The term “prevention is better than cure” is as relevant today, as it was at the start of the NHS in 1948. GPs and their teams have a substantial role in preventive medicine, health promotion and wellbeing. Examples include health education (e.g. smoking cessation), immunisation, family planning services, antenatal and postnatal care, baby clinics, cervical screening, prophylactic prescribing and more recently, social prescribing. General practice is therefore probably the best context for students to learn about preventive medicine.

Health promotion is a broader discipline than prevention including social determinants of health, the impact of demographic data and how health promotion interventions can be planned, implemented and evaluated.

Wellbeing is a newer term, subject to various definitions. A considerable literature base now exists and there is a WHO index, as well as a UK linked website:
https://www.corc.uk.net/outcome-experience-measures/the-world-health-organisation-five-well-being-index-who-5/
https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs

NEED TO KNOW

PREVENTIVE MEDICINE

1) Proactive rationale
Public health developments have enabled clinicians to link lifestyle to many chronic diseases such as smoking and cancer (1). But how to intervene presents challenges that are clearly discussed by Rose et al (2) including the limitations of screening (3). More recently, concerns about immunisation leading to measles outbreaks have needed to be addressed. https://publichealthmatters.blog.gov.uk/category/priority3/immunisation-and-vaccination/
It is in primary care and with GPs and Practice Nurses specifically that patients will want to discuss the risks and benefits of health interventions before giving their consent. The patients in this context are often well and may be reluctant to attend a clinic. So how they are invited matters. Students need to look at the approaches used and think carefully about how best to approach the concept of risk with patients in an informed, sensitive and enabling way.

2) Local concerns
Patients see GPs when they are well, when they are acutely ill, or when they need support for chronic conditions. Electronic records provide the GP with recall information about patients and alerts about risk factors, such as previous medical conditions, smoking, medication etc. Each consultation has the potential to “reduce risks” for patients. Being aware of the local population and their needs provides prevention opportunities. One example would be screening information for local people where English is not their first language.

3) The national situation
Campaigns to reduce risk and increase uptake of preventive services will usually be linked to seeing a GP or practice nurse, seeking advice, and having special seasonal provision such as influenza vaccination clinics. General Practices will be given promotion material and links to resources to support these campaigns. Whatever time of year a student is on a GP placement there is likely to be a campaign in process and some data will be required for evaluation. Getting involved in these campaigns enables students to see the links with public health, health promotion and primary care. Efficacy is often linked to how they are adapted and implemented at the local level.

HEALTH PROMOTION

1) Defining health promotion
The term health promotion is used in many ways. However, in order to inform theory, research and practice we need to clarify the parameters. A working definition of health promotion is “the study of the response to the modifiable determinants of health” (4). This differentiates health promotion from public health, which is complementary, and focuses on intervention and health, drawing on multiple research paradigms including medical, social and behavioural sciences. We need to ask what causes or maintains health and explore what health means to different people. Health promotion interventions present ethical challenges. For example, are people able to make informed decisions about a healthy diet if they have limited choice or should public funds be available for smoking cessation programmes? Health promotion practice is therefore not value free.

2) Focus on the individual
Raising lifestyle issues with patients in the GP consultation is where most clinical related health promotion practice takes place. Behaviour change, motivational interviewing and advice are some of the approaches used, whether opportunistic, directly related to the patient’s management or for data contributing to local population health profiles.
The approaches are usually based on the Stages of Change model: pre-contemplation, contemplation, preparing to change, making changes, maintaining changes and relapse. The skills required are being able to identify where the patient is in this model, their readiness and ability to change and exploring relapse experiences positively (4). This is a patient-centred approach, facilitated by various resources such as NHS websites, goal setting and action planning discussions, specific services such as smoking cessation, weight management and/or local social prescribing, where appropriate.

Recording in the patient's notes is important as is follow up. There are many options for developing these skills with the NCSCT online option for smoking cessation being an excellent example. There are also many courses offered by the RSPH. See resources section below.

3) The local community approaches
Individuals live and work in social contexts and change to a healthy lifestyle or maintaining one is influenced by families, the environment, habits, social constructs, resources, health equity, education, income, occupation, leisure and infrastructure as well as political agenda and priorities, and health care services. The Public Health England website is very informative about local data, (see website in resources section), and the various challenges that Local Authority Public Health Departments have. This can further inform local intervention planning and resourcing.

