

Welcome



**Primary Care
Network**
NHS Confederation

Thank you for joining us.

Due to the number of attendees, please ensure you remain muted and put any questions you have into the chat.

The session will be recorded and accessible to primary care members via our app.

For any queries or details on our membership, please contact us at primarycare@nhsconfed.org. You can also visit our website for membership information, upcoming webinars, the latest publications, our Care Closer to Home Conference, and more at www.nhsconfed.org/primary-care





England

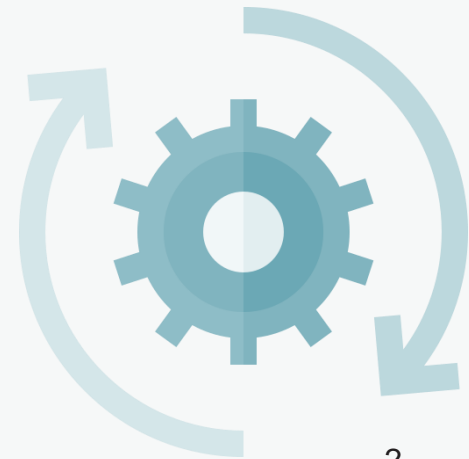
Professor Bola Owolabi

MRCG FRSPH

Director – National Healthcare
Inequalities Improvement Programme

CVD & Health Inequalities

Context and case for change



Cardiovascular disease is strongly linked to health inequalities. In 2022, people under the age of 75 living in the most deprived areas of England were more than twice as likely to die from heart disease than people living in the least deprived areas.

Health inequalities in 2040

Current and projected patterns of illness by deprivation in England

April 2024

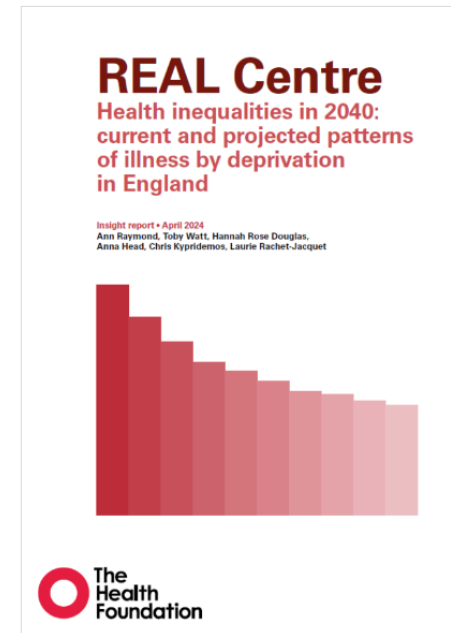
About 1 mins to read

[Ann Raymond](#) | [Toby Watt](#) | [Hannah Rose Douglas](#) | [Anna Head](#) | [Chris Kypridemos](#) | [Laurie Rchet-Jacquet](#)

[Publication](#) | [Report](#) | [Inequalities](#) | [Long-term conditions](#)

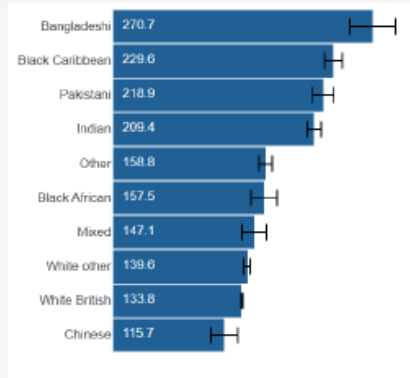
[Download](#) [Order hard copy here](#)

[Twitter](#) [LinkedIn](#) [Facebook](#) [Email](#) [Copy link](#)

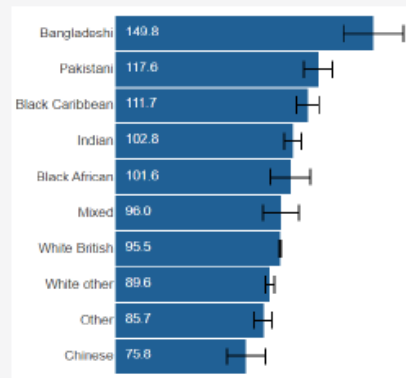


South Asian groups had among the highest ASMRs for several cardiovascular diseases

