Discuss the role of the NHS in disease prevention.

The NHS has a role in disease prevention but one that is undervalued currently. This essay will define prevention as detecting and arresting disease or disability in early asymptomatic stages, or stopping it from occurring altogether[1]. In doing so, the NHS treatment model is starting to adapt towards a greater role in prevention. However, this change must be accelerated through more investment into prevention, developing community programmes, and governmental action. Facing epidemics of preventable diseases, which threaten the sustainability of the NHS as much as public health, the current stance on prevention seems passive. This essay will argue that more should be done in terms of disease prevention and that the NHS should be much more assertive in its role.

The Role of the NHS in Prevention

In recent years, the role of the NHS in providing preventative services has become clouded. It is an area that remains underfunded; in 2013-14, the average NHS spend per head on treatment was £1,742 in England compared to £49 per head for public health spending[2]. This disparity is worrying, considering that the most imminent health challenges are increasingly linked to lifestyle choices. The British Medical Association estimates that problems with diet lead to 70,000 premature deaths a year[3]. The increasing levels of Type 2 Diabetes and cardiovascular diseases are straining the current treatment model, costing the NHS billions with diabetes now accounting for 9% of the entire NHS budget[4]. In response, initiatives have been implemented to address the emerging health crisis. For example, in keeping with the Five Year Forward View, there has been a shift in focus towards disease prevention with the NHS Diabetes Prevention Programme[5], which aims to identify people at risk and refer them to behaviour change programmes[6]. Moreover, the Sugary Drinks Tax in 2018 has been a pivotal policy, in marking an awareness of the severity of the obesity epidemic and reinforcing the importance of economic policies in the shift towards prevention[7]. The current care model needs to adapt in order to meet the demands of today's society.

Problems with Current Position

Whilst the initiatives are steps in the right direction, the scope of the NHS' preventive stance has been confused by governmental policy. In response to the increasing strain on NHS budgets, the Health and Social Care Bill (2012)[8] was passed. By shifting responsibilities to local governments for services (seen in Figure 1) such as obesity programmes and the NHS Health Check, the bill eased pressures at a national level. However, the associated cuts in local government funding meant this change put prevention at risk[9]. This lack of priority is sadly characteristic. In 2010, the UK government declared that 'public health funds have too often been raided at times of pressure in

[1] Faust, H.S & Menzel, P.T, Prevention vs. Treatment: What's the Right Balance? 2011
[2] BMA, *Funding for ill-health prevention and public health in the UK,* 2017
[3] Bold, B. *Breakfast Briefing: Drs call for 20% soft drinks tax, Apple gives Greece free iCloud,* 2015
[4] NHS England, *NHS Diabetes Prevention Programme (NHS DPP)* 2018
[5] Ibid.
[6] Kokab, F et al. A protocol for the development and piloting of quality measures to support the Healthier You: The NHS Diabetes Prevention Programme, 2018
[7] Silver, L. *Sugary drink taxes – the new normal (WCRF)* 2018
[8] Patients4NHS, *The Health and Social Care Act 2012,* 2018
[9] Davies, A. *Prevention is better than a cure (Nuffield Trust)* 2014

acute NHS services and short-term crises'[10]. Surely this has been repeated with the current bill, in which prevention was once again deemed non-essential?

The current position is also plagued by a lack of coordination within the NHS and the government. The fluctuating responsibility between local governments and the NHS towards preventative measures has meant that the role of the NHS is poorly defined, with the Faculty of Public Health stating that, 'if prevention is everyone's business, there is the risk that it is seen as nobody's core business'[11]. It is true that prevention is a shared responsibility, one that must be acted on at different levels, at different times and in different ways. However, it must be coordinated. And so, with more accountability as well as funding, a considerable step towards tackling the emerging health crisis can be made. The NHS must play an increasingly greater role in prevention, but what should the scope of their role be?

