# The Association of Directors of Public Health Consultation Response

# Health Protection (Notification) Regulations 2010: proposed amendments

## Objectives and Scope

The Health Protection (Notification) Regulations 2010 (HPNR) place a statutory duty on registered medical practitioners (such as doctors) in England to notify the relevant local authority (LA) if they treat a patient they know, or suspect to be, infected or contaminated with a specific infectious disease. They also place a statutory duty on all diagnostic laboratories that test human samples in England to notify the UK Health Security Agency (UKHSA) if they identify a notifiable causative agent. A review of the HPNR, including the notifiable diseases and causative agents listed under schedules one and two, has not taken place since 2010. This consultation seeks the views of relevant stakeholders on making more diseases and causative agents notifiable under the HPNR, as well as the expansion of the HPNR's laboratory reporting requirements to strengthen disease surveillance.

### About ADPH

ADPH is the representative body for Directors of Public Health (DsPH), and is a collaborative organisation, working in partnership with others to strengthen the voice for public health, with a heritage which dates back over 160 years. ADPH works closely with a range of Government departments, including UK Health Security Agency (UKHSA) and Office for Health Improvement and Disparities (OHID) as well as the four Chief Medical Officers (CMOs), NHS, devolved administrations, local authorities (LAs) and national organisations across all sectors to minimise the use of resources as well as maximise our voice.

ADPH aims to improve and protect the health of the population by:

- Representing the views of DsPH on public health policy.
- Advising on public health policy and legislation at a local, regional, national and international level.
- Providing a support network for DsPH to share ideas and good practice.
- Identifying and providing professional development opportunities for DsPH.

# Response to questions

## Updating the Health Protection Notification Regulations

Q1: To what extent do you agree or disagree that schedule one and schedule 2 of the Health Protection (Notification) Regulations should be updated at this time?

Strongly disagree

Please explain your answer (maximum 250 words)

We strongly disagree that schedule 1 and schedule 2 of the Health Protection (Notification) Regulations should be updated at this time.

We are concerned that there is no clear rationale to increase the number of notifiable diseases and causative agents to be reported under the regulations. The purpose of the regulations is reactive in nature, and it is to ensure timely, effective, and targeted response to emerging public health concerns. Currently, there are already multiple systems and measures in place on health protection surveillance. There is no reason why extensive action is needed on the reporting all major diseases and causative agents before a concern has been raised.

Reporting under the regulations also does not come without costs, and we feel that the additional staffing and time cost required for the new proposals have not been adequately taken into consideration by the Consultation Impact Assessment. Currently, many laboratories still rely on very old IT systems (eg many laboratories still use MS DOS). There is limited automation and digital options available. Clinicians, GPs, public health teams, GU staff/clinics, and environmental health practitioners still have to write to notify each other about new cases and emerging public health concerns. The health protection function is already strained in all aspects of the system. Without increased funding and staffing, as well as dedicated resources to improve IT systems and support, it is unlikely that the proposals put forward by the Department of Health and Social Care (DHSC) are feasible given the current level of resources and staffing.

Therefore, we propose 'Option 0: Doing-nothing'. Diseases should only be added to the regulations in emergency scenarios when complete surveillance is required.

## Proposal 1: addition of seven infectious diseases to schedule one - notifiable diseases

Q2: To what extent do you agree or disagree with the proposal to add at least one of the seven diseases listed to schedule one?

Strongly disagree

Please select the diseases that you think should be added to schedule 1.

None of the above

Please explain why (maximum 250 words)

We are concerned that the inclusion of sexually transmitted infections (STIs) in the regulations will jeopardise patients' sense of safety and willingness to access services and will lead to further stigmatisation.

We also strongly disagree that any of the diseases listed should be added to schedule one because there needs to be a strong rationale as to why these particular diseases have been chosen. Currently, Directors of Public Health cannot see the rationale for these specific diseases to be included.

The purpose of the regulations is reactive in nature, and it is to ensure timely, effective, and targeted response to emerging public health concerns. Currently, there are already multiple systems and measures in place on health protection surveillance. There is no reason why extensive action is needed on the reporting all major diseases before a concern has been raised. Reporting under the regulations also does not come without costs, and we feel that the additional staffing and time cost required for the new proposals have not been adequately taken into consideration by the Consultation Impact Assessment. This is particularly given that, with limited automation and digital options available, clinicians, GPs, public health teams, GU staff/clinics, and environmental health practitioners still have to write to notify each other about new cases and emerging public health concerns. Therefore, we do not recommend adding any diseases to schedule one.

Q3: To what extent do you agree or disagree that the proposed additions to schedule one will not significantly increase workload of registered medical practitioners? [Tick box]

Strongly disagree

Please provide further comments if you wish. (maximum 250 words)

Not enough information has been provided to be able to provide an accurate answer as it depends on what is being defined as registered medical practitioners. From the perspective of Directors of Public Health, there could be a scenario where the proposed additions increase the workload of practitioners that are non-medical. Yet there would be no convincing benefit to public health outcomes.

