Improving life expectancy and reducing health inequalities

Dr Andrew Burnett

Director for Health Improvement/Medical Director

NHS Barnet

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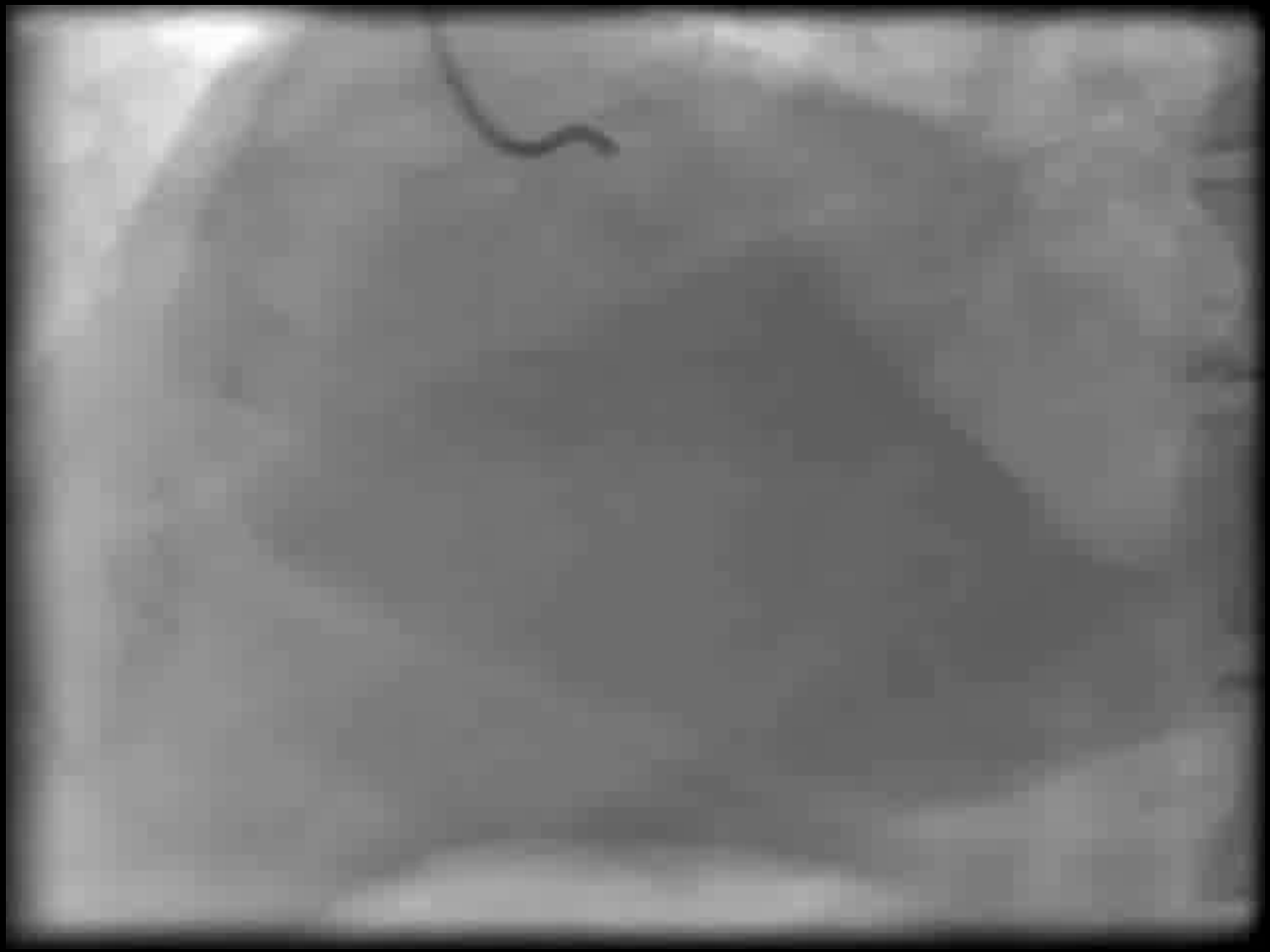
Reducing vascular disease in Barnet



Finding the five thousand

Coronary angiogram courtesy of Mr SW, and Dr Ameet Bakhai and Ms Caroline Fort, Barnet Hospital

