



FACULTY OF
PUBLIC HEALTH

What the NHS thinks about prevention

Results of opinion polling
of 310 NHS leaders



#NHSprevention

About this paper



This paper presents the results of a poll of 310 NHS leaders about ill-health prevention surveyed by polling experts ComRes between 22 January and 18 February 2019 via email. Data were weighted to be demographically representative of an original ComRes sample file of healthcare leaders and consultants that were invited to participate, by region.

For the purposes of this research ill-health prevention was defined as activities where the primary purpose is to avoid disease and risk factors (primary prevention) or to mitigate the progression of the effects of existing disease (secondary prevention). NHS leaders were defined as either directors, deputy directors or clinical leads at their Trusts, decision makers at a primary care or commissioning level, (such as GP practice clinical leads), or other clinical leads that are consultant level or higher.

This research was commissioned as part of FPH's [Role of the NHS in Prevention project](#), which seeks to examine how NHS organisations are responding to or shaping the prevention agenda. Its aim was to explore with an NHS audience several of the key issues that have emerged from our work so far from consultation with predominantly a public health specialist audience, including: barriers to NHS organisations seeking to take a more preventive approach, prevention budgets, and

priority approaches to NHS prevention delivery. We hope this will allow us to see where the public health and wider health communities align and where there may be differences in opinion, priorities, or perception of experiences.

The findings from this research have been used to inform [a discussion paper](#) that FPH has published, which provides some more detailed analysis of some of the major findings and some initial comparisons with the views of the public health community. This paper aims to present the headline findings from the polling in an easy to read format. For full polling findings please see the [publicly published ComRes results tables](#).

This research is supported by the Health Foundation, an independent charity committed to bringing about better health and health care for people in the UK.

Audience

We believe these findings will be useful for:

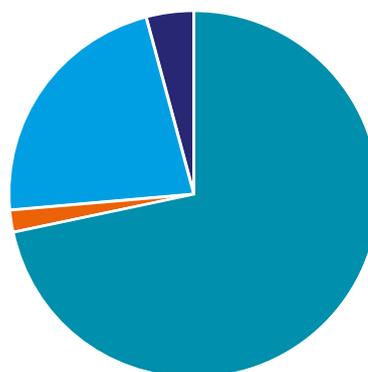
- FPH members and other public health professionals working within or in partnership with NHS organisations
- NHS leaders or staff with an interest in prevention – even if it's not formally part of their role
- Policy-makers at a local and national level
- FPH and other public health leaders

Who completed this survey?

This survey was completed by 310 NHS leaders. A majority of respondents work at NHS Trusts, giving us mainly a provider perspective.

Throughout this paper, where practicable, we have indicated where there is a marked difference in opinion between providers and commissioners or those working at primary care level to try to better understand what the results are telling us. However, it is important to highlight that since the commissioner sample (n=62) and primary care sample sizes (n=17) are very small, there are limited conclusions we can draw from any differences in results based on role type or setting.

Respondents were senior clinicians and leaders from a large range of disciplines representing all areas of the UK. Only 3% were public health specialists. The vast majority were either working as director, deputy director, or clinical leads in their departments or workplaces. A majority of respondents have spent more than five years in their current job role, suggesting the results speak to the views of experienced senior managers and decision makers within the NHS.

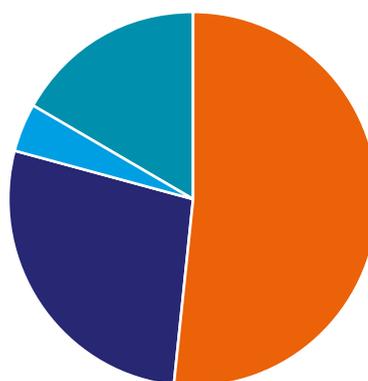


Q: Which of the following settings do you mainly work in?

- NHS Trust hospital (71%)
- GP Practice (2%)
- CCG, local health board or equivalent (22%)
- Other (4%)

Q: Which of the following describes your specialist area?

- | | |
|---|--------------------|
| Not applicable (15%) | Paediatrics (7%) |
| No speciality (5%) | Pathology (4%) |
| General Practice (11%) | Psychiatry (7%) |
| General Medicine (10%) | Public Health (3%) |
| Emergency Medicine (3%) | Radiology (4%) |
| Anaesthetics and Intensive Care Medicine (7%) | Surgery (7%) |
| Obstetrics and Gynaecology (5%) | Other (22%) |
| Occupational Medicine (1%) | |
| Ophthalmology (2%) | |

