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PRACTICE OBSERVED

Practice Research

Deprivation and health in one general practice

G N MARSH. D M CHANNING

Abstract
A detailed comparison made in late 1984 of \$87 matched pairs of patients from neighbouring deprived and more endowed urban communities, both served by the same experienced primary health care team, showed much worse morbidity, with almost three times as much mental illuers, in the deprived group. This group also had 60% more hospital admissions and 75% more casualty attendances. In contrast, they had a much lower uptake and cervical cytology in older women. A much higher birthrate within the deprived group, continuing to illudity by worsening overcrowding and deprivation, indicates that family planning is ineffective where it is most needed. Practical measures have now been instituted to improve the preventive care of the deprived community.

The Black report concluded that people in social classes IV and V had a lower state of health than those in social class I. The report reticle theavily on mortality rates because of the comparative paciety of data on morbidity and use of health care related to social classes. More tentative conclusions were that the lower social classes made greater use of general practitioner services; but might receive less good care: and greater use of hospital impatient and outpatient services, but lower use of preventive health care services. The

Norton Medical Centre, Norton, Stockton-on-Tees TS20 IAN G N MARSH, MD, PRCGP, general practitioner D M CHANNING, MA, DPHIL, research assistant

Correspondence to: Dr Marsh

differences were ascribed primarily to a self perpetuating cycle of socioeconomic deprivation. The recommendations, relating mainly to social engineering, were not endorsed by the government because of the controlled cost of the controlled cost. The report also called for much more and varied research into health differences among social classes and varied research into health differences among social classes and Crombhe, using mote recent evidence, produced a complex criticism of the Black report, claiming that general practitioners produce most variability in the whealth services are used but tend to compensate for inadequate use by social classes IV and V by selectively increasing the services to these patients. The aim of our study was to compare in detail the recorded morbidity and use of other more endowed. Both communities are local and contained within a mile of our practice premises. The fact that both are served by the same primary health care team avoids the overriding between-practice variability in patient treatment found by Crombie. As a result of the study we hoped to formulate plans for combine. As a result of the study we hoped to formulate plans for which increased until the controlled of the communities and deplored the catastrophic mental and spiritual effects of unemployment and power in deprivate under a reason of the study compares these "two societies" in microcom in late 1984.

Our modern practice, housed in centralised premises, comprises six general practitioners one semiretized , trainees, and parameteal and an extensive practice of the practice

BBITISH metacons, we make a parented or divorced (19 against 4). Despite sumilar total numbers of unnearred women under 65 (56 despited, 59 controls), deeptived women and large groups held heal significantly more children, the overall ratio being 2-2 to 1 (table IV). Twenty four unnearred deprived women in calculating 10 aged 16-19) and and 57 children; the unnearred women (ancholant) to great 16-19 had and 57 children; the unnearred but not significantly so (table V). Serventy eight percent (87 of both groups aged 20-45 had cervical smear the last five years, 100 older (46-99) deprived women compared with 68% (32) of their controls.

	Age last birthday							
	16-19 28 pairs		20-45 :111 pairs		46-64 42 pairs		Total :181 pairs:	
	Deprived	Controls	Deprived	Controls	Deprived	Controls	Deprived	Controls
Total No of live and stillbirths	16	0	274	114	117	73	407	187
Total No of mucarnages	ì	ō	26	12	15	26	42	44
Total No of terminations	1	2	18	9		1	22	12
Total No of pregnancers	18	2	318	141	135	100	471	243
Significance	+	1	+	11				##

			Age last	birthday		
	No: No: 16-19 28 pages		No. 5: 20-45 111 pairs		No. N: 46-69 47 purs	
	Deprived	Controls	Deprived	Controls	Deprived	Controls
Cervical smear taken Significance	12 48	10 %	87.78	R7 78	19 40	32 68
Contraceptive method recorded Significance	18.64	[] 99	95.86	91 82	NA	NA

