



Public Health
England

Protecting and improving the nation's health



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Chief Executive

Friday message

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Dear everyone

Public health delivers. We do not often enough say this and not least because we are so focused on the really big challenges such as obesity, diabetes, and high blood pressure, to name but a few. So this week I have randomly singled out a few examples where we are seeing real and measurable improvement.

England is the TB capital of Europe, not a distinction we can be proud of. Through collective action internationally and nationally, with the NHS and the full support of NHS England, there has been a ten per cent fall in the number of new cases in the past year. We have seen improved treatment completion rates, fewer cases in children, the introduction of pre-entry screening and we are extending latent TB testing. This is prevention at work and although there is much yet to do, the early signs are looking good.

Antimicrobial resistance is recognised as a worldwide public health problem which increases mortality, morbidity and the cost of health care. It is a key priority for us in PHE and there are many strands of work going on to tackle and slow resistance, but one critical area which needs addressing is unnecessary and overly high rates of antibiotic prescribing. In partnership with the Department of Health we recently undertook a pilot to identify GP practices whose prescribing rate for antibiotics was in the top 20% in their area. Half of these GP practices were sent a letter from the Chief Medical Officer highlighting their high rate of antibiotic prescribing, along with a leaflet on antibiotic prescribing. The other half received no letter but some campaign materials on reducing antibiotic prescribing. Six months later, the practices that received letters saw a decline in their rate of antibiotic prescribing compared with those that did not, resulting in around 73,000 fewer antibiotic prescriptions. This pilot has shown that providing social norm feedback from a respected source can positively affect behaviour, at virtually no cost, and we are now looking to extend the practice more widely.

The Economist Intelligence Unit this week ranked end of life care in the UK as the best in the world. Its study of 80 countries praised the quality and availability of services in the UK and said that thanks to the NHS and the hospice movement the care provided was "second to none". PHE's National End of Life Care Intelligence Network (NEoLCIN) has for five years been providing data and reports to support partner organisations including the NHS and Hospices to improve services. We particularly highlight variations and are supporting the NHS to improve both the quality of end of life care and to increase value. The recently published Atlas of Variation in Health Care highlighted the degree of variation in where people die. Recent evidence tells us that the things that matter most to people at the end of their life are having pain and other symptoms managed effectively, being surrounded by loved ones and being treated with dignity. While most people do prefer to die at home, half of all deaths in England occur in hospital. It is vital that both hospitals and community services have resources in place to deliver high-quality care for people in their final days of life.

The continuing fall in smoking rates recorded in last week's Integrated Household Survey is further welcome news. Smoking rates in England are now at the lowest on record at 18% and the North East, which once had the worst rates in the country, has seen a drop of almost 10% in the last decade. All those working nationally and locally to drive down rates are to be congratulated. There is, again, more to do and not least in supporting those with mental health problems who smoke at twice the national rate and those in prison where in some cases rates can be as high as 80 per cent. There are also regional variations needing more attention. But nevertheless, again, good progress.

With best wishes