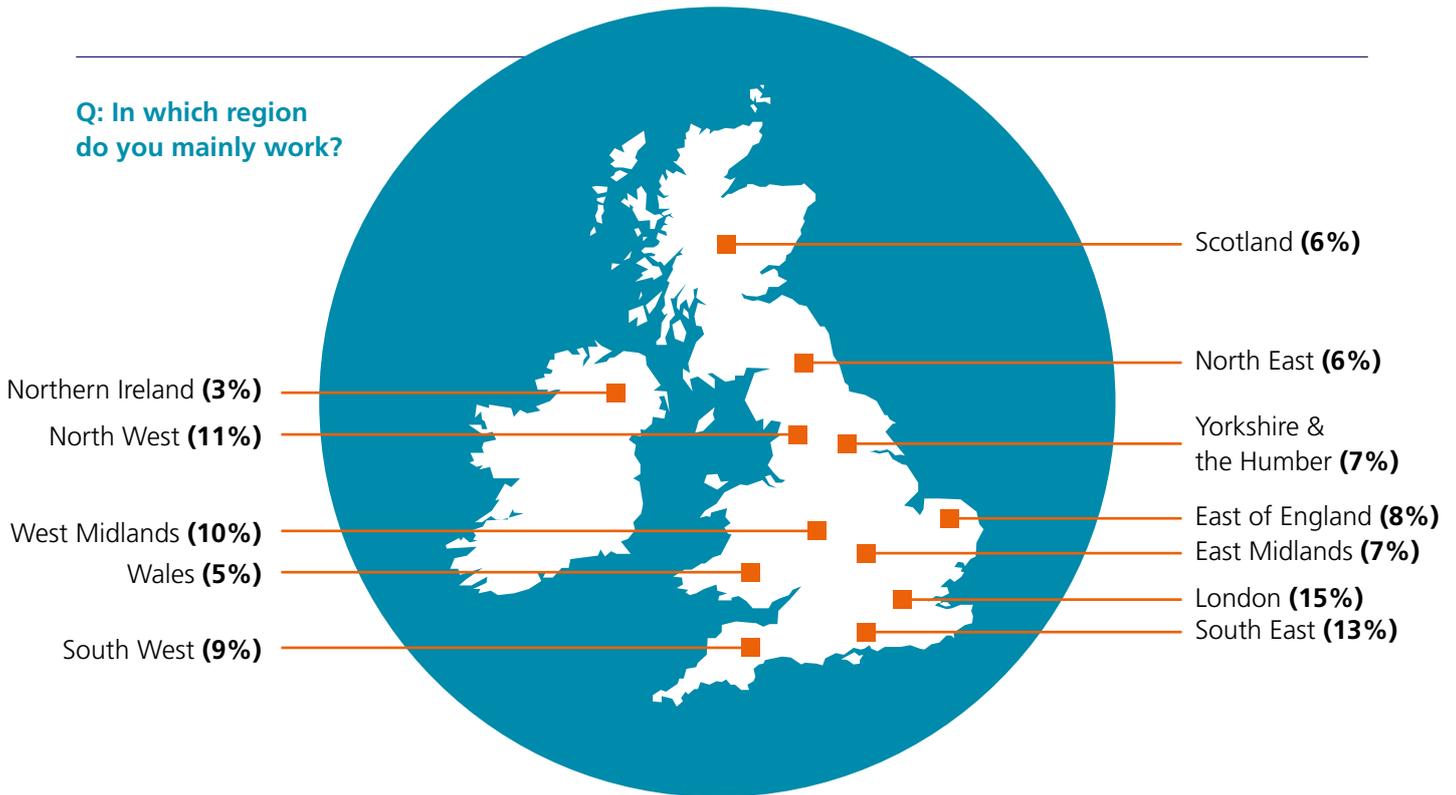


Q: Which, if any, of the below describe your responsibilities in your professional role?

Role (respondents could pick more than one choice)

- 62% of respondents were directors, deputy directors or clinical leads at NHS Trusts
- 33% were clinical leads or equivalent where they work
- 5% were decision makers at primary care level
- 20% were decision makers at commissioning level

Q: In which region do you mainly work?



Q: How long have you been a director, deputy director, or clinical lead at an NHS Trust for?*



Q: How long have you been a decision-maker at primary care level?*



Q: How long have you been a decision-maker at commissioning level?*



Q: How long have you been a clinical lead where you worked?*



For the full report detailing the sample size and respondent demographics in more detail please visit the [publicly published ComRes results tables](#).

*Asked to relevant groups only

1. Do NHS leaders see prevention as part of their work?

The Secretary of State's [Prevention Vision](#) makes the case that prevention is everybody's business and simply cannot be delivered by any one sector, specialist, or institution acting in isolation; we all have a role to play. And although the direct provision of healthcare accounts for a relatively small proportion of what makes us healthy, the NHS still has a critical role to play and many opportunities to do more on this agenda.

The recently published [A Healthier Wales](#) (2018) and the [NHS Long Term Plan for England](#) (2019) both outline what this could look like in more detail and place prevention and a population health approach at the core of NHS business.