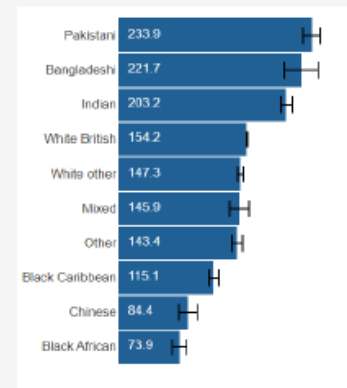
Hypertensive diseases



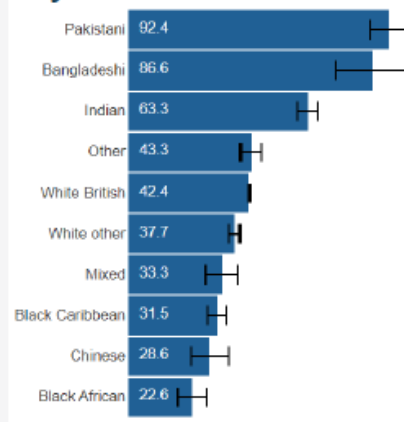
Stroke



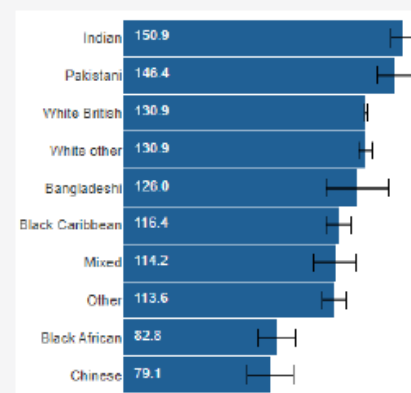
Chronic IHD



Myocardial infarction



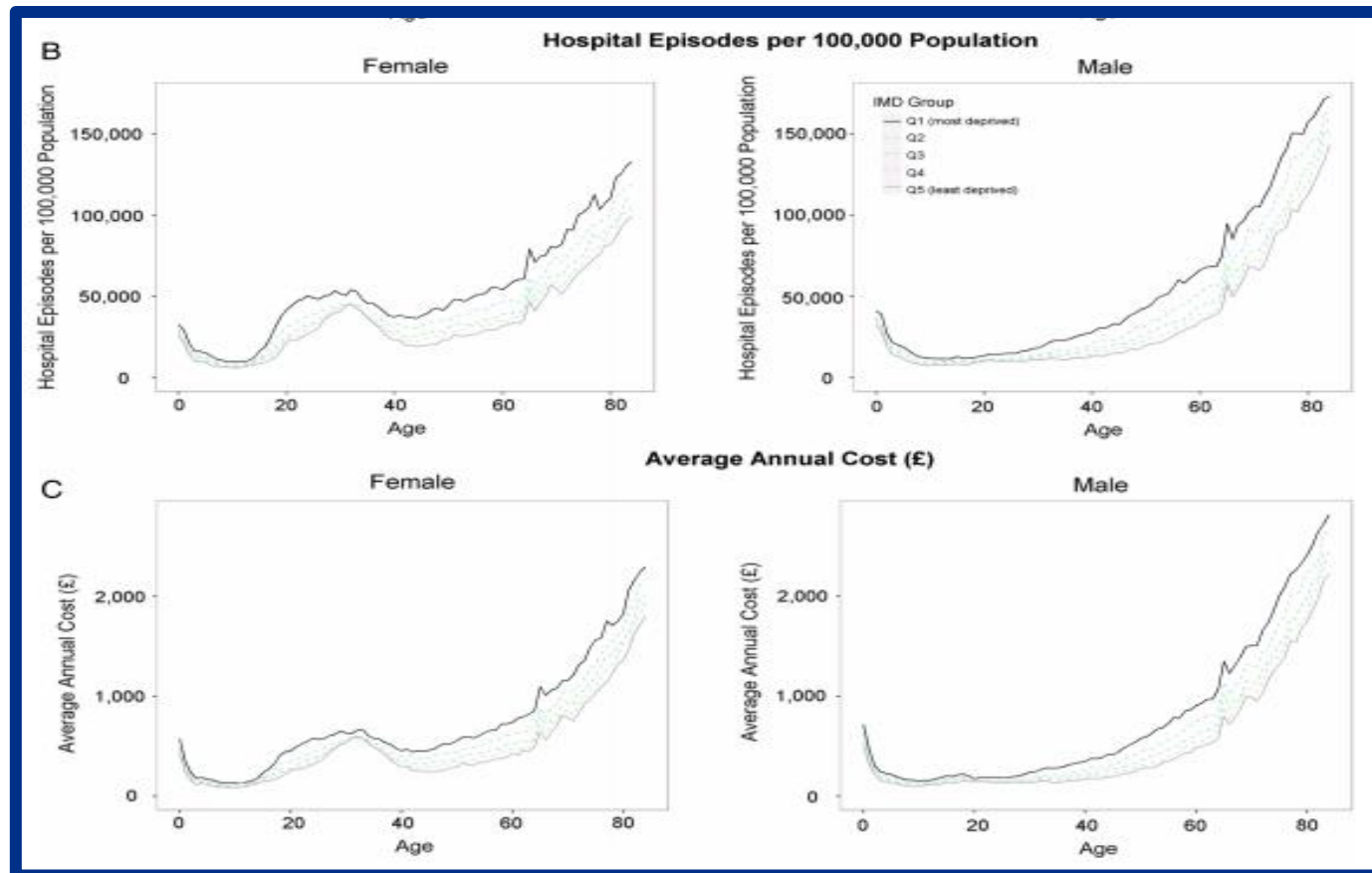
Heart failure



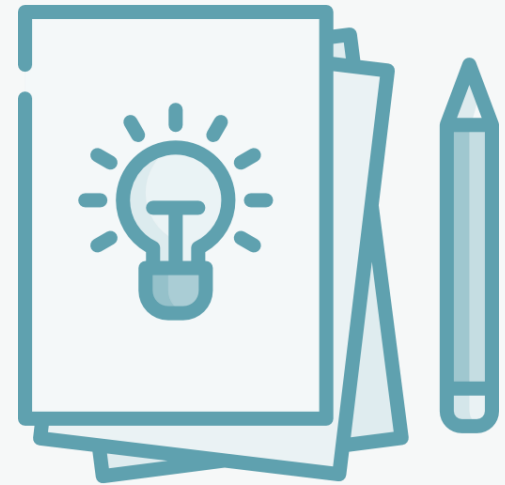
The Business Case for Reducing Health Inequalities

- Increased NHS treatment costs
 - > £5 billion
- Losses from illness associated with health inequalities
- Productivity losses
 - £31 billion - £33 billion
- Reduced tax revenue and higher welfare payments
 - £20-£32 billion

People from the most deprived areas have a lower life expectancy compared to those in more affluent areas, yet the per capita cost of healthcare due to emergency admissions, LTCs, prolonged LOS & spend on healthcare is higher for those from more deprived areas



Creating change



REDUCING HEALTHCARE INEQUALITIES

The Core20PLUS5 approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation



PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



Target population

CORE20 PLUS 5

Key clinical areas of health inequalities

- 1
- 2
- 3
- 4
- 5



MATERNITY
ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups



SEVERE MENTAL ILLNESS (SMI)
ensuring annual health checks for **60%** of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)



CHRONIC RESPIRATORY DISEASE
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations



EARLY CANCER DIAGNOSIS
75% of cases diagnosed at stage 1 or 2 by 2028

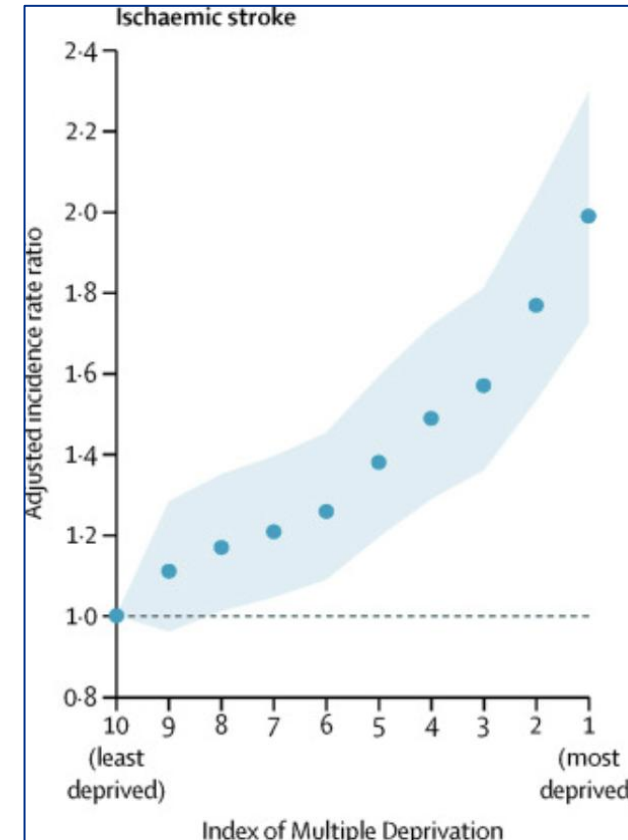
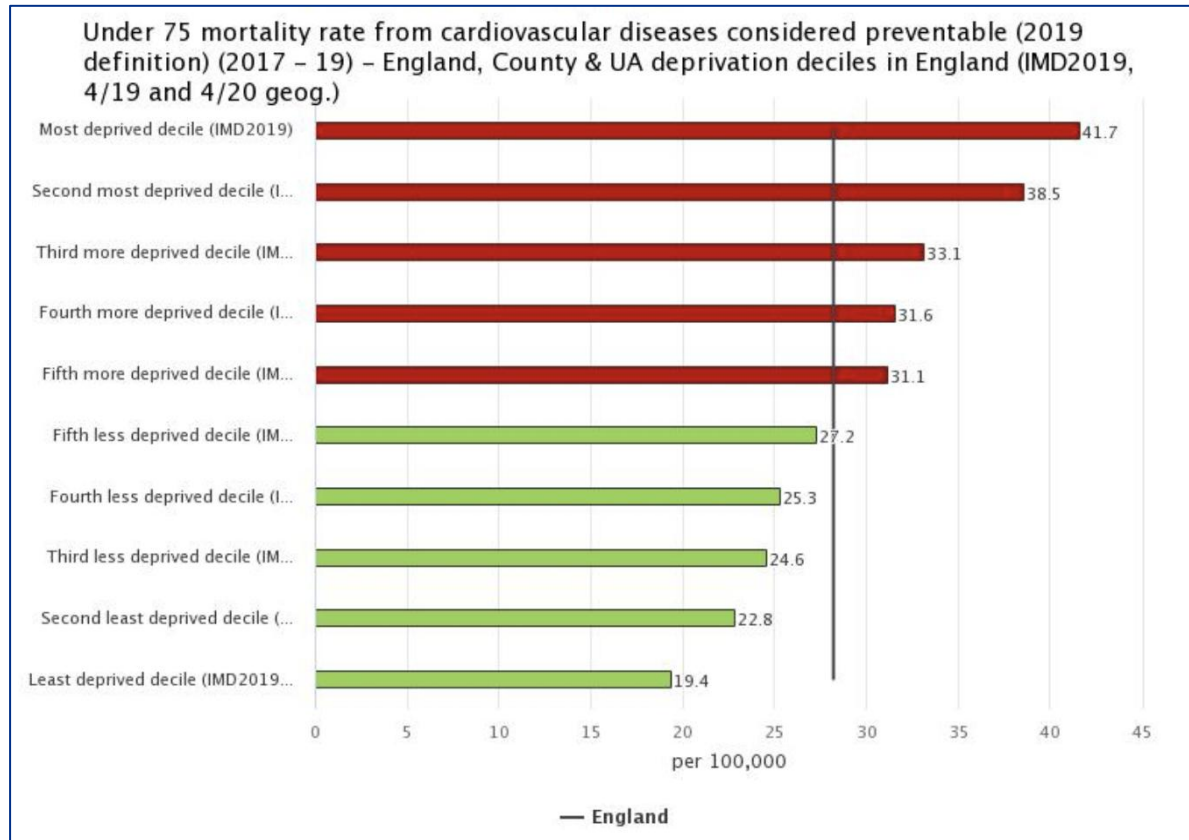