## Proposal 2: addition of 12 causative agents to schedule two - causative agents

Q4: To what extent do you agree or disagree with the proposal to add at least one of the 12 causative agents listed to schedule two?

Strongly disagree

Please select the causative agents that you think should be added to schedule 2.

None of the above

Please explain why (maximum 250 words)

We are concerned that the inclusion of sexually transmitted infections (STIs) in the regulations will jeopardise patients' sense of safety and willingness to access services and will lead to further stigmatisation.

There is also no clear rationale as to how adding causative agents to schedule two would be beneficial to public health outcomes. Unless additional resources such as funding and workforce are provided, we would not recommend expanding schedule two. There needs to be an adequate amount of trained laboratory specialists that are able to undertake this role, in order for amendments to be effective.

The purpose of the regulations is reactive in nature, and it is to ensure timely, effective, and targeted response to emerging public health concerns. Currently, there are already multiple systems and measures in place on health protection surveillance. There is no reason why extensive action is needed on the reporting all causative agents before a concern has been raised. Reporting under the regulations also does not come without costs, and we feel that the additional staffing and time cost required for the new proposals have not been adequately taken into consideration by the Consultation Impact Assessment. This is particularly given that, with limited automation and digital options available, clinicians, GPs, public health teams, GU staff/clinics, and environmental health practitioners still have to write to notify each other about new cases and emerging public health concerns. Therefore, we do not recommend adding any causative agents to schedule two.

Q5: To what extent do you agree or disagree that the proposed additions to schedule two will not significantly increase workload of diagnostic laboratories?

Strongly disagree

Please provide further comments if you wish. (maximum 250 words)

The proposed additions to schedule two will significantly increase the workload of diagnostic laboratories. This question should be worded more clearly, the use of a double negative is misleading.

Q6: To what extent do you agree or disagree that including syphilis and gonorrhoea in schedule two would be beneficial for patients and effective public health interventions?

Neither agree or disagree

Please explain your answer and include what, if any, potential impacts, positive or negative you think could result from their inclusion (maximum 250 words)

We can neither agree or disagree that including syphilis and gonorrhoea in schedule two would be beneficial for patients and an effective public health intervention. The rationale behind this proposal needs to be clearly articulated. If there is adequate resourcing and funding to execute this proposition, then we would argue that perhaps it is beneficial, especially in terms of surveillance and monitoring. However, if additional resources are not being provided and no clear reason is given to support this proposition, then it is unlikely to be an effective population health measure. More funding should be allocated to the public health grant to ensure the public health workforce can take on the additional responsibilities that would

result from the implementation of this proposal.

We are also concerned that the inclusion of sexually transmitted infections (STIs) in the regulations will jeopardise patients' sense of safety and willingness to access services and will lead to further stigmatisation.

Q7: What would you like to see covered as part of the impact assessment on the proposed inclusion of syphilis and gonorrhoea in schedule two? (maximum 250 words)

As a part of the impact assessment on the proposed inclusion of syphilis and gonorrhoea in schedule two, we would also like to see an evaluation of how inclusion of syphilis and gonorrhoea may affect service access. We are particularly concerned that the inclusion of sexually transmitted infections (STIs) in the regulations will jeopardise patients' sense of safety and willingness to access services and will lead to further stigmatisation.

The impact assessment should consider the availability of sufficient resourcing and staffing to implement the measure effectively. Additionally, we would request a clear rationale to be provided for doing this as there are inequalities in funding and it is difficult to decisively say whether it would be beneficial. Even if it was demonstrated to be beneficial, there would be no capacity to take on this additional responsibility with the current level of resources/support being provided.

## Proposal 3: amendments to reporting requirements

Q8: To what extent do you agree or disagree with the proposal to amend schedule two to require diagnostic laboratories to report void and negative test results?

Strongly agree

Please provide further comments if you wish. (maximum 250 words)

We strongly agree with the proposal to amend schedule two to require diagnostic laboratories to report void and negative test results. It is an important source of data, but more resourcing is required to increase capacity and execute this proposal.

Q9: What difference do you think the requirement for diagnostic laboratories to report void and negative test results in addition to positive results (as is already required) will have on workload?

Not sure

Please provide further comments if you wish. (maximum 250 words)

N/A

## Other Suggestions

Q10: Are there any other diseases or causative agents that should be considered for addition to schedule one or two? Please explain why. (maximum 250 words)

No, there are no other diseases or causative agents that should be considered for addition to schedule one or two. Until there are clearly identified resources for all parts of the system, including local authorities, this is not something that should be considered.