We wanted to find out if NHS leaders currently viewed prevention as part of their department's work in order to help us gauge the extent of the step-change that may be necessary for all NHS organisations to take a more preventive approach.

Overall NHS leaders are split over whether prevention is central to their departmental work, with around half saying prevention is a core or large part of their work, and the other half indicating that prevention is a small part of their work or not part of their work at all. Commissioners were more than twice as likely than average to say that prevention was a core part of the work of their department (44% compared with 21% overall). The reason for this difference is unclear.



Q: Do you consider the prevention of ill-health to be part of your department's work?

- **21%** say prevention is a core part of the work of their department
- **30%** say prevention is a large part of the work of their department
- **42%** say prevention is a small part of the work of their department
- **7%** say prevention is not at all part of the work of their department

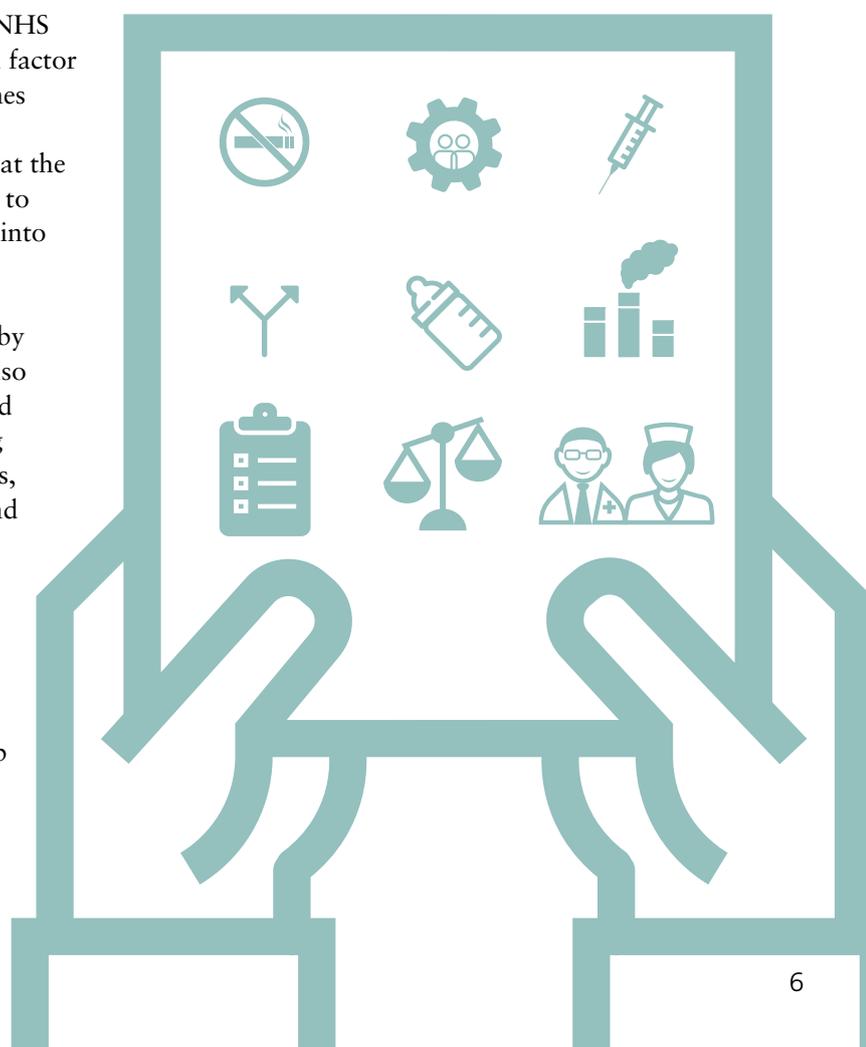
2. What are the NHS's prevention priorities?

Our [evidence review](#) into NHS prevention activity showed that there are myriad ways that the NHS is currently addressing the prevention challenge. We wanted to find out which areas, approaches, or types of activity the NHS was currently prioritising and then see if it matched what NHS leaders think their local NHS should be prioritising.

As seen in the tables on the next page, current NHS priorities for prevention are predominantly risk factor and single-issue based, e.g. screening programmes or addressing smoking or harmful alcohol use. However, NHS leaders are most likely to say that the NHS should be prioritising a systems approach to prevention, followed by embedding prevention into routine practice.

Four out of the 'top five' categories considered by NHS leaders to be the current priorities were also what they thought the 'top five' priorities should be: addressing common risk factors, embedding prevention into clinical and/or patient pathways, delivering a systems approach to prevention, and embedding prevention into routine practice. When you compare the lists, the only category that advanced into the short listed 'top five' priorities for the future was reducing health inequalities, displacing universal prevention programmes. Only 25% of NHS leaders say that reducing health inequalities is a current top priority for their local NHS service, but 39% think it should be. Commissioners were much more likely to think that the NHS should prioritise tackling health inequalities (58%), compared with providers (37%).