HYPERTENSION CASE-FINDING
and optimal management and lipid optimal management



SMOKING CESSATION
positively impacts all 5 key clinical areas

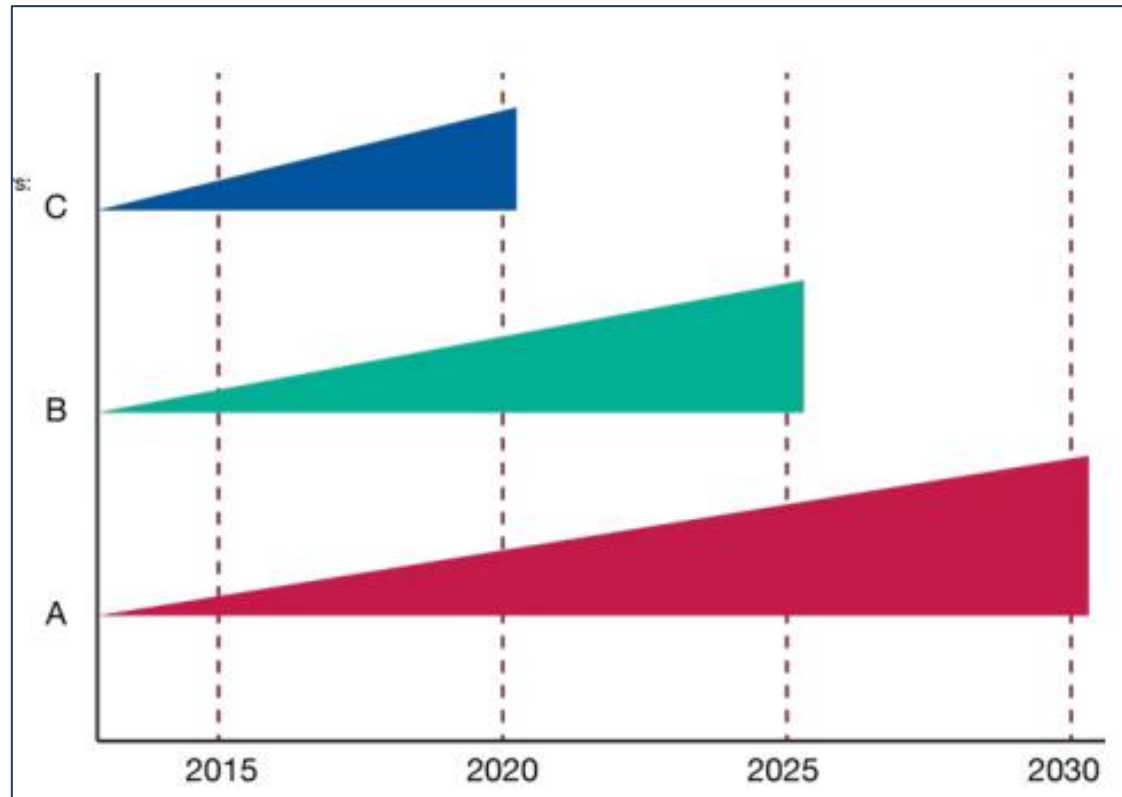
Core20 PLUS Value Add: Cardiovascular disease



NHS England and NHS Improvement



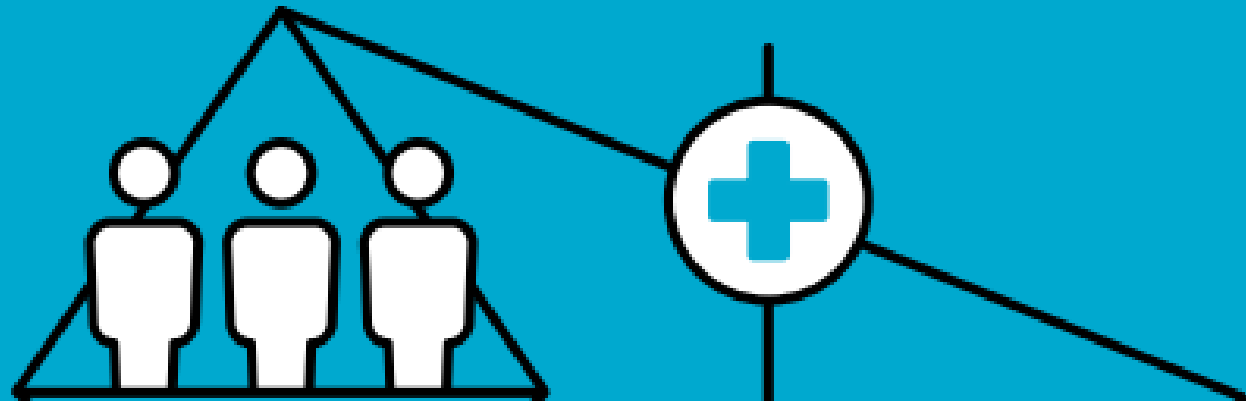
Interventions to reduce health inequalities. Tackling BP makes a rapid impact on reducing the life expectancy gap



The above image illustrates the principle that different types of input will impact differently over different time periods. For each substantial population level outcome, it is important to be aware of realistic timescales for measurable impact. A comprehensive goal of reducing inequalities should have interventions across all three areas of A, B and C.

Innovation for Healthcare Inequalities Programme

Impact and learning report



CVD Prevent

www.cvdprevent.nhs.uk

CHOLESTEROL MANAGEMENT

CVDP007CHOL: Percentage of patients aged 18 and over, with GP recorded CVD (narrow definition), in whom the most recent blood cholesterol level (measured in the preceding 12 months) is non-HDL cholesterol less than 2.5mmol/l or LDL-cholesterol less than 1.8mmol/l

