is a national emergency in England and Wales, according to a recent disturbing analysis by the National Police Chiefs' Council (NPCC), which described an estimated 3000 violent offences against women and girls daily.[1] Every three days, at least one of these offences is likely to be homicide.[2] Considering that many crimes go unreported, the NPCC's findings probably underestimate the full scale of the problem.

Intimate partner violence is the most prevalent form of violence for women worldwide, with 27% of ever partnered women reporting lifetime experiences of physical, sexual, or psychological abuse by intimate partners.[3] The prevalence of intimate partner homicide in England and Wales seems to be higher than in other high income countries.[4] Country comparisons must be treated with caution, however, because of missing data and varying definitions of violence[4 5]; even when a woman is killed, her death may not count towards estimates of femicide.[6] Less well studied forms of violence can be especially heterogeneous across countries.[5] However, stalking and harassment seem pervasive internationally (representing 40% of offences in the NPCC report).[1-8]

Recent evidence links intimate partner violence and sexual harassment with later adverse mental and physical health.[9 10] The prevalence and severity of stalking remains under-recognised, and it is often dangerously misunderstood as an innocent act of romance rather than a potentially health damaging experience.[7 11] Most online or technology facilitated offences pertain to stalking and harassment.[1] Online violence predominantly targets girls and adolescents and is likely to expand in an increasingly digital world.[1]

AMARJEET KUMAR SINGH/SIPA/ALAMY

Around 3000 violent offences occur against women and girls daily

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Available evidence suggests that women and girls who face violence often experience multiple victimisations over their lifetime, such as through childhood abuse and later intimate partner violence in adulthood, which may collectively increase long term health risks.[12] However, there is still little research on lifetime exposure to violence, including cumulative burden across a range of different types of violence and environments[13] and their associations with health outcomes in ageing women such as menopause symptoms and cardiovascular and brain health.[10]

On the increase

The NPCC's findings are deeply concerning but not unexpected. We have seen, and written about, the violence epidemic identified by previous reports.[14] Yet violence against women and girls continues to increase. According to the United Nations (UN), although the overall number of homicides seems to be decreasing globally, more women and girls were killed in 2022 than in any other year in the previous two decades.[15] Surging rates may reflect conflict, humanitarian emergencies, environmental and economic crises, displacement, consequences of legislation such as restrictive abortion laws in the US, increasing online violence, and improved reporting related to greater awareness of gender based violence, and reduced stigma.[1-16] The surge also highlights a lack of preventive action.

Violence against women and girls is preventable.[15] Governments must roll out evidence based interventions nationally and evaluate the progress of coordinated efforts across agencies. For example, the UN's RESPECT framework describes effective strategies, including empowerment, economic security, early intervention, education, and transforming gender attitudes.[17] Among adolescents, evidence based primary prevention strategies include bystander interventions, creating protective environments, and teaching healthy relationships.[18]

Healthcare providers should implement universal education to patients, alongside training for clinicians and health leaders, on the health harms associated with all forms of violence, to help increase awareness and reduce stigma, and should also provide social and health system resources to all survivors.[21]

Screening guidelines can inform approaches to identifying and engaging with women who disclose experiencing violence, including those not identified by police or other agencies, and help health providers deliver trauma informed care.[22] However, individuals with minoritised identities (ethnicity, gender, or sexual identity) are at higher risk of these types of violence than other groups, are under-represented in research despite higher risk of exposure, and have been historically marginalised and discriminated against in healthcare systems.[7] A focus only on screening may, therefore, disproportionately neglect minoritised women.[23]

We must better understand the mechanisms that link violence to poor health and intervene early, or we will continue to pass the burden and consequences of violence to our daughters.[25]

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EDITORIAL

Sustainability of research and innovation

New concordat is necessary but no match for the scale of the challenge

The newly released Concordat for the Environmental Sustainability of Research and Innovation Practice, co-developed by the UK research and innovation community—including universities, research organisations, funders, and their partners—represents a broad ambition for the sector to transition to a sustainable future.[1] Concordat signatories are asked to prioritise action on leadership and system change, sustainable infrastructure, sustainable procurement, emissions from business and academic travel, collaborations and partnerships, and reporting data on the environmental impact of their activities.

We commend the developers of the concordat, but it does not go far enough given the scale of the challenge. Important limitations include the voluntary nature of the concordat, lack of clarity in reporting standards and guidance, lack of verification, and a limited capacity to address the environmental impact of supply chains.

