

The importance of public health in managing health care costs in the United Kingdom National Health Service

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Dear editor

McPhail's review tackles the problem of our generation in the developed world – the ageing population increasing the proportion of patients with multiple comorbidities.¹ Combined with chronic underfunding, this problem has had, and will continue to have a huge financial burden on the United Kingdom's National Health Service (UK NHS).^{2,3} In recent years, a pattern of regular crippling winter “crisis” in NHS hospitals has emerged, with some questioning the sustainability of a “free at the point of access” service.^{4,5}

McPhail highlights the importance of prioritizing research in health system approaches to combat this burden. We wholeheartedly agree with this point, and believe the development of new health care systems is crucial to the survival of the NHS. This need is currently reflected in pilot “vanguard” schemes being utilized in England to fast-track health system and service innovation.⁶ However, the focus on health care systems, and in particular service innovation, may not be enough to sustain the UK NHS.

Modifiable risk factors appear to be at the root cause of many of the most prevalent and costly comorbidities in the UK, most importantly in obesity, smoking, and alcohol consumption.³ As a result, innovation in preventing such conditions is hugely important to the sustainability of the NHS as we know it. Public health approaches to reducing smoking prevalence have shown mixed results, with efforts to curb obesity through reduced sugar consumption suffering from suboptimal levels of investment.^{7,8}

It is imperative to not only further invest in public health approaches to prevent highly prevalent risk factors, but to also foster innovation in these approaches to ensure effective use of these financial resources. This innovation may come from a multitude of sources. One option is to utilize marketing techniques already used in the unhealthy food industries to promote healthier options.⁸ While another option could be to alter policy and regulations to modify food and alcohol consumption patterns.⁸

In conclusion, public health approaches have the potential to save a large amount of downstream financial resources in the NHS – however there has to be a focus on both adequate investment and effective use of public health techniques.

Disclosure

The authors report no conflicts of interest in this communication.

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Author's reply

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Dear editor

Sayma et al have advocated for innovation and investment in public health initiatives with specific reference to reducing future demand for services provided by the United Kingdom National Health Service. There are two brief points I would like to proffer in response as further stimulus for consideration by the readership. First, I unreservedly agree with Sayma et al's sentiments that public health innovations have potential to reduce future health service demand where the prevalence of modifiable chronic disease risk factors can be favorably impacted in

a sustainable way; indeed I suspect few would disagree with these sentiments.

Second, not all investment in new public health innovations will yield a consistent (or perhaps even observable) return in health benefits and reduced demand for health services. Therefore, I would like to again highlight the importance of appropriate evaluation of not only the short-term effectiveness of public health innovations in influencing modifiable risk factors, but also consideration of the sustainability of effect and cost-effectiveness of innovative public health interventions or policies.¹ The judicious allocation of finite public resources in any field of health can be challenging and the allocation of resources to the most cost-effective public health innovations ought to be influenced by appropriate information to guide policy and practice.

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