

Equity of utilisation of cardiovascular care and mental health services in England: a cohort-based cross-sectional study using small-area estimation

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Plain English summary

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Plain English summary

The aim of this project was to explore whether or not the extent to which people use NHS services for cardiovascular disease (CVD) and common mental health disorders (CMHDs) varies according to their personal characteristics and geographical location.

This was done by comparing the number of people in different populations diagnosed with, and treated for, CVD and CMHDs with the estimated underlying number of people who have those conditions (based on a technique called small-area estimation). Disease prevalence estimates for practices, primary care trusts and Clinical Commissioning Groups were compared with (a) 'presentation' data on the number of adults registered by general practitioners as having diabetes, high blood pressure, coronary heart disease, stroke and depression; (b) expenditure on key drugs; (c) the number of people known to, or being treated by, community services (such as Improving Access to Psychological Therapies); and (d) the number of people receiving specialist interventions (such as elective and emergency admissions and surgical procedures).

With respect to CVD, the estimates of underlying need accounted for a significant proportion of differential rates of use. Nevertheless, the analysis did yield evidence of some systematic inequalities in utilisation of CVD health care, particularly with respect to ethnicity. Rural (shire) areas also have notably low levels of cardiac care relative to need.

For CMHDs, the overall picture is one of unexplained variation, although ethnicity again emerges as an important variable. There also appears to be a pronounced 'London effect', with rates of recorded disease and, particularly, prescribing being much lower than expected.

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