

# Health Protection Agency



**The New NHS Arrangements -  
an opportunity for stronger health protection**

**Professor Pat Troop – Chief Executive**

**28 April 2006**

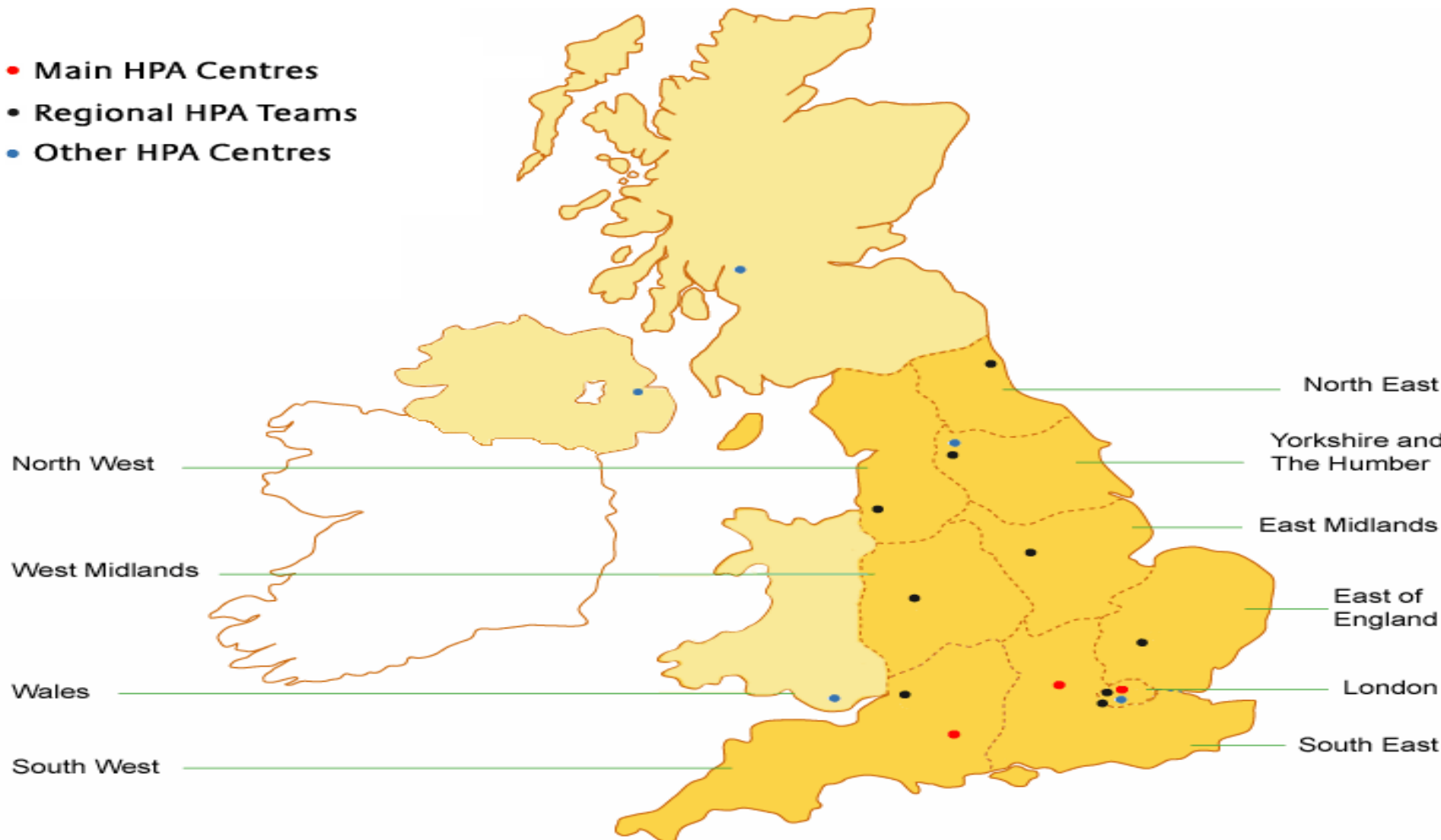
# Three main centres at Chilton, Porton and Colindale



