

REFORMER THOUGHTS

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A new deal for prevention

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MSD

INVENTING FOR LIFE

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Introduction

In July 2019, the Government published an ambitious Green Paper, 'Advancing our health: prevention in the 2020s', setting out an approach to building a healthy population in the new decade. Tackling the drivers of ill health reduces demand on health care services, easing pressures on a strained system. More importantly, averting or delaying the development of preventable conditions allows people to live for longer in better health.

Campaigns to reduce determinants of ill health such as obesity and smoking have proven successful in preventing the onset of preventable illness. Katherine Dunne, Programme Manager at the UK Prevention Research Partnership, notes that acting early to promote healthy lifestyle decisions can prevent the development of disease and promote long-term wellbeing.

A successful prevention agenda also requires the early detection and treatment of illness when it does emerge. Ian Green, Chief Executive at the Terrence Higgins Trust and Mark Gillyon-Powell, head of NHS England's HCV Elimination Programme, argue that detecting communicable diseases early can help prevent onwards transmission and facilitate beneficial early intervention. This is especially important for patients living with potentially deteriorative conditions such as HIV and HCV.

In the case of non-communicable diseases such as cancer and cardiovascular disease, which cause 89 per cent of all deaths in the UK, Dr Samantha Quaife, Senior Lecturer in Behavioural Science at Queen Mary University of London and Sam Janes, Professor of Respiratory Medicine at University College London, highlight that early detection and treatment drastically improve chances of survival and patient quality of life.

Conversations around preventative health have come to the fore during the COVID-19 pandemic. A spotlight has been placed on health

inequalities and discussions on tackling the social determinants of ill health driven forward.

Yet COVID-19 has also posed significant challenges for the prevention agenda. Catherine Williams, Business Unit Director for Vaccines, Diabetes and Women's Health at MSD argues that the attention paid to the pandemic has put other important public health programs on hold. In particular, those working in diagnostics have warned of the damaging consequences of patients missing routine checks for cancer, cardiovascular disease and other life-threatening conditions – missed checks lead to delayed diagnoses and worse health outcomes as medical practitioners struggle to treat more advanced conditions.

Resources and attention must now be devoted to putting the prevention agenda back on track. Jodie Moffat, Head of Early Diagnosis at Cancer Research UK, argues that key to this process will be better harnessing screening data to identify at-risk groups and avoid gaps in diagnosis. It will also involve having frank conversations on how to manage the ongoing effects of the pandemic without losing sight of important long term health objectives.

This *Reformer Thoughts* brings together experts from the scientific research community and the health care sector to discuss the benefits of a preventative approach to public health and the obstacles that stand in the way of its realisation.



Sebastian Rees
Research and Events Assistant,
Reform

"Resources and attention must now be devoted to putting the prevention agenda back on track."

Prioritising prevention and patient care during the COVID-19 crisis

As an organisation that puts patients first, MSD believes it is essential to prioritise preventative approaches, early diagnosis and tackle inequalities to address the health needs of the population, both during the COVID-19 crisis and beyond.

As the UK enters another national lockdown, the health system must once more respond quickly to the increased pandemic demands. Such increased demand will result in further pressures on the delivery of non-COVID health and care services and will likely further amplify health inequalities.

Significant public health challenges were already created last year by the suspension of many routine vaccination programmes, and a substantial number of patients missed tests and treatments due to a de-prioritisation of clinics and face-to-face appointments. There remains a very real risk that people have and continue to avoid, or feel unable to seek help for symptoms or to attend vaccination or screening programmes as normal.

With the NHS still facing significant pressures, a collective effort must now be made to ensure that everyone is able to access health and care services safely and equitably, and that prevention is prioritised.

For more than 100 years, MSD has been at the forefront of discovering and developing new vaccines to prevent disease across the life course from infancy to adulthood. In the last 50 years, vaccines have saved more lives than any other medical procedure or process. After clean water, vaccination is considered the most effective public health intervention in the world.

COVID-19 significantly impacted the delivery of routine immunisation programmes. School-based programmes and vaccines for older adults were paused completely last year. The HPV schools' programme showed a near 20 per cent decline last academic year compared to the previous year, whilst provisional shingles vaccine coverage for adults eligible between April-June 2020 is at 9.4 per cent for the 70-year-old routine cohort and 11.1 per cent for the 78-year-old catch-up cohort. This is 11.7 and 10.2 per cent lower compared with Quarter I last year respectively.

