

What If.... ?

12 December 2024

### The NHS deployed a 20,000 strong Preventative Health Taskforce to support patients most in need ?

We know about 15% of the UK population, or 25% of adults, are living with 2 or more long term health conditions.<sup>1,2</sup>

Furthermore we know that the top 5% of sickest patients account for around 50% of total healthcare spend, and each such patient on average costs 20x more per year than the average for the rest of the population.<sup>3</sup>



So what are the common characteristics of these patients ? **Multi-morbidities and Deprivation**

- Over 60% of Hospital Emergency Admissions are patients with 1 or more long term health conditions.<sup>4</sup>
- 55% of the cost of hospital admissions and outpatient visits and 75% of the costs of primary care prescriptions are people with 2+ conditions.<sup>2</sup>
- Those in the least deprived quintile can expect to have 2+ long term health conditions by the age of 71 years vs those in the top quartile of deprivation by the age of 61 years.<sup>2</sup>

### A Preventative Health Taskforce

What if rather than just reactively treating these high risk patients when they have acute exacerbations of their chronic disease (as we do today), we had a dedicated workforce focused solely on **proactively** keeping these patients well and managing the progression of their disease ?

Such a Preventative Health Taskforce could number 20,000, have their base in GP Practices, and work in the Community. This would represent about 2.6 prevention staff per GP practice in the UK, or 0.6 per GP, and could focus on around 2million target patients (or 100 patients per **Preventative Health Agent**).

The taskforce could focus its activities on interventions known to have demonstrable preventative health impact, including:

- Health Coaching
- Social Prescribing
- Recommending Digital health tools (Apps, Online Patient Communities, Diaries)
- Deploying Remote patient monitoring tools and triaging incoming data
- Screening programmes for early diagnosis
- Education & awareness programmes



The Preventative Health Agents would have a **'joined up' oversight of the patient's whole patient journey**, including a view of all their episodes of healthcare, as well as their social





Furthermore research has shown that just 13% of patients with Long Term Health Conditions felt knowledgeable about their health, and able to engage in healthy behaviours and confidently plan their care.<sup>4</sup>

Evidence is still emerging from trials of Health Coaching across the country. The exact mix of techniques and tools and deployment structures, for optimum impact on patient health and wellness is still being determined.<sup>4,7,10</sup>

However there is enough evidence today to point to clear benefits in improving the health & wellness of patients with multiple long term conditions, reducing pressure and cost in the health system, and benefits to the wider economy.<sup>7,8,11</sup>

**With the recent call for more preventative healthcare stemming from Lord Darzi's review<sup>12,13</sup>, and comments from the Secretary of State for Health ahead of the 10 year plan<sup>14</sup>, deploying more Health Coaching (and narrowing down the optimum deployment models) in the Community would be an example of an area of investment the NHS should be making.**

### **Remote Patient Monitoring**

Remote patient monitoring can take the form of a variety of Digital devices, apps and telehealth services, including sensors, wearables, implanted devices, communication tools education apps and alerts & alarms.<sup>15</sup>

Studies have shown reduced hospital care (reduced admissions, Length of Stay and A&E Attendances) in COPD and Cardiovascular disease patients<sup>16</sup>, and better adherence rates and blood glucose control in Diabetes patients<sup>17</sup>. Studies in the US also point to high engagement levels from patients, and much improved compliance with medicines and clinical outcomes<sup>18</sup>.

The NHS has already taken steps forward in the provision of Virtual Wards (11,800 virtual 'beds' in Dec-23<sup>19</sup>), enabled by remote monitoring technology. The same technology and support services could also be deployed preventatively in the highest risk patients. The Preventative Health taskforce could be especially useful in offering training sessions and support for more deprived populations to become comfortable with technology use, and in triaging the data it returns.



### **Social Prescribing**

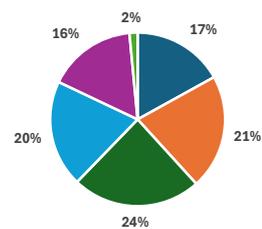
Social Prescribing connects people to local based non-clinical support to address social issues in their life such as loneliness, debt, stress, and financial pressures. Examples can include art or cookery classes, financial & housing support, gardening & conservation groups, volunteering & charities and walking & exercise groups. Social prescribing often comes from Link Workers affiliated to GP practices and community health teams.



