CHSS
University of Kent
Centre for Health Services Studies

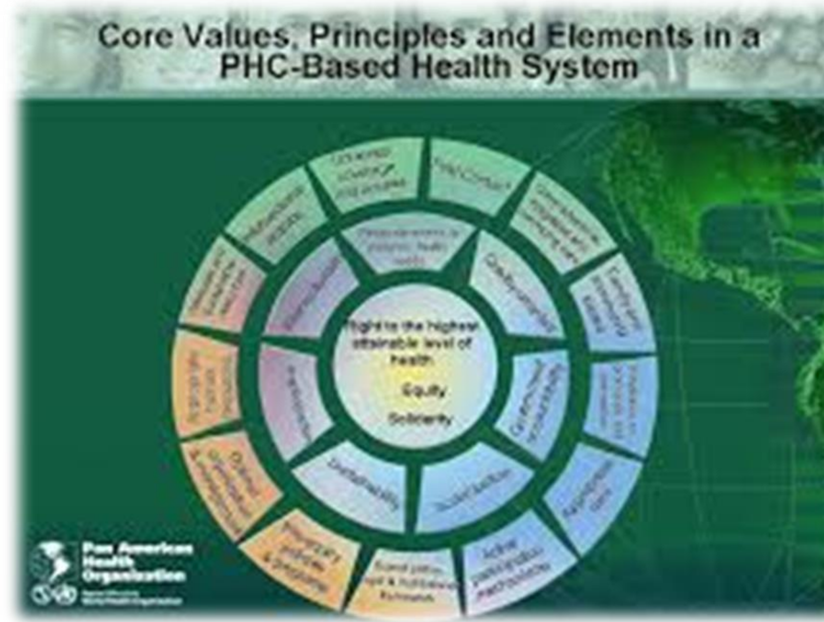
The role of primary health care in disease prevention and health promotion

Professor Stephen Peckham

EXCELLENCE IN HEALTH RESEARCH

Two views: the inclusive view

"If general practice isn't public health then what is it? It's not just cure, it's prevention, it's diagnosis, it's the whole lot, so I can't really separate that out in my head." (GP London)



Two views: the narrow view

However some GPs question whether they should be vested with responsibilities for social engineering that are really the proper role of government:

".. many GPs do not accept that population health is their responsibility and lack the training and skills to use public health data and techniques. There have been efforts to include a public health element in medical training, but it is not clear how effective it is at expanding trainees' core focus on identifying and treating disease."