Twenty-nine per cent of NHS leaders say that addressing common risk factors should be a top priority for the NHS in the future, a considerable drop from the nearly half (48%) who think it is currently a top priority. This doesn't necessarily mean that NHS leaders don't think that the NHS should be addressing common risk factors, only that they don't believe this approach to prevention should be prioritised as strongly as it currently is.



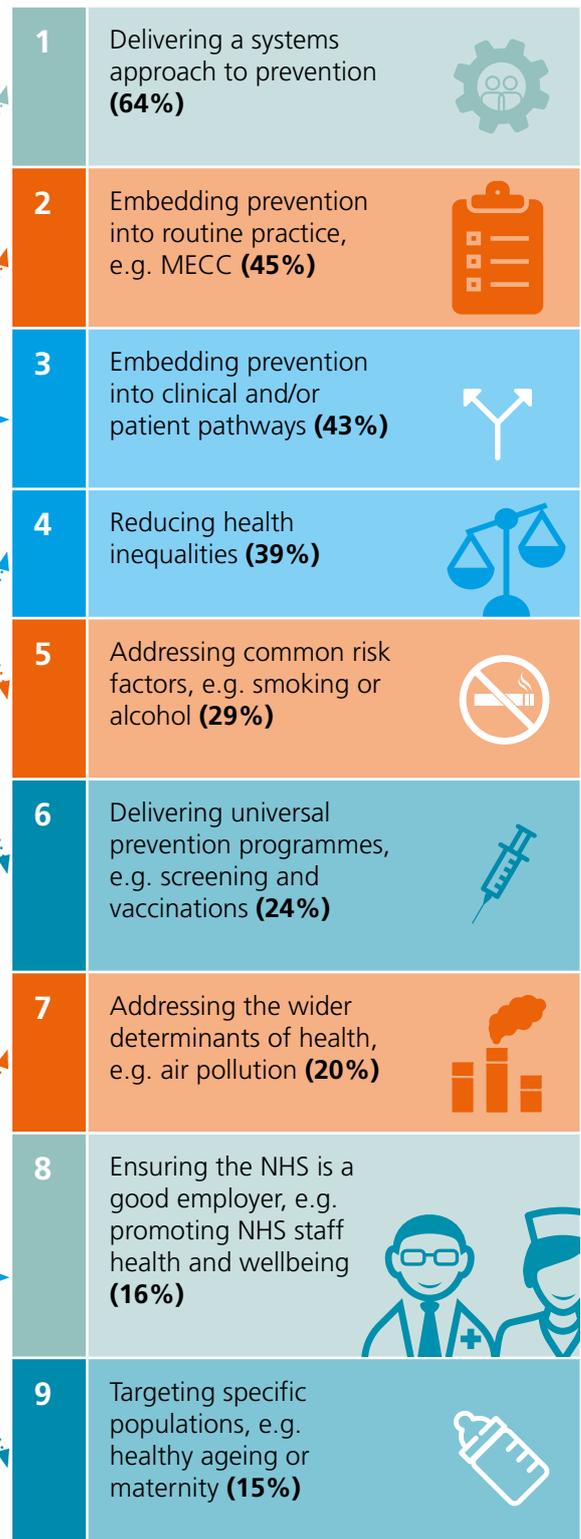
Q: In your local area, what do you see as the NHS's current prevention priorities?
(choose top 3)

Shows % selecting each in top 3



Q: In your local area, what do you think the NHS's prevention priorities should be?
(choose top 3)

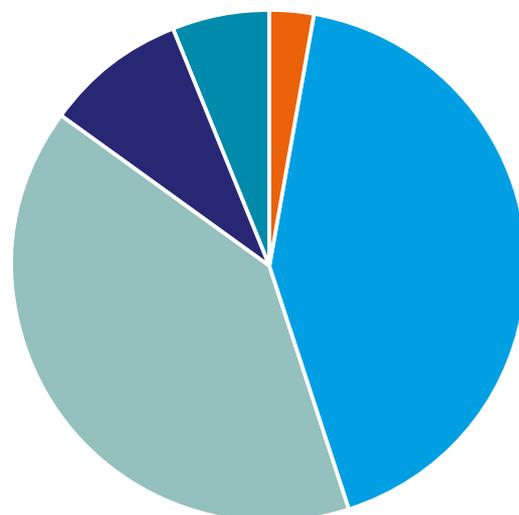
Shows % selecting each in top 3



Arrows show the change in position for each category that NHS leaders selected in the 'top 3' as a current priority versus the 'top 3' selected as a future priority

3. How effective is the NHS at delivering prevention?

We asked NHS leaders to tell us how effective they think the NHS in their local area is at delivering its current prevention priorities, which respondents in the previous question identified as most likely to be interventions that address common risk factors, universal prevention programmes, and embedding prevention into clinical and/or patient pathways.