Since the summer, the NHS and immunisation providers have been working hard to restore programmes but this will take time and continued commitment. As efforts to administer the COVID vaccine are underway, it is vital that the health system maintains its focus on restoring all routine vaccination programmes and does not lose sight of their importance in preventing disease outbreaks and relieving future pressure on the NHS.

The forthcoming UK Vaccine Strategy will be critical to maintaining the UK's position as a world leader in immunisation. The Strategy will need to build on the learnings from the COVID-19 pandemic, drive improvements in the UK's delivery of immunisations, and ensure continued investment and access pathways which are fit for the future.



Catherine Williams,
Business Unit Director for
Vaccines, Diabetes and
Women's Health, MSD

"With the NHS still facing significant pressures, a collective effort must now be made to ensure that everyone is able to access health and care services safely and equitably, and that prevention is prioritised."

References available upon request.
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The cancer workforce has adapted rapidly to the pandemic; from new infection control measures and changed patient pathways to new virtual ways of working within clinical teams and remote patient support.

Nonetheless, urgent referrals for lung cancer fell by as much as 75 per cent in some parts of the country. Whilst urgent cancer referrals were back up to 80 per cent of pre-pandemic levels in September 2020, lung cancer referrals have not recovered as quickly and we have yet to see the impact of the latest wave in the pandemic. It is estimated that the impact of COVID-19 could lead to an additional 1,372 lung cancer deaths, reversing the progress achieved in recent years.

That is why to mark the end of Lung Cancer Awareness Month, MSD was proud to launch, in partnership with Northern Cancer Alliance and Greater Manchester Cancer Alliance, alongside UK Lung Cancer Coalition, Lung Cancer Nursing UK, Roy Castle Lung Cancer Foundation and Mesothelioma UK, "The Do It For Yourself" campaign to improve earlier presentation of possible lung cancer patients.

We hope that encouraging people to engage earlier may ease some of the burden on stretched emergency routes and secondary care. Targeting those who, based on our research, have traditionally long ignored or played down their health, the objective is to make this audience think twice about their

symptoms, as not every cough is COVID.

The campaign recognises that we have become a nation of DIYers during lockdown, and that people ought to treat health maintenance as they would home maintenance – the sooner a crack is mended the better.

The COVID-19 pandemic has brought the value of preventative health measures and early diagnosis to the fore. Their importance has never been so sharply realised by the public, health system and the economy. Success in improving these areas will be critical to maintaining vigour in addressing health inequalities and improving population health as we continue to battle coronavirus.



Prevention research: creating a healthier population and reducing health inequalities

The benefits of prevention are clear: as well as keeping people healthy for longer we can reduce the costs associated with ill health including urgent and long-term healthcare costs, increased sick leave and reduced productivity. Prevention research focuses on understanding which interventions are effective at preventing disease and promoting wellbeing. It includes the development of vaccines and preventative medicines as well as behavioural and environmental interventions.

In the UK, much of prevention research is focused on vaccines and preventing the spread of infectious diseases. A smaller amount of research is being carried out to study the prevention of non-communicable diseases (NCDs). These include cancer, cardiovascular disease, diabetes, and chronic respiratory diseases as well as mental health conditions and neurological disorders. This is the big focus of The UK Prevention Research Partnership (UKPRP).

It brings together UK research councils, charities and government departments to fund research on how to prevent NCDs and health inequalities. UKPRP researchers co-develop population health research with the public, policy makers and those most likely to implement interventions, with a focus on common early determinants of health.

The multi-funder investment is currently supporting eight research consortia and networks in areas as diverse as environment, commerce, urban planning, food systems and trade. Further awards will be made next year, targeting additional topics such as mental health, air quality and socio-economic factors.

One UKPRP-funded project, ActEarly, aims to improve the life chances of children by improving the environments that influence their health.

The research focuses on healthy places, healthy learning, and healthy livelihoods in two ethnically diverse areas of the UK with high levels of child poverty in order to evaluate the cumulative effect of multiple system-wide interventions. Researchers are working in tandem with Bradford Council and Tower Hamlets Council in London to look at what policies have the best outcomes.

Local authorities can play a key role in improving the wider determinants of health and wellbeing by influencing areas such as education, housing, transport and air quality.

ActEarly is pioneering a model for a local authority research system as well as working innovatively with local communities to shape the research. Results from the project will be made available to policy makers to help improve children's health in areas such as obesity and mental wellbeing.