First, action stronger than voluntary participation is needed to achieve the scale and speed of the changes required. The concordat emphasises the "need to act now" with measures in the next 5-10 years that include "deep, rapid, and sustained reductions in greenhouse gas emissions" and "actions to address unsustainable resource consumption." But to really drive change, public and private research funders, including the National Institute for Health and Care Research and Wellcome, should consider making funding contingent on a commitment to the concordat. This would create the strongest possible incentive for all stakeholders.

Second, although the concordat calls on its signatories to publicly disclose their commitments and report progress, there is no verification requirement and the consequences of failure to follow through are unclear. Verification is essential and could be achieved through the EU Corporate Sustainability Reporting Directive or a similar authority. The directive requires large and listed companies, including some independent research organisations, to measure, track, and disclose direct and indirect emissions, along with their efforts to operationalise sustainability.[3] Assurances are assessed through transparent third party verification, to avert greenwashing and reduce the risk of conflicts of interest.

Priorities include sustainable infrastructure and procurement

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Standards

Clear reporting standards are also important for ensuring accountability, but the concordat provides limited guidance on emissions accounting. Consistent with guidance from the Environmental Association for Universities and Colleges,[4] the concordat recommends including direct greenhouse gas emissions, indirect energy emissions, and other indirect emissions that are material to an organisation's activities. The first two are well defined and quantifiable but usually contribute only a minority (15-35%) of an organisation's emissions. Other indirect emissions, such as those arising from supply chains, business travel, and waste management, comprise a much larger proportion of an organisation's carbon footprint but are harder to measure. Accuracy is particularly important when comparing emissions across different organisations and when tracking emissions over time.

Measuring greenhouse gas emissions associated with procurement and supply chains is critical since purchased goods and services often comprise at least 50% of an organisation's emissions. The concordat encourages life cycle assessment (LCA) where possible, as this is the most accurate way to quantify these emissions. However, LCAs require expertise and resources unavailable to many organisations.

In response to the mixed quality of existing LCAs, proposed guidelines for assessing the environmental consequences of healthcare (Ecohealth) aim to provide a reporting standard for analyses relevant to healthcare, including research and innovation.[5] This will improve both the quality and the comparability of sustainability reports.

Ultimately, though, industry partners in research and innovation will have to use their own knowledge of materials, production methods, and energy sources to report product level emissions in a standardised and verifiable way that enables downstream organisations to report supply chain emissions accurately. This would be better than the spend based models suggested by the concordat.

Finally, the concordat asks institutions to establish "sustainable procurement policy. . . that prioritise[s] more environmentally sustainable options" but does not indicate how.

We support the concordat's vision and aspiration but call for more, to enable the research and innovation sector to truly lead change. This means mandatory, verified reporting of emissions by all stakeholders using accurate, comparable methods to help organisations make better environmental choices.

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BMJ INTERVIEW

Donna Ockenden: Money to improve maternity care? It's being spent on compensation

Maternity failings are widespread and compounded by staff shortages and the fact that pregnant women are in worse health than a decade ago, the woman leading the largest service review in history tells **Sophie Borland**

JACOB KING/PA/ALAMY

The senior midwife Donna Ockenden is overseeing what she says is the largest review into a single service in the NHS's history. There are currently 1936 families involved in the independent review of maternity services at Nottingham University Hospitals, and that number is going up every week. Many lost their babies as a result of serious and potentially avoidable incidents.

Mothers also died, others were left with lifelong injuries, and some parents are now bringing up severely disabled children with round-the-clock needs. One couple—former staff members at the trust—say that they were "batted away" when they sought answers over their daughter's death and told it was "one of those things."

Some parents say they have experienced appalling racism. Ockenden's final report, expected in September 2025, is anticipated to warn of widespread failings at the trust and throw the spotlight on NHS maternity care nationally.

No time to care

Although Ockenden's review is focused on maternity services at Nottingham University Hospitals, families have alerted her to ongoing concerns at other trusts. She singles out University Hospitals Sussex, University Hospitals of Leicester, University Hospitals Derby and Burton, and the Swansea Bay University Health Board in South Wales.

"It is true to say we are contacted by some families on an ongoing basis," says Ockenden. "There are some very concerning resource, workforce, and training issues. In terms of the current state of maternity services across England, we know there has been wholly insufficient funding. We know that on a daily basis the key perinatal professions are on their knees."

