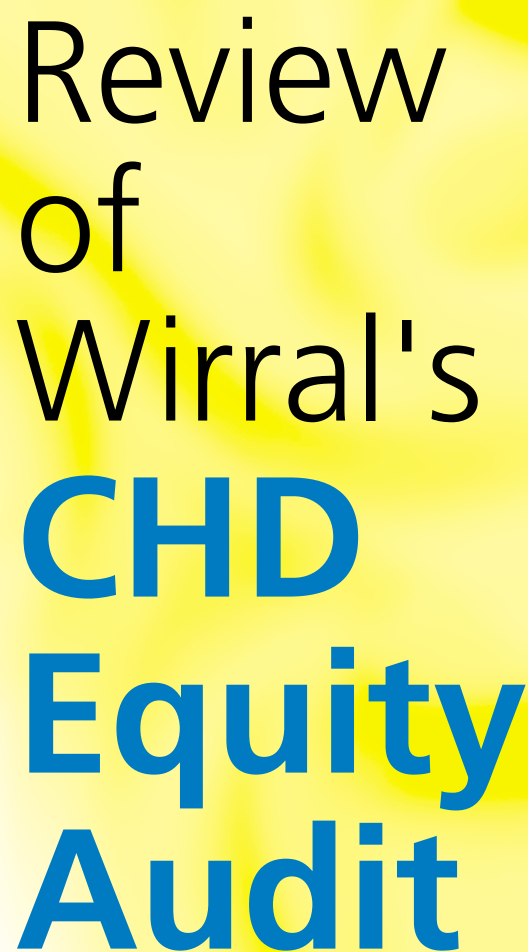

# Review of Wirral's CHD Equity Audit

**Prepared by**

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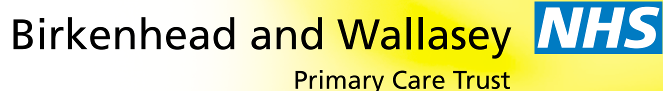


# Review of Wirral's **CHD Equity Audit**

## Introduction

**In October 2001, Wirral Health Authority published the findings of a local coronary heart disease (CHD) equity audit entitled "Heart Health in Wirral"[1]. The report states that "the next phase will involve ensuring that resources and interventions are targeted at those areas and groups found to have the greatest mismatch between need and provision". This review of the original report has been done to identify whether this targeting has occurred and to make recommendations for the future to ensure that it does. It considers each of the recommendations made within the Wirral CHD equity audit and details progress to date made against each one. It also presents quantitative data to show how this progress has affected CHD standardised mortality ratios (SMRs), and access to services such as revascularisation and angiography.**

## Background

The "Heart Health in Wirral"[1] report concluded that although deaths from CHD had fallen over the previous 10years, that this improvement had not been uniform. Death rates remained higher in the disadvantaged wards (defined using the index of multiple deprivation 2000 (IMD2000) score) compared to the more advantaged wards. In addition, access to services was lower in the disadvantaged wards. This suggested that the inverse care law[2] was still applicable to Wirral.

The report recommended the following key actions as a result of the audit:

- Specific targets must be agreed that help to focus attention on addressing the inequalities identified.
- Local decision makers needed to consider how best to re-orientate resources across a range of agencies in order to bring about change.
- Monitoring processes are required that enable us to determine whether inequalities have been reduced.

This review of the CHD equity audit is part of the monitoring process recommended above and examines whether such targets have been agreed and how resources have been redistributed.

## Recommendations and Progress to Date

This section will review each of the recommendations made in the original CHD equity audit one by one, detailing the original recommendation and the progress to date undertaken in order to meet it. Where appropriate, further recommendations for additional progress will be made. Recommendations are split into the following sections:

- Primary prevention of CHD / Health Promotion
- Secondary prevention of CHD
- Treatment of CHD
- Information
- Other

### Primary Prevention of CHD / Health Promotion

*Recommendation:*

A Wirral Health and Lifestyle Survey was undertaken in 2001 and the findings published in 2002 to provide a picture of the health and lifestyle of people living in the area. The CHD equity audit recommends that information from the Health and Lifestyle Survey should be used to target health promotion and primary prevention interventions where there is the greatest need.

*Progress to Date:*

- The Health and Lifestyle Survey was not done at a small area level as the sample size was not large enough to provide a breakdown at a level any smaller than Primary Care Trust (PCT) and Local Health Directorate (LHD). As a result, inequalities are masked. Consequently, the primary prevention services would not be able to utilize this information to plan their interventions at areas of greatest need with respect to individual lifestyle behaviours.

- The Health Promoting Schools programme use data from the Health and Lifestyle Survey in their Local Information File for schools. This is used as part of schools' needs assessment process, and informing the work that they do.

- SUPPORT (specialist stop smoking service) are regularly set targets by the Department of Health regarding which groups to concentrate on, e.g. pregnant women, manual workers.

- Information from the Health and Lifestyle survey, in conjunction with other sources of data, were used to help determine appropriate targets in lifestyle strategies, such as the Obesity Strategy. The commitment to repeat the survey in 2005 will ensure that the information available is relevant and usable, and help to monitor progress against strategic targets. The results of future surveys should be used to inform strategy reviews and done in such a way that they ensure that targets are focusing upon the areas and issues of greatest need and importance, i.e. on a small area level.