Katherine Dunne,
Programme Manager,
UK Prevention Research
Partnership,
Medical Research Council

"By understanding how to eliminate, reduce or mitigate risk factors, as well as enabling a nuanced knowledge of policy effects, we can improve health and wellbeing, and start to reduce the gap."

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Meanwhile, the SPECTRUM consortium is investigating the commercial determinants of health and health inequalities, building on the work of the UK Centre for Tobacco and Alcohol Studies by focusing mainly on tobacco and alcohol but extending work to QKHDOWKIRRGDQGGULQNV VEKDVWKR VHKLJKLQIDWVDOWRU VDU

SPECTRUM looks at the effect of policies such as the introduction of minimum unit pricing for alcohol, restrictions on the number and clustering density of tobacco retailers, and policies for marketing QKHDOWKIRRG (YLGHQFHDOOEHJHQHUDWHGRQWKH KHDOWKDQGHFRQRPLFLPSDFWVRI SROLFDQWHUYHQWLRQV

The research aims to transform policy and practice to encourage and enable healthy environments and behaviours.



We cannot become the victims of our success on HIV testing

When Matt Hancock committed England to ending new cases of HIV by 2030 he put a new scientific possibility into government policy. It is remarkable to think that less than 40 years since the death of Terry Higgins – who was one of the first people to die of an AIDS related illness in the UK and inspired the foundation of the organisation I now have the privilege to lead – an end to the UK HIV epidemic is in sight. But a policy, without an action plan, is meaningless.

To this end, we, alongside National AIDS Trust and the Elton John AIDS Foundation, established the HIV Commission. It reported in early December with a practical plan to meet the goal. If their recommendations are implemented England could be the first country to end new cases of HIV.

While the commission recommends new targets – primarily getting an 80 per cent reduction in those living undiagnosed with HIV by 2025 – and reporting against the targets to parliament annually, the most important is to normalise HIV testing. This is not a silver bullet but it's the nearest thing we have got. Still, 250,000 people voluntarily attend a sexual health clinic and leave having never been offered a test. This has to change.

People living with undiagnosed HIV have poorer health outcomes and may unknowingly pass on the virus. The earlier someone is tested the better. Everyone in the country should know their status.

The HIV Commission identifies 16 healthcare settings to test for HIV and orders them into a traffic light system. Green indicates that normalised HIV testing is policy and practice, currently in antenatal screening. Amber indicates where there is direction to test but application is not thorough nor

routine. Red indicates new areas for HIV testing to take place to meet the 2025 target of 80 per cent reduction in new transmissions, the 2030 goal to end HIV transmissions and the aim for England to be the first country to eliminate HIV transmissions.

In maternity – where routine HIV testing is policy and practice – the results speak for themselves. 99 per cent of pregnant women are tested, and 'vertical transmission' to newborns is virtually eradicated in the UK. It is important to pay tribute to midwives across the country for the way they deliver this testing in a non-judgemental setting and work to reduce transmissions and stigma.

However, this level of testing should be happening in sexual health clinics plus Accident and Emergency Departments and GP practices in areas of high or very high prevalence of HIV. It just is not happening outside Lambeth, Southwark and Lewisham where the Elton John AIDS Foundation and the National Lottery are funding a Social Impact Bond (SIB).

But the evidence from the SIB is strong – diagnosing people, one aged 84, that would otherwise never know they had HIV. It should not, however, be the work of a charity to fund this kind of routine testing.



Ian Green,
Chief Executive,
Terence Higgins Trust

"In maternity – where routine HIV testing is policy and practice – the results speak for themselves. 99 per cent of pregnant women are tested, and 'vertical transmission' to newborns is virtually eradicated in the UK."

Then there is a myriad of other places where testing needs to be happening – termination or gender identity clinics are current gaps. If rural communities are going to be able to access testing or the HIV prevention drug PrEP (taken by people recently tested HIV negative), GP surgeries and pharmacies must also be a key part of the solution.

The challenge with this kind of testing is funding. Both its availability, which is often a problem, and that any traditional 'return of investment' falls down for HIV. All the 'low hanging fruit' has been found. We are down to just 5,900 undiagnosed people in England and 6,700 across the UK. We are diagnosing more people than there are new cases of HIV year-on-year.

All a success. But it means that the saving to the NHS of finding the next undiagnosed person diminishes with every new diagnosis.

Why? Because of increased costs and lower savings. The cost of finding the next case costs more the fewer undiagnosed people there are – in 2019 an increase of six per cent of additional HIV tests found 10 per cent fewer diagnoses. This will only continue. The further testing means the 'saving' to the NHS of the undiagnosed person passing on the virus will also decline.