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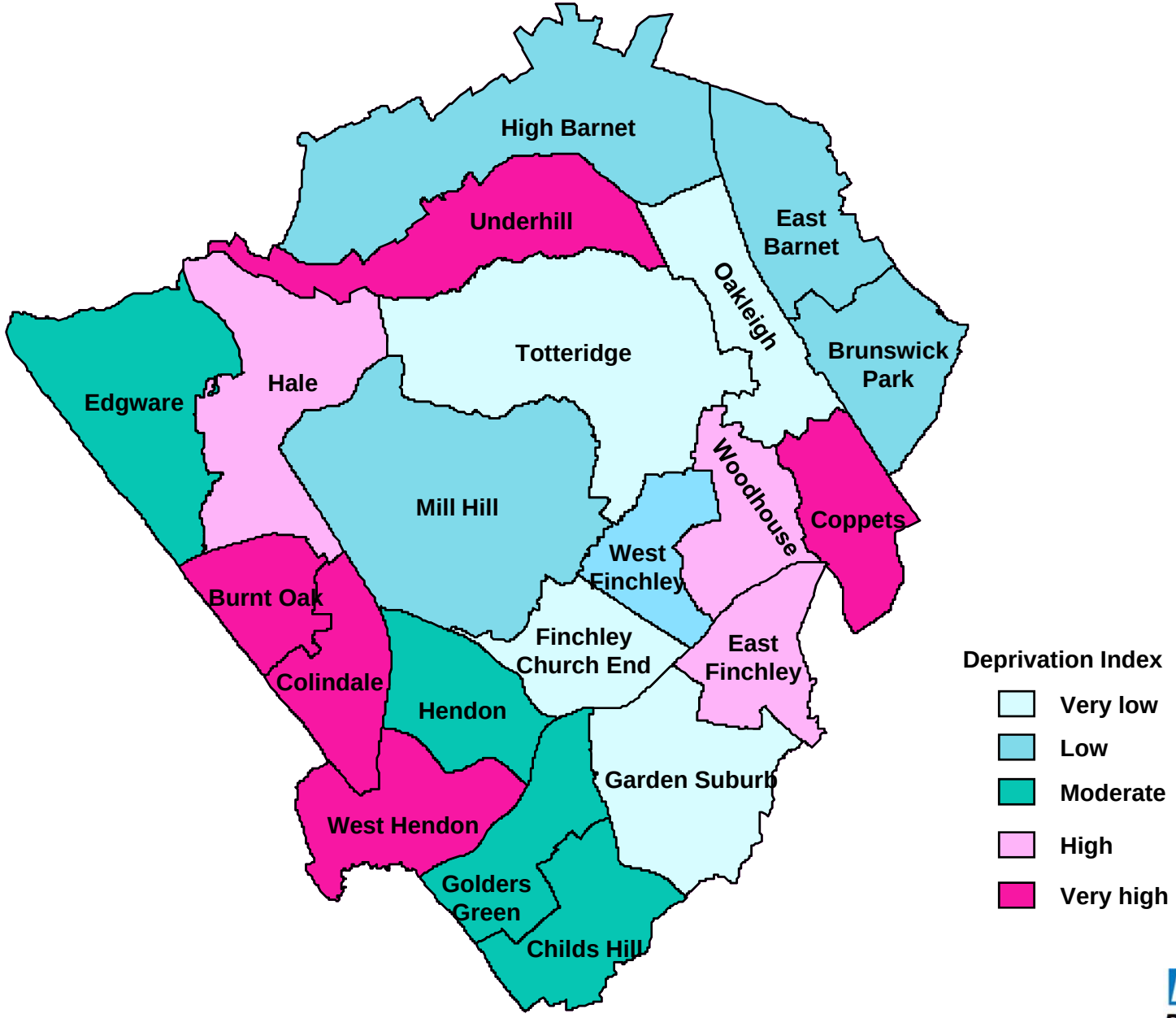
Parts of Barnet are affluent and parts are deprived