NHS leaders are divided:

45% consider their local NHS to be effective and ...

49% consider it to be ineffective at delivering its current prevention priorities.

Q: How effective or ineffective do you think the NHS in your local area is at delivering its current prevention priorities?

- Very effective: **3%**
- Fairly effective: **42%**
- Fairly ineffective: **40%**
- Very ineffective: **9%**
- Don't know: **6%**



Does involvement in prevention activity influence the perception of effectiveness?

We also wanted to see if the perceived effectiveness of prevention within the NHS changed based on how much exposure to prevention work NHS leaders had or were engaged in.

Prevention is a ... part of my department's work

	Core	Large	Small	Not at all
Net effective	71%*	50%*	31%	24%*
Net ineffective	29%*	45%*	62%	52%*
Don't know	0%*	4%*	7%	24%*

* indicates base sizes <100 which are indicative only and results should be treated with caution

There does appear to be a relationship between the extent of involvement in prevention activity and perceptions of effectiveness, with those most closely involved in prevention more likely to think it is being delivered effectively and vice versa. It is positive that most NHS leaders (71%) who see prevention as a core part of their work think the NHS is effective at delivering it. But this contrasts starkly with NHS leaders with little involvement in prevention, who are much more likely to think that it is being delivered ineffectively or to not know one way or another.

4. How much does the NHS spend on prevention?

The Office for National Statistics UK Health Accounts attributes around 5% of total UK Government healthcare expenditure to 'preventive healthcare' – the definition of which is expanded upon [here](#).

In England this is mainly distributed via Public Health England through the ring-fenced grant to local authorities. NHS England also commissions some public health functions (mainly screening and immunisations) under Section 7A of the NHS Act 2006. But we know that this figure masks a wide range of activity, including much secondary prevention delivered by the NHS. The truth is that we don't actually know what the whole health and care system spends on prevention.

That is why it's perhaps not surprising that when we asked NHS leaders to estimate the percentage of their budget currently spent on ill-health prevention, 73% (n= 227) said they 'didn't know.'

However, of the respondents who were able to answer (n=83), they said that on average 11% of their total budget is spent on prevention, but the proportion should rise to 27%. This suggests that NHS leaders who responded to this question think their prevention budgets should be more than doubled – a significant increase on whatever amount their baseline spend currently is now.

Q: Please tell us approximately the percentage of your budget that is currently spent on ill-health prevention and that you think should be spent on prevention (n=83)



On average 11% of total budget currently spent on prevention



But the proportion should rise to 27%

We also asked a number of other questions regarding prevention budgets, including:

Q: To what extent do you agree or disagree with the following statements about NHS spending on prevention?



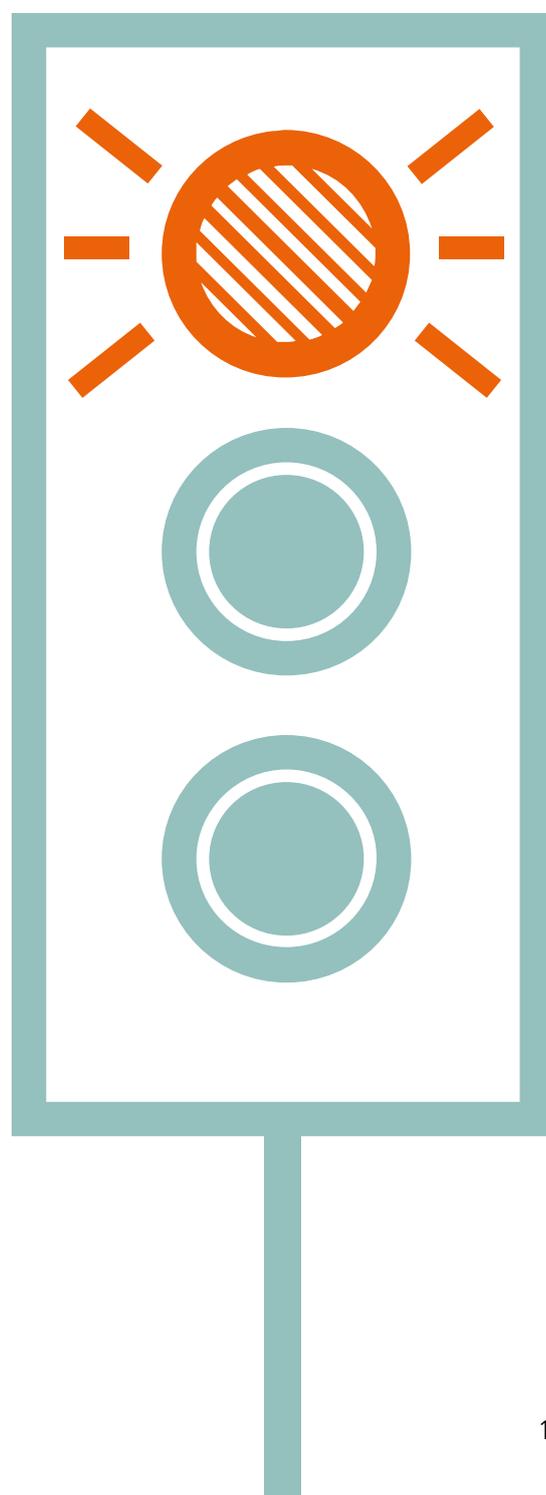
It's important to highlight that although nearly all of NHS leaders agree that the NHS should receive additional investment from Government for ill-health prevention nationally (89%), more than two-thirds (67%) also agree that the NHS should spend more of its current budget on this, for example by reallocating it to prevention.