Ockenden says that it's important not just to talk about midwifery. "We are talking about the perinatal teams; the obstetricians, the anaesthetists, the neonatologists, the neonatal specialist nurses. There are significant workforce shortages across all the professions." She adds, "I hear from all professions in that perinatal team that they frequently don't have time to care."

I hear from all professions in that perinatal team that they frequently don't have time to care

MARTYN WILLIAMS/ALAMY

Services at Queen's Medical Centre form part of the Ockenden maternity review of Nottingham University Hospitals Trust

Women less healthy and more deprived

One issue that concerns Ockenden is that pregnant women nationally are seemingly in poorer health than 10 years ago. She attributes this to rising levels of deprivation and patchy public health services.

"I was speaking to midwives on the ground yesterday, and they were saying that so many women start their care with them in an unhealthy state [with conditions such as] obesity, diabetes, and heart disease."

She says this is partly owing to the inadequate safety net of public health initiatives, which were failing even before the pandemic. Recent data from the University of Oxford's National Perinatal Epidemiology Unit's MBRRACE-UK investigation found that the maternal death rate in the UK had reached a 20 year high. Its authors urged NHS professionals to tackle women's pre-pregnancy health conditions such as obesity. "What we're seeing—as a result of some women not being able to access the healthcare they need—is increased levels of obesity and diabetes," she adds.

Ockenden, whose 30 year career includes roles at NHS England, the Nursing and Midwifery Council, and the Royal College of Midwives, is particularly troubled over deprivation and its effects

on women's health. She cites an initiative in Bradford where the local trust's maternity unit now gives staples from the local food bank to mothers in need.

"We know that deprivation has increased sharply in this country," Ockenden says. "Colleagues have been telling me for more than two years that they are increasingly seeing the effects of deprivation coming through their doors to their antenatal clinics. Lots of units are feeding women when they come to antenatal clinics because they've not been able to afford breakfast.

"Bradford women can go into the unit and ask for "Betty" if they haven't got enough food to feed their families. They are given a white plastic bag with no logos on it that will have things like pasta, tea, and sugar in it from Bradford food bank. It's a disgrace that we have to do this."

Failing ethnic minorities

Ockenden is clear that the NHS is not doing enough to improve the care of black and Asian women, who are significantly more likely to suffer adverse outcomes in childbirth. Data from University of Oxford's MBRRACE-UK report, published in January, found that black women were three times more likely to die than white women, and the death rate of those from Asian backgrounds was twice as high.

"We've known for at least 20 years that black women, Asian women, non-white women have much worse outcomes in maternity care," says Ockenden. "We read report after report after report, all very well meaning reports. But we're not moving the dial positively for those women and those babies."

Not listening to women from ethnic minorities nor accommodating their needs is emerging as a key issue in her review. "Nottingham is an area of significant diversity, yet when I got there, they were not providing resources in different languages, they were not providing culturally competent care in many circumstances."

Lost opportunity

In March 2022 Ockenden published a major review into maternity services at the Shrewsbury and Telford Hospitals, which concluded that repeated shortcomings had contributed to the deaths of 200 babies and nine mothers. She also wrote to the then health secretary Sajid Javid urging him to take a series of "urgent and essential actions" to drive up maternity care nationally. They included measures to improve safe staffing levels, training, and the ability of professionals to raise concerns.

But Ockenden says that the response of the previous government was inadequate, despite promises of swift action at the time. She adds, "At the end of March 2022 the government was given a road map of the way ahead for maternity services. They promised to implement those immediate actions swifty, but that has not happened. This was a lost opportunity for rapid improvement of our maternity services. Government progress has been insufficient and inadequate."

Services at the Royal Shrewsbury and Telford hospital were reviewed by Ockenden in 2022

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She backs a recent report by Sands and Tommy's Policy Unit, which aims to halve baby deaths and says that annual spending on maternity and neonatal services in England needs to increase by £1bn a year. "If someone said, 'Where will the government get the money?' Well, we're already spending money, but we're spending money on compensating families for harm," she says. As it happens, the NHS paid out just over £1bn in maternity clinical negligence payments in 2022-23.