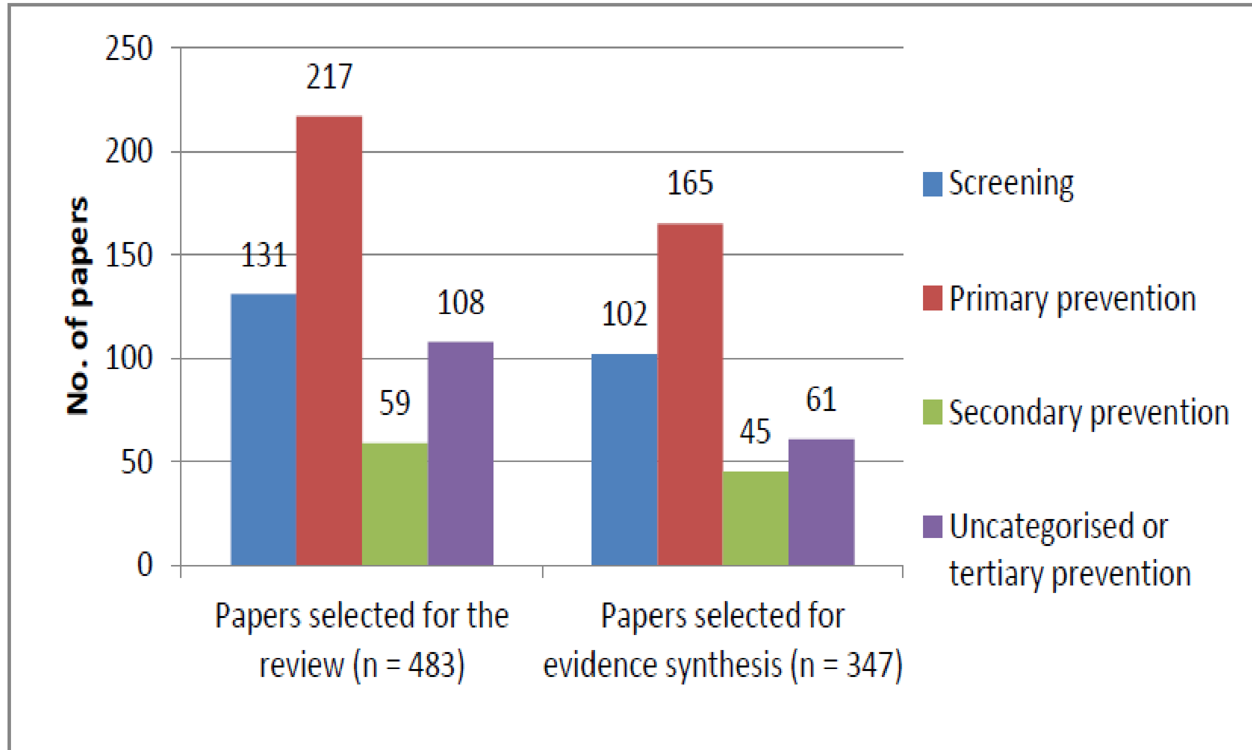
Primary medical care and public health

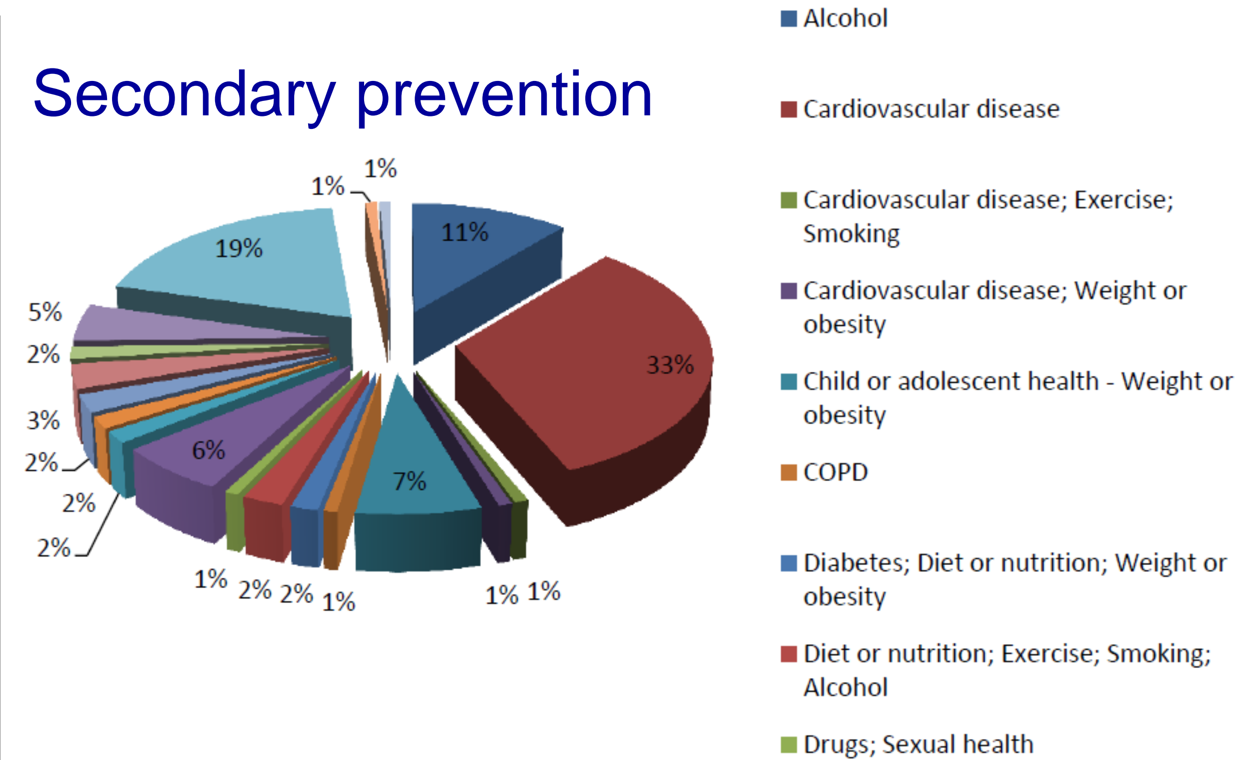
- Health improvement and the prevention of ill health increasingly seen as a key element of primary care:
  - Alma Ata 1978 and The World Health Report 2008 - Primary Health Care (Now More Than Ever)
- In the UK policy makers are placing more emphasis on health improvement as an approach to addressing chronic diseases
  - 1987 - payments introduced for health promotion activities
  - 2004 - Introduction of national primary care pay for performance scheme - monitoring
  - 2010 - Public Health White Paper 2010 “Healthy Lives, Healthy People”
  - 2014 - Prevention as part of integrated care
- Professional bodies increasingly supporting health improvement as a core element of primary care physician practice

2014 Evidence review and synthesis

- Aim: to identify the current extent of knowledge about the health improvement activities in general practice and the wider primary health care team.
- The objectives were:
  - To map the range and type of health improvement activity undertaken by general practice
  - To scope the literature on health improvement in general practice or undertaken by healthcare staff based in general practice and identify gaps in the evidence base.
  - To synthesise the literature and identify effective approaches to the delivery and organisation of health improvement interventions
  - To identify the priority areas for research

