Identifying people at high-risk CVD through engagement in places of worship and communities of congregation

Programme overview

The goal of this project was to deliver a two-pronged approach to address secondary and primary CVD prevention in the London borough of Newham and the borough of Barking and Dagenham. CVD is the primary cause of the life expectancy gap between the most and least deprived quintiles of Barking and Dagenham, by cause of death in 2020.[1] This is the largest gap in North East London (NEL).

North East London ICS aims to focus on the implementation of engagement and outreach as part of a cardiovascular health screening for communities in these two boroughs. The approach was to improve and optimise hypertension and lipid management therapies, as a Core20PLUS5[2] priority, within ethnic minority communities and reduce the net risk of premature death from manageable CVD, alongside increasing community awareness and activation to drive preventative action. Public engagement and hypertension screening was conducted through places of worship and communities of congregation.

Challenges

- New pathways to diagnostics should be established during the NHS recovery phase.[3]
- Lipid clinic waiting lists were up to 3-4 months for patients that were identified for innovative therapies offered by the hospital;
  "What you can improve on is the wait times for treatment as there is a large gap between the possible diagnosis and the treatment" (Patient)

Measuring success

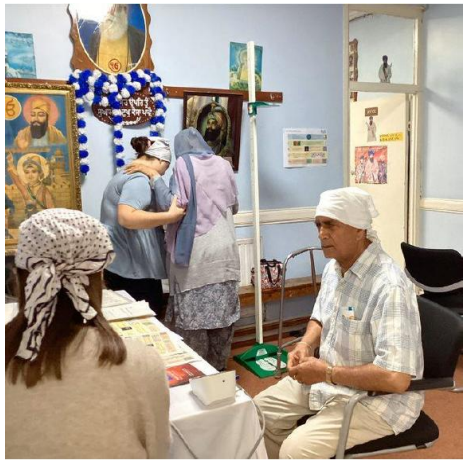
- **Success 1:** Both quantitative or qualitative data was collected such as peoples' demographics, blood pressure readings, referrals, medicines optimised and feedback of service.
- **Success 2:** 201 people had blood pressure tested, 22 people (11%) with known hypertension referred to GP for optimization. 24 people have been identified for inclisiran across 6 GP practices
- **Success 3** – Patient feedback
  - *"It was nice people can talk the language"*
  - *"The advice and guidance from pharmacist was excellent"*

Solutions

- The primary prevention approach entailed screening 'at high-risk' populations by conducting blood pressure testing, improving access to diagnosis and optimising therapy.
- The partners collaborated with community leaders and screened within the South Asian and Afro-Caribbean communities within relevant places of worship and community centers in the borough of Newham and the borough of Barking and Dagenham.
- This pathway improved access to care in view of the outreach approach and initiated a pathway which linked in with referral to existing local services such as local community pharmacies.
- For secondary prevention, data such as deprivation, CVD prevalence and mortality was utilised to identify the highest risk CVD patients facing health inequalities and their lipid lowering therapy was optimized.
- Barts Health NHS Trust is working with the ICB and primary care clinicians to initiate innovative medicines in a more timely manner and closer to home.

"'The Guardwara Dasmesh Dabar was a very efficient clinic, we managed to see a lot more people compared to our precedent event. Despite the language barrier, the afternoon was filled with smiles and gratefulness. The sharing of culture was great. A great environment to use my nursing knowledge and skills!'

Marie Manceau,
CVD clinical research Nurse | ELoPE,
Barts Health NHS Trust



References:

1. *Office for Health Improvement and Disparities. Segment Tool data. [online] available at: https://analytics.phe.gov.uk/apps/segment-tool/ 2021. NHS England.*
2. *Core20PLUS5 (adults) – an approach to reducing healthcare inequalities. [online] Available at: https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/*
3. *Richard, M. Diagnostics: Recovery and Renewal – Report of the Independent review of Diagnostic services for NHS England.*

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