

Postcode lotteries in preventative health care -- not necessarily all bad news

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There is much interest in the unequal health care caused by postcode lotteries. The area you live in can impact the treatment you receive for cancer treatment, surgery or GP care. Research published in BioMed Central's open access journal BMC Public Health shows that there are also geographic differences in the implementation of public health programs.

In 2009, the government introduced 'Health Checks' a national [public health](#) program with the aim of reducing the incidence of cardiovascular disease (CVD). This program is open to all 40-74 year olds with no prior history of CVD and aims to assess each person's risk of a [cardiovascular event](#) within the next 10 years and provide them with advice and medication if necessary.

Using an example of eight primary care trusts (PCTs) in North West London, researchers examined the amount of money each PCT spent on the program, how they recruited eligible people onto the program, what parameters they tested (including [blood glucose levels](#), blood pressure, weight, [alcohol intake](#), smoking and exercise) and what information and treatment was provided after the examination.

The results showed considerable variation across the PCTs including the amount of money spent per person. However, apart from one PCT, there was a general trend that PCTs responsible for more deprived areas, which traditionally have a higher burden of CVD, spent more per eligible person than PCTs responsible for more affluent areas.

For most PCTs, 'Health Checks' are carried out in GP practices. But flexibility in the scheme meant that the 'Health Checks' could also be carried out at local pharmacies, or at community events to include high-risk individuals who typically do not visit their GPs. This included football stadiums and job centers, to catch middle aged men in manual jobs, and people out of work.

Dr David McCoy from the Public Health Directorate said that, "This study shows both good and bad in the way in the 'Health Checks' Program is implemented. Better coordination and sharing of information between PCTs could help iron out inequalities, reduce costs and PCTs would be able to learn from the experience of others."

Dr McCoy continued, "A more serious problem we found was the lack of a common approach to evaluating the impact of 'Health Checks'. While we can count the number of health checks done, we currently don't know if this has a positive effect on unhealthy behavior or prevents CVD. Also there was no way of knowing whether uptake and impact of the program was the same for all sections of the population. The main point is to ensure that regardless of interpretation of guidelines, 'Health Checks' results in a real reduction in CVD risk."

More information: Postcode Lotteries in Public Health - The NHS Health Checks Programme in North West London Clare E M Graley, Katherine F May and David C McCoy BMC Public Health (in press)

Provided by BioMed Central

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