Prevention before cure
Prioritising population health

Our ambition for population health is a society where we all spend more years in good physical and mental health. To achieve this requires a cross-government approach to ensuring we are world leading for health outcomes and reducing inequalities. This is vital to secure the long-term sustainability of the NHS.

A long history of advocating for public health

As far back as 2002, Derek Wanless, in his review of the long-term trends affecting the health service in the UK, concluded 'improved public health, through health promotion and disease prevention could have a significant impact on health status and ultimately the demand for health services and the resulting cost.'[1] Since this landmark report, the evidence base that underpins primary and secondary prevention has grown even stronger. And yet despite some evidence of positive developments across the UK, such as the introduction of minimum unit pricing for alcohol in Scotland or a health in all policies approach in Wales, a comprehensive, adequately resourced and prioritised approach to prevention across the UK has been lacking.

In 2018 the Government identified prevention as one of its three priority areas for the future of the health and social care system and subsequently published a vision for prevention setting out their ambitions. There is much to be welcomed in the Government's vision, not least the fact that prevention is being prioritised. However, the disproportionate focus on individual responsibility, lack of recognition of the range of wider factors that influence population health such as the social determinants of health and underfunding of prevention is deeply concerning.

Taking a more comprehensive approach to population health

The BMA has a well-established record of advocating for action in these areas as part of our ongoing interest in preventing physical and mental ill-health and investing in evidence-based population measures. In recent years we have examined the impact of current policy decisions, highlighting inconsistencies in using evidence across the UK, as well as cuts to the public health grant in England, which have totalled £550m since 2015/16. This is at a time of a growing complexity of multiple chronic conditions, widening health inequalities across the UK[2,3,4] and stalling life expectancy.

It is clear that evidence is not translating into action. The health community therefore needs to ensure we are presenting the argument as strongly and effectively as possible. As the first part of this project, our 2018 paper, Prevention before cure: securing the long-term sustainability of the NHS, set out the health and economic case for investing in primary and secondary prevention. It concluded that as 40% of the uptake of health services in England may be preventable through action on tackling the drivers of ill-health, both the health service and wider society cannot afford to continue to neglect prevention. The long-term sustainability of the NHS depends on our ability to now translate plans into action.

The BMA is therefore now setting out it's framework for a cross-government, evidence-based approach to prioritising primary and secondary prevention. It focusses on four key areas:
– addressing the social determinants that influence health;
– increased and sustained funding for public health;
– effective regulation to tackle the key drivers of ill-health; and
– prioritising prevention through the health service.

The whole health and care sector, as well as local and national government all have a role to play and this framework provides a platform to do so. The actions we set out are not intended to be exhaustive but give an indication of the steps needed to truly prioritise prevention.

Figure 1 – Applying the BMAs framework for preventing physical and mental ill-health

Preventing physical and mental ill-health

Addressing the social determinants that influence health

Prioritising prevention through the health service

Increased and sustained funding for public health

Effective regulation to tackle key drivers of ill-health

Outcomes of preventing physical and mental ill-health

Increasing healthy life expectancy

Reducing health inequalities
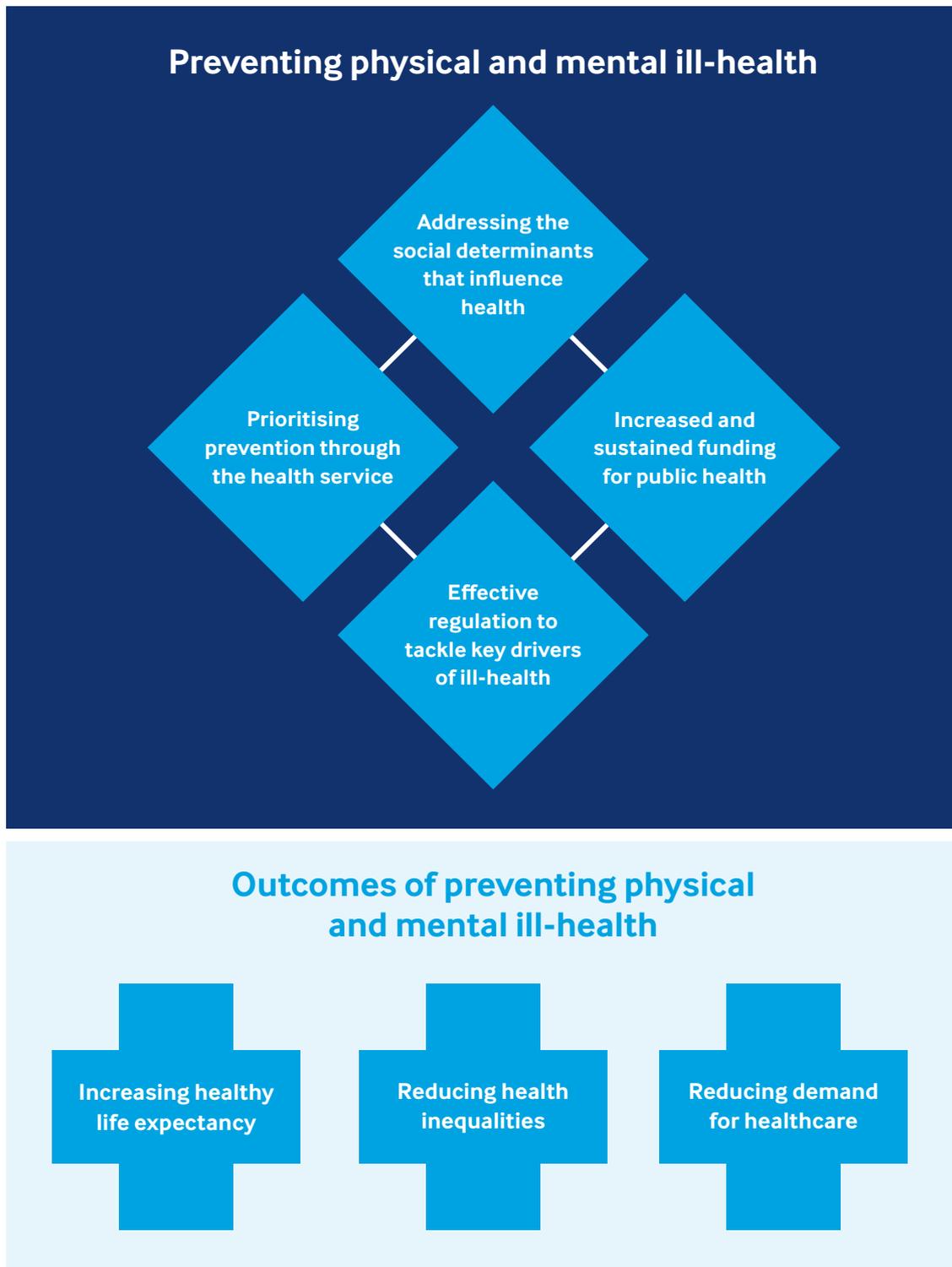
Reducing demand for healthcare