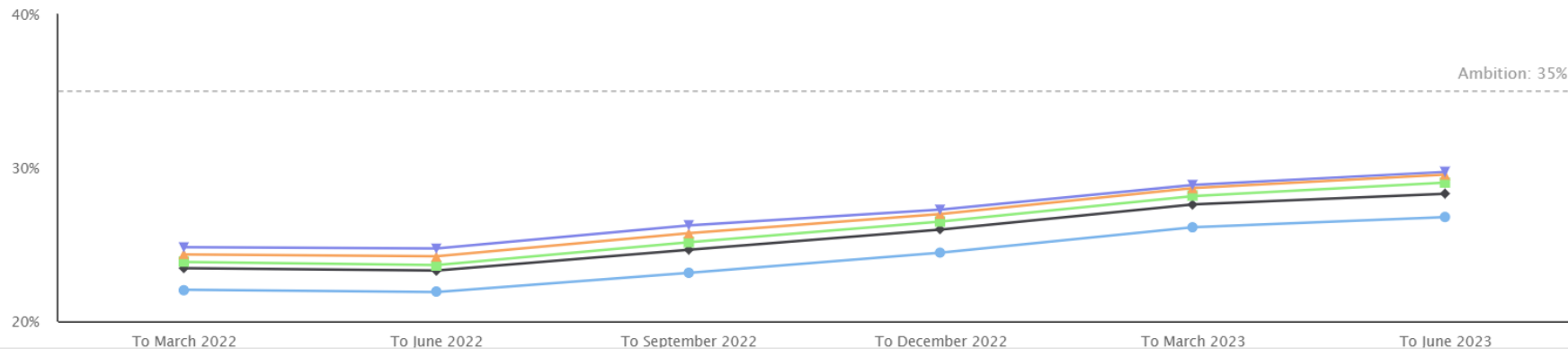
Data Extract Metadata

All Persons Time Series **Inequalities Marker Time Series** Area Breakdown

Inequalities Marker Time Series: England

Chart Table

Age group **Deprivation quintile** Ethnicity Sex Learning Disability



Size of the Prize – Helping the NHS to Prevent Heart Attacks and Strokes at Scale

Our Size of the Prize resources show how we could prevent heart attacks and stroke at scale by optimising treatment of two major risk factors - blood pressure and cholesterol. These resources have been developed using ICB-level data.

Narrowing Healthcare Inequalities - Data



Board Leadership Frameworks

Download the [Health Inequalities Board Assurance Tool \(pdf\)](#)

Utilise the [NHS Providers board objectives tool](#)

Use our [Board Reporting Template \(.doc\)](#) to help you report back to your board

Use the [scorecard to help benchmark your journey](#) when using the tool (xls)

Read our [Leadership Framework for Health Inequalities Improvement FAQs](#) - a collation of questions and answers gathered during our seminars

[Leadership Framework for Health Inequalities Improvement | NHS Confederation](#)

Read NHS Confederation: [Putting money where our mouth is?](#)

Get more information on HI in trusts: [Tackling health inequalities should be core business for trusts - NHS Providers](#)

Thank You



[@nhsengland](https://twitter.com/nhsengland)



[company/nhsengland](https://www.linkedin.com/company/nhsengland)

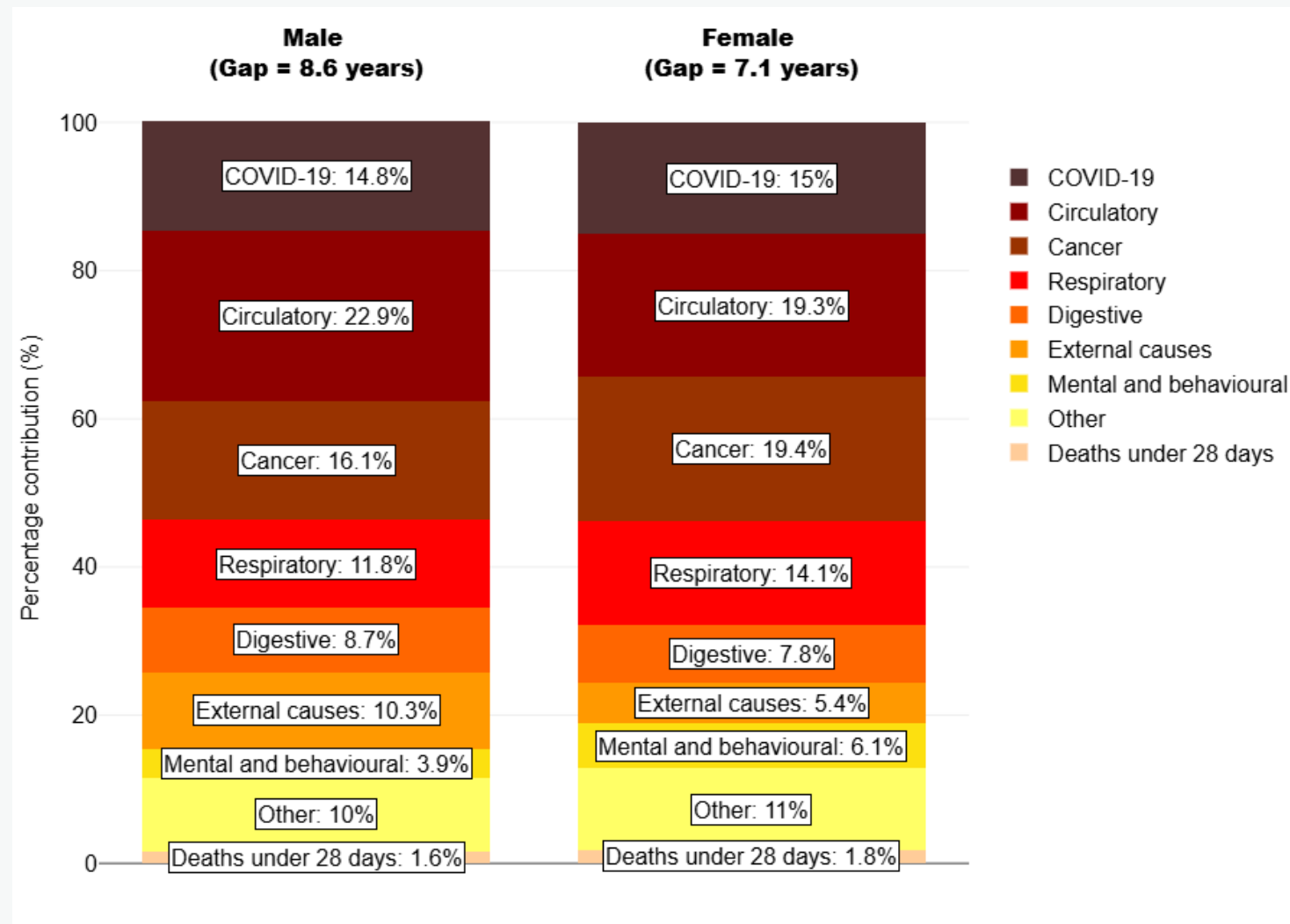


[england.nhs.uk](https://www.england.nhs.uk)

CVD PREVENT and Health Inequalities

Presented by:
Helen Williams
National Clinical Director for CVD Prevention
NHS England

Breakdown of the life expectancy gap between the most and least deprived quintiles of England by cause of death, 2020 to 2021