Figure 1: Summarised list of public health services/ functions and the body responsible for their delivery following implementation of the Health and Social Care Act 2012

Transferred to local government	Remained within the NHS
Child Measurement Programme*	Child Health Information Systems
Prescribed children's (0–5 years) services*†	Cancer screening programmes
Children's (5–19 years) public health programmes	Immunisation programmes
NHS Health Check programme*	Non-cancer screening programmes (e.g. newborn hearing screening programme)
Sexual health services (STI testing and treatment, contraceptives and advice on preventing unintended pregnancy)*	Prison health services for adults and children
Sexual health services (advice, prevention and promotion)	Sexual assault referral services
Obesity programmes (adults and children)	
Physical activity programmes (adults and children)	
Public health advice and support for NHS commissioning*	
Stop smoking services and interventions	
Wider tobacco control	
Substance misuse (drug and alcohol services)	
Local authority role in health protection*	

*Prescribed functions. †Came into effect on 1 October 2015 – includes universal health visiting services and targeted support (e.g. Family Nurse Partnership).

Source: HM Government (2013)

Looking to the Future

Funding

The NHS has a substantial financial interest in regard to prevention, with many agreeing on increased investment into preventative medicine. Currently, only 4% of the NHS budget is spent on prevention although it remains the most profitable option[12]. A 2011 study researched around 200 public health interventions, in regard to smoking, alcohol consumption, and obesity, and found most being much below the typical NICE threshold of £20,000 per Quality-Adjusted Life Year (QALY)[13] and thus, cost-effective. However, the timescales of preventative care often hinder increased investment as immediate cost-savings are preferred and easier to calculate. Cost-effectiveness of prevention is only calculable by long-term returns. With the looming obesity epidemic, it is predicted that behavioural programmes and preventative measures will only result in significant health improvements over 10 to 20 years from now[14]. This poses an issue when NHS funding agreements are merely 5 years long. Therefore, the NHS faces the dilemma of distributing funds appropriately between treatment and prevention, with neither being favoured at the expense of the other. Although a balance must be struck, it is important to remember that failing to adequately fund prevention will be detrimental not only for the sustainability of current treatments, but for the future NHS care model, which will have a larger health burden due to preventable conditions

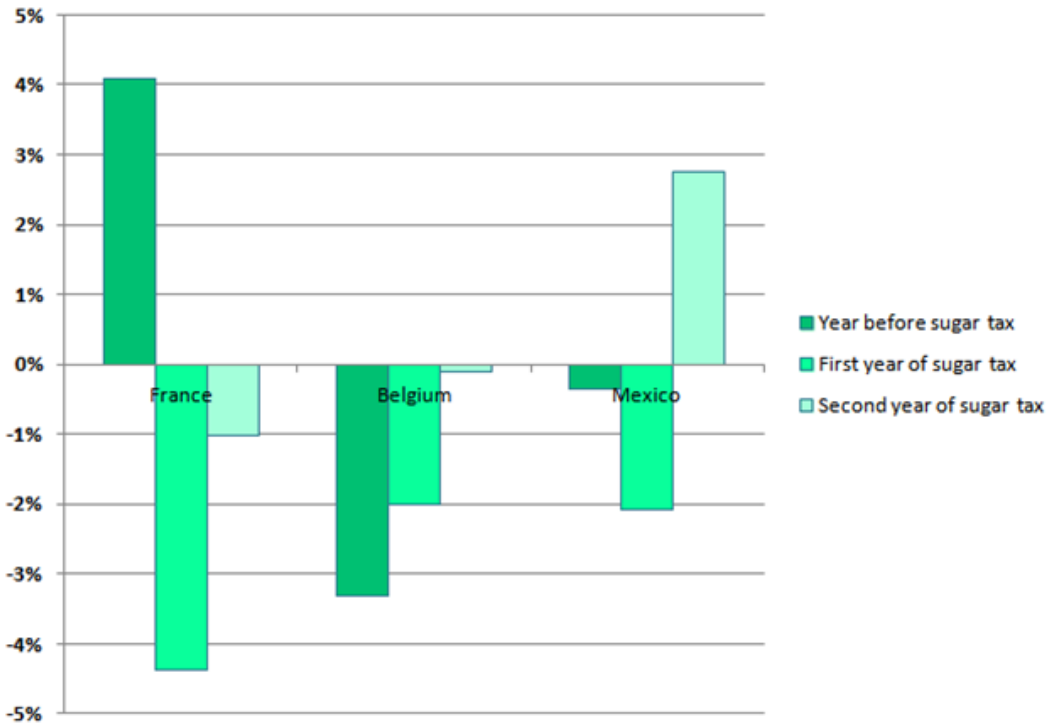
[10] Ibid.
[11] Faculty of Public Health, *The role of the NHS in prevention*, 2018.
[12] Davies, A et al. *Public health and prevention: Research summary*, n.d.
[13] Ferguson, B. *Investing in prevention: is it cost-effective? 2016*
[14] Ibid.

