Margaret McCartney

Preventative Agenda

Which areas of preventative spending/ the preventative agenda would it be most useful for the Health and Sport Committee to investigate?

Breast screening - now being dismantled in Switzerland. There is a lack of high quality evidence that it delays death and it does cause overdiagnosis as a consequence.
Health checks - there is no evidence that using Keep Well to do health checks results in improvements to health that would not have occurred with usual GP care.
Media campaigns to promote screening - are expensive, and do unintended harms - for example, promoting cervical screening rather than informed choice about cervical screening.

How can health boards and integrative authorities overcome the (financial and political) pressures that lead to reactive spending/ a focus on fulfilling only statutory duties and targets, to initiate and maintain preventative spend?

By using evidence in planning how to spend resources, and spending money on high quality and evidence based policies, or fair trials otherwise. By inviting academics, professionals and patients who are thinking critically about these interventions for their input.
True preventative medicine is social justice and fair food, alcohol and tobacco laws, and it is these that policies should be aimed at addressing.

How could spend that is deemed to be preventative be identified and tracked more effectively? What is required in terms of data, evidence and evaluation to test interventions for producing ‘best value for money’?

So, for example, there is now accumulative evidence from Cochrane, the Inter99 trials, and the Cambridge Addition studies which show that health check screening does not impact on mortality or morbidity. This would therefore seem to be a waste of money but there is no system of critical appraisal of the ongoing health checks to abandon this wasteful policy.
Similarly, for breast cancer screening, although there are Advisory Committees, these are not capable of doing cost effectiveness analysis as the UK National Screening Committee does.

I suggest that Scotland requires to shift to a process of evidence based health policy making. Systematic reviews require to be done to establish what is already known. Benefits and harms need to be explicitly sought. And cost effectiveness analysis should take place. This requires to be regularly repeated.
How can the shift of spending from reactive/acute services to primary/preventative services be speeded up and/or incentivised?

This depends on what the evidence is for one compared with the other. For example, there is no point in spending on preventative services that do not work (for example, mindfulness in schools) with the hope that this will prevent so much need for mental health services (and which requires more resource, not less.) The best evidence for preventative health care lies in: 1) addressing social inequality 2) addressing poor, cold or damp housing 3) employment 4) public health laws i.e. tobacco, alcohol, food 5) safe places to play/exercise 6) active transport, especially cycling to work being easier than driving 7) high quality education. I appreciate that some of these do not easily fit into your remit, but silos are liable to have a generational adverse effect on health. As an example, it was disappointing to see that the building of the new Queen Elizabeth Hospital in Glasgow came with no cycling infrastructure to support staff, but instead is full of expensive chain food malls. The fact that NHS staff are so often obese is the result of multiple failed policies crossing transport, health, and NHS building contracts.

Although prevention instead of cure sounds attractive, unless it is based in evidence, it will waste money and fail to deliver. Incentives to do harm are entirely unethical.

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