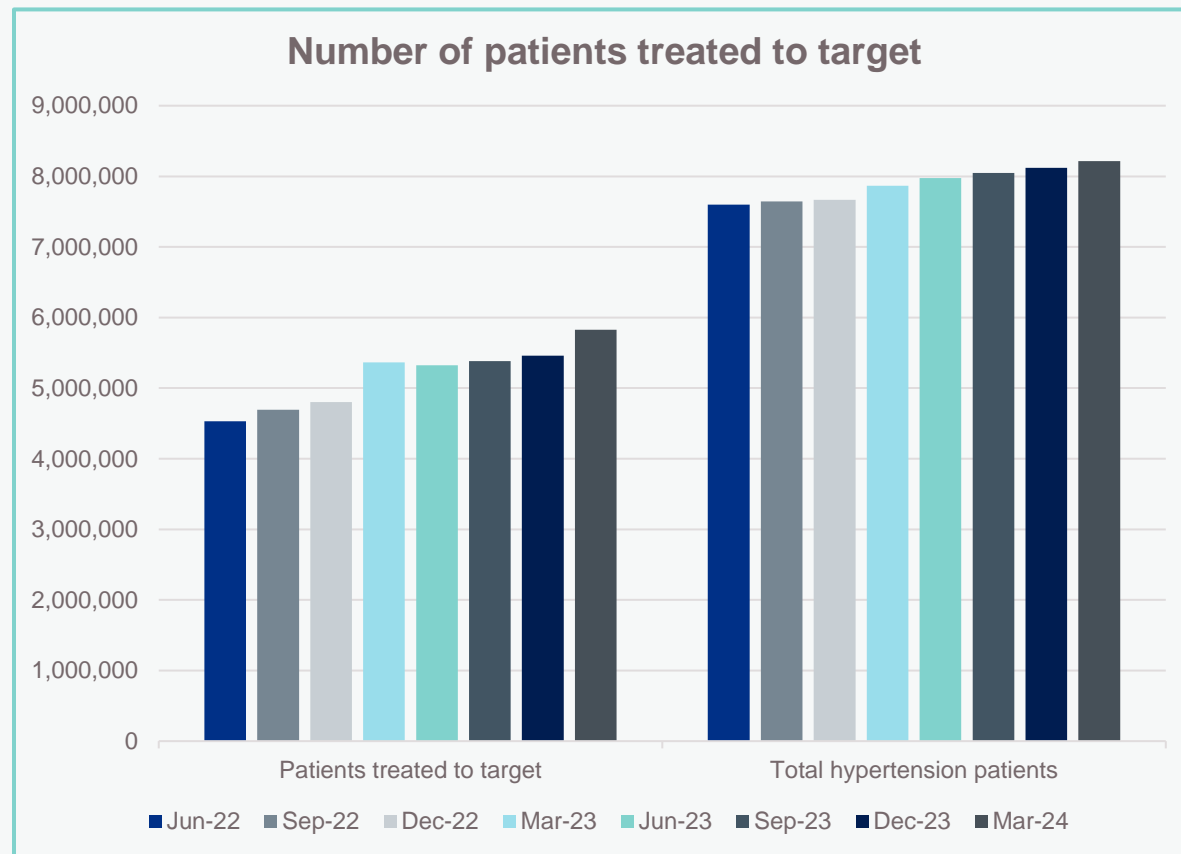
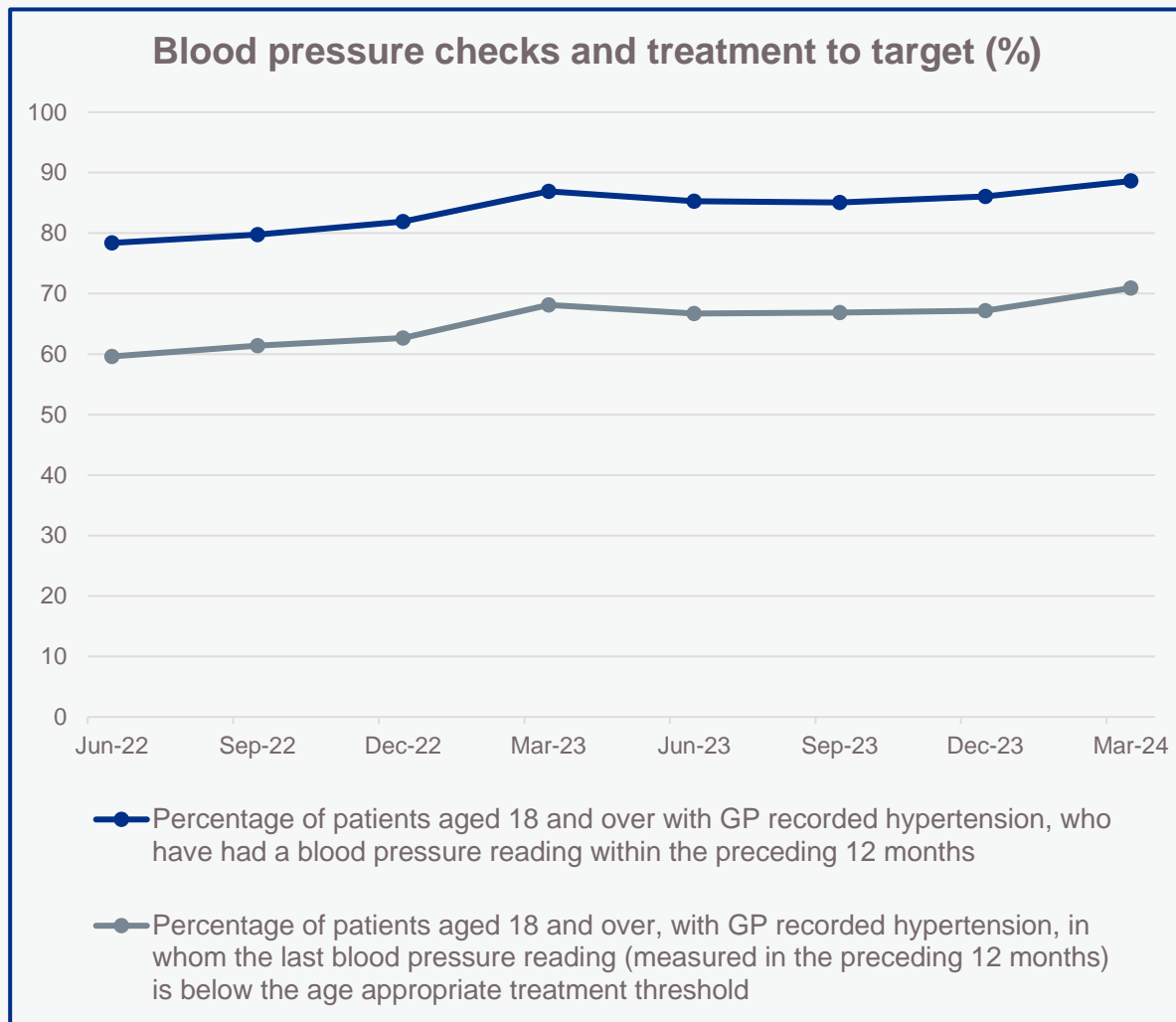
What is CVDPREVENT?

- CVDPREVENT is a national audit that uses data extracted from GP records in England. It supports ICBs / PCNS and GP teams to understand how many people with cardiovascular disease (CVD) are potentially not identified, undiagnosed, under-treated or possibly over-treated
- Analysis and reporting of the audit data supports improvement in care and improves health for individuals and populations
- CVD indicators: AF, BP, Chol, CKD, diabetes, NDH, Smoking, BMI and HF
- Address prevalence and treatment
- Indicators split by:
 - Age
 - Sex
 - Ethnicity
 - Deprivation
 - SMI
 - Learning disability



Blood pressure – a work in progress

National data



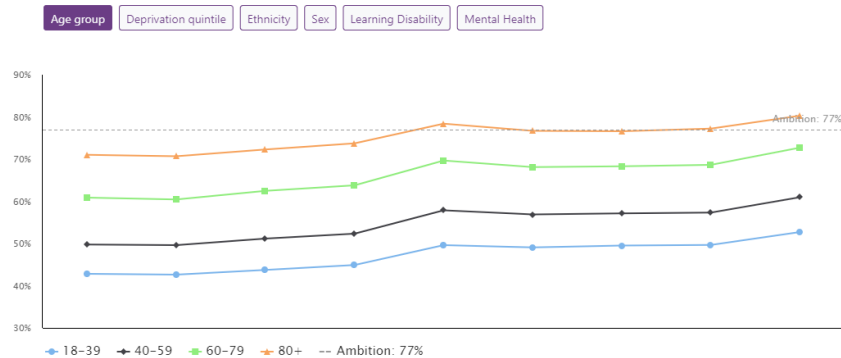
March 2023 to March 2024:

- 345,804 more people diagnosed with hypertension
- 463,330 more people treated to target