This understanding of the traditional costing formula in public health cannot stop the kind of testing programmes we need. Especially when government

spending is going to go into contraction and public health budgets are going to be under immense pressure.

Local public health providers are neither going to stomach, nor be able to justify, handing their diminishing pot of public health cash to primary services. Only new funds, aiming to end new transmissions and measured by their contribution to finding undiagnosed cases, will suffice.

As the end draws nearer, and the chance of meeting this historic goal gets closer, we cannot become the victim of our success. Testing must be understood not by its unit costs but the exciting outcome to which it contributes: England the first country to end new cases of HIV.



How can screening programmes support the prevention and elimination of disease?

Life expectancy in the UK is stagnating and social gradients in health steepening, with the number of years spent living healthily lower than anywhere else in Europe. Non-communicable diseases, such as heart disease and cancer, cause 89 per cent of all deaths, yet many can be prevented entirely or caught early to improve survival rates and quality of life.

Consequently, the NHS Long Term Plan urges a shift away from reactive care to preventive action; with a commitment to improve healthy life expectancy by 5 years and to diagnose 75 per cent of cancer patients at an early, treatable stage.

National cancer screening programmes support these ambitions, and we argue that lung cancer should be next in line. Killing more people than any other cancer, and at twice the rate within socioeconomically deprived communities, just 29 per cent of patients in England are diagnosed early.

Survival improves considerably with early diagnosis, jumping from 17 per cent to 83 per cent (one-year survival) but most people have no symptoms in the early stages.

Two ground-breaking trials in the US and Europe found that screening people at high risk of lung cancer (primarily due to age and smoking history) before they experience symptoms saves lives. The screening test involves a 'low radiation dose' CT scan of the chest. Some countries have since implemented CT screening for high-risk people, including the US.

Our National Screening Committee are actively considering whether to recommend such a programme nationally.

A national approach means that every eligible person in the population is proactively invited. Equitable access is critical otherwise CT screening could exacerbate inequalities in cancer mortality.

Those at highest risk are overrepresented among smokers living within socioeconomically deprived communities, who were least likely to take part in the CT screening trials. Our own screening demonstration pilot in London, a region with some of the lowest cancer screening rates in England, achieved better uptake than trials, as did projects in Yorkshire, Manchester, Liverpool and Nottingham. Quite apart from reducing inequality, equitable uptake stands to prevent the most lung cancer deaths and boost cost-effectiveness.

The implementation of a national screening programme is no small undertaking, compounded by a national shortage of CT scanners and radiographers. Nevertheless, at a local level, staff training, resource and infrastructure are being built.



Dr Samantha Quaife,
Senior Lecturer in
Behavioural Science,
Queen Mary University
of London



Professor Sam Janes,
Professor of Respiratory
Medicine,
University College London

"CT screening provides a crucial opportunity to support individuals who remain dependent on tobacco and have faced greater barriers to quitting."

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Several demonstration studies and pilot services in England provide screening to their at-risk populations, including NHS England's £70m Targeted Lung Health Check Programme. Each approaches the delivery differently, through primary care, hospitals and mobile community-based units, producing different costs and benefits to be considered.

Common to all is the 'low dose' technology of CT screening, allowing detailed imaging at low radiation risk but picking up conditions other than lung cancer at the same time. This led to many earlier trial participants being told they had something concerning on their scan which turned out to be harmless, so-called 'false positives'.

In the years since, pragmatic and less interventionist approaches have been co-developed with colleagues across primary and secondary care. These simply monitor those changes in the lung that are likely to be harmless and ensure other conditions are only communicated if there is evidence that intervening will improve the individual's health.

For example, studies suggest many of those eligible for CT screening may benefit from taking statins, to prevent heart attack and stroke, or from treatment for early stage Chronic Obstructive Pulmonary Disease.

Regardless of what the scan shows, CT screening provides a crucial opportunity to support

individuals who remain dependent on tobacco and have faced greater barriers to quitting. The health benefits of smoking cessation at any age are endless and integrating evidence-based support will maximise health outcomes and increase cost-effectiveness.

Researchers are actively investigating ways to embed supportive interventions; highlighting other opportunities for promoting risk-reducing behaviours, including physical activity, alcohol reduction and improved diet. CT screening may therefore not only prevent premature deaths from lung cancer but ultimately promote broader health and well-being within a population at greater risk



Cancer care, inequalities and prevention

Timely and comprehensive cancer and patient data have to be the norm, not the exception – it is fundamental to making progress on early diagnosis of cancer.