5. What are the barriers to NHS prevention?

As we can see from the previous question, two-thirds of NHS leaders agree that a lack of funding is the main barrier to delivering prevention locally.

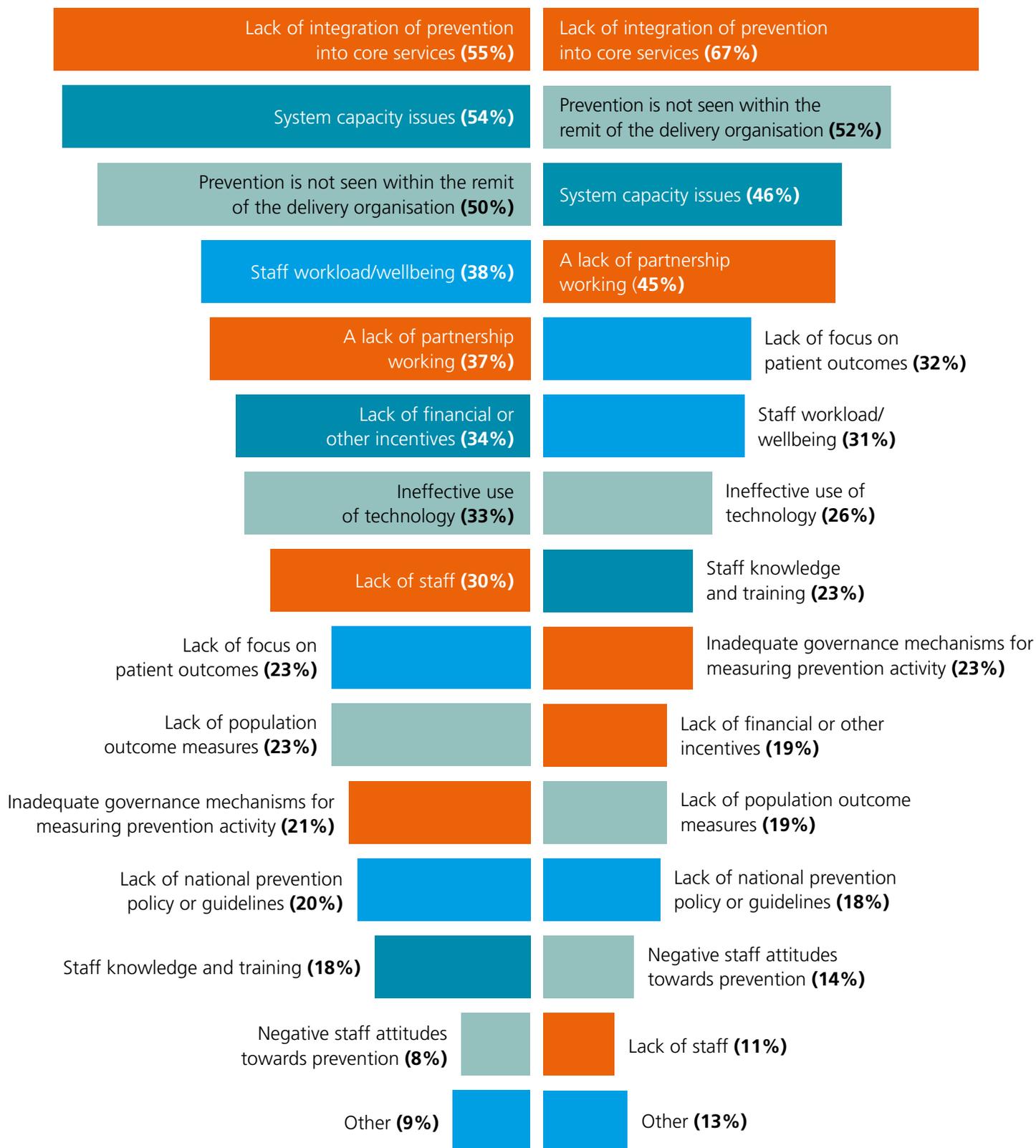
But we wanted to find out what NHS leaders believe are the other significant barriers getting in the way of their department taking a more preventive approach. Using the findings from our evidence review and stakeholder feedback about key barriers, we asked NHS leaders to assess 15 different commonly identified barriers and let us know the top five that they considered to be significant impediments (other than a lack of funding).