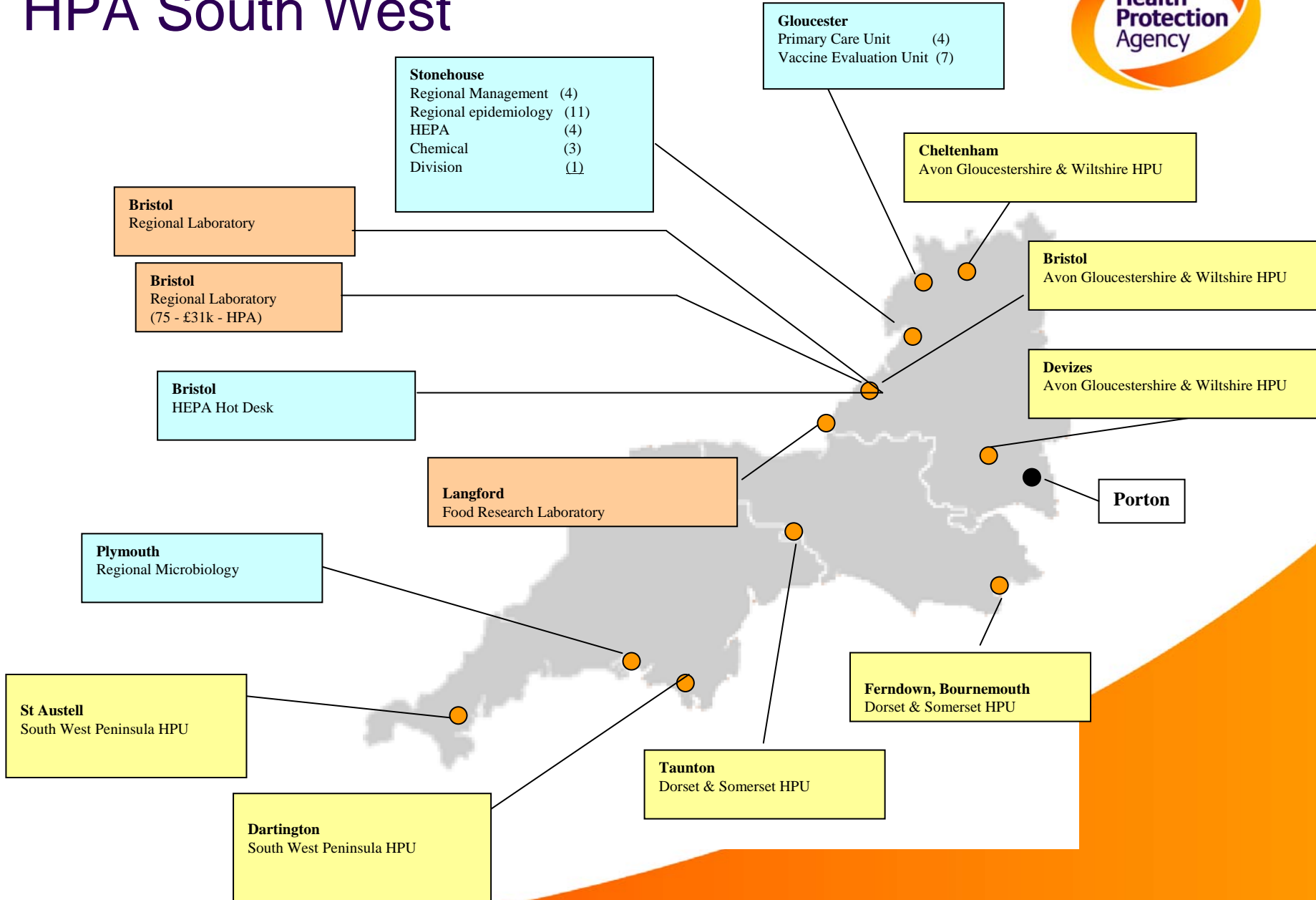
# HPA Nationally



- Main HPA Centres
- Regional HPA Teams
- Other HPA Centres



# HPA South West



# HPA Act 2004



High level functions of the HPA are:-

- the **protection** of the community.....against infectious disease and other dangers to health;
- the **prevention** of the spread of infectious disease;
- the provision of **assistance** to any other person who exercises function in relation to these matters



Health Protection  
Agency Act 2004

CHAPTER 17

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Explanatory Notes have been produced to assist in the understanding of this Act and are available separately