Back in 2007, when Cancer Research UK first started working with partners to make a concerted effort to reduce late stage diagnosis of cancer, we were in the interesting situation of not actually having any national data on the issue. And so a lot of energy and collaboration went into putting that first comprehensive data picture together. It was a hugely powerful moment, because it confirmed what we feared; more than 100,000 people diagnosed with stage III and IV cancer, when the chances of surviving are so much worse.

Data about cancer stages has much improved over the years but the picture for cancer patients has barely shifted. Based on the latest data available, we know that of stageable cancer cases diagnosed in 2018, just 55 per cent were at stage I or II. These data shine a spotlight on the level of need and provide an impetus for ambitions to improve.

Clearly there is a long way to go before we reach the Government's ambition of 75 per cent diagnosed at stage I and II by 2028. But appreciating just how on or off track we may be against this ambition is made more difficult because of the lag in publishing the national staging data – we have yet to have national staging data in England for patients diagnosed in 2019.

We are also hampered by gaps in data that would allow us to understand what is working well,

and not so well, about cancer diagnosis. From how the public are responding to symptoms, through to management of symptoms in primary care and onward testing and referral, there are key parts of the picture that are not covered in routine data, or are not made available in a timely way.

The same applies to cancer screening – more than 14 years on from the launch of the national bowel screening programme in England, we have still not had publication of key data in annual report format, as we have with the other national cancer screening programmes.

Across all of this, missing or inaccurate data on patient characteristics limits our understanding of inequalities. Fundamental aspects of health data that are needed to understand where to focus improvement, and how to improve, are lacking.

This is not just challenging for Cancer Research UK and the cancer community with which we work but also for a Government that has committed to levelling up and improving cancer staging and survival on a par with the best in the world. Remedying this is crucial.

I have to hope we're at a turning point. COVID-19 has caused much pain and distress, and it has also brought data into the spotlight and reinforced how driving positive



Dr Jodie Moffat,
Head of Early Diagnosis,
Cancer Research UK

"We cannot afford – for the health and wealth of the country – to keep going as we have been. We must have investment in the resource, skills, systems and processes that are needed for timely, comprehensive and high quality data."

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impacts for patients is nigh on impossible without it. This is the case for COVID-19, and for the myriad of other diseases that people will suffer from and die of, cancer included. And looking to the future and the innovations on the horizon, data is only going to become more important.

We cannot afford – for the health and wealth of the country – to keep going as we have been. We must have investment in the resource, skills, systems and processes that are needed for timely, comprehensive and high quality data.

Optimising how we collect, curate, access and, crucially, use, data to inform progress and drive improved outcomes for all is everybody's business and in all of our interests.



How a world-leading deal is helping prevent thousands of deaths from Hepatitis C

In 2016 the World Health Organisation set the first ever global targets for eliminating Hepatitis C as a major public health concern by 2030 and, thanks to a one-of-a-kind deal between the NHS and pharmaceutical industry last year, it is possible we can achieve that goal even earlier.

Hepatitis C (HCV) is a blood-borne infection and a significant number of those who contract the disease will go on to develop liver cirrhosis or liver cancer.

There are an estimated 89,000 people living with hepatitis C in England, and many of those will be living without a diagnosis, due to the infection often having no symptoms until the liver is significantly damaged.

But new antiviral drugs can cure more than 95% of people, and the advent of effective therapy has given us an opportunity to eliminate a major cause of disease and liver cancer, with enormous benefits for everyone – the predicted reduction in liver cancer following the HCV elimination programme will free up resource that can be directed to other important health care initiatives.

In total, over the last four years more than 55,000 patients have been treated and we know that over 95% of these people are now virus free, meaning over 52,250 people have been spared the disabling effects of HCV.

We have already seen a reduction in the number of people with advanced cirrhosis and a remarkable fall in the requirement for liver transplantation (an average of 135 per year 2009-2014, dropping to a 10-year low of 63 in 2017).

There is no doubt that the agreement struck in 2019 between the NHS and Gilead Sciences, Merck Sharp and Dohme (MSD) and AbbVie, has significantly accelerated our progress to achieving elimination, with over 17,500 of the 55,000 being treated in the last 18 months alone.

The deal arose from a new procurement approach undertaken by NHS England, maximising competition between drug companies to secure the best possible deal for patients and taxpayers.