*Recommendation:*

A comprehensive approach to tackling smoking is required, including both prevention and cessation, in conjunction with partner organisations, including the development of a tobacco policy to address smoking in public places and at work, advertising and sales to children.

*Progress to Date:*

- Smoke Free North West launched the 'Big Smoke-Free North West Debate' in March 2004, providing an evidence base of public opinion related to smoke-free places in the region. Wirral has already made significant progress and is meeting a number of the milestones identified in the Smoke Free Cities Template. This includes the publication of a Tobacco Control Position Statement and a Tobacco Control Strategy, which is currently being updated to reflect the regional position. Partnerships have been established and led to considerable action, which is detailed further in Appendix 1.

- Tackling sales to children is the role of the Trading Standards Department within the Local Authority. Retailers must comply with the law in relation to product sales restricted by age. Wirral Trading Standards Team make a minimum of 15 test-purchase visits on 3 occasions each year. A first offence results in a warning and there is possibility of a fine of £1000. Additional activity takes place around ensuring health warnings are present on tobacco products, enforcing the prohibition of the sale of loose cigarettes, ensuring that duty has been paid on all cigarettes sold through retailers, display of compulsory notices regarding the sale of tobacco products and the situation of cigarette vending machines, all of which impact on children and young people.

- Cigarette advertising is controlled by law through the Tobacco Advertising Act 2003. The law is being expanded continually and point of sale advertising will be prohibited shortly. Trading Standards participated in a Mersey-wide campaign called "Age Check and Validate", which ceased to be funded during August 2003. The campaign aimed to inform, support and advise retailers and to help them comply with the law, and to provide young people with proof of age cards. The latter has now been taken over by Connexions.

*Recommendation:*

Target efforts at areas with the highest proportion of smokers in order to reap maximum benefits.

*Progress to Date:*

- In Wirral, the Passive Smoking and Children Campaign funded via the Smoke Free Merseyside Alliance focused on the parents of children registered with Sure Start North Birkenhead. North Birkenhead is an area with a high proportion of smokers, 68% amongst young women in the area. The campaign report highlighted the need for more training for professionals working

in this area as people in North Birkenhead had the highest awareness of what passive smoking is compared to other areas, but were still more likely to expose their children to passive smoking and less concerned about the risks of passive smoking to their children. Training is currently being rolled out to appropriate staff whose work brings them into contact with this age group.

- Employers of manual workers are targeted through SUPPORT. A workplace smoking policy pack has been produced, physical support and advice provided, and a chance to purchase a franchise in the National Clean Air Award (this provides an incentive to encourage employers to implement a workplace smoking policy). Implementing a no-smoking policy reduces smoking prevalence by 3.8% and reduces consumption by 3.1% for those who continue to smoke. By working in partnership with SUPPORT, support to help people quit smoking is provided as appropriate. The Smoke Free Wirral Partnership includes Birkenhead Town Centre Management, which targets local employers through regular mail shots.

- SUPPORT's service is advertised more in the deprived areas of Wirral, and from May-July 2004 advertising was on the inside and outside of all buses in Wirral. In order to target cessation in areas with the highest proportion of smokers, there are established cessation intermediates within all GP practices in Birkenhead & Wallasey PCT and in all but one of the practices in Bebington & West Wirral PCT. Additionally, 28 pharmacists throughout Wirral have been trained to become intermediates. The additional pharmacies are going to be in the areas where they are most needed (larger GP practices in deprived areas or in areas where there isn't an intermediate available). Having over 150 trained intermediates enables SUPPORT to offer all areas in Wirral access to a stop smoking clinic. Evening appointments are available with some practices, pharmacists and the specialist service at Hamilton Square.

- SUPPORT goes into workplaces for 3 months to start stop smoking clinics. They then invite a nominated member of staff (usually an occupational health nurse) to attend intermediate training so that he/she can sustain the service after they have left with help from SUPPORT.

- Satellite specialist services have been established in Eastham and Wallasey to provide easier access for residents in those areas.

- SUPPORT have attended a number of health professional forums within primary and secondary care so that as many health professionals as possible are aware of the service and know how to refer into it. So far this includes health visitors, dentists, occupational health, and junior doctors at Arrowe Park Hospital.

- Birkenhead & Wallasey PCT have funded an additional 1.5WTE smoking cessation specialists to work in areas of high smoking prevalence. These additional members of the SUPPORT team work in GP practices with high numbers of smokers, which are located in areas of high deprivation.

*Recommendation:*

Introduce programmes that help individuals incorporate physical activity into their daily lives. Such initiatives should also include appropriate transport policies and encouraging people to cycle or walk to work, for example.

*Progress to Date:*

The Wirral Physical Activity Strategy was launched in April 2002 and aims "to increase the percentage of the population in Wirral who meet the recommended levels of physical activity by 2% by 2004" (from 47% in 2001 to 49% in 2004) and "to promote partnerships and actions to enable the population of Wirral to become more physically active". The Strategy contains targets regarding play, schools, regeneration, sport and recreation and transport for the period of 2002-2004. The strategy was reviewed in 2003 and this found that out of the 41 specific targets only 7 had been achieved by June 2003 and there had been little progress since. However, it had helped to develop partnerships and raise the profile of physical activity. A key issue that emerged was that the strategy did not have a designated lead person to take responsibility for its implementation. At the end of 2003, a Health Promotion Specialist was employed with the specific remit of taking on this role. A Physical Activity Steering Group now exists with the aim to implement this strategy and to look at devising new targets for a 2005-2007 strategy.