From these lists detailed on the next page we can see that – other than a lack of funding – a lack of integration of prevention into core services, combined with system capacity issues and the perception that prevention isn't seen as part of the delivery organisation's remit are identified as the main barriers to prevention delivery.



Of those who considered funding as the main barrier to prevention at a local level (n=197), the other main barriers considered were:

Of those who considered lack of funding not to be the main barrier (n=113), the other main barriers considered were:



6. What should the NHS advocate for?

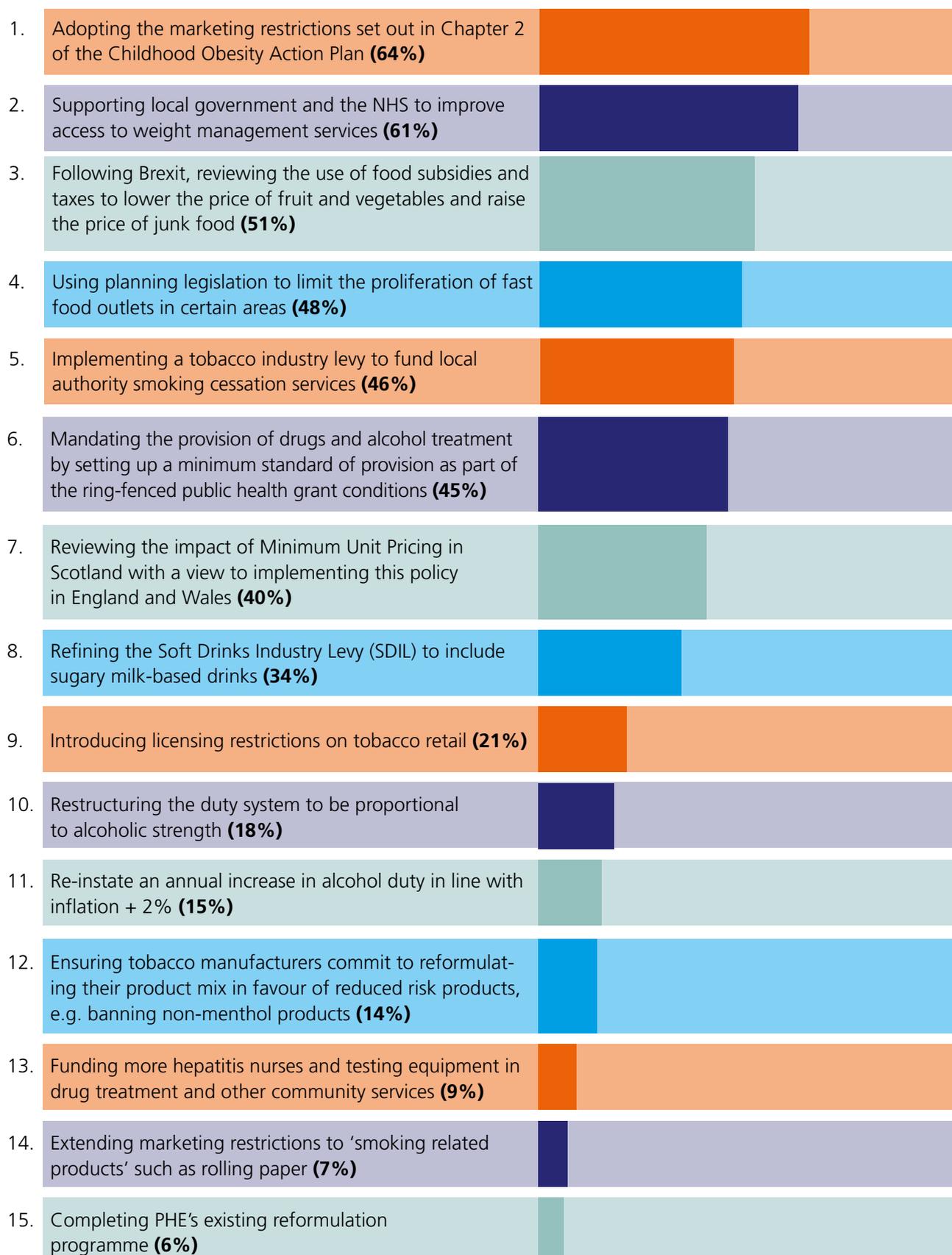
FPH members believe that prevention requires cross-governmental action and that the NHS should be at the fore of advocating for the prevention agenda in its local community and also nationally.

