



# Friday message

Friday 18 September 2015

**Dear everyone**

This is a longer note than usual, but there is much to share.

Yesterday I joined the Chancellor when he announced a £350 million [investment](#) in public health science with the creation of new world-class laboratories at the former GlaxoSmithKline campus in Harlow. This investment will see Public Health England move the majority of our facilities at Porton to Harlow between 2019 and 2024. We were joined by the Vice-Chancellor of Cambridge University, Professor Sir Leszek Borysiewicz, Public Health Minister Jane Ellison and Dr Annette Doherty, Senior Vice President at GSK. The Chancellor also said the decision on Colindale, Whitechapel and PHE HQ, to create a fully integrated Science Hub at Harlow, will be made as part of the Spending Review later this year. That remains our preferred option. Yesterday's decision is a significant step forward as we strengthen our position as one of the foremost public health agencies in the world. World leading scientists need world-class facilities, and locating those in the region with the greatest concentration of academic and commercial expertise in life sciences, will ensure we can deal with the health challenges we face both now and in the future.

Tuesday, the first day of our annual conference at Warwick University, saw the launch of the PHE-led [Global Burden of Disease Study](#) for England, published in The Lancet. This is ground-breaking research that analysed the patterns of ill health and mortality in England, and the risk factors that explain them. The study matters because its findings have profound implications for all of us who work in public service – locally and nationally – as well as for colleagues across the health and social care system. The data show that as a nation, our health has improved considerably compared to other high-income countries, with an increase in life expectancy of 5.4 years between 1990 and 2013. But we can do better: risk factors that are potentially modifiable, explain around 40% of total ill health in England. The leading overall risk is now diet, with smoking running a close second. The remaining 60% is a combination of factors, some unknown, some genetic, but many socioeconomic and environmental – this makes economic growth and prosperity a legitimate public health matter as health and wealth are inseparable and is about everyone benefitting from that economic prosperity. This study illustrates the scope we have to make a difference with effective preventive public health. It has never been more important because, as the study also makes clear, we face two extremely difficult challenges. The first is that, while premature mortality has fallen dramatically, rates of morbidity have not. This means that while we are living longer, we are spending more years in poor health. The second challenge is that of health inequalities. In a world first, the study has broken down national-level data by region and by levels of deprivation within each region. This shows that the progress we have made in the nation's health has not been matched by improvements in inequalities. In fact, the gaps in life expectancy are virtually unchanged and most of that is driven by deprivation. Some regions in the country have some of the best health outcomes of any high-income country. If these levels of health could be achieved in the worst performing regions, England could have one of the lowest disease burdens of any developed country. That is the scale of the opportunity we have. I would encourage you all to explore the wealth of data in the study and the tool that allows you to drill down and focus on the areas that are of greatest importance to you and the communities you serve. This is epidemiology that can help guide both the practice and the policy of public health.



Public Health  
England

Protecting and improving the nation's health



Duncan Selbie  
Chief Executive

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PHE, NHS England and NHS RightCare have today launched the third and biggest [NHS Atlas of Variation in Healthcare](#) to help commissioners, service providers and health professionals deliver the best healthcare. Healthcare can vary in its quality, safety, equity, outcomes, the money spent and the types of service used and while some variation is expected, often linked to levels of illness or patient-preference, some is “unwarranted” and cannot be explained by these. For example, unwarranted variation could be due to limited professional knowledge or disparate organisational performance. The Atlas identifies opportunities to address “unwarranted” variation by revealing the possible over-use and underuse of different aspects of healthcare and also shows us where we can improve prevention and early diagnosis. It is a powerful tool that offers clinicians, commissioners and services opportunities to change the way healthcare looks in their area and get better value for the population. We hope that the Atlas will alert those involved in managing or commissioning care, or patients and patients groups to variation and encourage them to question whether changes in commissioning could improve quality or increase value.

Cancers are being diagnosed earlier in England according to latest results from the [PHE Routes to Diagnosis](#) programme, covering patients diagnosed with cancer from 2006 to 2013, which we published on Wednesday. In 2006 almost 25% of cancers, one in four, were diagnosed as an emergency, while in 2013 this figure had fallen to 20%, or one in five. At the same time, the proportion of cancers diagnosed through urgent GP referral with a suspicion of cancer (known as the two week wait) has increased. This is welcome news because patients diagnosed as an emergency presentation have lower chances of survival compared to those diagnosed via other routes. Improving cancer survival to levels seen in comparable European countries through early diagnosis has been the focus of the cancer taskforce strategy so this latest data is very encouraging.

And finally, just to say a big thank you to the 1,400 delegates who came to our third annual conference at Warwick and to our fabulous events team led by Fiona Cowan.

**With best wishes**