

Supply of GPs and detection of hypertension in England associated with premature mortality rates, study suggests

February 22 2016

General practitioner numbers appear to have a small but important influence on premature mortality rates in England, according to research by the University of Leicester.

The study, published in the journal *BMJ Open*, records lower levels of premature mortality in less deprived practices – which could support the case for strengthening general practice throughout England.

Professor Richard Baker from the Department of Health Sciences who led the study explained: "We have conducted a study using data on 7,858 general practices in England for 2010 to investigate associations between mortality under aged 75 years and [population](#) and general practice characteristics.

"The findings show the importance of population characteristics such as deprivation, but also show associations between general practice characteristics and mortality. Better detection of hypertension was associated with lower mortality, and more general practitioners per 1,000 patient population were associated with lower mortality. Although the study only demonstrates associations, it supports the case for strengthening general practice."

The team set out to investigate whether a conceptual model representing some of the proposed mechanisms of [primary care](#) could explain

variations in premature mortality in [general practice](#) populations, taking particular account of deprivation among population characteristics.

The researchers undertook a cross-sectional study in which population and primary care variables reflecting the model were used to explain variations in mortality of those aged under 75 years.

The number of GPs per 1,000 members of the population and detection of hypertension were negatively associated with mortality – and in less deprived practices, continuity of care was also negatively associated with mortality.

The study suggests that population variables, particularly deprivation, were the most powerful predictors of mortality and that practices with greater levels of diabetes, more smokers, more white patients and greater deprivation had higher levels of premature mortality overall.

Professor Baker added: "Greater supply of primary care is associated with lower [premature mortality](#) even in a health system that has strong primary care, such as England. Health systems need to sustain the capacity of primary care to deliver effective care, and should assist primary care providers in identifying and meeting the needs of socioeconomically deprived groups."

Dr Tony Bentley, GP Leicester City CCG has said of the study: "These findings support our plans to recruit more GPs into primary care in Leicester City to improve the health of our deprived populations and reduce health inequalities."

More information: Richard Baker et al. Population characteristics, mechanisms of primary care and premature mortality in England: a cross-sectional study, *BMJ Open* (2016). [DOI: 10.1136/bmjopen-2015-009981](https://doi.org/10.1136/bmjopen-2015-009981)

Provided by University of Leicester

Citation: Supply of GPs and detection of hypertension in England associated with premature mortality rates, study suggests (2016, February 22) retrieved 6 May 2024 from <https://medicalxpress.com/news/2016-02-gps-hypertension-england-premature-mortality.html>

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