Social, economic and environmental factors are very often a causal factor in people's ill health, and there is growing evidence that Social prescribing can improve patients mental & physical health.<sup>20</sup> Studies have shown reduced A&E attendances, reduced depression & anxiety, and fewer GP attendances in patients. Since 2020 Primary Care Networks have been reimbursed for the costs of employing link workers, but there is much more that can be done to join these activities up with Population Health, Health Coaching and Digital Health tools.

### So what about a Preventative Health Taskforce then ?

Spending on Preventative Health has historically represented only 5% of Total Healthcare expenditure, although this increased dramatically during the Covid Pandemic primarily due to immunization programmes. In contrast 40% of the NHS budget is spent treating preventable diseases.<sup>4, 21</sup>



- Information Education & Counselling Services
- Immunisation Programmes
- Early Disease detection programmes
- Healthy Condition Monitoring Programmes
- Epidemiological Surveillance & Risk and Disease Control Programmes
- Preparing for disaster and emergency response preparedness

In 2022 Preventative Healthcare spend by the NHS stood at £20.1B or 8.2% of Total Healthcare Spend.<sup>22</sup> Vaccination, Screening and Monitoring programmes represent about two thirds of this spending.

An indicative cost for a preventative taskforce as described above could be around £900m a year, or around £450/patient (assuming of £34,800 total employer salary & expenses costs per staff member and £100 in average Digital/Device costs). The staff could be recruited, trained up and deployed more quickly and flexibly, than the clinical staff currently being trained alongside them.

This would represent only a modest 4.5% increase in the current Preventative Health budget and only 0.4% increase to Total Healthcare Expenditure. In reality some of this funding could be found from the existing Preventative Health Budget, and it could pay rapidly for itself in avoided healthcare spend downstream.

The Return on this Investment could be considerable. The Top 5% of highest cost highest need patients were estimated to have average annual costs of £9,789 in 2019, with 71% of this coming from Hospital Inpatient Care.<sup>4</sup> It would be a conservative estimate to assume that the average annual cost of this patient group now stands at £10,000 in 2024. If there were a modest 10% reduction in Emergency bed days in this group (with studies showing this could be much higher<sup>4</sup>), the cost reduction in this group could be £710 per patient year – more than paying for the cost of the scheme. These freed up bed days could then be redirected to other patients, reducing the pressure on clinical staff, and



potentially reducing spend on escalation beds and Agency staff. Further savings could come from fewer A&E and Outpatient Attendances, as well as fewer Primary care attendances – helping reduce staff pressures and reduce wait times. Studies have shown improved healthcare outcomes in patients as well as wider societal and economic benefits.

### Concluding Remarks

It's a bold statement to recommend that the NHS spend an additional £900m of public money on Prevention, at a time of funding pressures and acute staffing and wait list pressures. Whilst this is a large sum of public money, it is comparatively small in the context of the £202B Department of Health & Social Care budget in 2024/25, and the additional £12.2B that is forecast to be added to this budget for 2025/26. This is especially so when we know that 40% of spend today is reactive treatment related to preventable diseases.

Whilst the degree of benefits, the best deployment models, and the optimum mix of different interventions are not precisely known today, there is enough strong evidence from the UK and other Global Ageing Populations, to no longer hold back on shifting spend from the current reactive model into proactive preventative healthcare.

Large scale pilots should be set up, with strong support from leaders and senior clinicians in healthcare systems, as well as input from technology leaders from outside of health. Advanced Population Health data sets should be set up to identify the target patients for Preventative Health Agents to focus on, and some time set aside each week to focus on prevention in this group. A fail fast learn quick innovation approach should be adopted, to experiment and find the best models to roll out across the whole country.

**By concentrating some resource on pre-empting deterioration in healthcare in a small number of at risk patients, resources can in turn be freed up in the system to deal with the current wait list, to alleviate staffing pressures, as well direct some more resource to longer term preventative care in the wider population.**

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## **The Health Analyst**

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The Health Analyst (THAhealth.com) is a blog site discussing the big issues facing the Healthcare and Life Sciences world today. It aims to shine the spotlight on new thinking and ideas that could drive positive change for all.

The Health Analyst works in the Healthcare sector, and has held a variety of different roles over a long career. This has enabled them to develop an innovative perspective on what needs to be changed and how it could be achieved.

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