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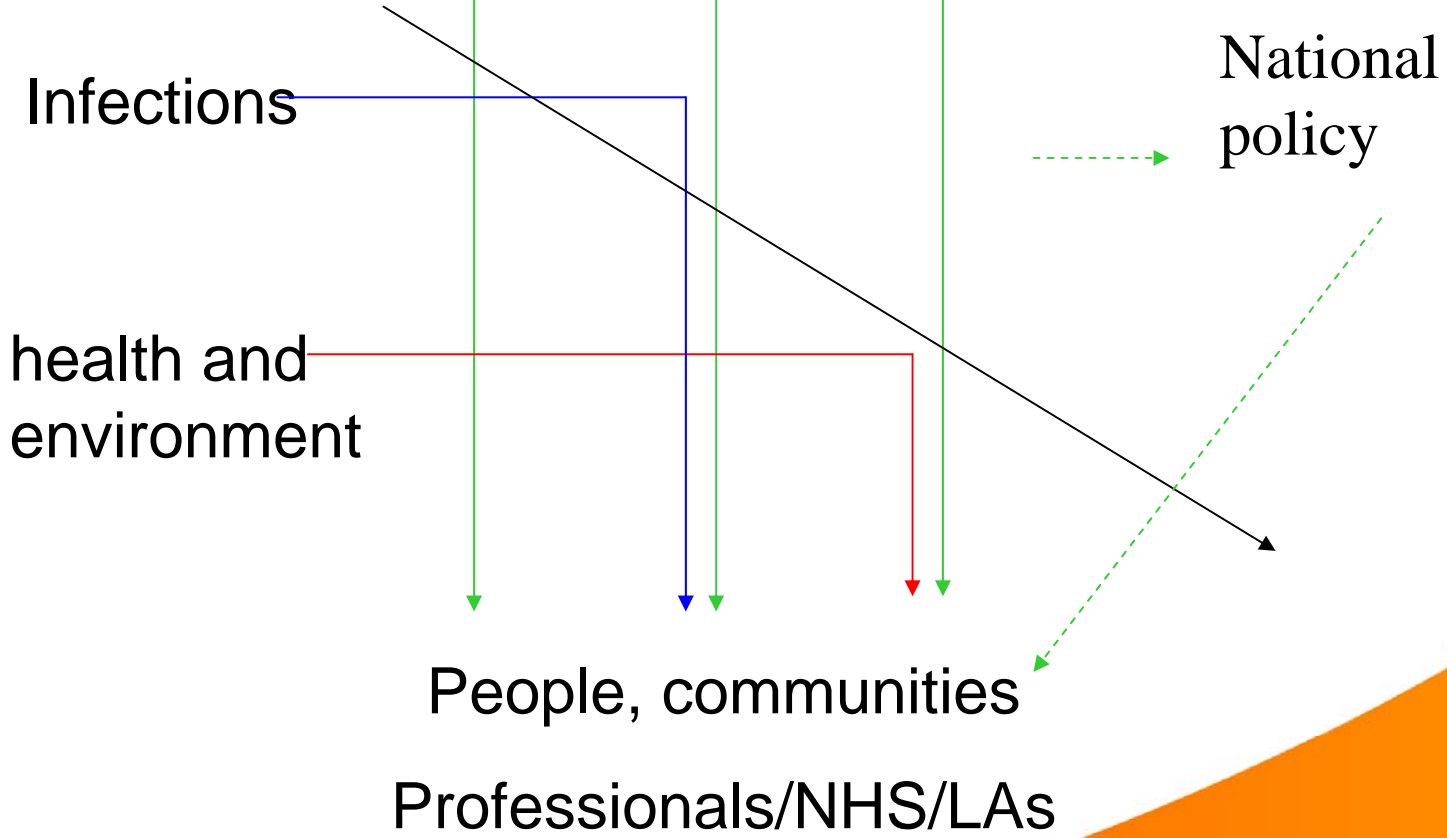
E4-00



CEO  
Strategy, R&D  
Corporate services  
Communications

emergencies

# LARS



# Developing our role



## 2002/03 Predecessors

Public Health Laboratory  
Service (PHLS)  
Microbiological  
Research  
Authority (MRA)  
National Focus on  
Chemicals  
National Poisons Service  
Health Emergency  
Planning Advisers  
NHS Health Protection  
[National Radiological  
Protection Board  
(NRPB)]

## 2003/04 HPA Divisions

Central Public Health Lab.  
Comm. Disease Surveillance  
Centre  
Business Division  
Emergency Response Division  
Chemical Hazards & Poisons  
Division  
Local & Regional Services  
Division  
Communications Division\*  
Information and  
Knowledge Mgt