Preventative Measures

This rise in preventable diseases threatens the sustainability of the NHS, putting strain on resources. Firstly, the NHS should promote early diagnosis of preventable diseases, especially obesity-related conditions, more aggressively. This is currently achieved through the NHS Health Check, launched in 2009, which is offered to eligible adults from 40 to 75 and reviews lifestyle risk factors. Since 2013, nearly 7 million people have used the NHS Health Check and it has been successful in identifying those at risk and addressed health inequalities with the check being available to all[15]. However, records show that only half of invitees for this health check take up the opportunity. To make a substantial impact, the NHS must work to increase uptake[16]. With each health check, patients should have free lifestyle advice appointments and access to local services to tackle risk factors so there is greater support for individual behavioural change. The Wolverhampton NHS Trust has been focusing on delivering an integrated diabetes model of care, centred around the individual needs of a patient[17]. Initial questionnaires allow patients to identify their priorities prior to review appointments and they collaborate in the formulation of action plans at consultations. This approach helps patients to understand their conditions and next steps, serving as an empowering and effective form of care. Preventative measures must incorporate individual behaviour but also more community-orientated interventions. This will inevitably require collaboration and endeavour from the NHS and local governments.

National Action

FIGURE 2: **Volume growths of Carbonated Soft Drinks before and after Sugar Tax**



Source: GlobalData

[15] Public Health England, *Prevention must be the heart of the NHS long-term, 2018*
[16] Kearney, M. *NHS England*, 2019
[17] Diabetes UK, *Improving the delivery of adult Diabetes care through integration,* 2017

Whilst the NHS has a critical role to play in disease prevention, governmental intervention is equally important. Referencing the obesity epidemic, the Local Government Association admitted, 'councils don't have enough…to do the preventive work needed to tackle one of the biggest challenges we face'[18]. Obesity remains an enormous threat to our public health, with 30% of children overweight or obese[19], and requires more than collaboration from the NHS and local governments – it requires national action. This comes in the form of sugar taxes, subsidising healthy goods and food reformulation and labelling. The current sugary drinks tax, imposed in 2018, is a step in the right direction. Other countries, such as France and Mexico, have witnessed great success with similar taxes. France's 2012 soda tax charged manufacturers six pence (equivalent) extra per litre for any beverage with artificial sweeteners or added sugar and for the first time in eight years, it led to the volume growth of carbonated drinks dipping to -4.3% (as seen in Figure 2), a decline that still continues[20]. Childhood obesity is more prevalent in poorer areas, with children from lower socioeconomic classes being more likely to have a higher BMI compared to higher-class children the same age[21]. Without intervention, socioeconomic inequalities in BMI are anticipated to widen but simply taxing excessively will inevitably hit these communities the hardest. So, there needs to be a combination of strategies, involving sugar taxes, better labelling and the subsidising of healthy foods.

Arguably, some forms of national action threaten the autonomy of the consumer. However, when unhealthy foods remain heavily marketed, especially at children, it seems appropriate to implement preventative measures that work to subtly nudge the wider population towards healthier goods. The right to autonomy is not absolute; in fact, taxes are prevalent in other sectors with the same purpose. Whilst this clampdown on industry requires government action, it should be the role of the NHS to lobby for population-level interventions for the betterment of public health.

Conclusion

Ultimately, whilst the NHS has recognised the significance of their role in prevention, this must be translated, even more than present, into tangible measures. This can be done through increased investment that reflects the value of preventative measures, more developed interventions in collaboration with local governments, and encouragement of national action. Only then can the NHS fully realise their role in disease prevention.

