East Merton Health Needs Assessment

January 2014

Executive summary

Merton is more affluent than average for England, with few people affected by severe economic deprivation. Life expectancy is higher than average and health is generally good. The most important threats to public health in Merton are heart disease, stroke, cancer and diabetes. Premature mortality from heart disease and stroke is one of the few health outcomes where Merton as a whole has a higher rate than England.

However, Merton is far from homogenous. The eastern half has a younger, poorer and more ethnically mixed population. The western half is whiter, older and richer. Largely as a result, people in East Merton have worse health and shorter lives.

Most of the excess deaths in East Merton are because of cardiovascular disease and cancer, with larger differences seen in younger people. These large differences in mortality from cardiovascular disease and cancer are not reflected in admission rates, suggesting that the high need for services for the treatment of these two diseases in East Merton, especially below age 75 years, is not matched by the uptake of inpatient hospital services. Diabetes is more common in East Merton than in the west of the Borough. Respiratory disease is also common in Merton, and the performance of the smoking cessation services is poor.

After describing current health services in East Merton, this report sets out the importance of the management of chronic disease in primary care, and points to evidence-based guidance on that subject. It summarises how important chronic diseases are managed in primary care in East Merton practices, compared with elsewhere. Because of lack of time, this report focusses on chronic diseases of later life. It does not cover other important areas of public health such as acute illnesses, children and young people's health and mental health, though other work is in hand about the latter two topics.

Primary care has a critical role in the prevention, prompt diagnosis and management of chronic disease. Many East Merton residents with cardiovascular disease, hypertension, diabetes and chronic obstructive pulmonary disease have not yet been diagnosed. This means that appropriate treatment to improve symptoms and prevent progression is not available to them. There are also large variations between practices in the proportion of registered patients diagnosed with important chronic diseases, suggesting some practices have substantial under-diagnosis.

The primary care management of people with diabetes in Merton is in the bottom quartile for England. There are also indications that some practices have higher than expected rates of admission with chronic obstructive pulmonary disease.

The report then summarises the commissioning background in Merton and the findings of *Commissioning for Value* analyses. It notes that new models of service provision in Merton will involve more care being provided in community settings and less at hospital sites.

Commissioning for Value has indicated areas where Merton CCG's performance and spending compare unfavourably with a group of similar CCGs. The most important of these are mortality from cardiovascular disease and prescribing costs for diabetes and circulatory and respiratory disease.

The report summarises some evidence of potential relevance to decision-making about how to develop primary care in East Merton, especially in the light of the possibility of a new health-care facility in the locality.

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Conclusions

East Merton has two crucial opportunities:

- Improving the quality of chronic disease management in primary care is of the greatest importance. Much of this will be achieved by primary health care teams themselves, supported by the CCG, the public health team and others, and should be pursued regardless of changes in the healthcare infrastructure in the locality.
- Transforming how health care is delivered, with less reliance on hospital services and more imaginative and effective use of community-based approaches. This provides people with more accessible care, strengthens collective health resources and reduces the burden on the overstretched acute sector.

This report was prepared to support the business case for a new healthcare facility in East Merton. What role might that play in achieving these two goals?

There are two broad answers to this question:

Firstly, the facility could provide a site for services moving out of secondary care provision or other community facilities locally. As the reconfiguration of services in Merton and surrounding areas gathers pace, this purpose could broaden to complement as well as replace existing services, improving geographical accessibility and drawing services into closer alignment with community and primary care services. The intermediate care diabetes clinic is an example of this.

Secondly, the facility could provide a physical focus for the improvement of primary care services, including chronic disease management. However, the principle changes needed are in the "software" of primary care (for example, leadership, coordination, training, education, motivation, clinical practice guidelines and patient monitoring), rather than the "hardware" (for example buildings, equipment and accommodation).

These two purposes for any new facility are complementary. Imaginative use of the new facility could energise the process of quality improvement, by providing a centre for the initiative and a base for support staff and patients. There may also be value in having a geographically accessible site from which to promote community-wide initiatives to improve health and help residents to make effective use of health care.

Recommendations

1. Merton CCG should take steps to lead improvement in the quality of primary care management of chronic diseases in East Merton. A networking approach to primary care development may be an important way of achieving this.
2. Statutory bodies in Merton should consider the extent to which a new health care facility in East Merton could contribute to health improvement in that locality. Its purpose might include accommodating services moving from elsewhere, housing novel services to complement what exists now, providing the public with an accessible point of contact for a range of local services and acting as a focus for quality improvement initiatives in primary care.
3. The CCG should consider new models of service provision that involve more care being provided in community settings and less at hospital sites. Intermediate care for people with diabetes may be a useful addition to community services in Merton.