

Primary Care Perspective

Prevention, Inequalities and

General Practice

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Outline

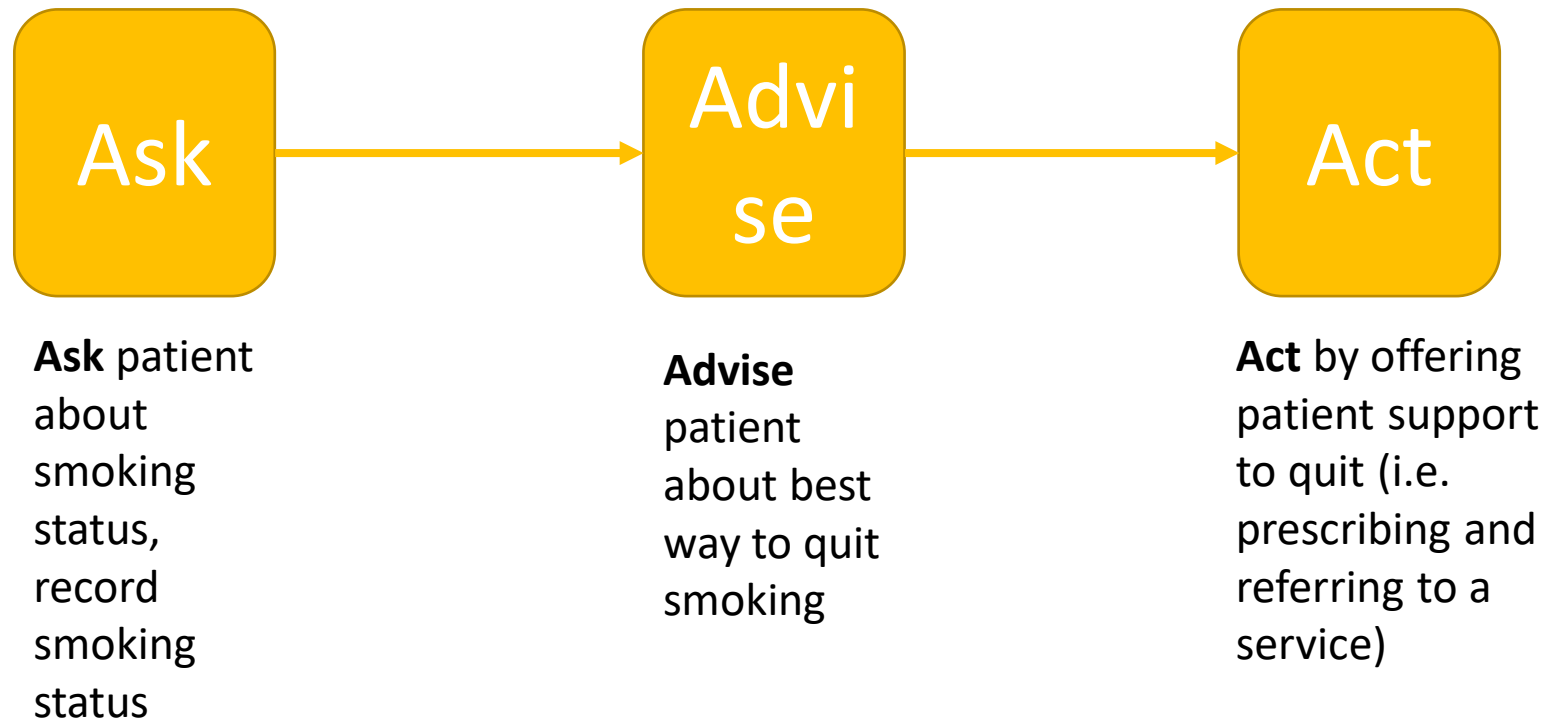
- Layers of prevention
- Population approaches and the register
- Case study - smoking

Population Approaches

- Quality improvement, QOF, audits
- Screening and the NHS health check
- Proactive approaches
 - Case finding e.g. genetic FH
 - New PCN roles e.g. health coaches

Very Brief Advice: Primary Care

- AAA framework: 30 second intervention
- Recommended by NICE in England and Wales
- Training widely available through NCSCCT and others, including CRUK.
- Satisfies QOF (SMOK002, SMOK004, SMOK005)



Case Study: West Midlands

Practice: 4481 Patients

1032 Smokers (23%)

884 LTC & Smoker

Smokers had 2 to 3 appointments more per week than non-smokers & often more than 5 appointments every month for smoking related illness