*Recommendation:*

Need to ensure that healthy foods such as fresh fruit and vegetables are readily available and affordable, especially in more deprived areas.

*Progress to Date:*

- The Health Promoting Schools programme is working with local schools to increase access to fruit and vegetables through the establishment of fruit tuck shops & breakfast clubs, particularly within those schools that have 20% or more of children on free school meals. The cost of the produce is kept to a minimum, as the schools link in with the distributor for the National School Fruit Scheme.

- Work with caterers within commercial organisations, to target diets of manual workers has featured heavily in Wirral's Take-5-a-day projects. This work tries to ensure that fruit and vegetables are readily available within the workplace and, where possible, are available at subsidised cost. Work with local mobile retailers has been undertaken in areas of high deprivation and where there is limited access to affordable fruit and vegetables. The fruit and vegetable voucher scheme has used mobile retailers as a way to increase access for local residents. Identifying additional venues for fruit and vegetables to be sold by a mobile retailer has also been undertaken and is an important element of Take-5-a-day. The cost of fruit and vegetables through a mobile retailer is very competitive, due to their reduced overheads.

- The establishment of community cafes within disadvantaged areas has helped to provide healthy food choices, including fruit and vegetables at affordable prices. Part of Wirral's first Healthy Living Centre bid (Wirral Healthy Communities) included the development of 4 community cafes. Sure Start Ferries have also recently established a community café, with the help of Wirral Healthy Communities.

- Future initiatives include the development of:
  - A sustainable box scheme: Fruit and vegetables packed in boxes and delivered to a central location for families on low incomes/ older people.
  - Food co-operatives will help to provide fruit, vegetables and other healthy foods at affordable prices.
  - Community allotments, particularly in areas of high deprivation, where fruit and vegetables will be grown and supplied to the local community.
  - A home and community delivery service, which would be a free service for disabled people and pensioners to order produce and have it delivered to their homes.
  - Increase the availability of fruit and vegetables through 'fruit on counters schemes', particularly in areas of high disadvantage. For example, this could be counters in doctor's surgeries, dental practices, post offices etc.

*Recommendation:*

Improve community awareness and understanding of the causes and symptoms of heart disease, especially in deprived areas.

*Progress to Date:*

The Heart Attack Awareness Campaign took place across Wirral from June 2003 to December 2003. The objectives of the campaign were to:

- Reduce the number of out of hospital deaths from heart attacks.
- Increase public awareness of the signs of a heart attack.
- Increase public awareness of actions to take at onset of signs of a heart attack.

Initial evaluation suggests that the campaign was successful in achieving the objectives and that 999 calls and hospital admissions were both higher over this period than the equivalent period in the previous year, after accounting for an existing trend in increased numbers[3,4].

## Secondary Prevention

*Recommendation:*

Ensure patients known to have heart disease are aware of the symptoms of a heart attack and what action to take.

*Progress to Date:*

Information regarding symptoms of heart attack are discussed with patients at discharge from hospital, at initial assessment at the Heart Support Centre, and during educational talks that take place during rehabilitation. The Heart Attack Awareness campaign3,4 took a population approach, so would inevitably also reach patients with existing heart disease.

## Treatment

*Recommendation:*

Ensure a consistent approach to the management of CHD in primary care and referral to secondary care through the development of protocols.

*Progress to Date:*

The Wallasey Heart Centre has evidence-based guidelines and protocols that aim to provide a consistent approach to the management of CHD in primary care and referral to secondary care. Wallasey-based GPs are all signed up to these guidelines. The Birkenhead Heart Centre has agreed to adopt these guidelines in principle, and work is currently underway to ensure Birkenhead GPs sign up to them. There are no such guidelines in Bebington and West Wirral-.

*Recommendation:*

Additional efforts and resources should be targeted at those areas with low rates and high need of angiography without reducing access in adjacent areas. In particular, more work is needed to ensure that inequity between men and women does not exist in accessing angiographies.

*Progress to Date:*

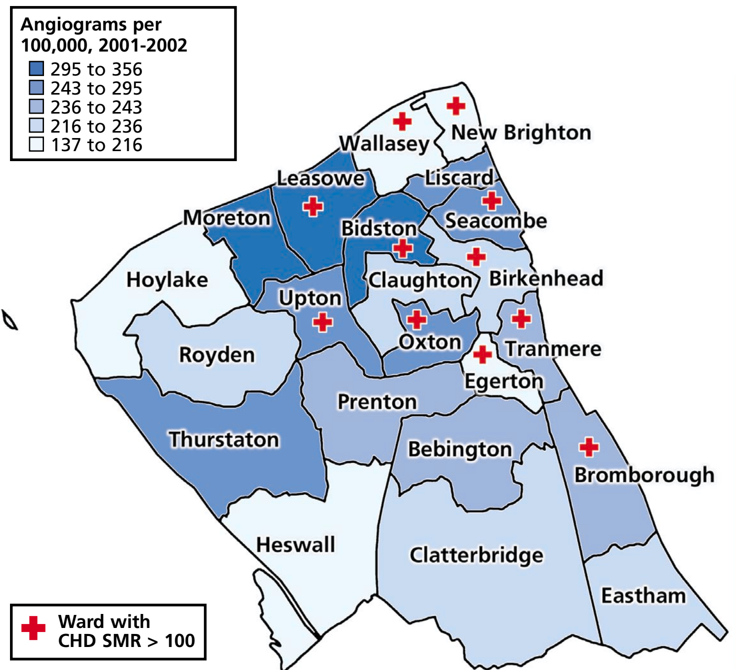
The establishment of the Birkenhead Heart Centre in Tranmere allows people based in Tranmere, Birkenhead, and other such wards to access treatment and diagnostic procedures that they would not otherwise if they were unable or unwilling to travel to Arrowe Park Hospital. Anecdotally, staff at the Birkenhead Heart Centre report numbers of angiographies increasing since the centre opened. This facility has been available in Wallasey since the Wallasey Heart Centre opened in 2000.