Ockenden says that she has written four or five letters to the chief executive of Nottingham University Hospitals, Anthony May, calling out concerns that arise as part of her review. Some of these have been published on the trust's website and tackle matters such as mothers not being believed that they are in labour, maternity staff constantly being on their phones, and Muslim women being told to break their fasts during Ramadan for blood tests. Another letter has been sent to him, she says, although she won't elaborate on its contents.

The latest figures from the Care Quality Commission show that more than two thirds of maternity services in England are either inadequate or require improvement for safety, up from 55% two years ago. "The trajectory is not right, it's not where we want to be," Ockenden says.

Setting out what needs to change, she adds, "First of all we have to fix the funding, workforce, and training issues. If you are perennially short of staff the first thing that goes is the training. It's very disappointing. It's not listening to families, it's women now having much greater acuity needs, it's the effect of insufficient staffing and workforce training. Families and patients are still not always at the centre of everything we do. This has got to be improved upon, it must be improved upon."

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FEATURE

Bankrupt local authorities are adding to the pressure on primary care, say GPs

The effects of council funding crises have long been felt in surgeries: from the impact of poor housing to the long tail of insufficient spending on public health programmes, **Sally Howard** hears

The *Financial Times* memorably dubbed the crises faced by an incoming Labour government as "Sue Gray's shit list": the set of challenges laid out in May in a dossier by the woman who is now Downing Street chief of staff.

The list includes universities, beleaguered water company Thames Water, the prison estate, and of course the NHS, which was facing an estimated £12bn funding shortfall on the eve of the 4 July general election. Also on the list are local authorities, which are facing an overall deficit of £6bn over the next two years without an emergency bailout from the incoming Labour government, according to the Local Government Association.

In 2010 Michael Marmot published his influential paper *Fair Society, Healthy Lives*, which called for measures to tackle health inequalities that result from poor living and working conditions. Marmot told *The BMJ* that, in the 13 years from 2010 to 2022, inequalities in health had increased and health for the poorest had deteriorated.

"It is not a mystery why that happened," he said. "In my 2010 review we made recommendations in six domains. Trends post 2010 were all adverse, from increases in child poverty, decreases in education spending, increases in destitution, and a rise in homelessness and rough sleeping."

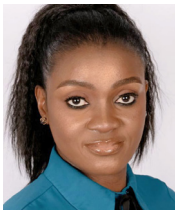
Marmot says, counterintuitively, that local government spending has been lowest in regions with the greatest need. "We plotted a reduction in local government spending power over the decade 2010 to 2020 against life expectancy for each English local authority in 2010-12 [in the Marmot Review]. The shorter the life expectancy in 2010-12, the greater the subsequent reduction in local government spending. The greater the need of an area, the more money was taken away. No wonder poor areas are in trouble."

On 8 July, Wes Streeting pledged to divert billions of pounds from hospitals to GPs to "fix the front door to the NHS." But *The BMJ* has spoken to GPs who would like to see fewer patients knocking on their door with problems caused by poor social conditions and loss of community services.

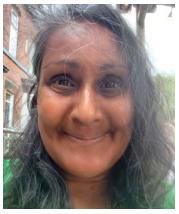
"Desperation arrives in primary care"

GP Afiniki Akanet works between Banbury in Oxfordshire and Nuneaton in Warwickshire. Nuneaton and Bedworth Borough Council faced a £40m black hole in its budget this year, which it plugged by cancelling regeneration projects. Banbury falls under Cherwell council, which is in the top 10 most indebted councils in England.

Akanet says that she has seen a rise in "utter hopelessness" and patients with suicidal ideation presenting in her surgeries with problems that would historically have been captured by community services.



Things that were free and created a social fabric are just not there
Afiniki Akanet



Tackling child poverty is key, Sure Start was the best thing ever
Frances Clement

"There are so many services that have gone compared with 10 years ago," says Akanet. "Things that were free and available and created a social fabric and first line of help—such as early years services and community libraries with their toddler rhyme times—are just not there any more," she told *The BMJ*.

Like Akanet, Frances Clement, a GP in Derbyshire and a former public health consultant, regularly sees the effects of the national housing crisis, as well as poor and damp housing, on her patients' health. "I see adults with COPD [chronic obstructive pulmonary disease], children with asthma related illnesses, sofa surfers: all because of the terrible housing stock and pressure on temporary accommodation," she says.

In 2023 Chesterfield Borough Council, in whose area Clement's practice is located, declared "severe budgetary pressures." Child and adult social care is a local authority statutory duty, but some of Clement's patients are not receiving social care packages that they need, she says.

