

Sustainability and Accessibility of Healthcare in Times of Austerity: Improved Health Promotion and Transportation Remain Essential

Jacob Day (5th year BM BCh; BA) University of Oxford, New College

Correspondence to: Jacob Day: jacob.day@new.ox.ac.uk

ABSTRACT

The NHS aims to improve the health of the entire UK population. It is constrained by government budgets and so must consider cost-effectiveness. To maximise the benefit the NHS can provide we should focus on improving public health measures, particularly health promotion, and the accessibility of health services.

Key Words: NHS reform; sustainable healthcare; health promotion

Introduction

Gazing out of my bedroom window, I see an 85 year old man shuffling to the corner shop with his walking frame to buy some cigarettes. It is Mr Timms. He lives on the outskirts of our small rural village and his only income is his state pension. He has no family and few friends. He has mild dementia, so cannot drive, and his diabetes is poorly controlled. There is no GP surgery in our village and no public transport to reach the nearest one. Despite our nationwide health services he is left alone without help.

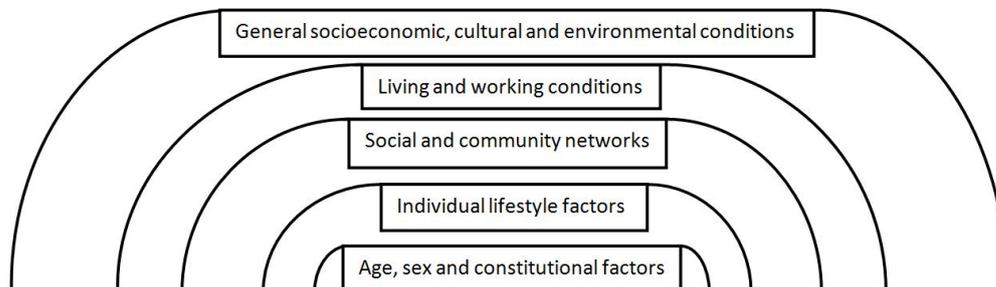
This scenario highlights key issues that are a real hindrance to optimising health care in the UK. In particular, age, disability and low income contribute to social exclusion and poor utilisation of services¹. For me, as a young student with a government loan and a car, these difficulties can be easily overlooked. Moreover, the UK population is ageing: those aged over 65 are predicted to rise to 23% of the total population by 2035, up from 17% in 2010². So, the issues of age and its comorbidities are only going to intensify. Yet in these times of austerity what are the options for change and improvement? Any strategy must be cost-effective and so the focus of improvement should be on public health measures and grass-roots management. If we can improve the accessibility and sustainability of our health services it will not only benefit the health of the current population but also the health of generations to come.

Improving sustainability

Health promotion and illness prevention can improve health care for an entire population and reduce the demand on health services, thus making them very cost-effective techniques. Health promotion is defined as “the process of enabling people to increase control over, and to improve, their health”³. This can be done through a number of

approaches including personal education and introducing healthy public policy to address different determinants of health³. The determinants of health which can be targeted are shown in figure 1.

Figure 1. The determinants of health



Based on reference 4.

Personal education can help people to lead a healthier lifestyle and so reduce their risk of future disease and also enable people to manage their own illnesses without health care intervention. Media campaigns and school education should form the cornerstone of mass education simply because of the sheer number of people that can be reached in these ways. However, as long as Google searches for “healthy eating” return sites advertising diet pills and assurances about the latest liquid diet there will still be a role for healthcare professionals providing their patients with informed and balanced opinions.

If Mr Timms knew how to manage his diabetes through exercise and diet alone then it would empower him by reducing his reliance on health professionals. Simple education can encourage people to take responsibility and it also increases their sense of dignity. The traffic light scheme⁴ aims to visually highlight the nutritional content of different foods by colour coding the numerical values of fat, sugar, salt and energy red, amber or green according to whether the amount it contains is high, medium or low, respectively. This is one attempt to educate us all about the food we buy and so influence our choices in a healthier direction.

However, it has been shown that education alone is insufficient to change people’s behaviours⁶. Instead, although not yet implemented in the UK, there is accruing evidence that public policy, combined with education, can give the largest population effect⁷. Possibilities include discounting healthier food and taxing less healthy food. Discounting healthier food also carries the appeal of having a disproportionately greater effect on those people with lower incomes and so could potentially help address health inequalities (example 1). Taxation would not only reduce consumption but also generate revenue, which could be reinvested in public health programmes⁸. Unfortunately, this has been difficult to implement practically. The Danish ‘fat tax’ was abolished due to concerns over its economic viability and a number of attempts to introduce ‘soda taxes’ in the USA have so far failed

Illness prevention can also be achieved in ways other than personal education. Immunisation programmes are highly effective as primary prevention of diseases and in the UK further immunisations against rotavirus and meningitis B are soon to be introduced to the routine childhood schedule⁹⁻¹⁰. The benefits of immunisations are well documented: diseases can be eradicated, such as smallpox has been, immunised individuals are protected from the disease and even non-immunised have a lower risk of infection due to herd immunity¹¹. However, concerns about side effects and a perceived lack of need for immunisations can cause rates to fall. Outbreaks of measles in the UK, most recently in Wales, are thought to be due to reduced uptake of the MMR vaccine largely following public concerns over the refuted links with autism¹².