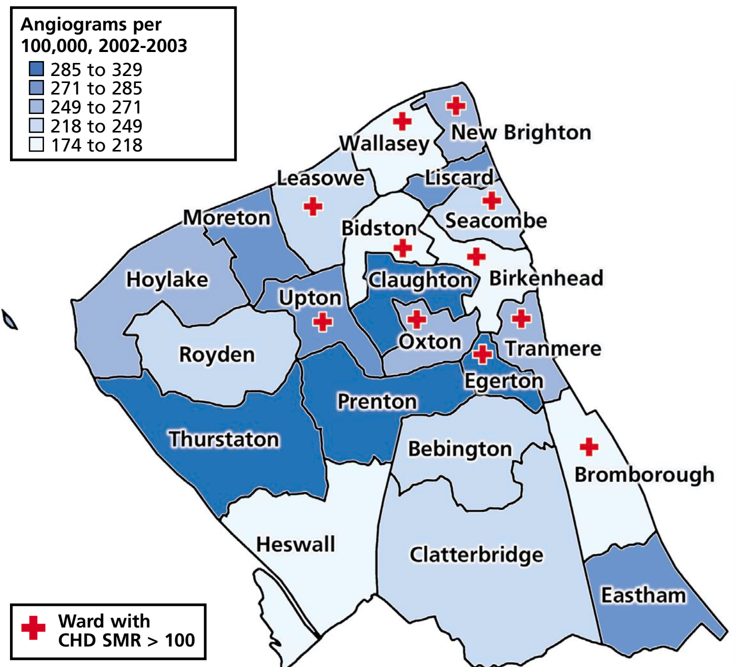
***Angiography rates per 100000 population***

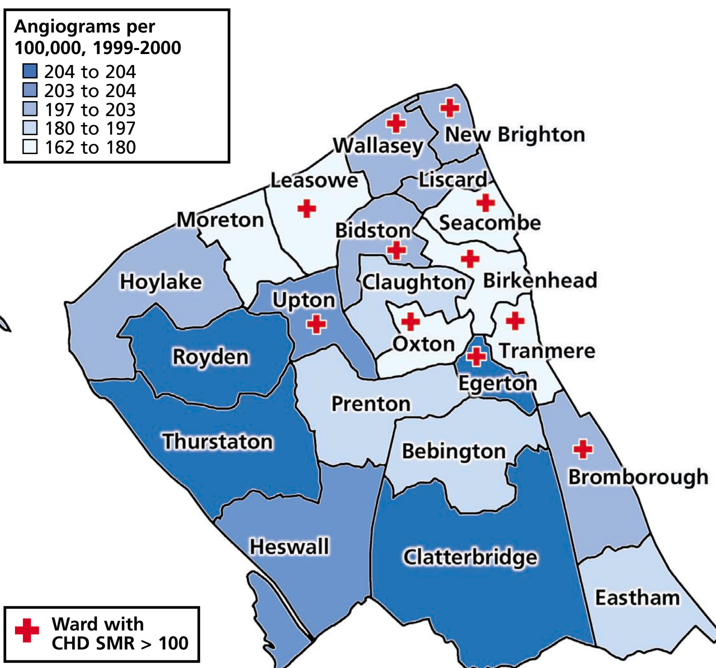
| | 1999-2000 (baseline) | 2001-2002 | 2002-2003 | 2003-2004 |
|---|---|---|---|---|
| Beb &WW PCT | 221 | 220 | 236 | 279 |
| Birk & Wall PCT | - | 250 | 251 | 262 |
| Birkenhead PCG | 134 | | | |
| Wallasey PCG | 146 | | | |

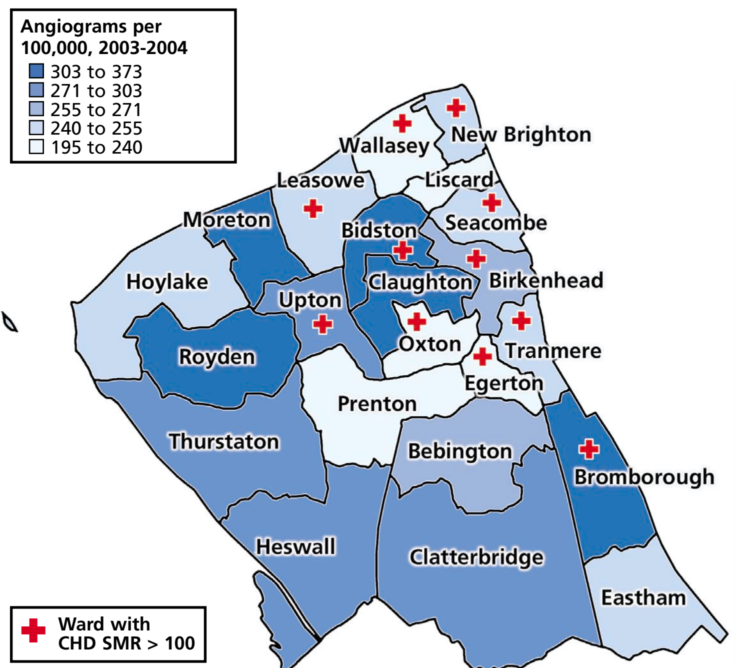
*Shaded rows indicate a CHD SMR of >100 at baseline*