What is unique about this deal is that, in addition to providing all five hepatitis C drugs at the best price, the three drug companies are also running initiatives – working with local health services, councils and voluntary groups – to find potential patients, test for infection and treat those who need it.

Cutting health inequality is a major focus of the NHS Long Term Plan, and this deal is providing services to isolated and hard-to-reach communities including the homeless, those with issues of drug addiction, those living with mental health illnesses and other high risk groups. By making sure we reach the most marginalised and hardest to engage, we will ensure that no one is left behind and stop unnecessary deaths.



Mark Gillyon-Powell, Head of Programme, HCV Elimination, NHS England

"By making sure we reach the most marginalised and hardest to engage, we will ensure that no one is left behind and stop unnecessary deaths."

I5 - A new deal for prevention

As our target populations can be harder to reach than in other programmes, we must work hard to ensure our patients are viewed as a whole, considering all their needs.

This has already been successful with community vans providing a 'one stop shop', where mobile testing for blood-borne viruses and tuberculosis takes place, alongside giving housing advice and other holistic support. This minimises the need for people to be referred to several services to get the care they need.

We are working closely with other partners, including the Hepatitis C Trust, to deliver this programme. Throughout the country, teams of trained peer volunteers – people with lived experience – are helping local treatment groups identify and engage high risk individuals and provide them with the support and help they need to access effective care.

There is still some way to go, and prevention of new infections as well as treating those currently living with the disease is a common

theme running through all of our elimination initiatives.

But despite the COVID-19 pandemic, we are pressing on with eliminating another serious disease. With unlimited access to treatments, a widely shared partnership commitment and assertive patient-finding, eradicating Hepatitis C earlier than the 2030 target is within reach. We are hopeful that within the next few years we will be able to make history and declare the end of HCV in England.



Conclusion

The Government has set the commendable target for people in the UK to have five extra years of healthy, independent life by 2035. Achieving this aim will involve a sustained, collective effort to ensure equitable access to health and care services. Crucially, it will require taking a proactive approach to health across all areas of government.

Building the foundations of healthy living early in life, screening to detect disease in a timely manner, and collecting and analysing quality data to better plan and execute public health interventions will be key to realising ambitious prevention aims.

COVID-19 has caused mass disruption to health services and a shift in system level priorities, and threatens to undermine progress made towards meeting public health objectives. The suspension of routine vaccination programmes and the substantial number of patients missing diagnostic testing should be cause for concern. As Catherine Williams notes, education interruptions have led to a 20 per cent decline in HPV vaccinations administered in schools and delayed testing and intervention could lead to an additional 1,372 lung cancer deaths, reversing progress achieved in recent years.

Restoring essential diagnostic services must be a priority as Britain recovers from COVID-19. Identifying disease early makes a significant difference to patient outcomes. As Dr Samantha Quaipe and Professor Sam Janes note, in the case of lung cancer, 83 per cent of patients whose condition is identified at stage I or II survive for over a year, compared with only 17 per cent of those diagnosed at stages III and IV. Before the pandemic, only 55 per cent of cancer diagnoses happened in stages I and II. Given the challenges posed by COVID-19, concerted effort will be required to meet the Government's ambition to diagnose 75 per cent of cancer cases in the first two stages by 2028.

The aftermath of the pandemic must be used as an opportunity to build a stronger health system which makes prevention a priority. As Jodie Moffatt notes, COVID-19 has highlighted the importance of data in driving positive impacts for patients and provides an opportunity to build a new data infrastructure to inform progress in health care.

Data and diagnostics must be coupled with building the foundations of strong health early in life. Katherine Dunne argues that doing so will require a 'health in all policies' approach, in which the wider determinants of ill health are tackled. Prioritising building a healthy local environment and encouraging positive lifestyle changes through education will help alleviate long run demands on the care system and narrow existing health inequalities.

Reviewing the history of public health gives cause for optimism. As Ian Green notes, less than 40 years since the UK recorded its first HIV related death, the possibility of ending new cases of the disease is in sight. Mark Gillyon-Powell notes that far-sighted policy making has put Britain on track to eliminating HCV in England. Setting out clear strategies to tackle childhood obesity, enhance vaccination programmes and redress health inequalities shows Government's willingness to think proactively about public health. Matching bold ambitions with the resources necessary to build health considerations into all aspects of policy making can help make preventative health care a priority in the next decade.



Sebastian Rees
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"The aftermath of the pandemic must be used as an opportunity to build a stronger health system which makes prevention a priority."

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