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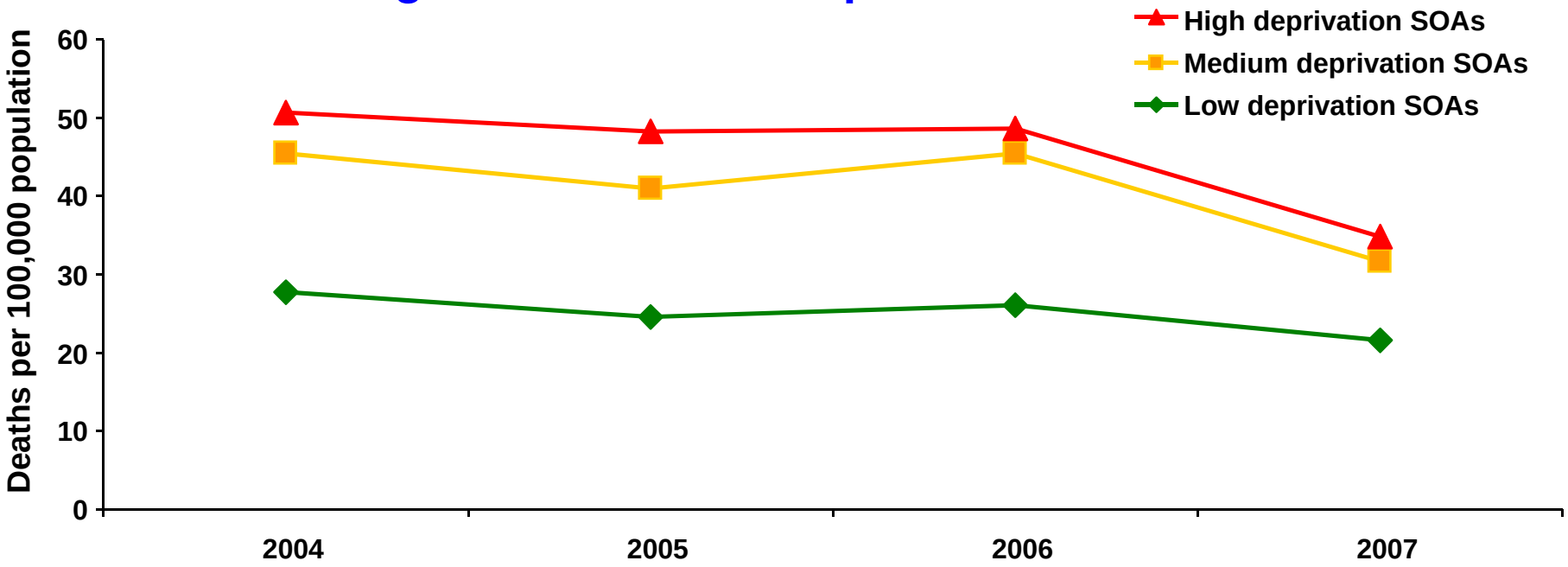
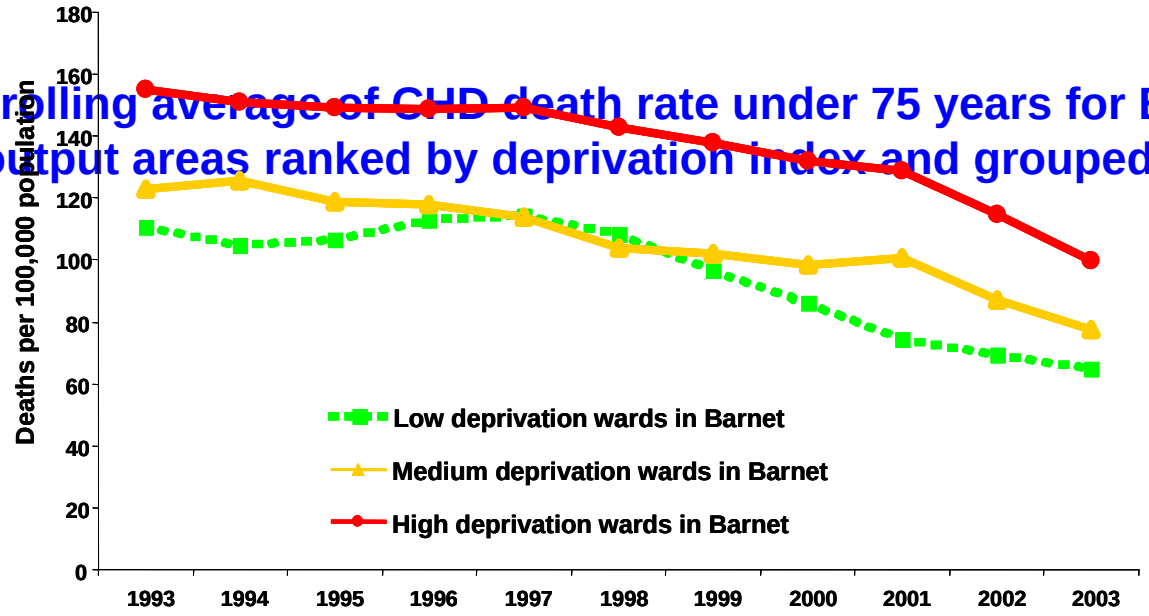
Death rates are higher in the more deprived areas



Three year rolling average of CHD death rate under 75 years for Barnet census super-output areas ranked by deprivation index and grouped in tertiles



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The *Finding the 5,000* project

- 20,000 households live in 'social housing'
  - 11,000 households – council tenants
  - 2,500 households – homeless and in temporary accommodation

- full post codes supplied by Barnet Council
- post codes cross referenced with GP practice lists
- 87% registered with 21 Barnet GP practices