# Developing our role (2)



## 2004/05 Centres

Centre for Infections

Centre for Emergency  
Preparedness and  
Response

Centre for Radiation,  
Chemical and  
Environmental Hazards

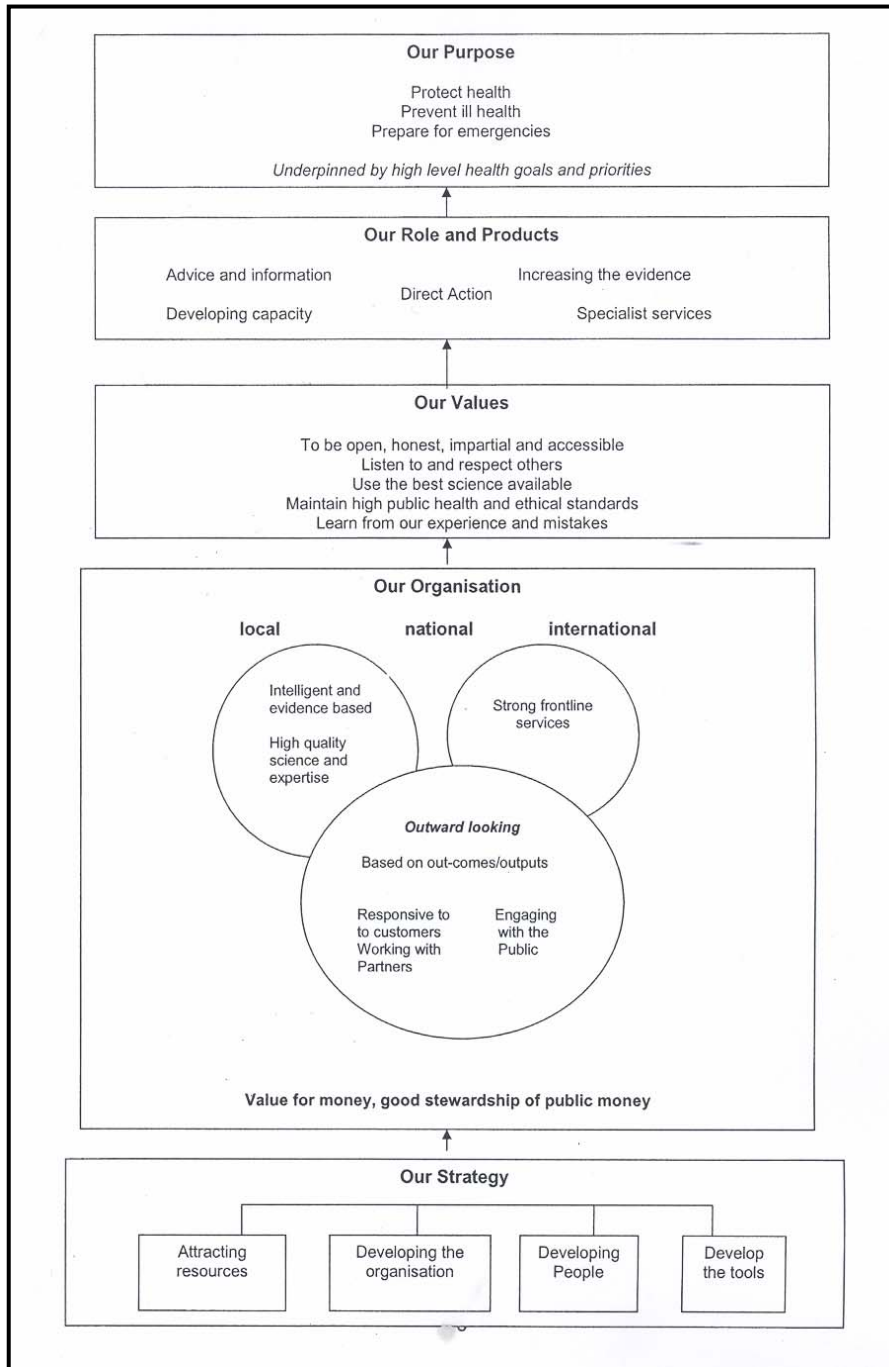
Local and Regional  
Services

## 2005/06 Programmes

Strong frontline

National resource to respond,  
and to underpin the  
evidence  
base





# Strengthening the Front line



- **Multiple stakeholders**
- **NHS change** - inc. mixed economy of providers, greater autonomy eg in Foundation Trusts, new primary care models, shift to GP commissioning, emphasis on patient choice, move from central management to local control.
- **Huge knowledge base**
- **More informed public plus 24 hour media**
- **Complex legal base**
- **International dimension**

# Strengthening the Front line



- Being alert and prepared for emergencies and responding effectively.
- Timely recognition, identification and investigation of health protection problems
- expert advice,
- co-ordination or leadership of complex health protection issues
- contributing to national programmes of health protection
- training and empowering of others