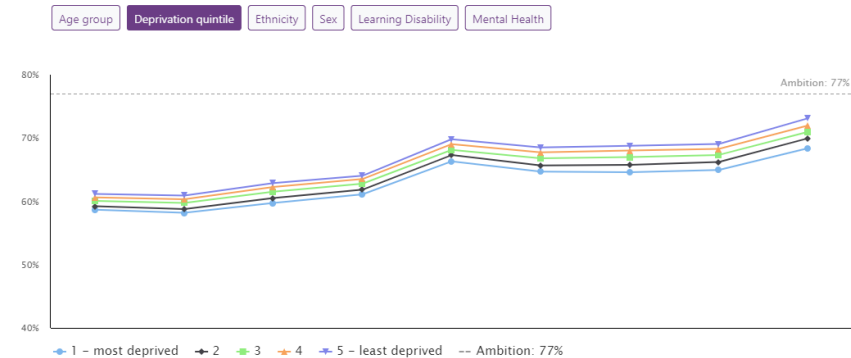
Health Inequalities in BP control

Age

Inequalities Marker Time Series: England



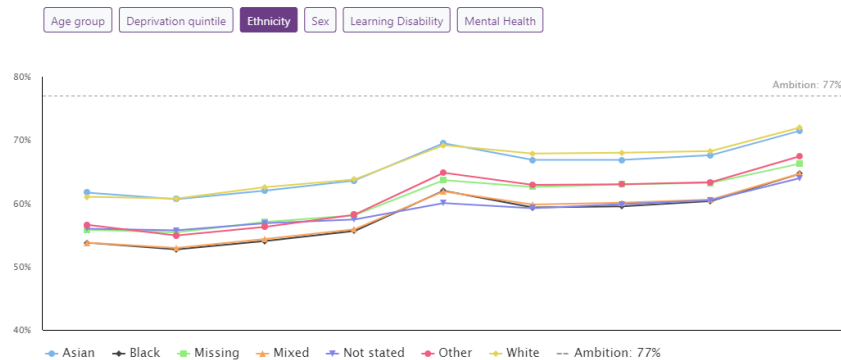
Inequalities Marker Time Series: England



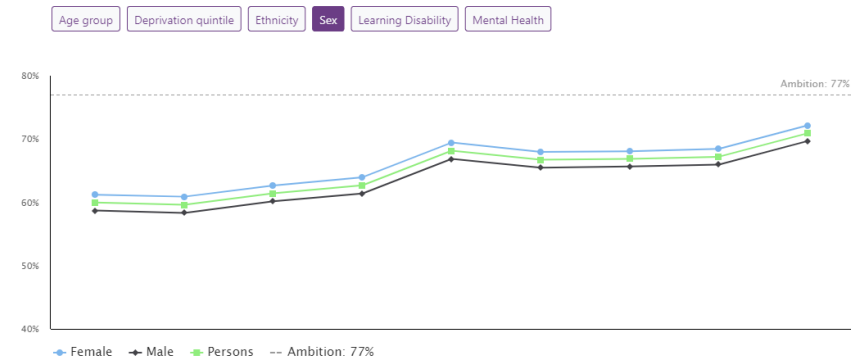
Deprivation

Ethnicity

Inequalities Marker Time Series: England



Inequalities Marker Time Series: England



Sex

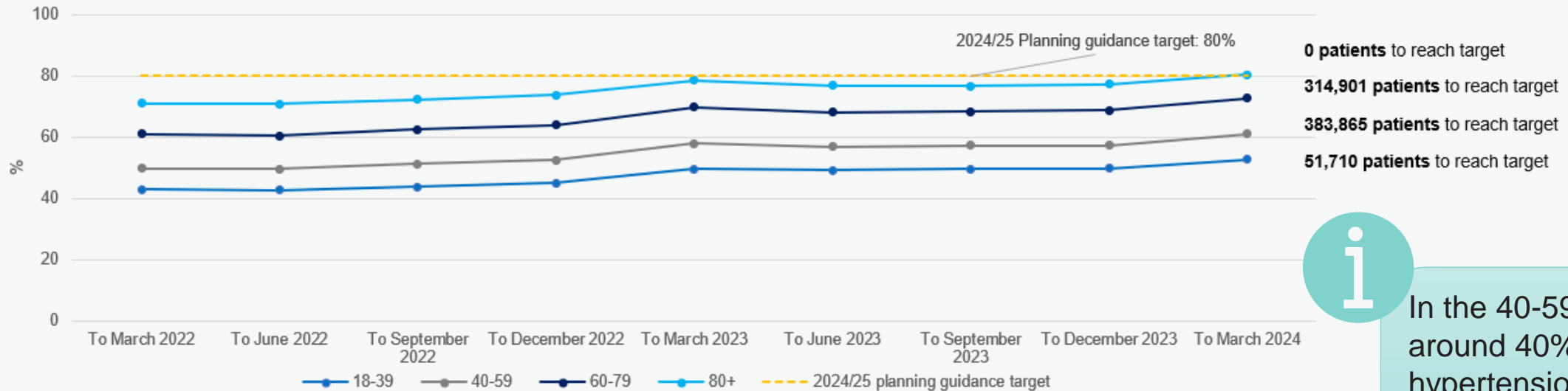
Source: <https://www.cvdprevent.nhs.uk/insights?period=17&level=1&area=1&group=0&indicator=32&tab=ineq&subTab=Ethnicity#32>

Source: <https://www.cvdprevent.nhs.uk/insights?period=17&level=1&area=1&group=0&indicator=32&tab=ineq&subTab=Sex#32>

Hypertension management

Younger people are less likely than older people to have their blood pressure managed to target.

Trend -- % hypertension patients treated to target as per NICE guidance
CVDP007HYP % of patients treated by Age Group



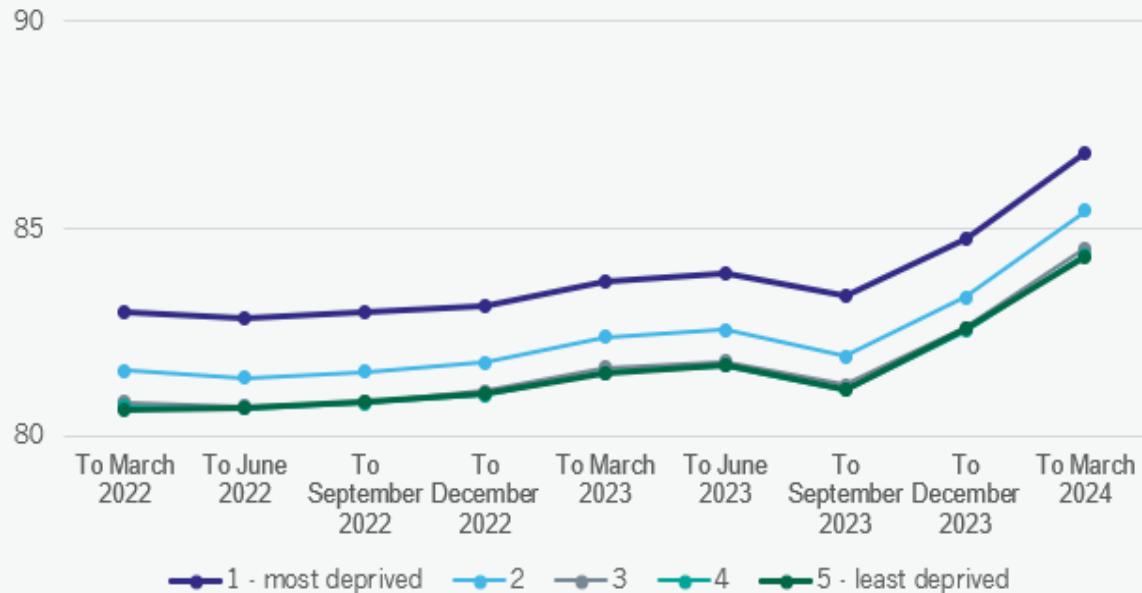
In the 40-59 age group, around 40% of hypertension patients had not had a blood pressure check in the previous 12 months

