The role of general practice in deprivation health

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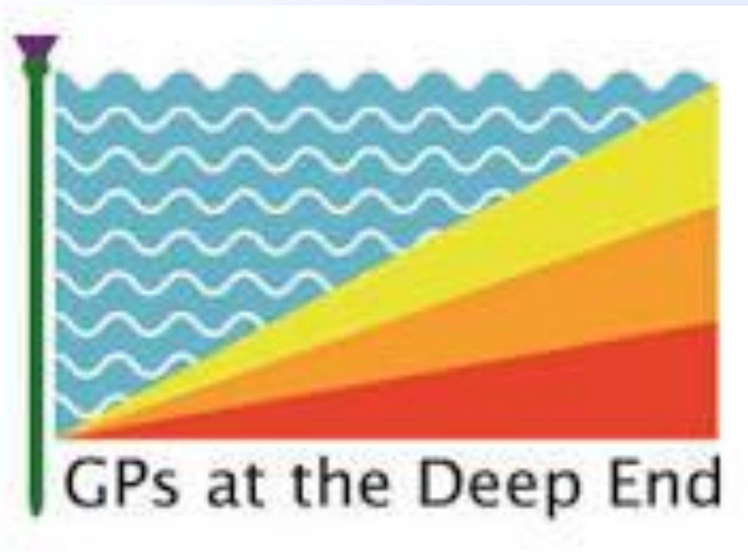
The Deep End



@deependgp

GPs at the Deep End work in the 100 general practices serving the most socio-economically deprived populations in Scotland

#equity #advocacy #meded #QI

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A day in the life of a Deep End GP

- Social complexity
- Early multi-morbidity
- High prevalence of mental health issues
- Higher prevalence of addictions issues
- Higher cancer prevalence
- Lack of social supports
- Literacy issues
- Lower confidence and ability to address health issues
- Shorter appointments, more issues…

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Income inequality is a well-established ‘fundamental cause’ of health inequality

Source: @PrivateEyeNews

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What role can **all** doctors play?

- Maximise the democratic process, vote wisely
- Challenge stigmatisation of marginalised groups
- Use their spheres of influence
- Lobby for change – individuals, through representative bodies (eg BMA, Colleges)
- Act as patient advocates

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"Medicine is a social science, and politics is nothing else but medicine on a large scale. Medicine, as a social science, as the science of human beings, has the obligation to point out problems and to attempt their theoretical solution: the politician, the practical anthropologist, must find the means for their actual solution. The physicians are the natural attorneys of the poor, and social problems fall to a large extent within their jurisdiction""

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Rudolf Virchow (1821-1902)

“practitioners…are not only scientists but also responsible citizens and if they did not raise their voice who else should?“

Prof Graham Watt,
founder of the Deep End

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What role can GPs play?

Access at https://bit.ly/36yiUUV

Enabling features

- Population coverage
- Contextual care
- Early onset multimorbidity
- Continuity of care
- Coordination of care
- Advocacy role
- Inclusivity of care

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Population Coverage

- Overall GP consultations are rising
- Consultation rates in deprived areas are higher
- Opportunistic care and health promotion

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Contextual Care

- Community-based
- Whole-person, generalist approach
- Medical, social, psychological needs
- Within families, communities
- Allows a more “realistic medicine” approach