From the table above and the maps overleaf, it is apparent that the clear inequity in angiography rates in 1999-2000 has decreased. Every area has had an increase in angiography rates between 1999-2000 and 2003-2004. Birkenhead & Wallasey PCT now has similar angiography rates to Bebington & West Wirral which indicates that although the situation improved. However, because Birkenhead & Wallasey has higher levels of CHD, there is still more improvement to be made if the inequity is to be completely removed.



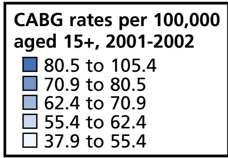



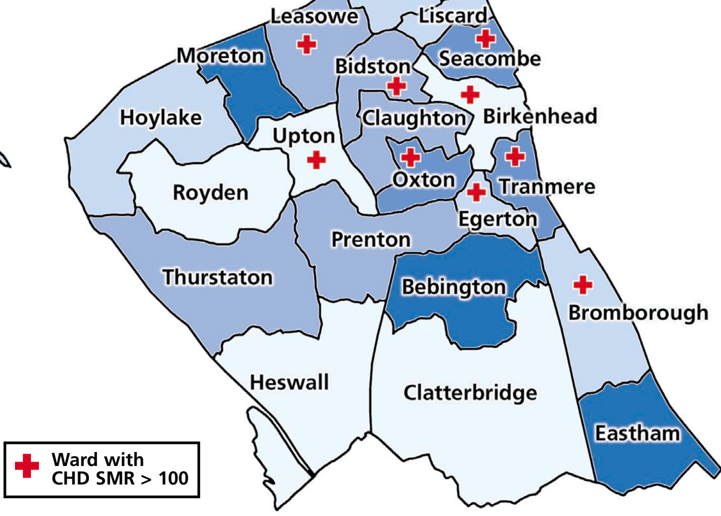
*Recommendation:*

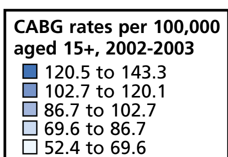
Significant additional resources are needed to meet the National Service Framework revascularisation and angiography targets in Wirral. Variations in access to surgery need to be addressed by "levelling up", i.e. additional efforts and resources should be targeted at those areas with low rates and high need of revascularisation without reducing access in adjacent areas.

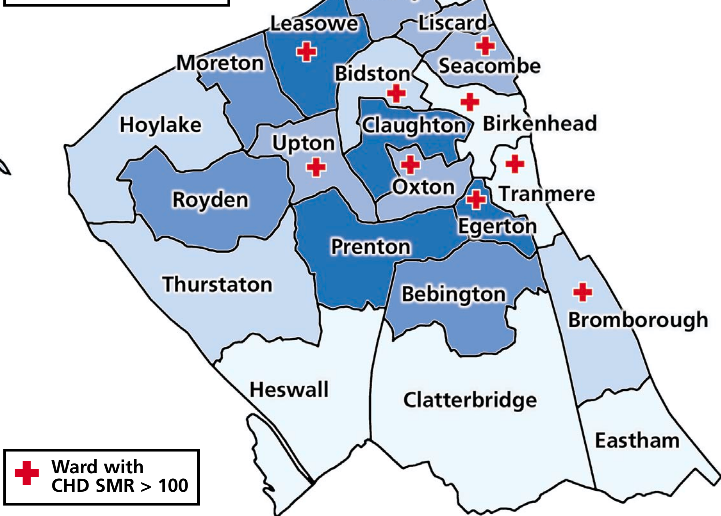
*Progress to Date:*

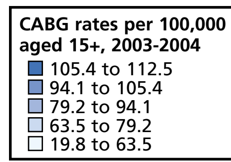
An additional £567000 per year has been invested in Wirral Hospital Trust for revascularisation services. The impact of this is shown in the maps below detailing CABG and PTCA rates for the years 2001-2002 to 2003-2004.