The Beatie model (4) explains how all these interact and are relevant as we move to normalising social prescribing. What resources and services are available locally that can support the patient population? For example, is there a local “walking for health” group? As well as suggesting and advising on increased physical activity, being specific about how that could be realised is important, can be recorded in the notes and some follow up about its impact is possible. This approach can create the sense of the healthy choice being the easy choice and what is good for individual health is also good for sustainability and the environment.

PROMOTION OF WELLBEING

The focus is emotional and mental wellbeing. It is about looking at factors associated with wellbeing, how we can be proactive, plan and implement interventions. The RCGP have a website for GPs, (see resources section), which focuses on work and life balance. Dignity at work, workplace policies and the way we treat and support each other are important factors in our wellbeing.

Wellbeing also aligns with social determinants of health. GP placements offer students opportunities to gain insights into these interlinked factors and explore what roles GPs have or could have as we gain more knowledge and research evidence for interventions.
SOCIAL PRESCRIBING

We have seen how the promotion of health in many cases is linked to alleviating social factors (as the bio-psychosocial model predicts). However, the problem for GPs has been how to find time and identify the ever-changing resources to engage with this. It is here that the concept of ‘care navigators’ comes into play: individuals who are trained in motivational ways of engaging with patients to holistically evaluate their non-clinical needs and support them in engaging with relevant services. Different models of this community or care navigation exist, such as Impetus in Brighton (http://www.bh-impetus.org/). Many CCGs now employ care navigators covering groups of practices and GPs can now 'refer' patients for social prescribing.

Social prescribing tends to be organised on a local community level. Many of the organisations sit within the voluntary sector and draw on a volunteer or mixed workforce.

Age UK have an interesting scheme: https://www.ageuk.org.uk/services/befriending-services/
MIND’s Cascade Café programme: https://www.mindcharity.co.uk/the-mind-directory/cascade-creative-recovery/

There are some initiatives whereby formal funding streams from local authorities or clinical commissioning groups support their activity (e.g. Impetus, www.bh-impetus.org) and others where their funding is largely secured through charitable donations (e.g. Age UK, www.ageuk.org.uk). Some areas have organisations that support the coordination of, engagement with, and navigation of services in the local community. Such organisations can act as a ‘hub’ of knowledge regarding supporting services, as well as support patients in engaging with them.

ACTIVE LEARNING

POSSIBLE ACTIVITIES

HEALTH PROMOTION

✓ Look at the local population public health data and summarise the health-related priorities.
✓ Explore the local environment, what is health promoting, what is accessible and affordable for patients?
✓ How ‘health promoting’ is the waiting room and the practice environment?
✓ What additional services and information is available in the practice about welfare, social needs, and community groups?
✓ What Immunisations, screening, diabetes and sexual health services are available and signposted?

✓ Are practice staff and patients cognisant of their carbon footprint, proactively trying to reduce it and if so how?

✓ Ask your GP tutor if weight management and physical activity are routinely discussed in consultations. What are the barriers and the enablers?

✓ Ask about smoking cessation provision for a specific patient population for example pregnant women; older patients with COPD.

**SOCIAL PRESCRIBING**

✓ Consider involving local 3rd sector organisations (e.g. Age UK) to introduce case studies in explaining what they do, why, how and what it achieves. Patient narrative in such cases can be an extremely powerful learning tool.

✓ If possible, consider the possibility of a placement (core or voluntary, e.g. as part of an SSC) with a community organisation as either an observational role, engaging in volunteering opportunities, or supporting quality improvement activities.

✓ A group activity could relate to the development of a hypothetical organisation to help meet the need of a group that students identify. What would this organisation look like? What would it do? How? Where would it draw its sources of funding from, and how would it secure those? (this, incidentally, is how some exemplary models have developed, such as Laura Nielson’s Hope Citadel: [http://www.hopecitadel.org.uk/](http://www.hopecitadel.org.uk/))

**FURTHER LEARNING**

**RESOURCES**

**HEALTH PROMOTION**


Websites:
https://www.ncsct.co.uk/
https://www.rsph.org.uk/qualifications/learners/find-a-qualification.html
https://fingertips.phe.org.uk/profile/health-profiles


**REFERENCES**


The following resources have been developed in conjunction with SAPC Heads of GP Teaching. If you have any queries or questions regarding the resources on offer, please contact **Prof. Joe Rosenthal** or **Prof. Alex Harding**, Co-Chairs of SAPC’s Heads of GP Teaching Group.