

NHS Health Check Equity Audit

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Nottingham
City Council



Nottinghamshire
County Council



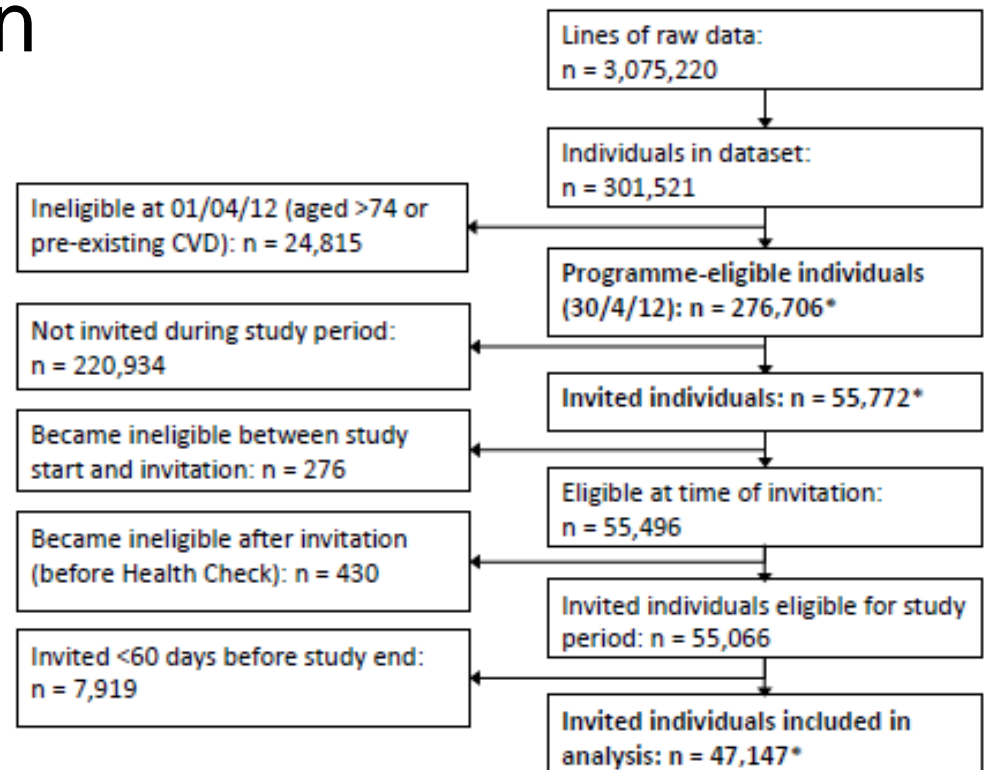
Context

- Programmes started in 2008 and 2010 in Nottingham and Notts respectively
- GP delivery with limited pharmacy service
- Targetting of high risk initially
- TCR IT toolkit for data recording (and cohort identification)
- “One team” approach 2013-14

Study Method

- Invited population (n=47,147)
- Dependent variable: attendance for HC
- Unadjusted and multivariable analyses

Figure 3: Flowchart detailing the number of patients at each stage of data management.



*Groups highlighted in bold were used for the analysis detailed in section 2.9

Independent variables

- Sex, age, ethnicity
- Smoking, BP, BMI, cholesterol
- Family history of CVD < 60yrs
- Deprivation; IMD quintile
- Carer status
- GP practice characteristics (size; satisfaction score; location, by PCT)
- Not included: marital status, alcohol consumption

Results

43.2% uptake overall

Variables associated with low uptake:

- Male
- Younger age
- Increasing deprivation
- Smoking
- Non-white & “not stated” ethnicity
- “Missing” variables (except deprivation)
- High BP
- Obesity

Other results

- Invited population had more CVD risk factors than uninvited
- Associated with high uptake: family history, carer, Notts practice, larger practice, practice satisfaction
- 10.8% of the variation in uptake was explained by the independent variables included in the model ($r^2=0.1082$)



Conclusions

- Groups less likely to take up their invitation are also those that have higher CVD morbidity and mortality
- Greater risk than previously acknowledged of inadvertently increasing health inequity
- Action required to increase uptake in these groups



Recommendations

- Target: less likely to take up invitation, more likely to be at risk of CVD
- Evaluate: differential impact of targeted interventions to increase uptake
- Apply to other 1^o care public health interventions
- Monitor: uptake of CVD prevention services; indicators of CVD morbidity and mortality



Progress and plan

- Outreach – community centres, workplaces, carer centre
- March 2015 social marketing campaign – 4 hotspots
- Re-branding
- Evaluation – local and national intelligence
- Monitoring – quality, follow-up, outcomes



Contact details

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