Deep-end GP Fellowship on Health Inequalities

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Introduction on Health Inequalities

- Healthcare is one of many factors that influence our health.
- While life expectancy continues to improve for the most affluent 10% of our population, it has either stalled or fallen for the most deprived 10%.
- ▶ Women in the most deprived parts of England spend 34% of their lives in poor health, compared to 17% in the wealthiest areas.
- Hartwood Healthcare ranks 25th out of all 6700 practices in England for deprivation. Hartwood is the 7 th most deprived practice out of all 6700 practices in England for child deprivation and has the most deprived population of children in BNSSG.
- ➤ On average, adults with a learning disability die 16 years earlier than the general population - 13 years for men, 20 years for women.
- People with severe mental health illnesses tend to die 15-20 years earlier than those without.



REDUCING HEALTHCARE INEQUALITIES

CORE20 O

The most deprived 20% of the national population as identified by the Index of Multiple Deprivation The Core20PLUS5 approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

Target population

CORE20 PLUS 5

O 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





Key clinical areas of health inequalities



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



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Achievements during Fellowship year

- ▶ 1) Started NHS Health Checks at Hartwood that aims to reduce the chance of a heart attack, stroke or developing certain forms of dementia in people aged 40 to 74 started sending patients weekly text messages and took action on their abnormal blood results.
- ▶ 2) SMI Health checks Started SMI (Severe mental illness) Health checks at Hartwood, working in collaboration with BDP team, achieved 90% target SMI checks and one of the highest achieving practice in BNSSG.
- ▶ 3) Early cancer screening At Hartwood I have started Prostate cancer screening for high risk category patients, had very positive response and 267 patients had PSA tests, diagnosed 23 patients with Prostate cancer in last 6 months.
- 4) Women's Health clinic started weekly once Women's Health and Menopause clinic to support vulnerable women.
- ▶ 5) Attended 3 sessions of **Population Health masterclass** on Health inequalities conducted by Birmingham university.
- ▶ 6) Quality improvement activities and Projects done QIP on Heart failure patients, identified 27 patients who are not coded as Heart failure and added them to Heart failure register and titrated the ACEi and Betablockers which in long run will reduce morbidity and Mortality of patients.
- Undertook Audit on Acne management and Hyperlipidemia at Hartwood Healthcare
- > 7) Actively Participated actively in **Research studies** via CRN team

Opened to Recruitment:

TIGER

Trial of food allergy IgE tests for Eczema Relief: Individually randomised controlled trial of test-guided dietary advice for children with eczema.

ZEUS

Effects of Ziltivekimab Versus Placebo on Cardiovascular Outcomes in Participants <u>With</u> Established Atherosclerotic Cardiovascular Disease, Chronic Kidney Disease and Systemic Inflammation.

SPELL

Supporting People to Live Well with Multiple Long-Term Conditions (MLTC): The study aim is to understand the treatment burden associated with MLTC, for people aged 18-65 years, and how primary care services affect this burden.

Ongoing Studies:

DaRe2THINK

Preventing stroke, premature death and cognitive decline in a broader community of patients with atrial fibrillation using healthcare data for pragmatic research: A randomised controlled trial.

ERICA

A pragmatic cluster randomised controlled trial assessing the clinical effectiveness and cost effectiveness of electronic riskassessment for cancer for patients in general practice.

In set-up: (Opening Soon!)

DURATIION study

clinical research Study entitled 'Impact of duration of antibiotic therapy on effectiveness, safety and selection of antibiotic resistance in adult women with urinary tract infections (UTI): a randomised controlled trial.

6-week biofeedback gait retraining programme in people with knee OA

This project is a randomised controlled trial which has three groups (two intervention groups and one control group), aiming to identifying an optimal and beneficial gait retraining programme for people with knee OA by reducing the pressure on their knee joints and relieving their knee joint pain.

Closed to Recruitment:

RAPID-TEST

A randomised controlled trial which aims to investigate whether the use of a rapid microbiological Point-of-Care-Test can reduce same-day antibiotic prescribing for patients presenting to their GP with a respiratory tract infection.

46 Hartwood patients recruited. 3rd best recruiter in 2023!

Huge thanks to all who helped!

Completed Studies:

CHIP

Care of Housebound patients in Primary care (the CHiP study) - An observational study of electronic GP patient records and clinician survey.

P-Risk study

The feasibility and implementation of a psychosis risk prediction algorithm (P Risk) for use in primary care

Upcoming Clinical Meeting -

Wednesday 28th February 12:30-13:30 via MS Teams

If you have any questions about research, please feel free to bring them to the February meeting or email me anytime at karunkothapalli@nhs.net or Elysia.Gower@nihr.ac.uk

THANK YOU