



## Friday message

Friday 30 May 2013

### Dear everyone

Each month our Board focuses on a major public health concern and last Friday the theme was Tuberculosis. The Board heard from an independent expert panel comprising Professor David Moore, London School of Hygiene and Tropical Medicine, Dr Timothy Walker, Nuffield Department of Medicine, Oxford University, Dr Yvonne Doyle, our Regional Director for London, and Aaron Oxley, Executive Director of Results UK. It is commonly believed that TB is a disease of the past, whose shadow last touched our grandparents' generation. Nothing could be further from the truth: not only does one third of the world's population carry the bacteria, we have an incidence rate in England of 13.9 cases per 100k people, which is one of the highest of any Western European country and five times greater than the US. To give this perspective, that means 8,000 new cases each year in England, as many as new cases of leukaemia. A sizeable proportion of these are UK generated, with the remainder mainly coming from Asia and Africa. The standard antibiotics we still rely on to treat TB are among the oldest and were discovered before man landed on the moon, and some key diagnostic tests are the same as those used over 100 years ago. Of course, genomic science is generating new options in treatment and diagnosis, but this crucially depends on accurate case finding and on successfully keeping people in treatment, with normal TB taking on average six months to cure, and resistant TB, an increasing problem, up to two years. GPs, hospitals and both NHS and local authority commissioners, have a shared responsibility to address this, as do the voluntary and community sector who are often closest to those that the statutory sector finds hardest to reach. This is why we are consulting on a collaborative approach to bring about a sustained reduction in the number of cases over the next five years, and the outcome of this will be published in September. The key points are that there is very little new to learn about what needs to be done and that acting early is very cost effective.

This week we have also had a number of new contributions on obesity, and on what might be done to tackle this. The Lancet published, yesterday, the top ten nations with the greatest problem and thankfully this did not include the UK but, less happily, we have the third heaviest population in western Europe, with two thirds of adults overweight or obese and, even more worryingly, one third of our children aged 11. NICE also published their guidance to the NHS on obesity and the European Conference on Obesity, being held in Bulgaria, has published a number of papers too. The common denominator in all of these contributions is that we have a massive public health time bomb ticking away in our midst. The Health and Wellbeing Framework for England that we are committed to consult on later this summer will have a major focus on obesity, setting out the actions that would make the greatest difference at national and local level and, of course, by people themselves. No one owns all the ideas or, on their own, can make a sufficient difference so we will all have a part to play in this.

And finally, we have reported good news this week on the numbers of people taking up the offer of an NHS Health Check which went up by 9.5 per cent over the past year, with the largest ever number of appointments offered and taken up since the programme began in 2009. This is not irrelevant to individuals taking responsibility for their own health. Of course, there is still much work to do with take-up at just over 50 per cent and we want to see this reach at least two thirds, but with local authorities in the driving seat we are seeing their early impact on the ground.

With best wishes