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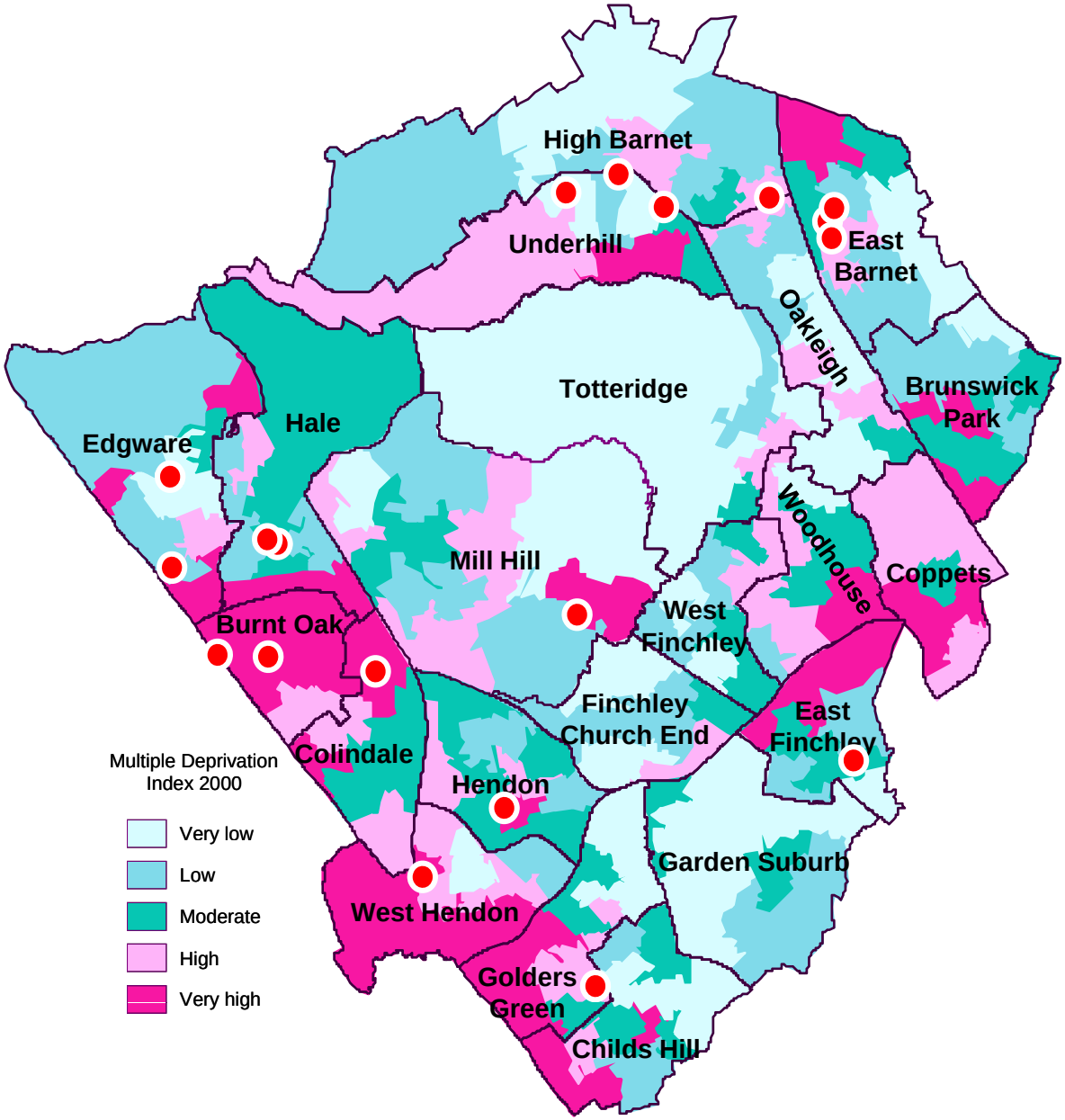
The practices are in or close to the most deprived areas



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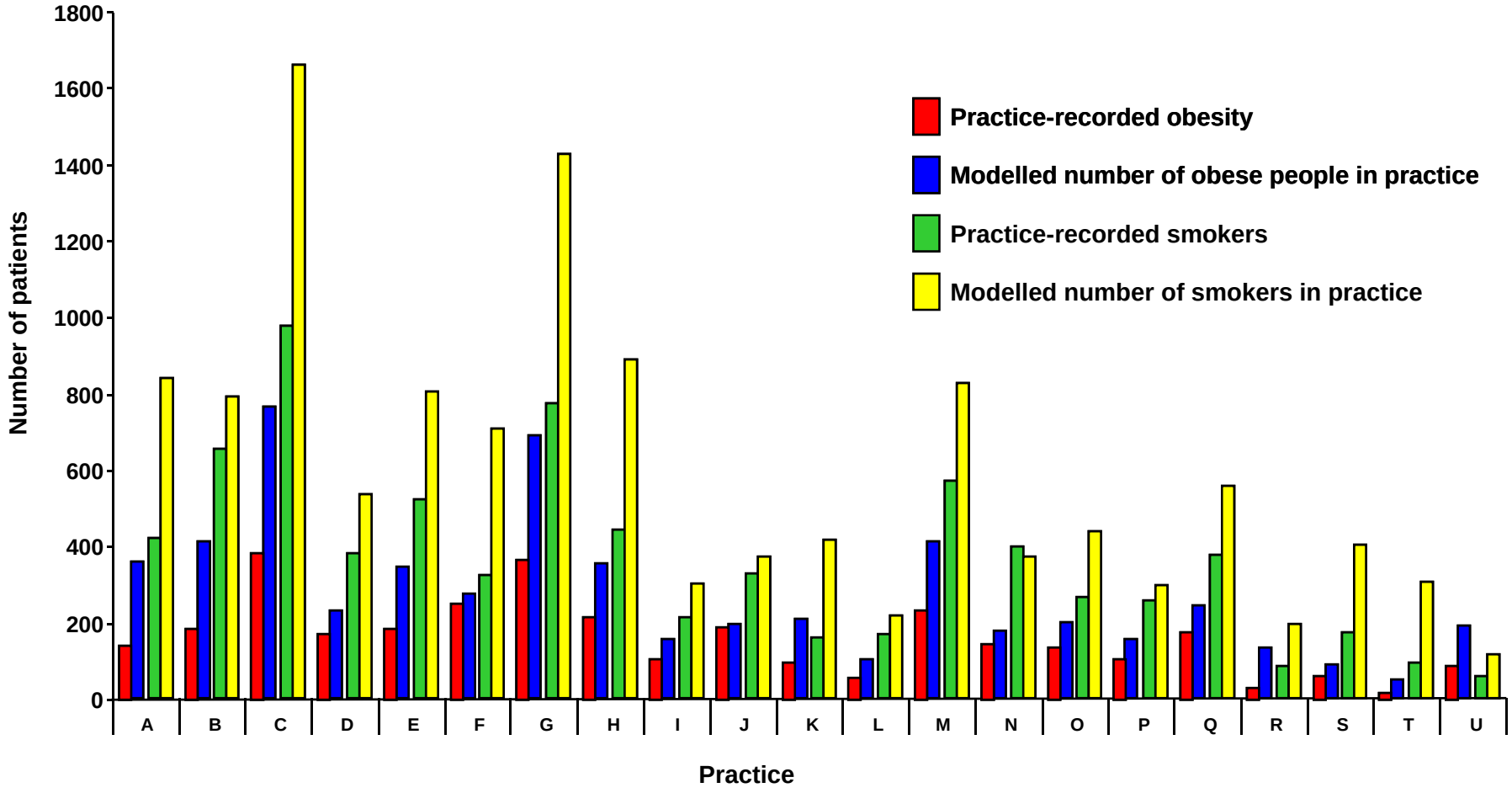
Modelling based on Health Acorn data shows important differences