**All underpinned by intelligence-led service**

# Strengthening the Front line



**Separate of local and regional teams and public health laboratory functions**

**Shift emphasis and balance of resources to local Health Protection Units**

**Strengthen and rationalise local units by agreeing services to deliver**

**Retain Regional Directors**

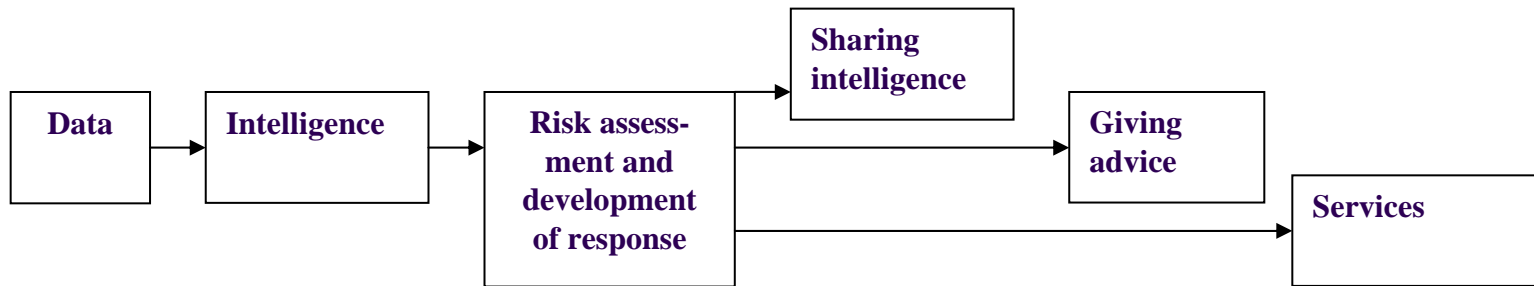
**Review balance between local and regional teams**

**Review environmental hazard and emergency work**

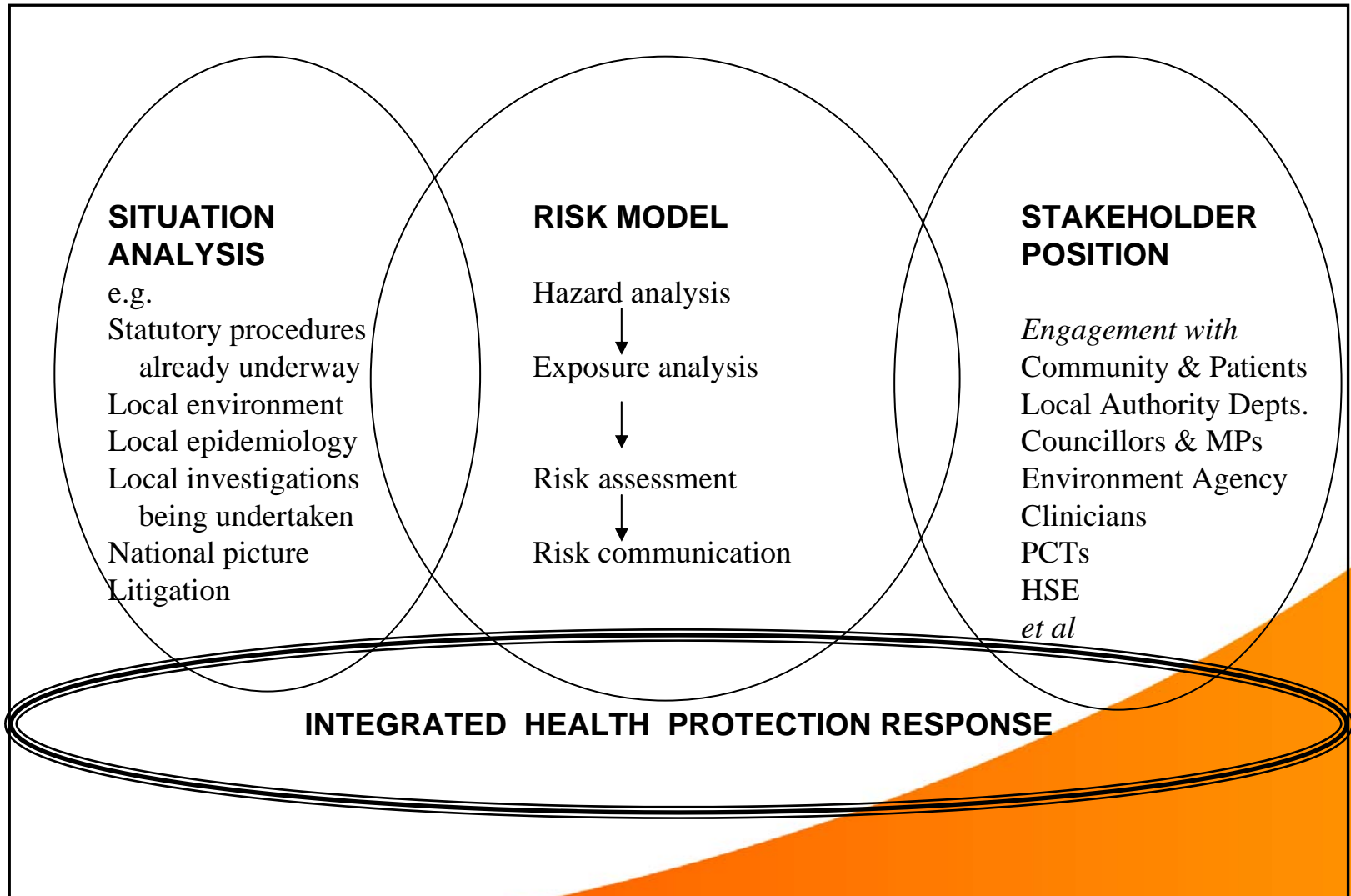
**Concentrate business support functions**