Distribution of topics in the 658 papers selected for review and evidence synthesis





Some overlap between papers that discussed more than one category: ie primary and secondary prevention

Key conclusions

- Little attention is paid in the literature to examining the impact of the organisational context on service delivery and how this affects the effectiveness of health improvement interventions
- GPs focus on individuals with practices engaging in individual screening, primary and secondary prevention.
- The range of activities suggests that GPs do not generally take a population approach although:
  - There are some interventions that provide population health improvements – brief interventions for stopping smoking being a good example.
  - There is also some evidence to support specific interventions being undertaken with some patient groups and in some locations
  - Good evidence of effectiveness of some community interventions

And the evidence base is very limited

- There is insufficient good quality evidence to draw clear conclusions about many areas of health improvement practice:
  - there is an absence of research and a lack of evidence for effectiveness
  - research has a medico centric focus and does not examine broader supportive roles or non-medical interventions
  - few studies compare effectiveness of different professional roles or different ways of organising and delivering health improvement
  - lack of research on the costs/benefits in terms of health outcomes
  - Lack of research examining contextual issues relating to the patient, local environment and socio-demographic factors

Key points from the study

- Public health is an important element of primary care practice - supported by many professional bodies
- A wide range of practise exists but most has a clinical focus and the extent and quality of activity varies widely
- We need better quality and more relevant research studies on the way interventions are delivered and organised
- Primary care provides an important setting for public health
- Financial incentives in the UK have not significantly led to improved health outcomes or reduced inequalities
- Financial incentives play a role but other factors can incentivise a public health approach

Supporting public health approaches in general practice

- Education and training – especially within core curriculum
  - Incorporate into basic training
  - Part of core GP curriculum (RCGP)
- Peer support and discussion
  - Time and opportunity to discuss public health
- More time for consultations to provide opportunities to discuss broader health issues
  - Evidence clearly demonstrates that health improvement is more likely to be included in consultation when longer consultation times
- Primary care teams to take a public health perspective
  - Getting the right skill mix
  - Practices as locations

But there are unique challenges:
The Deep End Project –PHC in deprived areas

'…practices in severely deprived areas can [only] improve patient's health and narrow health inequalities by increasing the volume and quality of the care … but … lack time in consultations to address the multiple morbidity, social complexity and reduced expectations that are typical of patients living in severe socio-economic deprivation'.

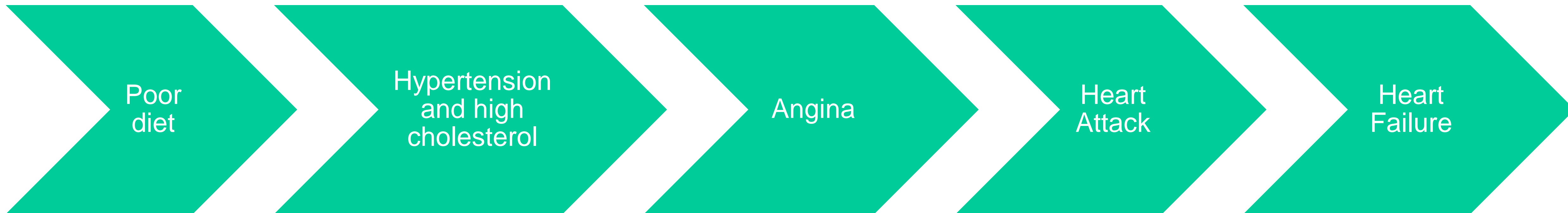
Norbury M, Mercer SW, Gillies J, Furler J, Watt GC. Time to care: tackling health inequalities through primary care. *Fam Pract* 2011; 28(1): 1-3.

Conceptual Challenge #1

- Public health is about the health of populations
  - For example, the Cochrane public health page states: “The CPHG facilitates the production of systematic reviews of the effects of public health interventions to improve health and other outcomes ***at the population level***, not those targeted at individuals.”
- But almost universally, GPs deal with the health of individuals.
- How do you decide which individual activities affect health at the population level?

Conceptual Challenge #2

- The spectrum of chronic disease has complicated notions of primary, secondary and tertiary prevention. For example:



- Where does disease start? Where does prevention start?
- What about post-MI management?
- Where does diabetes self-care fit in?

Conceptual Challenge #3

- Where, physically, does family/primary practice end?
  - At the surgery door?
  - With the team based at the surgery?

- What if we extend out to the community?
- Where is the evidence to support community based primary care?

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- HS&DR - The contribution of general practice to health improvement: synthesis review and a scoping study

  http://www.nets.nihr.ac.uk/projects/hsdr/09100152

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