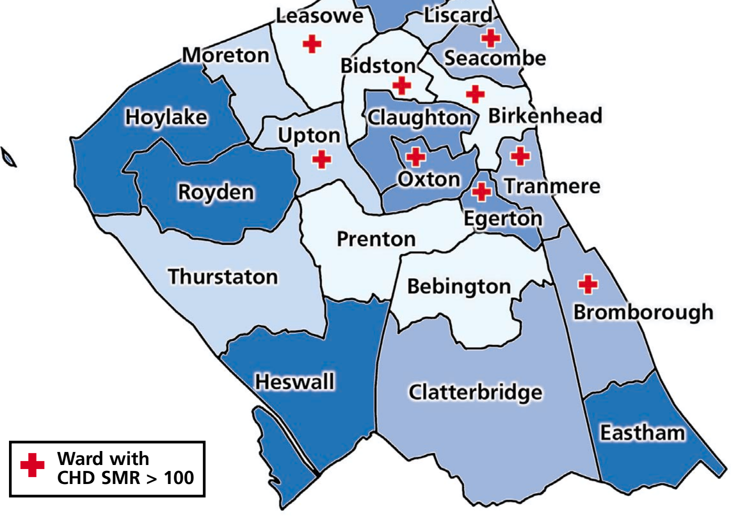


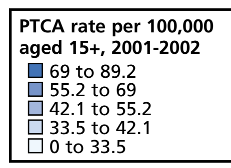



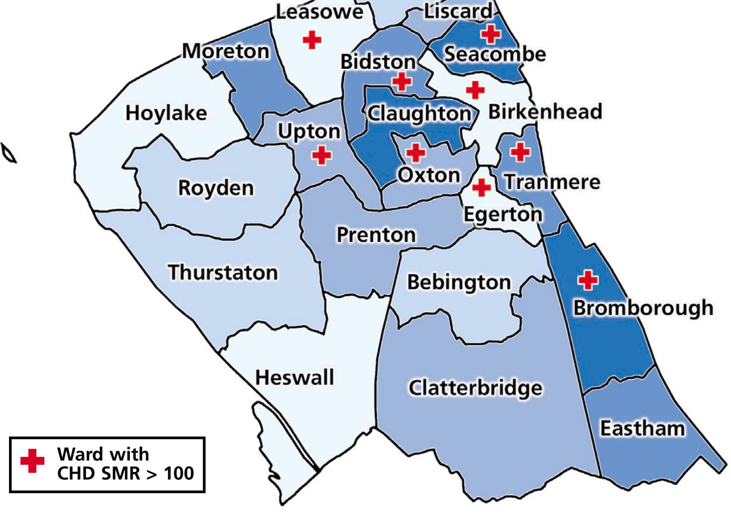


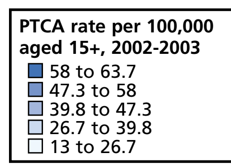



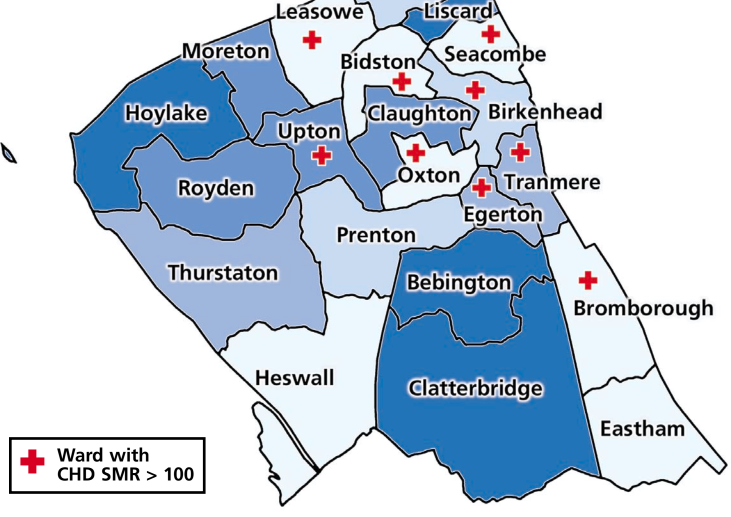


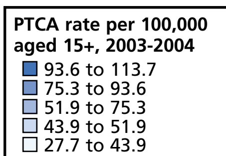



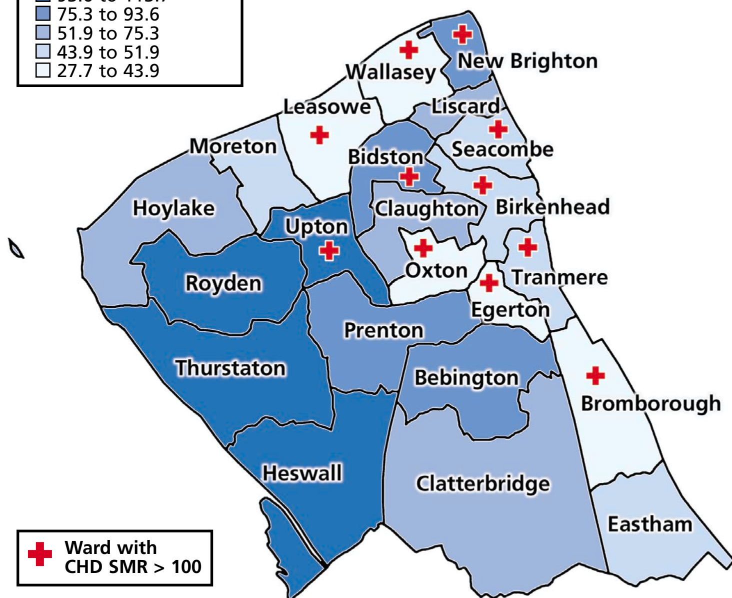







These maps indicate that there has been an overall increase in the rates of CABG and PTCA procedures. However, it appears that this increase has occurred predominantly in the affluent areas, and sometimes even at the expense of the disadvantaged areas, where in some cases rates have fallen. This situation requires investigation to determine what the causes are and to rectify the situation to ensure equity of access to such procedures.