[18] House of Commons, *UK Parliament Hansard: Sugary Drinks Tax*, 2015
[19] Ibid.
[20] Verdict, *Countries with the sugar tax — How it's changed countries around the world*, 2018
[21] Bann, D et al. *Socioeconomic inequalities in childhood and adolescent body-mass index, weight, and height from 1953 to 2015: an analysis of four longitudinal, observational, British birth cohort studies,* 2018

References

- Bann, D et al. (2018) Socioeconomic inequalities in childhood and adolescent body-mass index, weight, and height from 1953 to 2015: an analysis of four longitudinal, observational, British birth cohort studies. *Lancet Public Health.* 3(4), E194-E203

- BMA (2017*) Funding for ill-health prevention and public health in the UK.* [Online] Available from: http://bit.ly/2quLN3K [Accessed: 1 January 2019]

- Bold, B. (2015) *Breakfast Briefing: Drs call for 20% soft drinks tax, Apple gives Greece free iCloud.* [Online] Available from: https://www.campaignlive.co.uk/article/breakfast-briefing-drs-call-20-soft-drinks-tax-apple-gives-greece-free-icloud/1355664 [Accessed: 10 December 2018]

- Davies, A et al (n.d) *Public health and prevention: Research summary*. [Online] Available from: https://www.nuffieldtrust.org.uk/qualitywatch/public-health-and-prevention-research-summary/ [Accessed: 2 January 2019]

- Davies, A. (2014) *Prevention is better than a cure (Nuffield Trust)*. [Online] Available from: https://www.nuffieldtrust.org.uk/news-item/prevention-is-better-than-a-cure#so-why-does-the-nhs-not-focus-more-on-prevention [Accessed: 1 January 2019]

- Diabetes UK (2017) *Improving the delivery of adult Diabetes care through integration* [Online] Available from: https://www.diabetes.org.uk/resources-s3/2017-11/integrated%20diabetes%20care%20%28pdf%2C%20648kb%29.pdf [Accessed: 2 January 2019]

- Faculty of Public Health. (2018) *The role of the NHS in prevention*. [Online] Available from: https://www.fph.org.uk/policy-campaigns/campaigns/public-health-funding/prevention-within-the-nhs/ [Accessed: 1 January 2019]

- Faust, H.S & Menzel, P.T (2011) Prevention vs. Treatment: What's the Right Balance? [Online] Oxford Scholarship Online. Available from: http://www.oxfordscholarship.com/view/10.1093/acprof:oso/9780199837373.001.0001/acprof-9780199837373 [Accessed: 1 January 2019]

- Ferguson, B. (2016) *Investing in prevention: is it cost-effective? (Public Health England)* [Online] Available from: https://publichealthmatters.blog.gov.uk/2016/02/29/investing-in-prevention-is-it-cost-effective/ [Accessed: 1 January 2019]

- House of Commons (2015) *UK Parliament Hansard: Sugary Drinks Tax.* [Online] Available from: https://hansard.parliament.uk/Commons/2015-11-30/debates/15113012000001/SugaryDrinksTax [Accessed: 3 January 2019]

- Kearney, M. (2017) *NHS England*. *How effective is the NHS Health Check?* [Online] Available from: https://www.england.nhs.uk/blog/matt-kearney-8/ March 1st 2017. [Accessed: 2 January 2019]

- Kokab, F et al. (2018) A protocol for the development and piloting of quality measures to support the Healthier You: The NHS Diabetes Prevention Programme. *BJGP Open.* E1-E2

- NHS England. (2018) *NHS Diabetes Prevention Programme (NHS DPP)*. [Online] Available from: https://www.england.nhs.uk/diabetes/diabetes-prevention/ [Accessed: 2 January 2019]

- Patients4NHS (2018*) The Health and Social Care Act 2012* [Online] Available from: http://www.patients4nhs.org.uk/the-health-and-social-care-act/ [Accessed: 3 January 2019]

- Public Health England. (2018) *Prevention must be the heart of the NHS long-term plan.* [Online] Available from: https://www.gov.uk/government/news/prevention-must-be-the-heart-of-the-nhs-long-term-plan [Accessed: 2 January 2019]

- Silver, L. (2018) *Sugary drink taxes – the new normal (WCRF).* [Online] Available from: https://www.wcrf.org/int/blog/articles/2018/06/sugary-drink-taxes-%E2%80%93-new-normal [Accessed: 2 January 2019]

- Verdict (2018) *Countries with the sugar tax — How it's changed countries around the world*. [Online] Available from: https://www.verdict.co.uk/sugar-taxes-changed-countries-around-world/[Accessed: 1 January 2019]