0 patients to reach target
314,901 patients to reach target
383,865 patients to reach target
51,710 patients to reach target

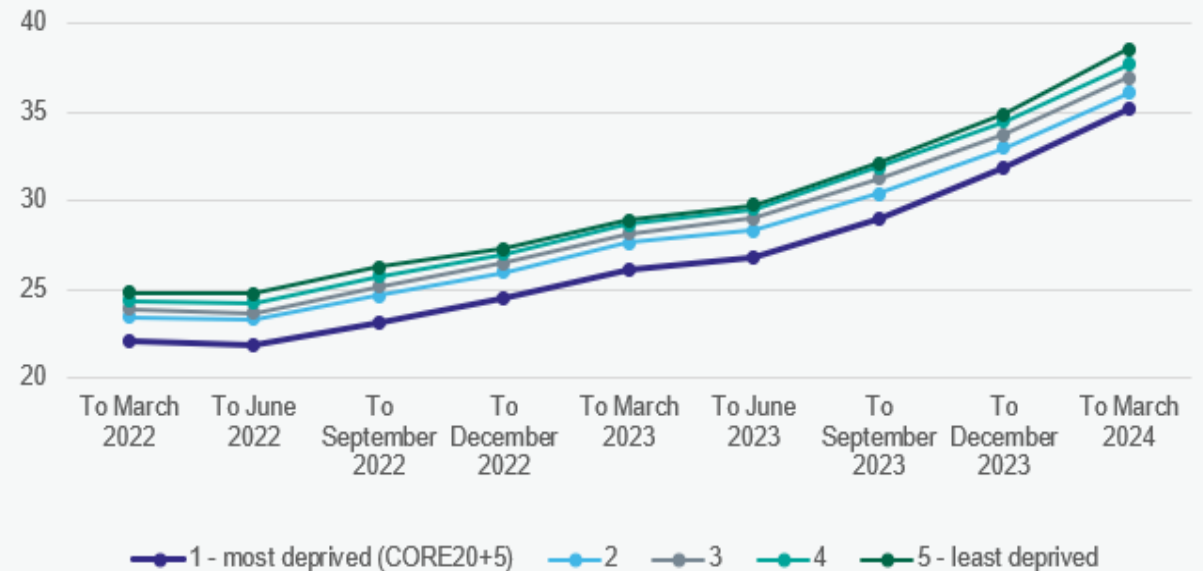
Lipid management

Patients with CVD in the most deprived areas are more likely to be treated with lipid lowering therapy but less likely to have their cholesterol managed to target¹

CVDP009CHOL: Percentage of patients aged 18 and over with GP recorded CVD (narrow definition), who are currently treated with lipid lowering therapy.



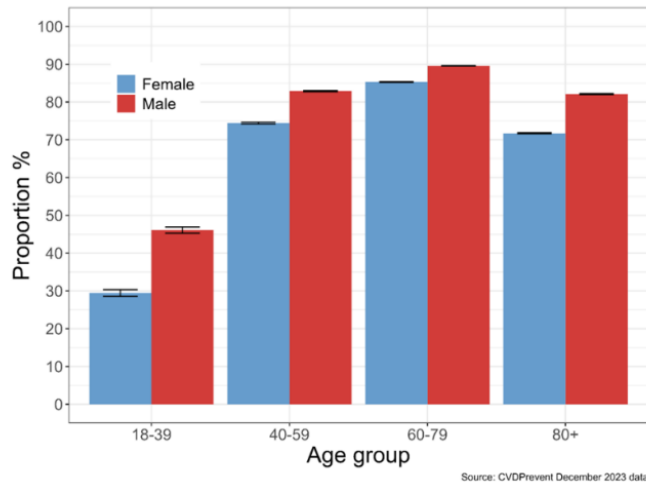
CVDP007CHOL: Percentage of patients aged 18 and over, with GP recorded CVD (narrow definition), in whom the most recent blood cholesterol level is non-HDL cholesterol less than 2.5mmol/l or LDL-cholesterol less than 1.8mmol/l



Lipid management

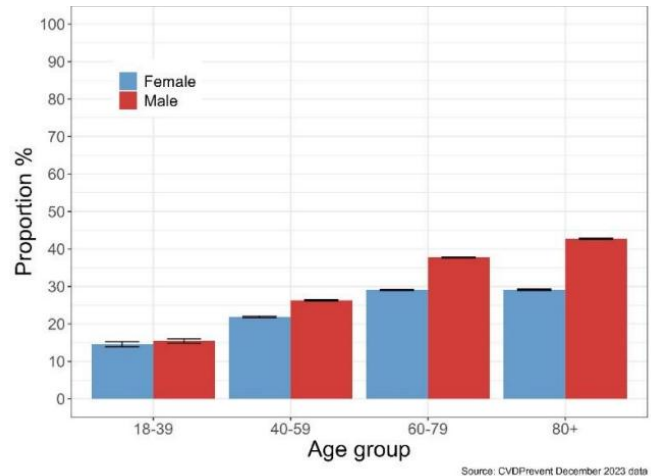
A recent CVDPREVENT deep dive report highlighted significant inequalities by sex across all age groups, ethnicities and deprivation quintiles¹

CVDP009CHOL: Percentage of patients aged 18 and over with GP recorded CVD (narrow definition), who are currently treated with lipid lowering therapy.



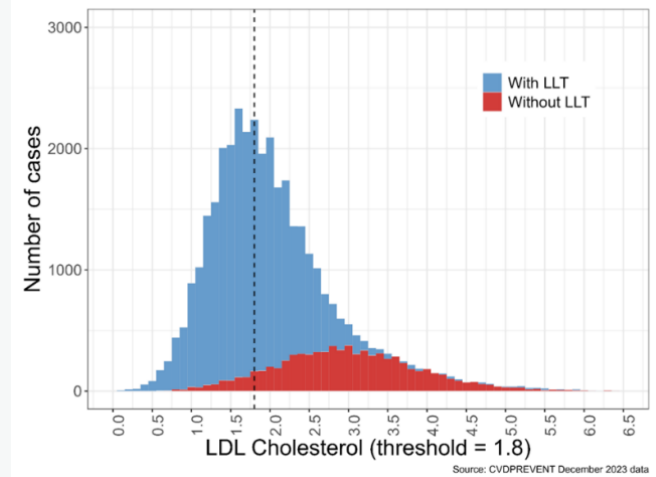
Women with CVD are consistently less likely to be treated with a lipid lowering therapy

CVDP007CHOL: Percentage of patients aged 18 and over, with GP recorded CVD (narrow definition), in whom the most recent blood cholesterol level (measured in the preceding 12 months) is non-HDL cholesterol less than 2.5mmol/l or LDL-cholesterol less than 1.8mmol/l



Women with CVD are consistently less likely to have their cholesterol managed to target

Comparing the latest blood cholesterol levels of women with and without a recent prescription for a lipid lowering therapy



A large number of women with CVD who do not have a recent prescription for lipid lowering therapy appear to have high cholesterol levels and could potentially benefit from treatment

1. [Ref.+527+CVDPREVENT+cholesterol+report+draft+1.1+PDF+final.pdf \(squarespace.com\)](#)

Other inequalities identified in CVDPREVENT

- The CVDPREVENT audit reveals more potential healthcare inequalities.

