Vital public health and industrial policy choices face ‘Brexit Britain’, whatever the outcome of current negotiations

Improvements in overall and healthy life expectancy in Britain are being endangered by failures to adequately address the social determinants of health. Risks to the UK’s health and wealth will be further increased if limited public spending on health and social care is combined with problems such as poor health and social services co-ordination and the NHS being slow to use effective biomedical innovations. In his 2018 UCL School of Pharmacy/Royal Pharmaceutical Society New Year lecture on Reducing Health Inequalities given today¹ Professor Sir Michael Marmot warned:

‘The Brexit vote was partly won by the promise of enhanced NHS funding. In this sense it reflected many people’s most important goals. But if as a consequence of disruptive change future public investment in areas like supporting infants, children and families in ways that give everyone the best possible start in life were to fail, health standards in Britain will lag behind those of the most successful nations. The same is true with regard to supplying affordable universal education and good quality health and social care for people of all ages, and providing adequate family incomes.’

Life expectancy at birth in Britain increased by 30 years between 1910 and 2010. This was largely because of a 95 per cent plus fall in infant mortality combined with more recent declines in age specific death rates amongst older groups due to causes such as strokes and heart attacks. But Sir Michael said since 2010 UK progress has slowed. Amongst some older age groups life expectancy has fallen. In future static or falling living standards and intensified trading pressures could foster regulatory, tax and welfare policies that will steepen social and health gradients in Britain. There is evidence that this would harm people across the entire community.

Responding to Sir Michael, Baroness Tessa Blackstone (who chairs the British Lung Foundation) highlighted the role that tobacco smoking continues to play in promoting health inequalities, nationally and globally. She commented:

‘Tobacco smoking and the illness and death it causes is driven by both biological mechanisms and socio-economic forces. From a lung disease prevention viewpoint it is very good news that, not least because of vaping, tobacco smoking rates in this country are now lower than at any other point in the lifetime of the NHS. Yet one British adult in every six still smokes, and lung cancer and COPD together still kill well over a 1,000 people a week in this country. Smoking rates in less advantaged areas are not dropping as fast as in others, and falling access to smoking cessation services is a concern for everyone seeking to reduce health inequalities.’

¹ The 2018 RPS/UCL School of Pharmacy New Year lecture Reducing Health Inequalities will be given by Professor Sir Michael Marmot on the evening of January 16th. Professor Marmot is Professor of Epidemiology at University College London and Director of UCL’s Institute for Health Equity
Fears about Brexit’s impacts on areas such as medicines regulation and the willingness of well qualified individuals to work in the UK threaten both the NHS and the capacity of the UK life sciences sector to innovate and generate the income needed to enhance the nation’s welfare. At a meeting held earlier today representatives of research based pharmaceutical companies together with other public health and pharmacy leaders backed Sir Michael’s calls for more investment in optimising early life health and wellbeing and enhancing disease prevention at all ages.

They also highlighted the value of providing universal access to effective new treatments in areas of unmet medical need. Ongoing advances in areas such as cancer care are offering enhanced survival for people in immediate danger of losing their lives. New bioscience based technologies should also bring major social and economic benefits outside health care, like food and energy production. The UK does not currently spend as much of its GDP on health and social care as countries such as France and Germany, and allowing for factors like discounts the proportion of health resources spent on pharmaceuticals has remained at little more than 10 per cent for over 30 years.

Professor Richard Barker (speaking as the Founding Director of New Medicine Partners, a former Director General of the ABPI and a leading participant in initiatives like the Accelerated Access to Medicines Review), said:

‘We need true partnership – in practice as well as theory – between the UK health sector and Britain’s biopharmaceutical industry. Reducing health inequalities and building cost effective NHS care pathways are vital goals for industry. At the same time the NHS needs to make an equal investment in securing a successful research based industry with a strong, responsive, home market. The ‘sector deal’ for the life sciences announced at the end of 2017 shows that research based pharmaceutical companies want to invest in British science. But Brexit must not be allowed to result in either a major regulatory divergence from Europe or further constraints on NHS budgets for purchasing the world-leading technologies we can produce.’

David Taylor, Emeritus Professor of Pharmaceutical and Public Health Policy at UCL, added:

‘All health professionals, including pharmacists, can contribute to improving public health as well as providing clinical care for individuals. This is especially so when they can look beyond sectional concerns and work with service users to optimise medicines use and promote healthier behaviours. But sustainably extending overall and healthy life expectancy will demand more than better health services. Health, social care and industrial development strategies need to be fully in line with each other if counter-productive conflicts are to be avoided and Britain is to prosper in the 2020s. Whatever the outcome of present negotiations Brexit is making this challenge more vital than ever.’

END

A press conference with Professor Sir Michael Marmot and other UCL School of Pharmacy pharmaceutical and public health partners will be held at the Royal Society In Carlton House Terrace on the morning of Tuesday January 16th. Coffee will be available from 09.15am for an 09.45 start. Health journalists wishing to take part are requested to contact Dr Monika Heller at Monika.Heller.12@ucl.ac.uk. An extended version of this release and additional materials on issues such as health and social care affordability will be exclusively available to attendees.

The 2018 Royal Pharmaceutical Society/UCL School of Pharmacy New Year Lecture to be given on the evening of January 16th is sponsored by MSD Ltd and Pfizer Ltd. Neither company was involved in selecting the subject of the lecture or the planning and organisation of the morning press conference, which is independently funded. For further information contact Professor David Taylor on 07970 139892 or David.G.Taylor@ucl.ac.uk