Appendix 2-Poster Presentation

West Gorton Medical Centre

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Screening for Adverse Childhood Experiences (ACEs) in General Practice

Manchester Local Care Organisation
Leading local care, improving lives in Manchester, with you

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West Gorton Medical Centre and MHCC

Abstract

To determine whether screening for ACEs works in General Practice.

Screening for ACEs is currently not performed in UK primary care. Can trauma-informed training for the practice team and an ACE screening tool improve patient management?

Introduction

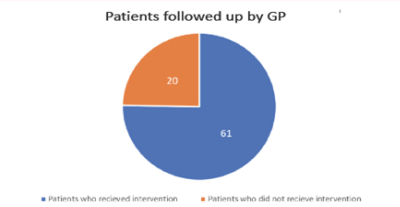
Adverse childhood experiences (ACEs)
'Potentially traumatic events that can have negative, lasting effects on health and well-being'. These experiences range from physical, emotional, or sexual abuse to parental divorce or the imprisonment of a parent or guardian. [R1]
i.e. stressful or traumatic events experienced before a person reaches 18.
People with an ACE score of 6 or more have a 20 year lower life expectancy that those with zero ACEs.
Is this higher disease risk/ prevalence down to 'bad' health behaviour?
Do these people have a difficult childhood with lots of adversity and so smoke, eat poorly, drink alcohol and use drugs?
Scientific analysis of the results found that these 'bad' health behaviours accounted for only 50% of the increased disease prevalence [R1] **So what else is going on for these patients?**
Toxic stress can occur when a child experiences frequent, prolonged adversity such as physical or emotional abuse without adequate adult support.
Traumatic experiences in childhood can impact on the physical, emotional and psychological wellbeing and can be associated with an increased risk of multiple diseases in adulthood. Using screening for ACEs, can we better identify patients in need of support?

Methods and Materials

From August 2020 to February 2021, patients were screened using the modified ACE score. Patients scoring 4+ (and those with lower scores who requested it) received GP follow-up.
The project used a modified ACE screening questionnaire. This incorporated the original questions used in the original ACE study and some Manchester specific questions based on 'adverse community experiences'.
A video was filmed and shown on the waiting room screens, explaining the project and why we were doing this work.
The whole practice team were trained in trauma-informed care and ACEs at a practice training session.
Our ACE intern started face to face screening but this became remote via telephone due to the COVID pandemic.
Every patient screened was offered follow up but those with a score of 4 or more were booked in for telephone follow up with Dr Donlan
Dr Donlan offered further support as needed. Onward referrals to our focused care worker, the early help support hub, citizens advice, Bewell and psychological therapy services were completed as needed.
We investigated the relationship between ACE score and disease prevalence.

Results

- 501 patients were screened.
- 63% of patients screened had one or more ACE.
- 185 (37%) scored 4+.
- All 185 patients with scores of 4 or more were offered follow up calls with our intern and follow up with a GP.
- 81 patients required GP follow up and support/onward referrals.
- ACE score associated significantly with depression and obesity. There were strong trends for associations between ACE score and cardiovascular disease, COPD, alcohol dependency and diabetes.

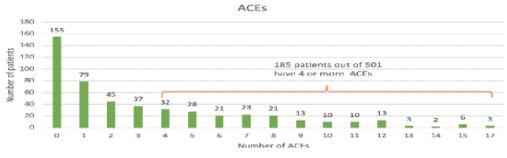


Discussion

This study confirmed that exposure to ACEs in our population is common.
Screening for ACEs was accepted well by our patients.
Robust follow up is essential as the questions asked can be triggering.
Screening can be time consuming due to the time taken to explain and then follow up support and referrals.
Could a brief screening tool be developed, similar to the hark questionnaire for DV?
We have a post CCT fellow looking at further work in this area.
The future
-Working collaboratively with the local primary school to improve the health and wellbeing of the children. Using sunflower growing and Christmas colouring competitions. (See window display below).
-Collaborative working with our local community organiser to engage all patients.
-Providing a leaflet at our childhood immunisations offering support to families and giving a gift of a book to encourage bonding and reading with the child.
-The practice has a yoga therapist once weekly at the surgery.
-We have a community spring fair planned for spring 2022.

Results

Demographic Data	Patients in Study	0 ACEs (%)	1-3 ACEs (%)	4+ ACEs (%)	TOTAL WITH ACEs
	501	155 (30%)	161 (46.5%)	185 (53.4%)	346
Health Outcomes					
COPD	46	12	11	23	34
ALCOHOL	203	63	59	81	140
OBESITY	336	102	97	137	234
DEPRESSION	230	52	62	116	178
DIABETES	64	28	14	22	36



Conclusions

We had always known that in West Gorton there is high deprivation, high disease prevalence and lower life expectancy and we work really hard to ensure every patient has access to good, patient-centred medical care. However, it felt like there was a 'cycle of deprivation' at play that we felt unable to influence.
The ACEs work and especially the increased risk of illness irrespective of the 'bad' health behaviours was the real turning point in my thinking. Every day in my surgeries I see my patients with COPD, fibromyalgia and depression who opened up about traumatic experiences as children, and to know that these experiences could be directly leading to a significant increased, independent risk factors for illness as adults was practice changing.
'This understanding is important to our city as Manchester has significant challenges with the health of our population and our life expectancy is lower than the national average and we are amongst the worst in the country for premature deaths
'Working in a trauma-informed way and building resilience through an ACE lens, I believe, offers the single biggest opportunity to improve the health and wellbeing of future generations' Gareth Nixon

References

Ref 1. Vincent J Felitti et al.,Relationship of Childhood Abuse and Trauma and household dysfunction to many leading causes of death in Adults; The Adverse Childhood Experiences (ACE) study, American journal of preventative Medicine 14, no 4 (1998): 245-58