**Run laboratories as a managed network under a single Director**

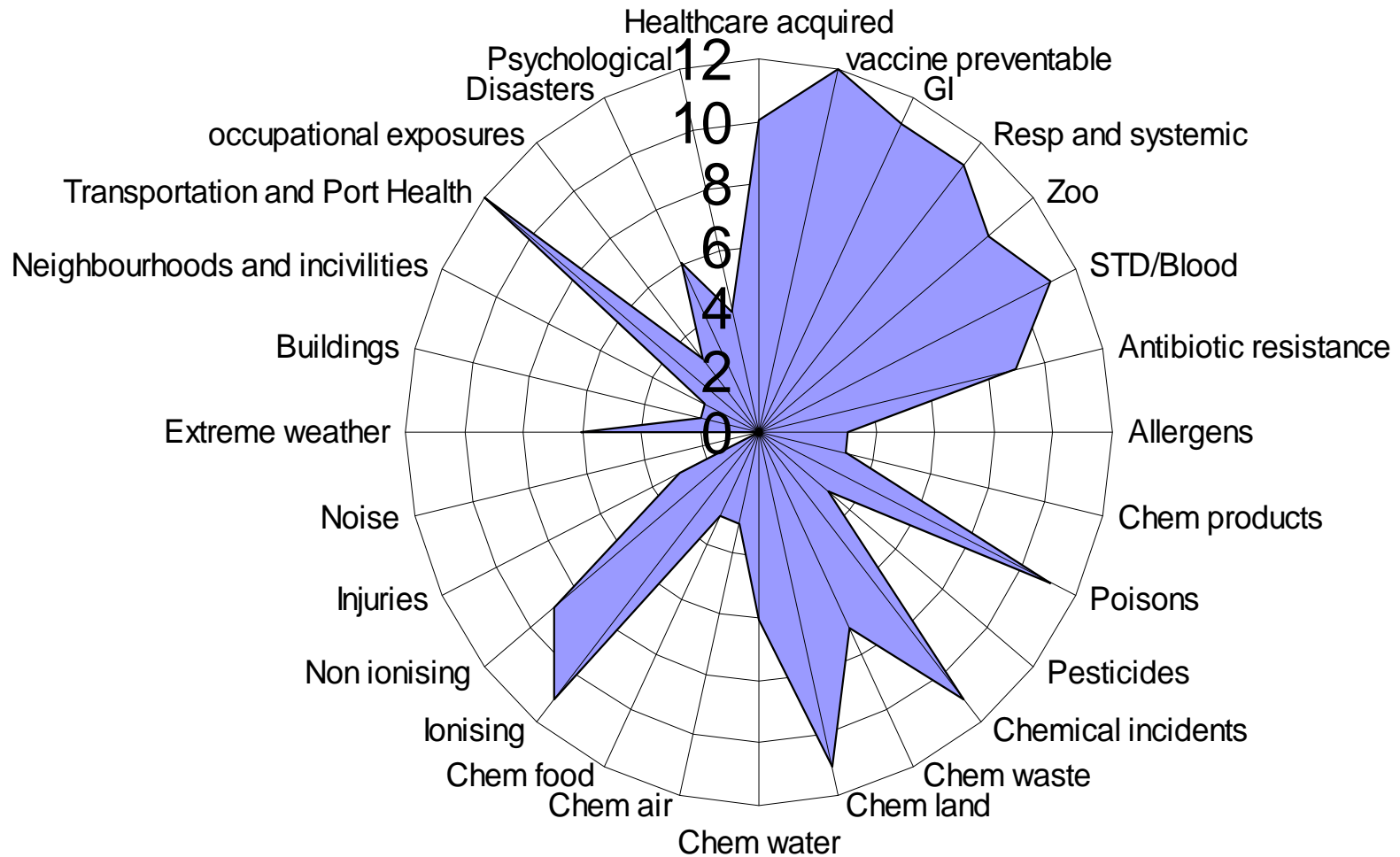
# The Intelligent HPA – flow chart

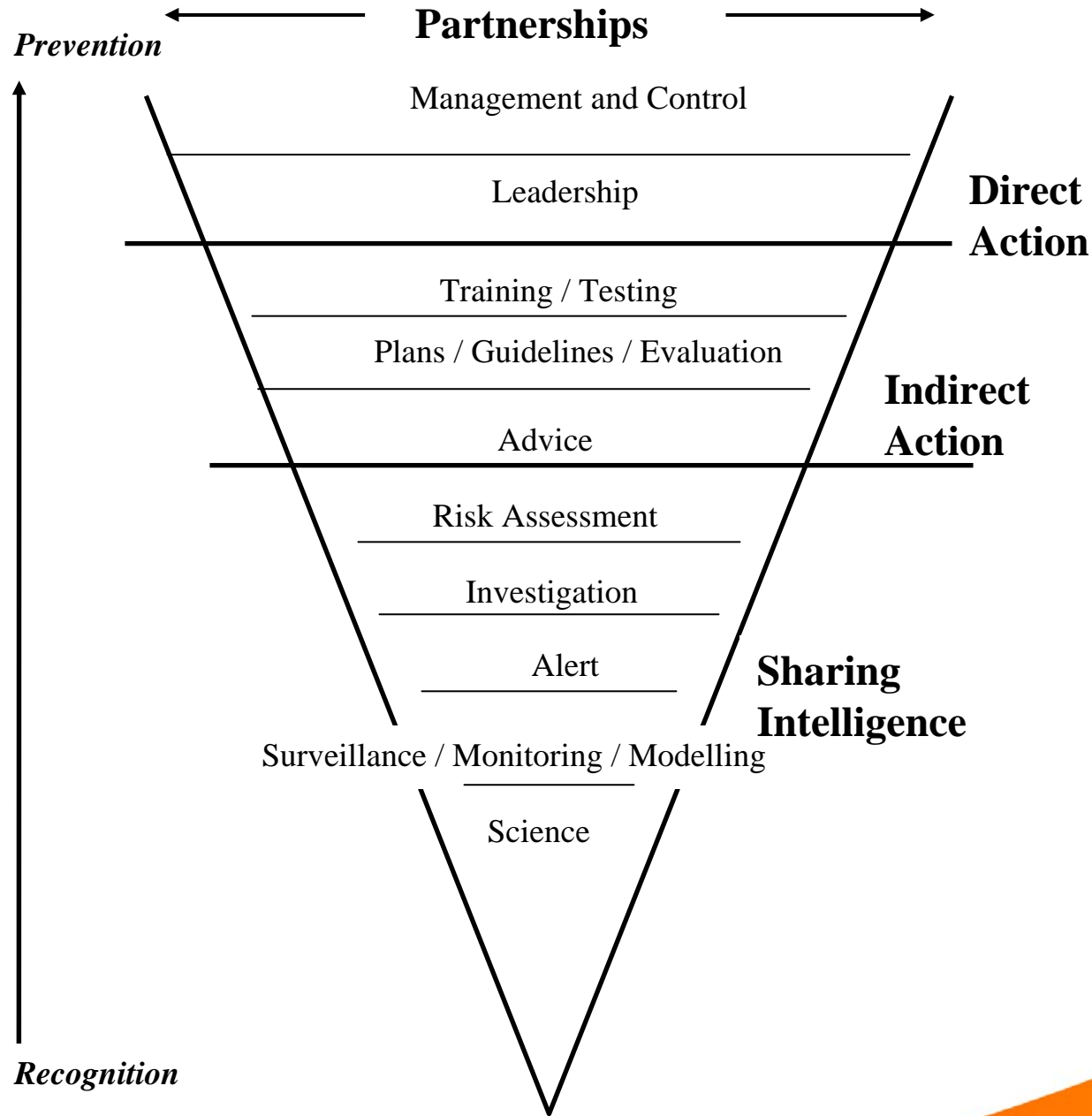


# The Intelligent HPA



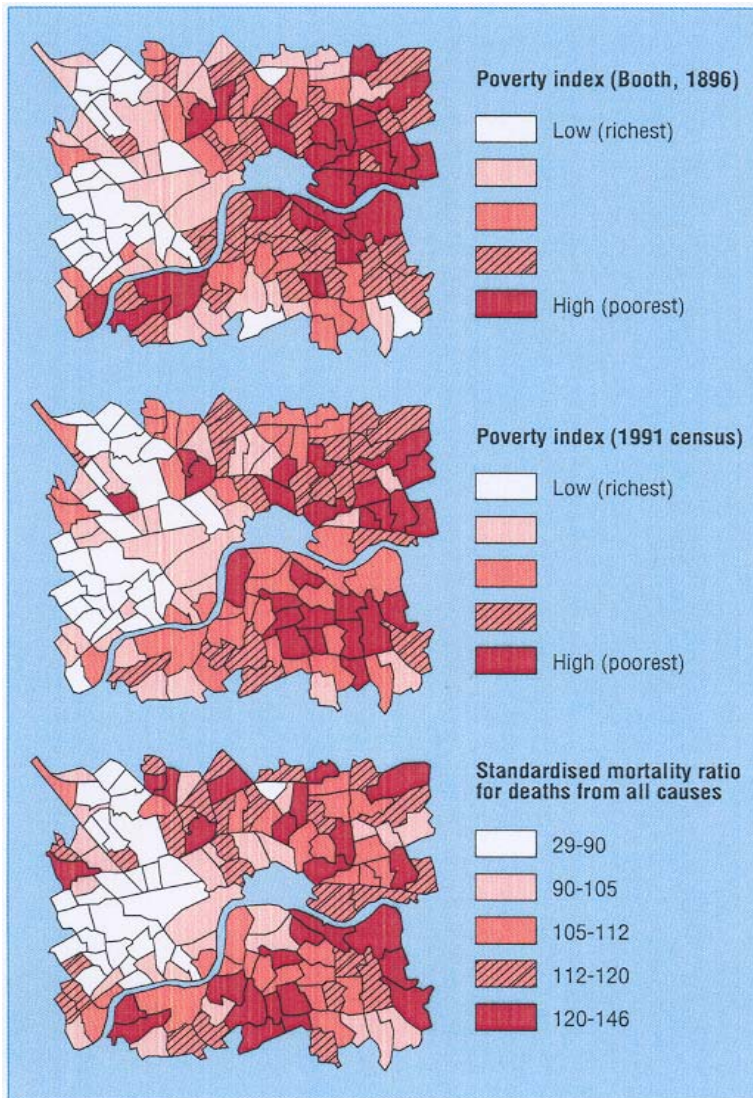