† 5% level, 0.01- p<0.05 NA not applicable

TABLE VI-Adults: other health care criteria: last five years

	Age group	No of purs	No 🤏 of deprived	No - of controls	Significance
Antifetanus	Over 16	159	70 19	87 24	
Blood pressure men	Over 25	113	50.44	90.44	
Blood pressure women	Over 20	172	117:68	123 - 72	
rine analysis men	Over 25	113	26:23	30 27	
rine analysis women	Over 20	172	95.55	103.60	
Feil man check	30-70	87	5 (6)	10 .12:	
Cell woman check	20.65	156	15.10:	35 - 22 :	**
mokers men:	Over 23	31	21 68	9 29	11
mokers : women	Over 17	99	65 66	21.21	111

17 1% level, 0.001- p=0.01 111 0.1% level, p=0.001

mititanus highly significant: and fewer deprived women had had unne nalivasi probably significant than controls. Less shan half a many deprived women and half as many deprived men as outriols had attended the well woman and recently established well man inner; table VI. For both seres comband these resistar as highly agriduant. Matched paur with the smoking habits of both recorded were municipal to the proposed of the proposed dusts unaded compared under a quater of their corrolls, table VII. This highly significant cut less of the proposed of the proposed and the proposed of the cut less of the proposed of the proposed and the proposed of the cut less of the proposed of the proposed and the proposed of the cut less of the proposed of t

anxiety, personality disorders, and organic psychosis. Multiple mental syndromes arise from the interpersonal conflicts that breed in crowded conditions and deprivation, resulting in severe behavioural and marital problems, non-accidental injuries, and overdoses.

Contributing in part to the deprived group's worse morbidity is their poor uptake of preventive care and in particular ineffective contraception. The 28 deprived grits aged 16-19 had had 16 babes, their controls none. Deprived women aged 20-45 had had we had the controls none. Deprived women aged 20-45 had had we had the controls none. Deprived women aged 20-45 had had we had the controls none.

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	Britain	Stockton on Tees	Blue Hall estate
Social classes I and II	22	19	0
Social classes IV and V	23	26	52
Unemployed men	11	15	57
nemployed women	,	10	27
Single adult "family"	2	2	10
More than one per room	4	3	12
Share both + outside toiler	5	3	14
No car	40	42	8.5

Note: The unemployment figures refer to individuals, the remainder to households. Source: Cieveland County Council Research and Intelligence Unit.

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	Age last birthday					
	No N under	5 69 peurs *	No % 5 15 85 pain 5			
	Deprived	Controls	Deprived	Control		
No ummunisation	10 14		11 (3)			
Under 25% immunisation	12:17		22 . 26 :	11		
Under 50% immunesation	20 29	1.1	41 45	6 7		
Under 75% immunisation	30 43	4 6	58.68	19:22:		
Under 190% immunisation	39 57,	11 16	72 : \$5 :	54 64		
Full ummunusation for age	30 43:	SE 84	13:15:	31 146		
Overall significance		H		**		

consurers under 6 months were omitted.

† A further 62 matched pairs in the 5-15 age group were excluded because of uncertainty or complete absence of data for one or both members who had arrived from other practices.

††170 | 1% level; p. 60 001

	No % of patients with	No of total occurrences		Relative load on		
	Deprived	Controls	Deprived	Controls	health service deprived controls *	Significance
Serious illness physical	171 64 4	375 63 9	1106	977	113	.+:
Sersous illness mental	169 22 8	85 : 14 5 :	310	115	270	111
Consultant referrals 5 years	215 (36.6)	206 (35.1)	354	135	106	***
Hospital admissions (5 years	179 - 30 5	134 22 8	110	197	162	##
Casualty attendances (5 years)	283 : 48 2	221 (37.6)	624	356	175	iii
General practitioner consultations 3 years	491 54 0	514 (87.6)	3229	3376	115	1111

Results

Table II show overall results on six criteria of recorded morbidity. More detable laulynes by sex and age were also made. The deprived group child laulynes by sex and age were also made. The deprived group child properties and the sex and sex were also made. The deprived group child present particularly manifest in the 5-45 age group, where the ratio was almost 4 to 1. Deprived patients that 60% more loopstal admission and 75% more casualty attendances. Comparison of serious physical illnesses, consultant significant for all patients combined, showed the same trend. Deprived women of childbearing age; 16-45) were significantly worse than their controls for all act retires.