Jo Maher, GP partner at a practice in Wincobank, a deprived former steel working community (scoring 3 on the index of multiple deprivation) in the north of Sheffield, says that she rarely sees patients whose health has not been affected by factors that result from insufficient state and local authority support. "There's job insecurity, food insecurity: we spend a lot of our time as GPs just advocating for people," she tells *The BMJ*. "It feels like a totally different job to the one that I did 20 years ago."

Sheffield city council's budget has

Chesterfield council declared "severe budgetary pressures" in 2023

STEVEN GILLIS HD9 IMAGING/ALAMY

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WHAT HAS HAPPENED TO LOCAL AUTHORITY FUNDING?

Nottingham (above), Birmingham (right), and Woking (centre) councils all declared effective bankruptcy in the past two years* and more than half (51%) of senior council figures in England and Wales have warned that their councils are likely to do the same in this parliament unless local government funding is reformed.

Key budgetary stressors include a soaring £1.75bn bill on temporary accommodation for homeless people (England 22-23); the cost of adult and children's social care, which is consuming 70p of every £1 of council spending, with 400 000 people waiting to be assessed for their care package to commence, according to a July report by the Association of Directors of Adult Social Services annual survey; and a £3.6bn deficit incurred by an explosion in plans catering for pupils' special educational needs and disabilities—all statutory duties placed on local government.

Public health was transferred to local government through the *Health and Social Care Act 2012*, which moved the responsibility and funding for an extensive range of public health services from the NHS to councils. The 2024 public health grant to local authorities, which pays for locally delivered services including sexual health services and some early years provision, saw the ninth consecutive year of real term cuts to public health funding. It was described by Greg Fell, director of public health for Sheffield and president of the Association of Directors of Public Health, in February as "nowhere near enough."

Charity think tank the Health Foundation's forthcoming paper on the public health grant, which is due to be published in the coming weeks, calls for an urgent rethink, with the incoming Labour government, at how public health funds are allocated.

Adam Briggs, the foundation's senior policy fellow told *The BMJ*, "The local authority public health grant has been reduced by nearly 30% per person in real terms since 2015-16."

But these cuts, he says, haven't fallen equally. They "haven't been done in a way that incorporates any decision making or thinking around local population needs, and since the public health grant was first allocated [in 2012-13], the formula hasn't been adjusted." In the intervening years, Briggs adds, healthcare inequalities have widened.

*Councils technically can't go bankrupt. Instead they can issue what's called a section 114 notice, which means that they can't commit to any new spending and must come back with a new budget within 21 days that falls in their spending envelope.

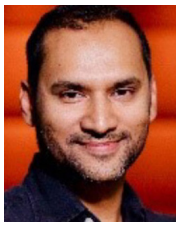
been affected by retrospective equal pay claims. Facing revenue deficits, the council announced "person centred reviews of [social] care packages" in its 2024-25 budget, as a cost saving measure.

Maher says that reductions in public health spending in her region in the past decade have meant that some patients can no longer access services funded through this budget, such as smoking cessation and sexual health services, as they lack the transport to reach clinics that serve a wider geography.

"The way I put it is that our patients do not travel well," Maher says. "So if these services are consolidated due to cuts [and located further away] this is too high a barrier for them: a third of our patients do not have access to a car."

Ayan Panja was a GP in the London borough of Haringey for seven years and now works in comparatively affluent St Albans. He says that, in both locations, a high administrative toll is exerted on general practice from frayed social security nets. "Every week I get requests for a 'letter from the GP' for housing, a benefits agency, school or university admissions officers, and loan companies," he told *The BMJ*. "I really feel for people, but they are often knocking at the wrong door as we have no magic wand for social issues."

In 2024 why do so many people not have access to healthy food?
Dean Eggitt



We have no magic wand for social issues
Ayan Panja

Long waits

A 2023 Terrence Higgins Trust report into local authority funded sexual health services in England, Scotland, and Wales found half (49%) of all appointment requests were denied. It also found that there were long waits for those who accessed these services. Meanwhile, data from the UK Health Security Agency show that new sexually transmitted infections in England increased by 24% from 2021 to 2022.

In Panja's view, waits for local authority funded sexual health provision are "often too long, despite clinics' best efforts." He says that a slew of private GPs are now offering sexual health screening in his region to meet demand. Sexual health services, which are funded through the public health grant, have also taken a hit in Akanet's region.

