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SurgTech

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By 2035, the goal is to create a **human-centred** health promotion and protection system driven by advancements in **genomics**, health **education** and **digital** infrastructure, powered by **AI**, to provide **hyper-personalised** health insights for everyone, at **every life stage**

Leading to benefits...

For individual citizens



Increased healthy life expectancy



Increased equity

For the economy



Increased workforce resilience & productivity



Increased digital literacy & skills

Potential benefits to the NHS:



Later entry to healthcare system



Increased self-care / lower demand on Urgent & Emergency care



Reduced staff burnout

Tackling the biggest modifiable risk factors:



Lifestyle (e.g. smoking, alcohol, nutrition, exercise)



Health literacy (e.g. poor maternal health)

That could address:



Mental health



Musculo-skeletal



Vaccine Preventable diseases



Heart health



Obesity



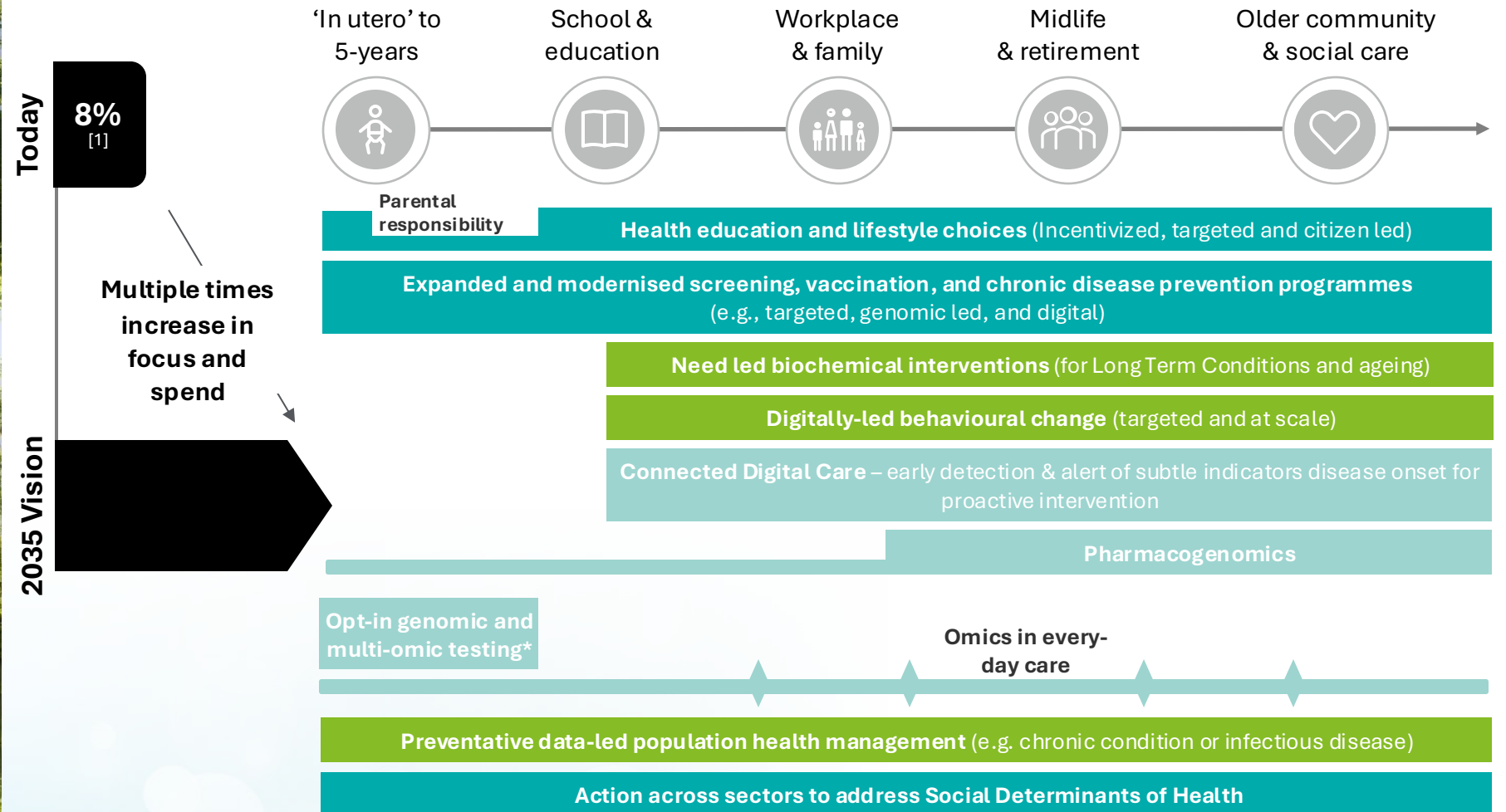
Cancer



Neuro-degenerative disease



Life course interventions



Key: ● Fundamentals to get right ● Go further faster ● Design for the future

**Early life testing, in the absence of preventive therapies that can be applied immediately, is something that requires careful ethical consideration*

Cross-sector actors



Key enablers



Empowering individuals & communities

Digital literacy & accessibility

Equipping both HCPs & citizens to navigate & benefit from digital prevention solutions, to avoid widening inequalities

Personalised health education

Tailored content empowering all-aged citizens to make healthier choices and prioritise being well

Addressing social determinants of health

E.g., green spaces, transport, air quality, nutrition, housing, financial support

Local and hyperlocal solutions

Leverage local knowledge and community assets to address unique health challenges faced by diverse communities



Workforce

Partners to boost capacity

Multi-sectoral collaboration across all actors to address funding, resourcing and skills shortages when designing and implementing prevention interventions

Skills-first approach

Training programmes and embedding public health competencies into vocational training across sectors

Cultural competency

Tailoring health promotion to diverse cultural beliefs, practices, and languages for equitable access

Evaluating & building evidence

Health system learns and evaluates as it rolls out interventions (e.g. by conducting randomised clinical trials, modelling and observational evaluations)



Data & technology as a foundation

Connected digital health records

Seamless data sharing across the healthcare ecosystem for all patients

Improved information management

Improving secondary use for existing health data and cohering it with new data

AI-powered health data analytics

E.g., using data from an array of sources (genomics, consumer, EHRs) to tailor interventions

Public trust in wearables, AI tools and data sharing

Improved data literacy and clarity around data ownership for consumers



Shifting incentives to reinforce health promotion and protection

Incentivisation

Rewarding citizens & HCPs for preventative measures that achieve health outcomes. Providing personal health promotion budgets for marginalised groups

Payment linked to care models

Value based care models, rewarding providers for avoiding procedures and illness

Nudges

Using behavioural insights to target clinicians, patients and populations via technology that delivers timely nudges



Policy & legislation incentives as key drivers

Taxation and legislation

Laws and policies that facilitate healthy health behaviours and equitable outcomes

Incentivise enterprises especially SMEs

Reward them for promoting employee, and their family's, health e.g., flexible work practices, mental health support and workplace wellbeing programmes

Demand signal to innovators

Facilitate Life Sciences innovators to proactively prioritise preventative innovations – particularly for long term conditions

Dedicated budget line for prevention

Across the healthcare services to prioritize prevention, and avoid redirection to address sickness due to short term priorities



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