We therefore wanted to explore with NHS leaders which policy measures, taxes, or regulatory changes they wanted from national and local governments to best support their efforts to keep their local population healthy and out of hospital for longer.

We asked FPH members and partners in PHE to help us devise a long list of evidence-based, impactful ‘no and low cost’ tax and regulatory measures to improve the public’s health across four main issues: tobacco, alcohol, obesity and food, and drugs. We then asked NHS leaders to choose the top five that they thought would most benefit the health of their local population.

As you can see from the table on the next page, NHS leaders are signalling a clear priority area for ‘no or low cost’ taxes and regulatory measures: obesity, food, and weight management. Action to support smoking cessation rounds out the top five ‘short list.’ You can see how this list compares to what the public health community says are priority areas [here](#).

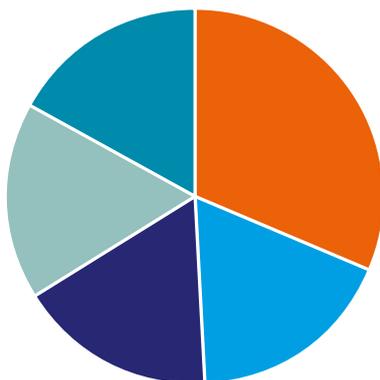
Q: From your perspective as an NHS leader, which of the following policy changes from national and/or local government do you think would most benefit the health of your local population? (Choose your top 5) Showing % selecting each in their top five



7. If the NHS could do one thing to encourage a greater focus on prevention...

We asked NHS leaders to 'write-in' what they think the main areas of focus should be for the NHS going forward at a local or national level to encourage a greater focus on prevention. While their comments cover a lot of different areas and provide illuminating insights into some of their local challenges, their answers can be grouped in the following ways:

The responses to this question very much reflect NHS leaders' answers to the previous taxes and regulations question. We see a large focus on national advocacy and partnership working across sectors, targeted at obesity, weight management, exercise, and healthy eating. We have selected a few quotes to illustrate the breadth of responses and give examples of each of the major categories the 'write-in' answers touched on.



- National advocacy to improve the health of their local population **(28%)**
- Focus on exercise **(16%)**
- Partnership working to deliver prevention **(15%)**
- Tackle obesity **(15%)**
- Improve people's diet **(15%)**

"Make more explicit and publicise the need for more housing, for much greater control of alcohol, tobacco, food industries by central government."

"We don't have a National Health Service in the UK, that's a myth. What we have currently is a National Ill-Health Service, which is creaking under the burden of obesity, diabetes etc."

"Lobbying government to make legislative changes, e.g. sugar, fat, processed food."

"Promote a cultural change to see eating less, moving more, eating well, stopping smoking, drinking responsibly, staying in work and maintaining healthy relationships as treatment rather than supporting a medical model first approach and the use of drugs."



Concluding remarks and next steps

NHS leaders clearly value prevention and are passionate about ensuring the NHS can provide the best service possible to the UK population.

There is a clear emphasis on systematically incorporating prevention into the NHS system. NHS leaders also consider population level interventions as higher priorities than individual-focused interventions. They are split about whether the NHS is effective at delivering prevention, though it appears to be a virtuous circle: the more prevention work they do, the more likely they are to consider prevention as effective.

Most NHS leaders we polled don't know how much they currently spend on prevention. Without a good understanding of what the NHS currently does (and spends) on preventing ill-health, it's difficult to see how it can make informed decisions about how to do more (and what to do). Importantly, despite this ambiguity and uncertainty over levels of preventive spend within their departments, NHS leaders would like the NHS to spend a considerable amount more than it currently does on prevention and are willing for the NHS to spend less in other areas in order to do so.

NHS leaders identified a lack of funding as a major barrier to prevention work, but also found various governance issues such as whose remit is prevention and a lack of integration into core services as barriers to prevention. They also feel the NHS should advocate for policy changes at a national level and would most like to see the NHS use its platform to speak out for proven, impactful policy changes around obesity, diet, and exercise.

We hope that these polling results provide a useful contribution to the on-going national conversation about how we fund, value, deliver and talk about prevention across the entire health and care system and within our NHS. To read some more analysis of these findings and learn how FPH sees them in a wider context, please visit our [Prevention in the NHS](#) webpages or get in touch via policy@fph.org.uk.

Thank you very much for reading.

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FACULTY OF PUBLIC HEALTH

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About the UK Faculty of Public Health

The UK Faculty of Public Health (FPH) is a membership organisation for approximately 4,000 public health professionals across the UK and around the world. We are also a registered charity. Our role is to improve the health and wellbeing of local communities and national populations. We do this by supporting the training and development of the public health workforce and improving public health policy and practice in partnership with local and national governments in the UK and globally.