Fully deprived patients had feature corold too-streeded can 45 had more correctly (table III) and significantly perfect children had much worse immunisation rates than their controls (table III) and significantly later median immunisation dates from birth. More deprived children had much worse immunisation fraction between the deprived children from birth. More deprived children from birth. More deprived deprived the control of the significant of the signif

a half times as many children as their controls, despite higher unemployment, less money, and poorer living conditions. It seems highly improbable that all these babies were planned when they were conceived. This disparity in birthrate is fundamental to any consideration of health differences. Large deeprived families attenuate limited resources, worsen overcrowding, and tend to impair the health of both parents and children. It is particularly to the control of the property of the control of the

Yet recording of contraceptive methods showed no significant difference; clearly for many deprived women it comes too late or in not implemented competently. Family planning is ineffective where it is most needfo Possibly these women need more opportunities in life other than motherhood:

Because of their high fecundity and routine poststail cervical Because of their high fecundity and routine poststail cervical 278%, equivalent to their controls. But subsequently, despire the fee that more pregnancies and earlier set impose higher firsts of cervical carcinoma, only 40% to women aged 46-69 had had a cervical smear within the last five years, significantly lower even than the disappointing rate of 68% for their controls.

Other preventive health care criteria were women for the disprived minimal to the strength of the disappointing rate of 68% for their controls.

Other preventive health care criteria were women for the disprived minimal to the strength of the disprived disminutisations were far worse, in both quantity and timone Attendances at well woman or well man clinics combined were significantly lower. Smoking was much more prevalent among deprived adults of both sees. Antietanus simunatisation, blood pressure, and unne analysis recording showed little disparity except within certain ages as subgroups, but these are "meet "significantly lower. Smoking was much more prevalent among deprived adults of both sees. Antietanus simuned sincere is a second of the strength of the

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only for that patient but also for every member of that household. Thus preventive care may be discussed and proffered for every household member no matter who consults.

(2) There is a greater awareness among the doctors that when they see a patient for a sickness appointment they should also offer any outstanding preventive care. That care is provided immediately whenever possible since the intructured system of making return of the state o

monitored and turtner retiess and to intervals.

(4) The health visitors have been provided with household lists showing the missing care for each member so that when they visit the care can be discussed and encouraged.

In short we are carrying out a bitz on the preventive health care of our deprived group and thereafter will try to maintain parity with their more endowed neighbours. Even partial success, particularly with contraception, should improve health.

We thank the Health Education Council for financial support and Dr I T Russell, Health Care Research Unit, University of Newcastle upon Tyne, for statistical advice

100 YEARS AGO

By god luk, rhere than by good management, Western London possesses, in Hyde Park and Kensangton Gardens, and Regent's Park, two magnificent open spacet. Every year, the terminap population which surges about these modes are proposed to the second series of the second series and the latter than the series of the series of the series and health restoring agencies. On unumer afferences, convoys of small children may be seen wending their way, under the charge of eider sustern or borders. I from the crowded stress, to amuse themselves fo hours an the open air, often prolonging the holiday hours by discussing a sumple meal on apparats afford a refuge where something of the numer may be felt in the set. It may be seriously asked, therefore, whether the authorities charged with the management of these parks have recognised the importance of their distincts as paredians of the public health. Setting asked the matter of imperfact which contribute to make the "pies sough" (app to which. London in infimous, there are not a few smaller details in which the confiort of the humbler frequenters are too little considered. Regent's Park is suddy deficient in shade, except along the roads, and everywhere the number of details in the second of the sumber of the second of the summer of the second of the number of faced sents, abusys in the most unconventent, dust), and nowly situations, in reduced to a minimum, with the object, apparently, of making the business of string our chairs more profitable. The rapit to let chairs in Kennington Gardens in farmed out to a contractor, who, of course, makes the management of the large month of June," is, in these imperfectly drianed grounds aspecularly a process most designent to be health of the reasts in Regent's Park. Meximipion Gardens, and the Green Park, cought to be caused.