

# ETHNICITY & HEALTH: the Lambeth DataNet

Mark Ashworth  
Clinical senior lecturer



# Lambeth DataNet: the vision

- build a primary care database
- exploring the ethnic dimension of health
- reveal health inequalities

# Lambeth population: 2001 census

- 266,199 people
- White 62%; African Caribbean 24%; south Asian 4%

# Lambeth DataNet: data sources

- electronic GP case records
- survey of ethnicity, language and religion

# Lambeth DataNet: current size

- 30 out of 54 practices in Lambeth
- 59% of the population of Lambeth

# Schizophrenia: the ethnic dimension

- Incidence 9x as high in Black Caribbeans
- African Caribbeans with schizophrenia experience adverse pathways into care
- African Caribbeans with schizophrenia frequently bypass primary care

# Lambeth DataNet: health inequalities in schizophrenia?

- Consultation rates
- Use of atypical anti-psychotic medication
- Physical health recording

# Lambeth DataNet: schizophrenia dataset

- 1694 cases (1.02% of total popn)
- Ethnicity recording: 1090 (64.3%)
- White: 501 (0.40%); African Caribbean 403 (0.97%)

# Results: odds ratios (95% CIs)

Cervical Smear	1.13 (0.58, 2.20)
Mammogram	1.50 (0.23, 9.86)
Cholesterol screening	1.40 (1.04, 1.89)
BP recording	0.93 (0.60, 1.46)
BMI recording	1.16 (0.80, 1.67)
Smoking status	0.90 (0.45, 1.81)

# Results: odds ratios (95% CIs)

Smoking cessation advice (smokers)	0.93 (0.65, 1.31)
Nicotine Replacement Therapy (smokers)	
Lipid lowering Rx (recorded high cholesterol)	0.79 (0.39, 1.61)
Hypotensive Rx (recorded high BP)	0.62 (0.30, 1.29)

# CONCLUSION:

- Lambeth DataNet is a rich source of ethnicity and health data
- Schizophrenia project suggests good health screening rates in African Caribbean schizophrenics
- African Caribbean schizophrenics may have lower health interventions rates
- Results of atypical antipsychotic Rx awaited

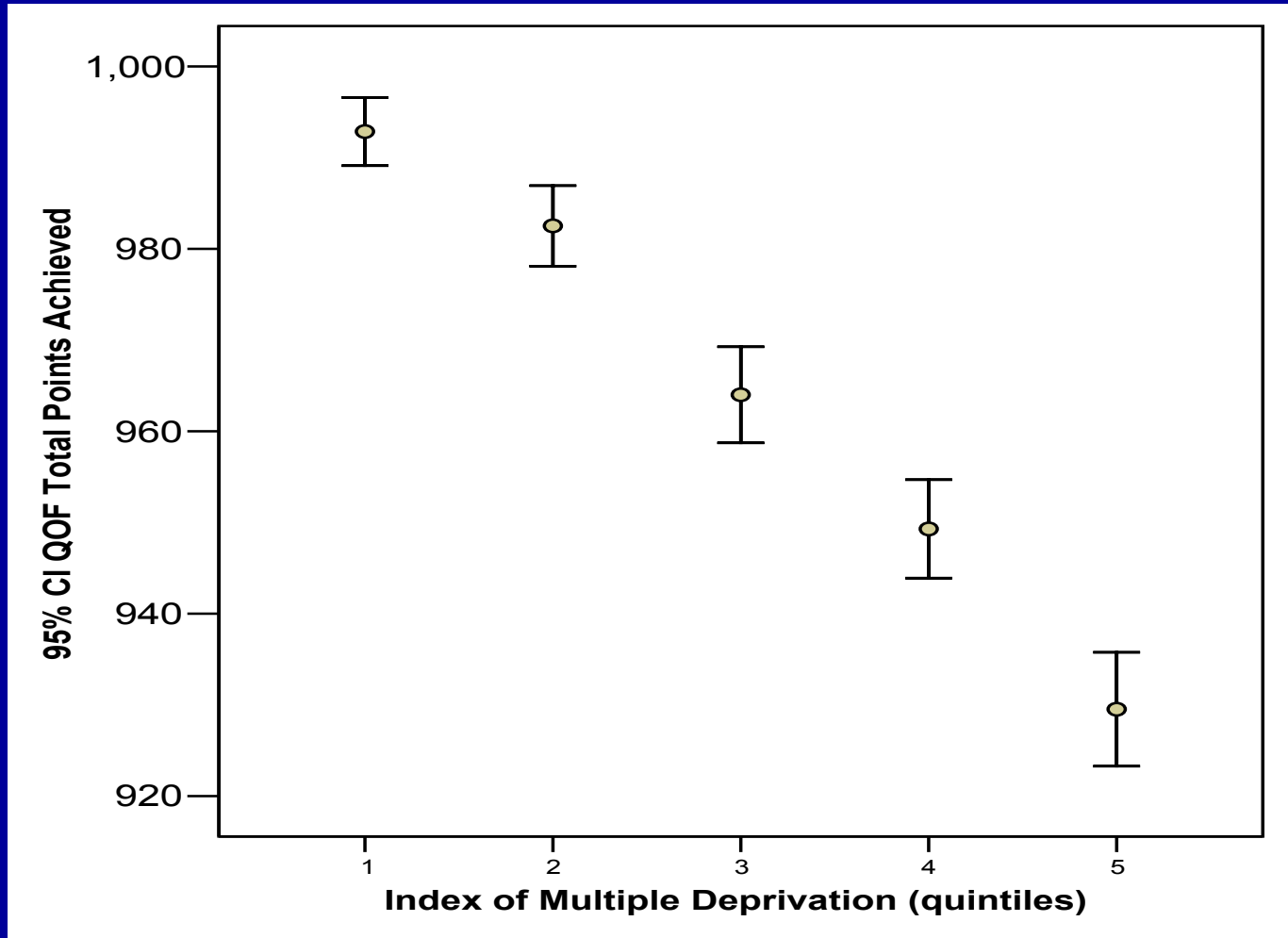
# QOF database

- All general practices in England (n = 8600)
- QOF data (146 performance indicators)
- Census data (IMD scores and ethnicity)
- Practice data (list size, age/sex, GPs)
- Prescribing data

# QOF indicators (n = 146)

- Introduced 2004 (n = 146 indicators)
- Modified 2006 (n = 135 indicators)
- Chronic disease management indicators
- Administrative / managerial indicators

# QOF & social deprivation



# QOF scores

## Year 1:

- median 999; mean 960
- gap between highest and lowest deprivation quintile: 65

## Year 2:

- Median 1035; mean 1013
- gap between highest and lowest deprivation quintile: 30

# QOF indicators – largest gaps

- Recall of patients receiving depot neuroleptics (79% vs 58%)
- Practice opens <45 hrs/week (90% vs 74%)
- Practice conducts 12 sig event audits (93% vs 81%)
- Epileptics seizure free >12 months (77% vs 65%)
- BPD patients on lithium within therapeutic range (90% vs 78%)

# QOF scores

## Year 1:

- median 999; mean 960
- gap between highest and lowest deprivation quintile: 65

## Year 2:

- Median 1035; mean 1013
- gap between highest and lowest deprivation quintile: 30

# CONCLUSION:

- QOF dataset can be used to explore health inequalities based on IMD scores
- Overall differences in QOF scores between richest and poorest areas were small
- Shortfalls in specific indicators suggest that specific interventions could be applied to improve quality in deprived areas