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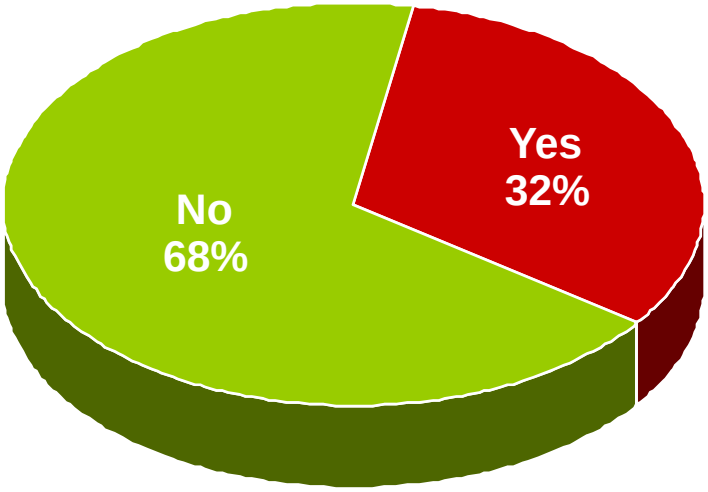
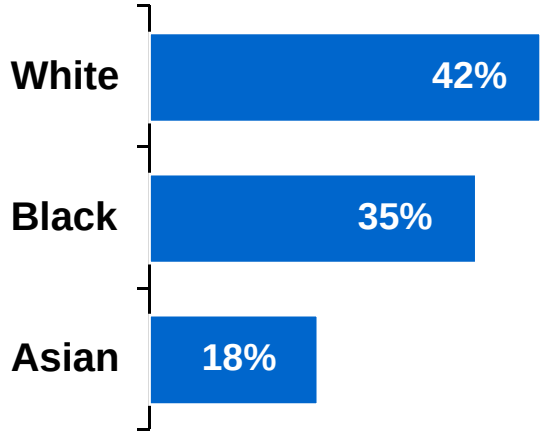
What do 'the 5,000' do?

A third smoke: white males are the biggest sub group of smokers

Do you smoke?



Smoking prevalence is highest in Whites



National average smoking prevalence 24%

Barnet average smoking prevalence 17%

Amongst 'the 5,000':
44% of men smoke
19% of women smoke

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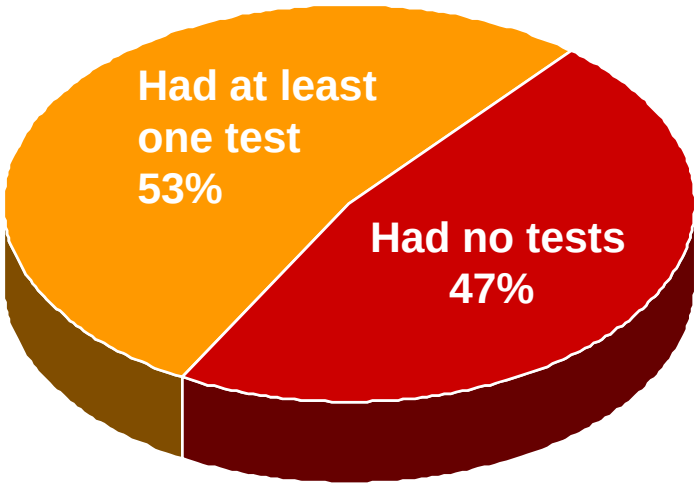
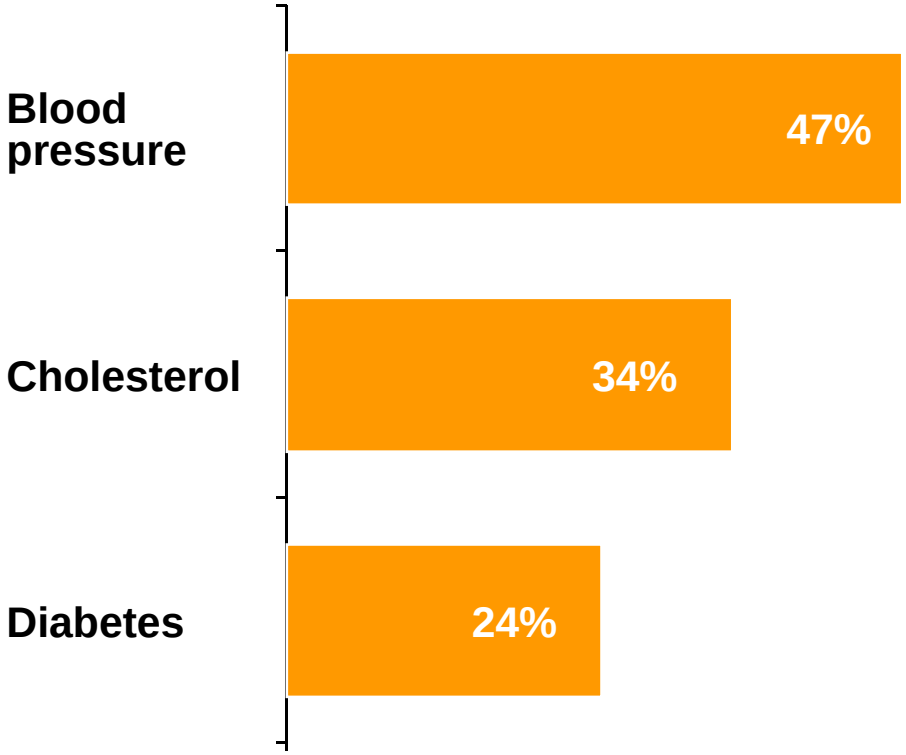
What are their experiences of health services?

