

Prevention at the Heart of Health System Sustainability

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Last week the British Chancellor presented his autumn statement to the House of Commons outlining the budget for the next 5 years. The internationally coveted National Health System (NHS) received a significant above-inflation funding boost, however local public health budgets faced painful cuts.¹

The NHS was founded by Aneurin Bevan in 1948 as a quasi-Semashko system; entirely funded by general taxation and provided by the state, free to all at point of use.^{2,3}

The British system is under strain as hospitals struggle to cope with rising demand driven by an ageing population, the rise of non-communicable diseases and the sempiternal development of expensive new therapies.⁴

These pressures are increasingly universal and require a paradigm shift in the way health systems are organized. Although the NHS is founded on a strong primary care model, the system is heavily tipped towards curative rather than preventative services. The provision of high-quality diagnostics and treatment is an essential function of any health system, however these activities do not control rising demand. By funding the curative sector at the expense of the preventive, Mr. Osborne is opting to clear flood by ordering more mops, rather than turning off the taps.

Even more fundamentally, a service focused solely on identifying and treating disease is a sickness system, not a health system. In a reaction to the negatively framed fee-for-service curative sector in the USA, Health Maintenance Organizations (HMOs) and pre-paid "Health Plans" from Kaiser Permanente and other insurers emerged in the 1970s.⁵ The transition was not novel; apocryphal tales of the ancient Chinese doctors who only levied fees whilst their patients were well have been in circulation for over a century.⁶

Over a fifth of all deaths in the England are preventable⁷ and preventive services are between 24 and 40 times more cost-effective than treatment.⁸ Without budgetary and operational commitment to supporting healthy lifestyles, and the creation of healthy living and working environments, health systems will become ever-more expensive. The sum of preventable human suffering is also increased in the absence of strong public health programs. In the words of Benjamin Franklin; "An ounce of prevention is better than a pound of cure."⁹

The rise of chronic diseases is a symptom of our success: People are living longer surviving previously lethal infectious diseases. Preventable maternal and child deaths have almost halved since 1990 and can be effectively eradicated within a generation.¹⁰ The

sustainability of health systems around the world is largely dependent on implementation of cost-effective strategies to repeat this success with cardiovascular diseases, cancers, respiratory diseases, diabetes and mental health.

The global public health community must do more to communicate the importance of prevention, its centrality in any functioning and sustainable health system, and its role in supporting the attainment of universal health coverage. The Sustainable Development Goals, signed by 193 member states in September 2015 provide valuable political leverage for this task. We must prevent further disinvestment in prevention.

REFERENCES

1. HM Treasury and The Rt Hon George Osborne. Spending Review and Autumn Statement. 27 November 2015. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/479749/52229_Blue_Book_PU1865_Web_Accessible.pdf. [Last accessed on 2015 Jan 12].
2. NHS. The History of the NHS in England. Available from: <http://www.nhs.uk/NHSEngland/thenhs/nhshistory/Pages/NHShistory1948.aspx>. [Last accessed on 2015 Jan 12].
3. Boyle S. United Kingdom (England): Health system review. *Health Syst Trans* 2011;13:1-486.
4. NHS England, Care Quality Commission, Health Education England, Monitor, Public Health England, Trust Development Authority. (2014). NHS five year forward view. London: NHS England. Available from: <http://www.england.nhs.uk/ourwork/futurenhs>. [Last accessed on 2015 Jan 12].
5. Luft HS. Health Maintenance Organizations: Dimensions of Performance. New Jersey: Transaction Publishers, 1987.
6. Duffield J. Bert Wilson, Wireless Operator. New York: Sully and Kleinteich; 1913.
7. Office for National Statistics. Avoidable Mortality in England and Wales. London, UK: ONS; 2013.
8. Local Government Association. Prevention: A Shared Commitment. London: LGA; 2015.
9. Franklin B. Letter to the editor. *Pennsylvania Gazette*, February 4, 1735.
10. UNICEF. 2012. The H4+ partnership and Every Woman Every Child. Available from: http://www.unicef.org/partners/Partnership_profile_2012_Every_Women_every_Child.pdf. [Last accessed on 2015 Jan 12].

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