Example 1 - Making the healthy choice the easy choice: when shoppers are both educated about the benefits of and given discounts on fruit and vegetables they buy more fruit and vegetables⁶. Those who received only the discounts would use the money saved to buy other less healthy foods. Education alone had no effect on buying pattern⁶.

Screening can pick up diseases before they have significant impact on health and at a stage where they are more easily treated. Currently in England, the routine screening programmes in adults are those for breast cancer, cervical cancer, bowel cancer, diabetic eye disease and abdominal aortic aneurysms¹³. There are certain criteria that any screening programme should fulfil in order that they be beneficial and cost-effective¹⁴. Not all diseases are able to be screened for: prostate cancer is an example of a disease for which screening is advocated but does not currently fulfil the criteria. Even if these services are offered it is essential that people are able to access them so that they and the population in general can benefit as much as possible.

Improving accessibility

Mr Timms finds it difficult to access the health care services available for a number of reasons. He is physically restrained by his age and frailty; there are no suitable public transport services; he does not have enough money to travel by taxi; he is socially isolated and cannot ask friends. Broadly speaking, there are two ways in which this can be overcome. We can either help Mr Timms to get to health services or we can bring those services closer to him.

There is often an over reliance on private cars for travel so that those without cars are left in difficult situations. Public transport links in key areas can be improved and travel subsidies provided where necessary. When designing new hospital sites the Department of Health has pledged to take patient access into account by encouraging public transport links and ensuring parking capacity is maximised¹⁵. Further options include voluntary car schemes (see example 2) and an increase in dedicated specialist transport for those in most need.

Example 2 - Fewer people in deprived areas own cars than in more affluent areas. This can make travel to health centres more difficult as shown by North Cornwall PCT where 80% of people found it difficult to access healthcare other than by private car¹⁵. Modbury Caring is an organisation which helps to address such difficulties: it is funded by donations and relies on volunteers to drive those patients to and from health services who would otherwise be unable to get there¹⁶.

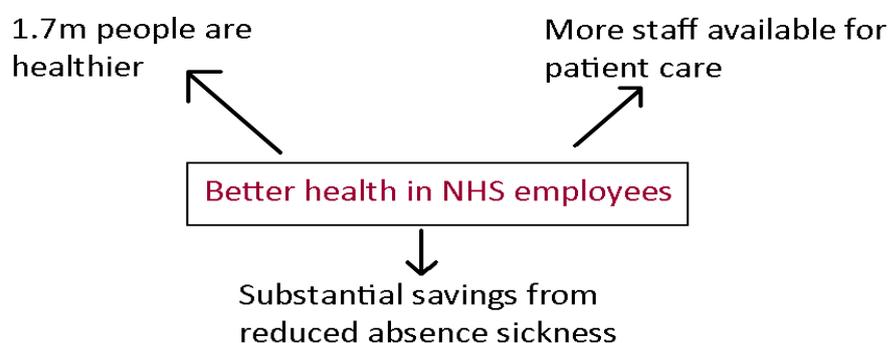
Increasing accessibility in this way would have a number of benefits over and above access to health care. People would also be able to reach shops more easily and to see friends more readily, perhaps improving their diet and reducing social exclusion. Health employees would benefit from better transport to and from work and visitors to hospital would be able to see their loved ones more easily. It would reduce the 3% of people who say they have missed appointments because of transport problems¹⁵ and so save money.

Conversely, an increase in community-based services can reduce the distance required for people to travel. Health services can be specifically placed in convenient locations in order to increase uptake. For example, in Colchester, a mobile health unit in supermarkets provides free NHS health checks and lifestyle advice¹⁷. Services that have historically been offered by doctors and nurses do not necessarily need to be, as shown by the success of smoking cessation services operating from pharmacies¹⁸. Having multiple health services located in the same building can maximise efficiency and patient choice.

Health worker resilience

The NHS is the largest employer in the UK and so has a dual role in providing health care to the nation and in providing income to 1.7 million people¹⁹. It is known that employees who are healthier are more committed and less likely to take sickness leave²⁰. If the NHS can maximise the health of its employees it will not only improve the health of almost 3% of the UK population and save a vast amount of money due to reduced sickness absence but those employees will also be better able to care for the patients of the NHS. This is illustrated in figure 2 below. There have been some steps towards this. For example, the NHS has signed up to be part of the 'cyclescheme' in which employees can purchase a bike tax-free with monthly payments taken off their salary²¹. These principles apply to all employers, not just the NHS, and central government may help subsidize such schemes in the future.

Figure 2.



Conclusion

In 60 years time, when I glance up from the television to look out through the sitting room window of my bungalow, I know what scene I would like to greet me. One that holds familiar houses of family and friends, a health centre round the corner, a flat pavement connecting a grocer's at one end with a bus stop at the other. If this were Mr Timms's view today who knows how much better his mental and physical health might be. By implementing simple public health policies today that focus on accessibility and sustainability at a grass-roots level we can help make it so that everyone can gaze out on such a scene tomorrow.

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