Background:
Vascular disease disproportionately affects Black Minority Ethnic (BME) and deprived communities in Berkshire West, contributing significantly to health inequalities. The prevalence of Coronary Heart Disease (CHD) in Asian populations is about twice that in the white population and people living in the most deprived areas in Berkshire West have a 50% greater chance overall of dying from CHD compared to those living in the least deprived areas. Early detection of disease and high quality management in primary care are keys to addressing these inequalities.

Reducing cardiovascular disease mortality in under 75s has been identified as a priority for the PCT and is included in all our Local Area Agreements. Diabetes is also included in our World Class Commissioning outcomes.

The Qualities Outcome Framework (QOF) recorded prevalence of CHD, stroke, hypertension and diabetes for NHS Berkshire West is lower than we would expect and lower than that of our statistical neighbours, with considerable variation between practices. A Health Equity Audit for CHD in 2009 suggested that there may be as many as 3,000 people with CHD who do not appear on disease registers. It is likely that a disproportionate number of these people are from deprived or ethnic populations. If people with vascular disease do not appear on primary care registers then they are less likely to receive proactive and systematic management of their condition and appropriate secondary prevention.

Reducing variations in quality of care, particularly for long term conditions, was identified as a key priority of the Darzi Review. This needs to be addressed in Berkshire West as there are differences between practices in the QOF outcomes for vascular disease.

Aim: To increase diagnosis and improve primary care management of vascular disease in BME groups and deprived communities

Objectives:
- Raise awareness of inequalities due to vascular disease in primary care
- Explore methods practices can use to raise awareness of vascular disease with BME groups and deprived communities
- Identify ways in which practices can increase diagnosis of vascular disease in BME groups and deprived communities
- Support practices in improving quality of primary care management for patients with and at high risk of vascular disease
- Engage with the local BME communities to raise awareness of vascular disease, services available and prevention strategies, and to understand the barriers to existing services for this population

Methods:
- Work with PH information team and TVPCA to identify those practices where recorded prevalence of vascular disease is low and outcomes are poor
- Identify best practice in high performing practices and work with practices where recorded prevalence of vascular disease and QOF outcomes are particularly poor to raise performance
- Establish new links with local BME community groups or use existing networks and work with them to raise awareness about vascular disease prevention, diagnosis and management.

Outcomes:
For PCT:
- Improve the health of the local BME community
- Ensure that patients have a positive experience of services that is tailored to their needs
Vascular Disease in BME Groups

Project Proposal

- Improve productivity, quality and efficient use of resources
- Address health inequalities systematically and ensure sustainability

For candidate:
- Develop leadership skills by working with clinicians, organisations and communities
- Create and innovate services that meet the needs of populations whilst balancing the goals of larger organisations such as the PCT, SHA and DH
- Manage the interface between clinicians and health economy managers
LEARNING OUTCOMES OF PROJECT

• Recognise that men from different cultural backgrounds have widely different attitudes towards health and expectations of the doctor
  o Men may seem more dismissive about their symptoms than women, but be no less concerned

• Provide information in ways that help people to exercise their rights
  o Share your advice for learning/teaching this outcome, or suggest a relevant resource for signposting, by emailing: curriculumresources@rcgp.org.uk

• Recognise the importance of individual differences and social context to health, illness and health care when dealing with patients from ethnically diverse backgrounds
  o Share your advice for learning/teaching this outcome, or suggest a relevant resource for signposting, by emailing: curriculumresources@rcgp.org.uk

• Recognise the concepts of ethnicity and culture
  o Share your advice for learning/teaching this outcome, or suggest a relevant resource for signposting, by emailing: curriculumresources@rcgp.org.uk

• Recognise the concepts of diversity and equality and in context perspectives on migration, demography of cultural groups, experience of socio-economic disadvantage and patterns of illness and disease
  o Share your advice for learning/teaching this outcome, or suggest a relevant resource for signposting, by emailing: curriculumresources@rcgp.org.uk

• Recognise appropriate behaviour and specific practical knowledge, e.g. nutrition, naming systems, religion, attitudes towards illness, death, pregnancy, etc.
  o Share your advice for learning/teaching this outcome, or suggest a relevant resource for signposting, by emailing: curriculumresources@rcgp.org.uk