Instigated: Routine VBA

Proactively engaged smokers

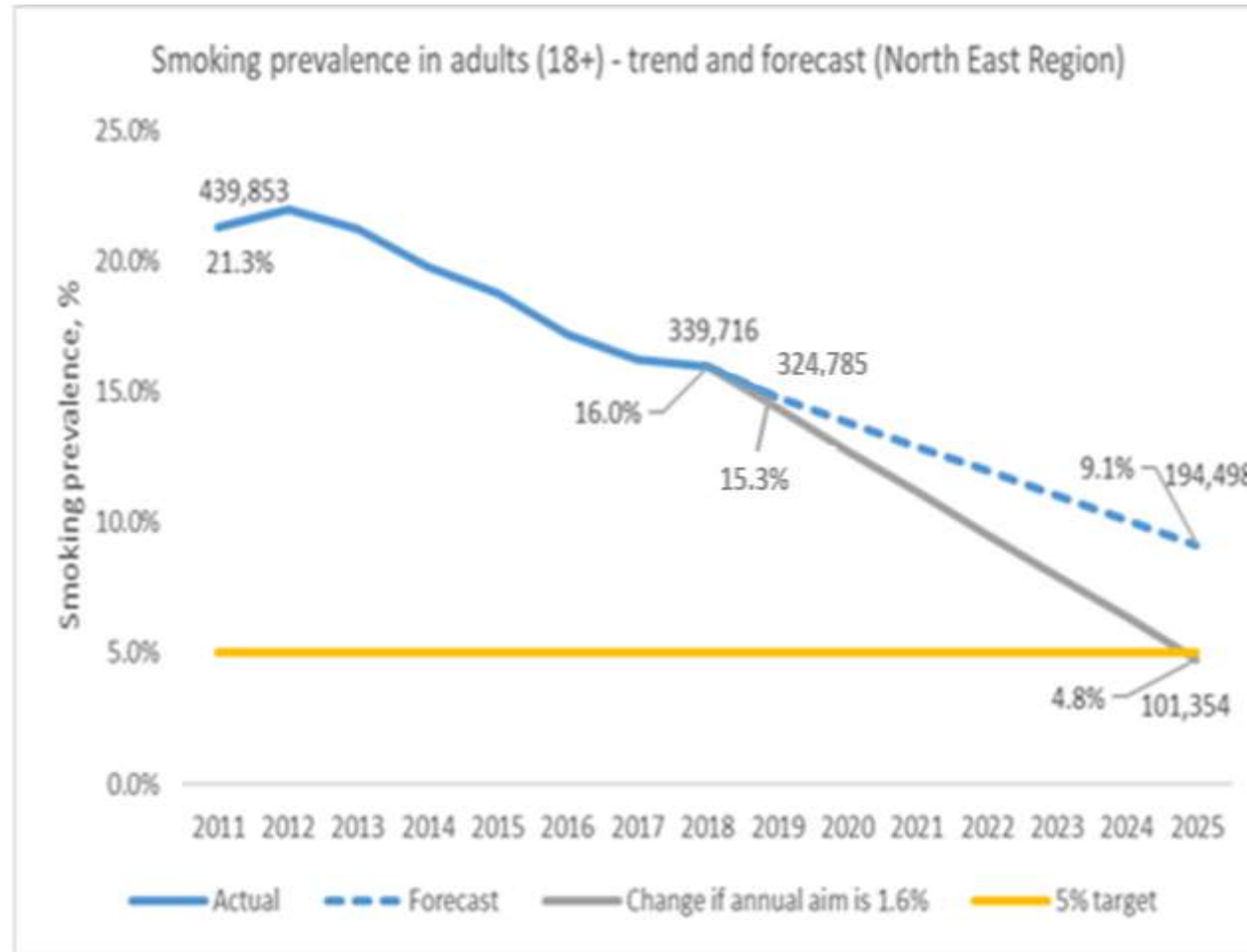
Advertised local SSS

Results:

February 2013 – April 2015

- Reduction in Smokers registered to 17%
- 45% reduction in GP appointments for smokers with LTC
- 48% reduction in unplanned admissions for smoking related illnesses
- 55% Reduction in Home visit requests from Smokers with LTC
- Prescribing budget reduced
- Created 20 extra appointments per week

Smoking Prevalence in North East



Projected Smoking Prevalence: by Deprivation

Figure 2. Observed (solid lines) and projected (broken lines) smoking prevalence by deprivation quintiles, adults aged 18+, England, 2011-2050.