Nearly half claim not to have had CVD-risk tests





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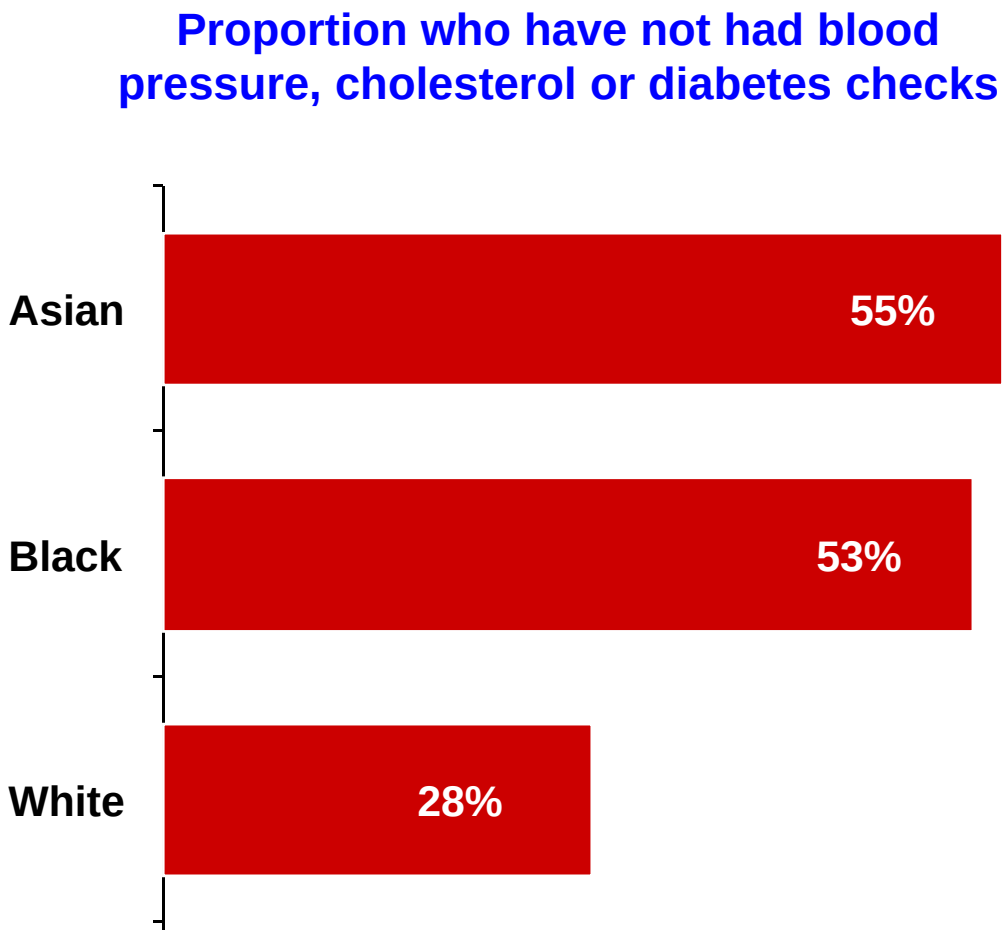
Asian and Black people are less likely to have had health checks



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What do ‘the 5,000’ think about their health and health services?

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What are some of the attitudes of 'the 5,000'?