# HPA activity by source of Public Health Threats







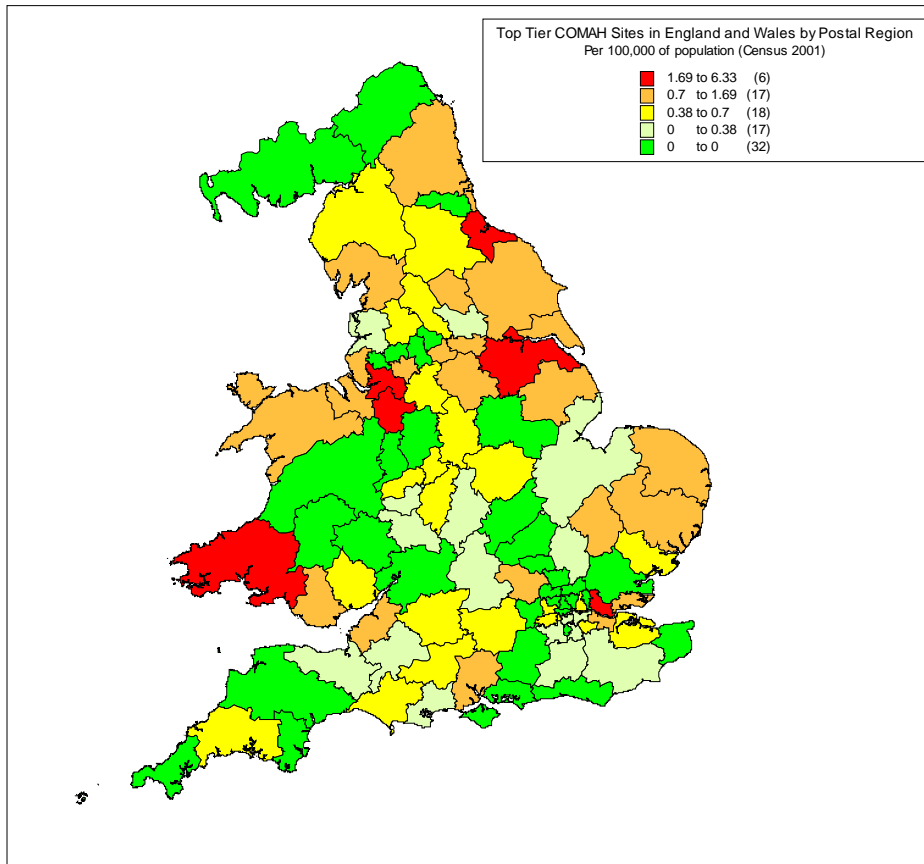
# Health inequalities



**Fig 3** London poverty in 1896 (top) and 1991 (middle) and mortality in the 1990s (bottom)



# Examples of current environmental issues in one region (North West)



# For the Future



## Increased media and public interest:

200,000 visits a month to our website [www.hpa.org.uk](http://www.hpa.org.uk)

500-800 media mentions each month

100-150 broadcasts, mainly in Regions