Figure 1 sets out the BMA's framework for preventing physical and mental ill-health. While each individual factor is important, it is only by collectively addressing all four areas in a comprehensive approach, that we believe it is possible to effectively improve physical and mental ill-health.

To achieve this goal requires the Government to provide support that is coordinated across a range of sectors including the NHS, social care, central and local Government, schools, the third sector and public health bodies. The NHS workforce has an important role to play in advocating for and delivering this approach.

Figure 2 highlights examples of some of the individual measures that are needed to improve physical and mental health. It is not intended to be exhaustive or final, but it gives a framework to include the range of measures that are needed.

Further and more specific information on what the BMA is calling for in each of these areas can be found on our Public and population health webpages.

Figure 2 – Understanding individual measures to prevent physical and mental ill-health

Preventing physical and mental ill-health – key area of action

Prioritising prevention through the health service	— Setting targets for how the health sector will narrow inequalities. — Recognising the increase in multi-morbidity and ensure joined up services and public health are at the heart of the reconfiguration of local healthcare structures and services. — Maintaining and improving vaccine coverage rates across the UK, including targeting population groups where coverage is lower, by ensuring sufficient funding is in place and improving awareness of the benefits of vaccination. — Ensuring that the health service role models best practice for example by ensuring all transport associated with the health service meets specific criteria for minimising air pollution and ensuring a smokefree NHS.
Increased and sustained funding for prevention	— Reversing the cuts to local government funding of £550m since 2015/16 including public and occupational health, and committing to a long-term, multi-year investment in ill-health prevention. — Ensuring frontline population health services have the staff and resources they need to meet the health needs of local areas. — Action on the evidence that investment in prevention and early intervention is cost-effective, for example in promoting public mental health. — Providing adequate funding for research into prevention that supports the development of evidence based interventions.
Effective regulation to tackle key drivers of ill-health	— Tackling alcohol-related harm, including the introduction of Minimum Unit Pricing across the UK and delivering independent alcohol education. — Greater restrictions on the marketing and promotion of unhealthy food and drink, as part of a comprehensive response to the challenge of obesity. — Continuing to tackle the harms of smoking, including increasing the tobacco tax escalator and introducing an annual levy on tobacco companies. — Introducing a new clean air act to tackle air pollution, with legally enforced air quality standards that meet World Health Organization limits.
Addressing the social determinants that influence health	— A joined up approach across government to tackling the social determinants of health. — A commitment from local and national Government to consider physical and mental health in all policymaking through a health in all policies approach. — An adequately resourced public health workforce that is able to influence any local and national decision-making for the benefit of population health. — Ensuring children have the best start in life, including tackling inequalities and creating an environment that supports healthy behaviours. — Taking a life-course approach where health and wellbeing are integrated from pre-conception to adulthood.

References

1   Wanless D (2002) *Securing our future health: taking a long-term view. HM Treasury*:
    The Stationary Office.
2   Office for National Statistics (2018) *Socioeconomic inequalities in avoidable mortality, England and
    Wales: 2001 to 201*6. Newport, Wales: Office for National Statistics.
3   Northern Ireland Information Analysis Directorate (2018) *Public health Northern Ireland fact sheet
    2018*. Northern Ireland Information Analysis Directorate
4   Scottish Public Health Observatory (2018) *Online profiles tool*. Scottish Public Health Observatory.

BMA 20190157