- they expect to have poor health and to die at a younger age
- they don't want to bother the doctor – especially men
- they don't have health checks unless it's suggested
- they don't respond to current health messages: (no 'hard words' – make it simple)
- they want better health
- they'll go to their GP, pharmacist, others…

thinkpublic

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Social marketing pilot

Social marketing pilot run by London Social Marketing Group (National Social Marketing Centre and the Central Office for Information)

Funded by NHS London

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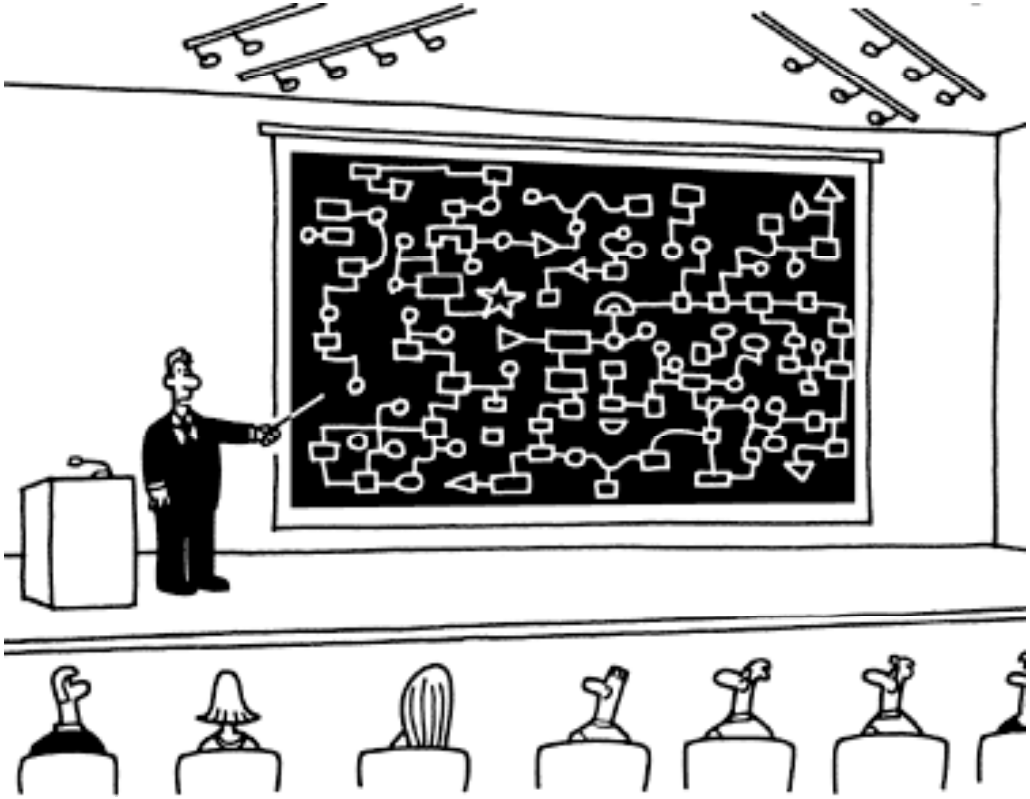
The business case: actuarial assessment shows a net cost



"…and on this slide I've summarised how the *Finding the Five Thousand* project fits with our corporate objectives"

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A great business case! Where's the money coming from?

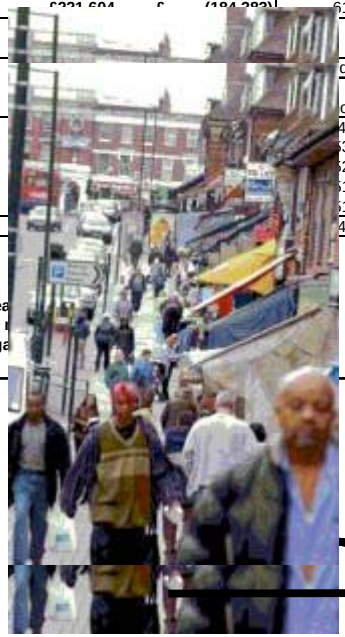
Costs and benefits of FTFT project

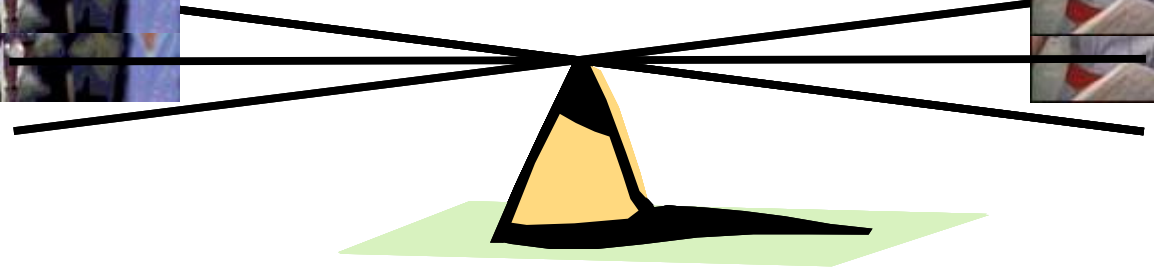
Assuming 25% initial uptake in general population