*Recommendation:*

Develop referral protocols and treatment guidelines to ensure patients with CHD are investigated appropriately and receive optimum care.

*Progress to Date:*

Pan-Wirral referral protocols and treatment guidelines are in place. A CHD resource pack for primary care containing them was launched in June 2004. Heart failure guidelines are in place and currently under review.

*Recommendation:*

Develop and use agreed protocols and guidelines for referrals to a consultant cardiologist, angiography, revascularisation, and cardiac rehabilitation, as recommended in the CHD National Service Framework (NSF).

*Progress to Date:*

Such protocols and guidelines are in place but need to be reviewed and formalised to bring them in line with patient choice issues.

## Information

*Recommendation:*

The establishment of a CHD register, in line with recommendations in the CHD NSF, will provide very useful information from primary care to help quantify the burden of disease associated with CHD, the level of need for services and the degree of inequity. Useful data could include numbers of patients with angina or high blood pressure, details of referrals to hospital for special investigations such as angiography and details on the use of particular medications.

*Progress to Date:*

Wirral Health Informatics Service produce regular reports at PCT, LHD and practice level detailing all of the recommended information as well as other data from the CHD registers that is collected in response to the CHD National Service Framework.

*Recommendation:*

All local services provided to support the prevention and treatment of CHD should set up and maintain databases to inform future equity profiles. This would include the Exercise and Lifestyle Centres (now Lifestyle and Weight Management Service), Wirral Heart Support Centre, and the rapid access chest pain clinic. Access to investigations such as echocardiography and exercise tests should also be monitored to ensure equity.

*Progress to Date:*

The Wirral Heart Support Centre collects gender and postcode information but not ethnicity. They expect to start collecting ethnicity data with the introduction of the electronic health record. The Lifestyle and Weight Management Service collect data on gender, ethnicity and postcode, but this currently in paper form. However, the service's data-base, when implemented, will contain this data on every client. SUPPORT collect data on ethnicity, gender, and postcode.

***Gender***

| | | Support | ELCs |
|---|---|---|---|
| 2001-2002 | Male | 382 (42%) | 247 (33%) |
| | Female | 523 (58%) | 508 (67%) |
| 2002-2003 | Male | 462 (40%) | 456 (32%) |
| | Female | 695 (60%) | 986 (68%) |
| 2003-2004 | Male | 471 (39%) | 85 (28%) |
| | Female | 739 (61%) | 215 (71%) |

***Ethnicity***

| | Support* | | | ELCs** | | |
|---|---|---|---|---|---|---|
| | **2001-2002** | **2002-2003** | **2003-2004** | **2001-2002** | **2002-2003** | **2003-2004** |
| White | 1245 (96%) | 1398 (97%) | 1392 (98%) | 641 (85%) | 1225 (85%) | 222 (74%) |
| Caribbean | 0 (0%) | 0 (0%) | 2 (0.1%) | - | - | - |
| African | 1 (<0.1%) | 0 (0%) | 2 (0.1%) | - | - | - |
| Indian | 1 (<0.1%) | 2 (0.1%) | 0 (0%) | - | - | - |
| Other | 0 (0%) | 1 (<0.1%) | 2 (0.1%) | 4 (0.5%) | 14 (1%) | 1 (0.3%) |
| Not stated/ Unknown | 50 (4%) | 33 (2%) | 17 (1%) | 110 (14.5%) | 204 (14%) | 78 (26%) |

* Other categories are available in Support's data collection but no-one has used them. They include Pakistani, Bangladeshi, Chinese, and Other Black.

** Exercise and Lifestyle Centres only collected data in the categories White, Other or Unknown.

***Postcode***

| | | Referred/Attended | Disadvantaged | Advantaged |
|---|---|---|---|---|
| ELCs* | 2001-2002 | Referred | - | - |
| | | Attended | 506 (69%) | 201 (27%) |
| | 2002-2003 | Referred | - | - |
| | | Attended | 965 (67%) | 405 (28%) |
| | 2003-2004 | Referred | - | - |
| | | Attended | 187 (62%) | 85 (28%) |
| Support | 2001-2002 | Referred | 968 (74%) | 330 (26%) |
| | | Attended | 673 (74%) | 232 (26%) |
| | 2002-2003 | Referred | 1161 (81%) | 274 (19%) |
| | | Attended | 943 (82%) | 214 (18%) |
| | 2003-2004 | Referred | 1196 (77%) | 360 (23%) |
| | | Attended | 921 (76%) | 289 (24%) |

* Data were not available from Exercise & Lifestyle Centres regarding the postcodes of those that did not attend the service and not all entries had a postcode recorded.

## Other

*Recommendation:*

It is important that information collected on ethnicity is improved, and that the specific CHD needs of ethnic groups are considered by all health professionals.

*Progress to Date:*

All staff across the Wirral PCTs now receive diversity training, which includes ethnicity. In addition, Wirral Heart Support Centre staff have had additional training on race issues. Although ethnicity data is not routinely collected by the service, it is expected that the electronic health record, of which the heart centre is part of the pilot phase, will contain such information. Within primary care, documentation is designed to actively seek patients with specific needs relating to CHD, including ethnicity. Generally, however, the collection of information relating to ethnicity has not improved and needs to do so if people from minority ethnic groups are to get the support and interventions they need.