In England:

- **AF:** Patients from the black ethnic group were **less likely** than their white counterparts to be treated with anticoagulants
- **BP:** Patients from black and mixed ethnic group were **less likely** to have blood pressure treated to target
- **Chol:** Patients from Asian ethnic group with CVD are **more likely** than any other to be treated with lipid lowering therapies and treated to target
- **Geographical inequalities** across GP practices, PCNs, ICBs, Regions & across England

Time for Action on CVD Prevention

Quality Improvement data pack for
NHS Dorset Integrated Care Board

An output from the CVDPREVENT audit using June 2024 data



Can community-based projects begin to reduce health inequalities?

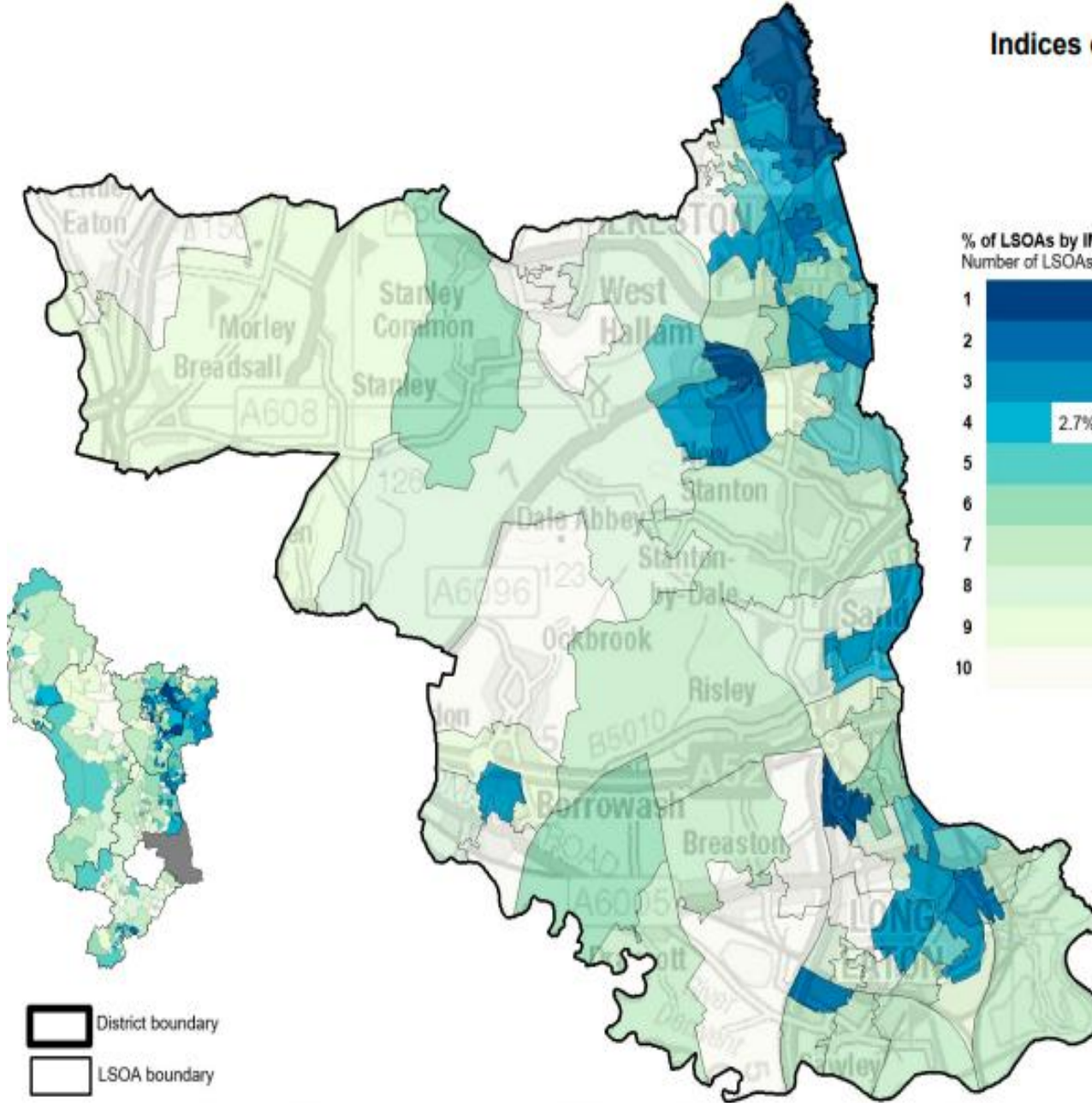
Dr Allie Hill, GP, West Park Surgery, Derbyshire Trailblazer Fellow

Sara Bains, Wellness and Inequalities Lead for Erewash PCN

Using our data and insights

Identifying the communities with more challenges using data

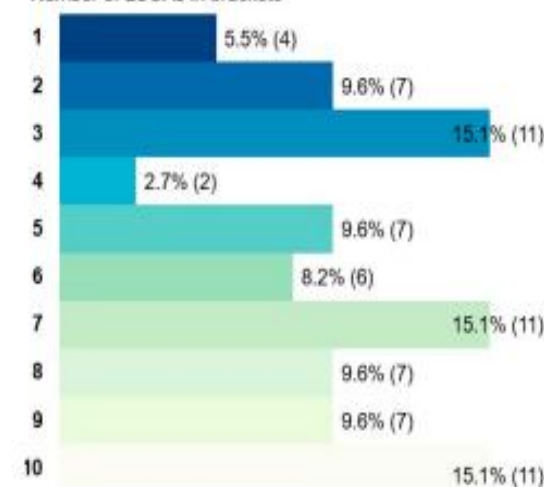
Utilising existing Community Wellness networks and working with very local partners to identify groups



Indices of Multiple Deprivation (IMD) 2019

Erewash District

% of LSOAs by IMD decile in Erewash (1 is most deprived)
Number of LSOAs in brackets



Are we reaching the right people with our NHS Health Check programme?

4421 total number of people invited for health check between age of 40y and 66y at West Park Surgery

2635 people had health checks during that age range

1873 patients had been invited for a health check but not taken up the offer

Gender	Number of people invited for health checks who did NOT take up the offer	Percentage (%)
Male	977	52.2
Female	896	47.8
Total	1873	100.0

Setting up the project:

Using the Derbyshire Insight Framework

[Insight Framework » Joined Up Care Derbyshire](#)

Building trusting relationships

By spending many weeks meeting the group members

Understanding people's barriers to staying well

Understanding what people do to stay well

Noticing what interested them as individuals

Offering some options for them to choose from

Co-developing the session



Long Eaton

Meeting needs through God's love



Delivery of Health Checks

Erewash training Nurse Associate doing cholesterol & AF checks

GP on site doing acute & mental health advice

Healthcare students from University of Nottingham & Derby doing health checks

Live Life Better Derbyshire doing health promotion & lifestyle advice

Our “Healthy Heart Checks” Events



TP Travis Perkins
Your local Timber & Builders Merchant

**DOWN TOOLS FOR A FREE
NHS HEALTH CHECK
TUES 20TH AUG**



10AM-3PM
Travis Perkins, Long Eaton
NG10 1PR

Takes just 15 minutes

Aimed at 40-66 year old working men but everyone welcome

Free health check

On site - just drop in

Free fruit on the day

BENCHMARKX
The Kitchen and Joinery Specialists



Outcomes

Venue for Health Checks	% of abnormality identified
Petersham Breakfast Club	44%
Travis Perkins builders' merchants	71%
Long Eaton Self Help Group	73%

Learnings

We are identifying our cohorts of people with increased abnormalities as we progress

People find it easier to access/attend/engage with Health Checks in community venues, groups and workplaces

People prefer to be proactively followed up rather than go back through GP practice themselves

People are likely to get the follow up they need

Thank you for joining us

A reminder that this session has been recorded and will be available in our app for primary care members.

For any queries or details on our membership, please contact us at primarycare@nhsconfed.org



**Primary Care
Network**
NHS Confederation