	Costs	Savings	Final (Cost)/Benefit	Hospital admissions avoided	Outpatient Appointments avoided	Lives Saved
Year 1	**£90,624**	**£0**	**£ (90,624)**	0	0	**0**
Year 2	**£66,397**	**£40,940**	**£ (25,457)**	12	66	**2**
Year 3	**£74,575**	**£51,255**	**£ (23,320)**	14	77	**3**
Year 4	**£82,771**	**£60,360**	**£ (22,411)**	16	88	**3**
Year 5	**£91,520**	**£69,049**	**£ (22,471)**	18	99	**3**
	£405,888	**£221,604**	**£ (184,283)**	61	331	**11**

	Number of people screened	d		Costs			
		olesterol	Hypertension	Lab tests	Prescribing	GP Payments	Stop Cessation Service
Year 1	1,068	40	365	£29,326	£25,088	£16,021	£20,189
Year 2	201	3	58	£5,458	£54,122	£3,010	£3,807
Year 3	203	2	58	£5,644	£62,015	£3,050	£3,866
Year 4	206	1	58	£5,838	£69,915	£3,092	£3,926
Year 5	225	1	59	£6,332	£77,831	£3,371	£3,987
	1,903	47	598	£52,598	£288,970	£28,544	£35,775

Reduction in CVD dea
Reduction in all cause
Cost per life year ga





- **FD go-ahead and LES approved – started 1 October**

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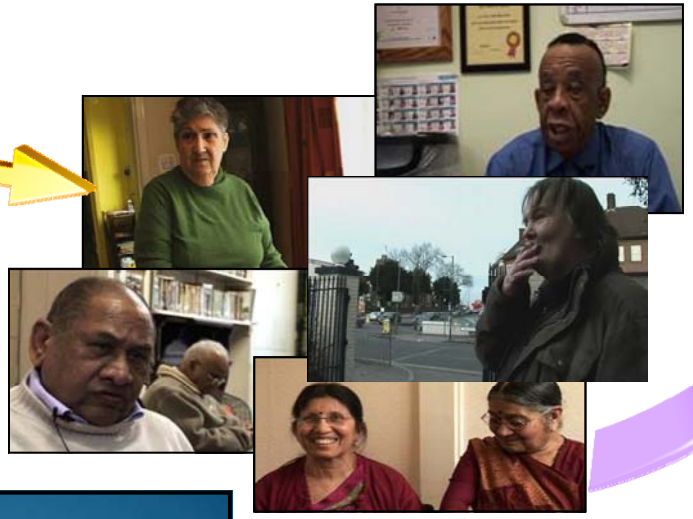
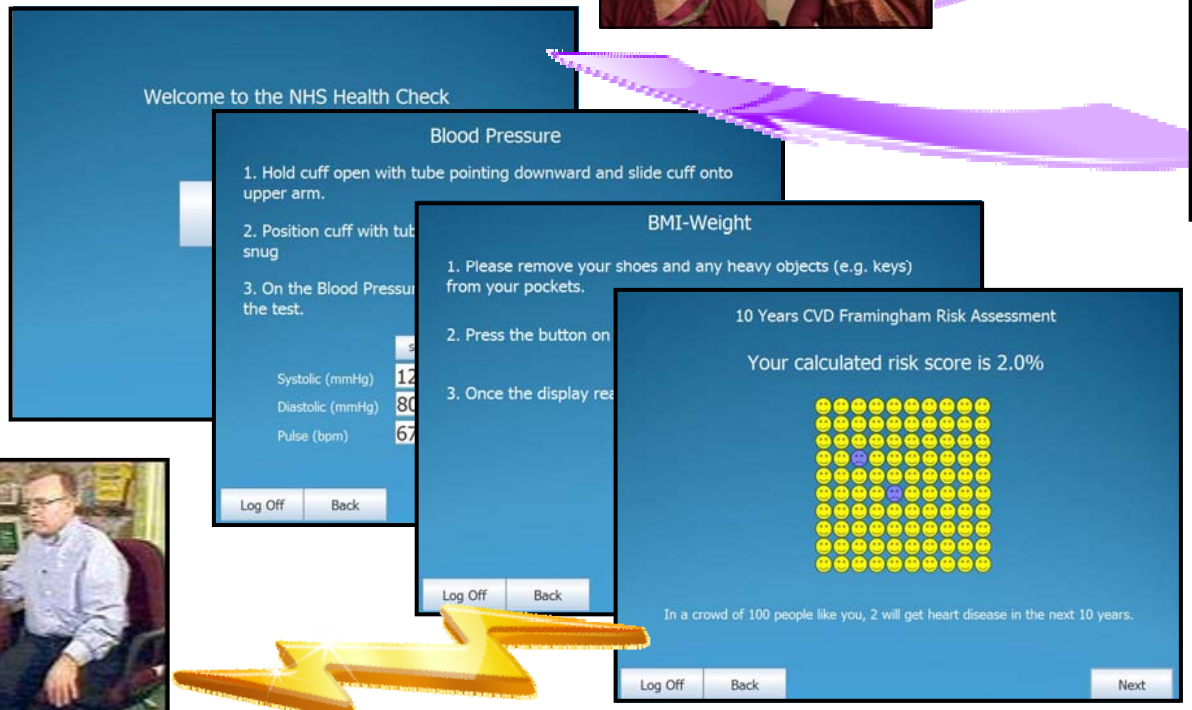
What next? Developing call centre/pharmacy pilot





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