*Recommendation:*

Specific targets should be agreed that help to focus attention on addressing the inequalities identified in the audit.

*Progress to Date:*

No specific targets were drawn up or agreed to address the inequalities identified in the audit, though much of the work undertaken was done with the findings of the audit in mind.

*Recommendation:*

Monitoring processes are required that enable professionals to determine whether or not inequalities have been reduced.

*Progress to Date:*

Problems have been encountered with accessing data including getting ward level information. The changes to Primary Care Trusts from Health Authorities mean that data are now calculated over different populations so comparisons cannot always be made with previous figures. Where some of the information in the original equity audit had come from or how it had been calculated was not clear, which again led to difficulties in making comparisons.

## Summary and Recommendations

The information collected as part of this Wirral CHD equity audit review shows that considerable progress has been made toward the recommendations made in the original audit. A number of additional recommendations have arisen as part of this review to ensure that the good work undertaken towards bringing about change continues. These recommendations are:

- The next Health and Lifestyle Survey should be done on a scale that ensures data are valid at ward level. This would reveal inequalities in lifestyle factors that were masked in the previous survey. Primary prevention services could then utilise this information to target their interventions at the areas of greatest need.
- Efforts and resources should continue to target areas with the lowest rates and highest need of angiography without reducing access in adjacent areas.
- Protocols and guidelines for referrals to a consultant cardiologist, angiography, revascularisation and cardiac rehabilitation should be reviewed and formalised to bring them into line with the patient choice agenda.
- Primary prevention services should collect gender, postcode and ethnicity data on all clients and these data should be stored in such a way that regular reports can be accessed. This will enable monitoring to determine whether the services are accessible to those of greatest need.
- The collection of information relating to ethnicity in particular should be improved. Services should ensure they provide culturally sensitive support and interventions so that people from minority ethnic groups feel able to access them.
- Monitoring processes should be maintained to enable professionals to determine whether or not inequalities have been reduced. Data will now be calculated over PCT populations instead of Health Authority and future comparisons will be possible.
- There should be an immediate investigation into why rates of PTCA and CABG have increased dramatically in advantaged areas and not in disadvantaged areas, with action taken to redress this situation so there is equity of access to such procedures.

References


1 Wirral Health Authority. (2001). Heart Health in Wirral.

2 Hart, J.T. (1971). The inverse care law. The Lancet, 1, 405-412.

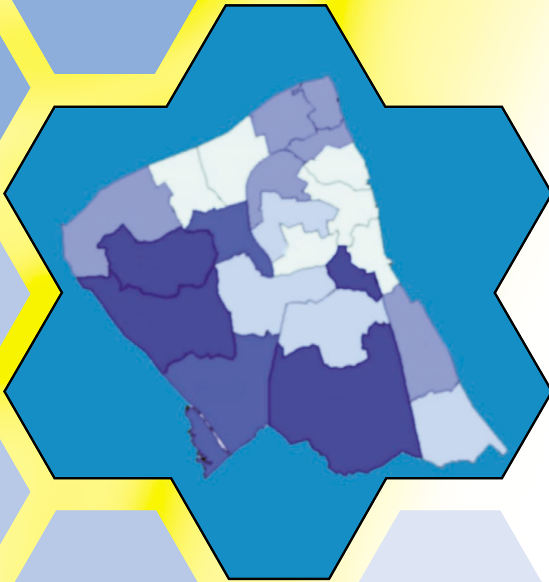
3 Health Links. (2004). Heart Attack Awareness Campaign: Evaluation Report.

4 Litva, A. (2004). Qualitative Evaluation of Merseyside Heart Attack Awareness Camapign.


Appendix 1

Action that has resulted from the Wirral Tobacco Control Strategy:

- Membership of the Smoke Free Merseyside Tobacco Alliance.
- Smoke Free Wirral promoted regularly through media.
- Local Authority No-Smoking Policy Group are currently working to raise awareness of the health risks associated with second-hand smoke amongst their workforce and the public.
- Wirral Hospital Trust No-Smoking Policy Group has updated and re-launched its policy in 2003 following a second-hand smoke awareness raising campaign.
- Primary Care Trusts No-Smoking Policy Group has achieved 90% of GP practices implementing an effective written smoking policy since September 2003. PCT headquarters are smoke-free and a policy is currently being written. Work has commenced on dealing with second-hand smoke issues for community-based staff and to implement effective written policies in local pharmacies.
- Cherry Tree Shopping Centre became smoke-free in December 2003.
- Pyramids Shopping Centre is working towards becoming smoke-free from June 2004 and currently planning a second-hand smoke awareness raising campaign targeting centre staff and customers.
- Commitment given by Birkenhead Town Centre Management to support the implementation of smoke-free places.
- Workplace no-smoking policy implementation packs produced to assist local businesses.
- Local Public Service Level Agreement in place and work being undertaken to ensure that 95% of Wirral Schools are smoke-free by the end of 2004.
- Wirral has a number of thriving smoke-free restaurants and a smoke-free public house providing excellent models for local business.
- Part of a successfully evaluated Mersey-wide campaign to raise parental awareness of the dangers of second-hand smoke to children, particularly within the home.



Birkenhead and Wallasey NHS
Primary Care Trust