"There used to be HIV testing in the community [in Oxfordshire], and we don't see that any more," she says. "When I try to refer people to sexual health services, it's a struggle. There are not many clinics left."

Dean Eggitt, a GP in Doncaster, agrees that barriers are unacceptably high to accessing prescribed public health services provided by local authorities. "When I qualified as a GP [in 2010] we had smoking cessation embedded in general practice," he tells *The BMJ*.

"If you had a patient with COPD, asthma, shortness of breath, you could say, 'Your smoking is not helping with that, can we help you quit?' Now we say, 'Here's a flyer, contact these people,' and they rarely do."

He thinks that local authorities are "struggling to provide basic services" and do not have the scope to "create the healthy society we need."

A decade of tough decisions in public health

The public health grant is paid to local authorities from the Department of Health and Social Care's budget. It stipulates prescribed services that need to be commissioned through the grant. They are sexual health services; NHS Health Check programmes; health protection; providing public health advice to NHS commissioners; conducting the National Child Measurement Programme; and ensuring that the mandated checks of children aged 0 to 5 are undertaken. "Recommended services" include smoking cessation services, substance misuse services, and weight management services.

Looking forward

What would GPs like to see from local authority funding settlements, including the public health grant, that might lessen the downstream pressures on primary care? In Eggitt's view, the incoming Labour government should reverse a situation in which GPs are surrogates for frayed communities and tackle health inequalities and their social determinants as outlined in the Marmot Review. "In 2024 why do so many people not have access to healthy food?" Eggitt asks. "Why are our waterways dirty? Why is a can of Coca-Cola easier to get hold of than drinking water?"

Eggitt, Maher, and Clement all told *The BMJ* that they would like to see the refunding of Sure Start centres—set up across England in 1999 to support parents of young children—after they were disbanded by the 2010-15 coalition government. "Tackling child poverty is key, and in this respect Sure Start was the best thing ever," Clement told *The BMJ*. Labour chancellor Rachel Reeves has refused to commit to expanding Sure Start or a successor service.

Don't look back

Adam Briggs, senior policy fellow at the Health Foundation, thinks that public policy around the social determinants of health should look forwards, not backwards. Tackling the complex social issues of 2024 such as economic inactivity and widening health equalities will require the "breaking down of siloes," he says, between government departments.

"Health inequality is driven by a complex combination of welfare, education and employment, and access to services, including healthcare," he says. "There's no golden bullet here." Briggs would like to see policies that reflect this complexity from the incoming government, as well as a 30% uplift to bring public health spending back to 2015 levels and the redistribution of the public health grant according to population need.

Justin Varney, director of public health for Birmingham—where many residents saw a 15 month average reduction in their life expectancy between 2011-13 and 2020-22—thinks we need to be "realistic" about the funds available for public health in the coming parliament.

He says that the NHS will only survive economically with a renewed onus on public health and preventive lifestyle measures, administered at local authority level. "We need to turn off the tap of demand [into primary and secondary care]," he says. "Public health is central to this, but it is a project that requires strong leadership, and it requires the NHS working with local authorities."

Michael Marmot told *The BMJ* that, although the focus of the new government on rebuilding a broken NHS is "welcome," if the government is serious about improving population health and reducing health inequalities, it "must pay strong attention to the social determinants of health."

Wes Streeting, the health secretary, has pledged to "tackle the social determinants of health"

CHRISTOPHER FURLONG/GETTY IMAGES

LABOUR'S PROMISES ON PUBLIC HEALTH

In its manifesto the Labour Party promised to "tackle the social determinants of health, halving the gap in healthy life expectancy between the richest and poorest regions in England." In public health it has also promised to focus on smoking cessation, ensuring that "all hospitals integrate 'opt-out' smoking cessation interventions into routine care" and phasing out the sale of tobacco products.

Labour has also committed to a ban on advertising junk food to children and a ban on the sale of high caffeine energy drinks to under 16s. With no offer as yet to struggling local authorities, on 5 July Louise Gittins, chair of the Local Government Association, called for a "sustainable and long term financial solution" to "a funding gap of more than £6bn over the next two years." Labour has also promised to bring "specialised mental health services" to every secondary school.

Health inequality is driven by a complex combination of welfare, education, and employment, and access to services
Adam Briggs

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