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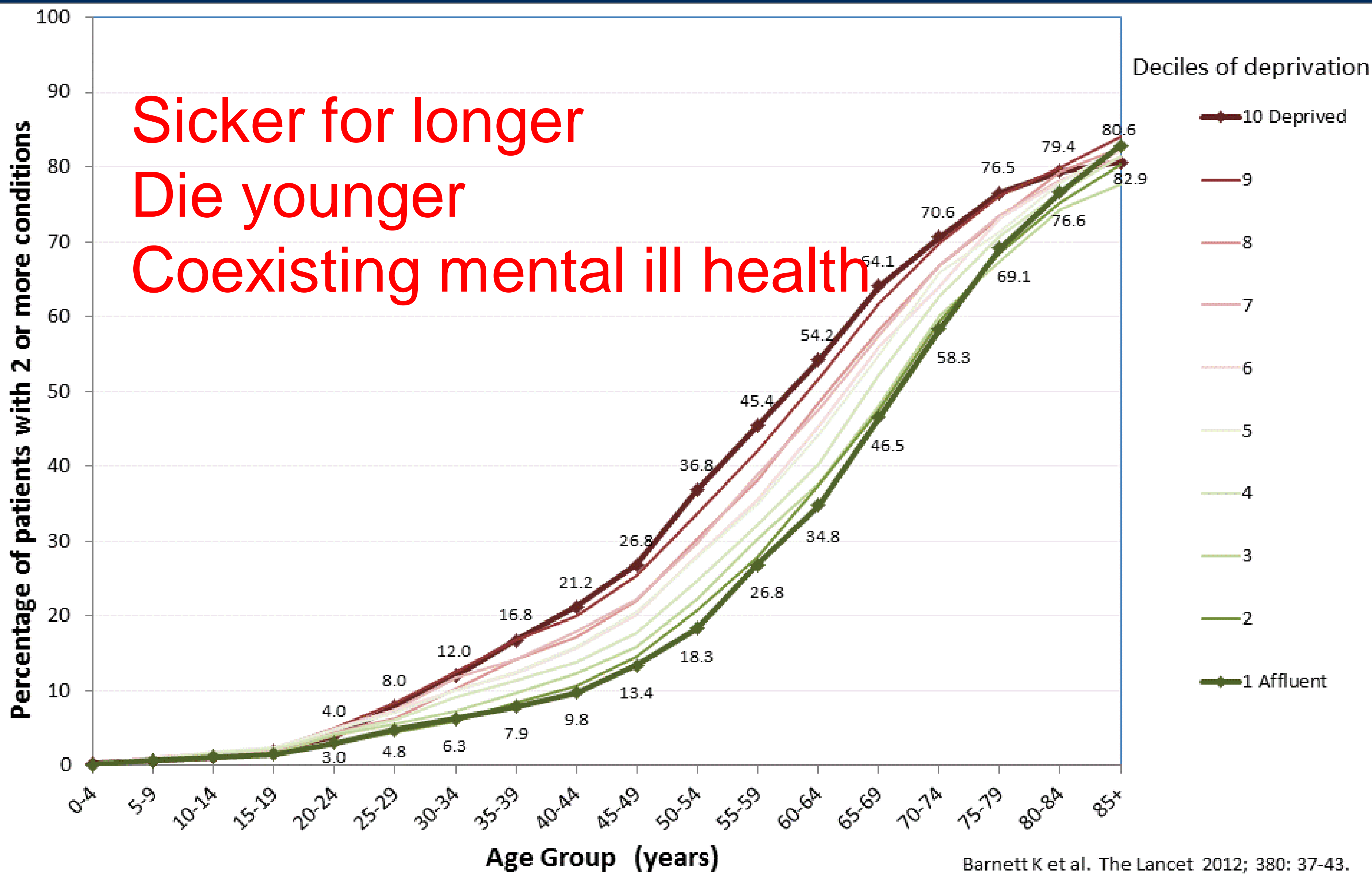
Early Onset Multimorbidity



Continuity of Care

- Builds trust, often over years
- Enables better understanding of challenges
- Allows earlier disclosure of problems
- Encourages shared decision making
- Improves morbidity
- Saves lives.

Pereira Gray DJ et al BMJ open 2018

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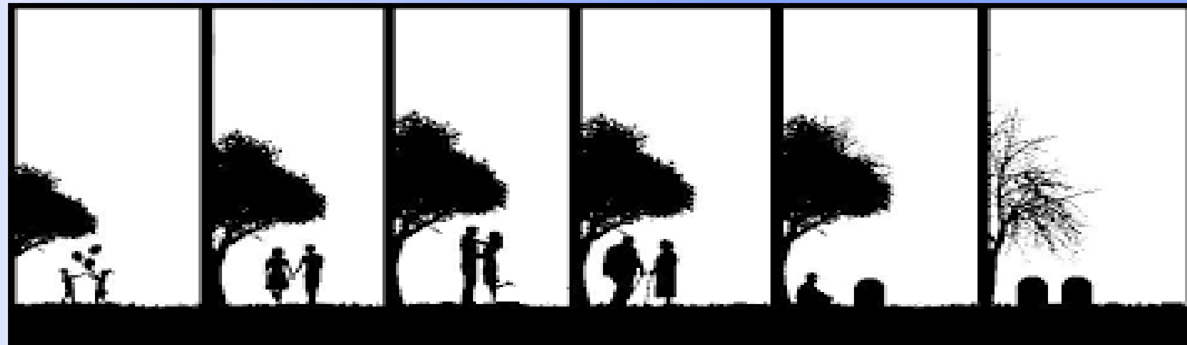
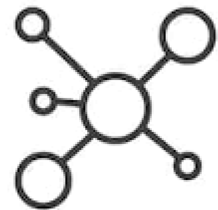


Coordination of Care

- GPs often act as a hub or conduit of care
- Important when poor literacy features
- Important when poor social support
- Act as “system failures” for the NHS



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The advocacy role

- Often unrecognised
- On behalf of individuals, communities
- To politicians and policy makers
- To other public sectors – health, housing, criminal justice, welfare etc

EDINBURGH EVENING NEWS www.edinburghnews.com THURSDAY, JANUARY 24, 2019 23

Funding cuts force Craigmillar welfare service to close

Clients in tears at news lifeline scheme to be discontinued

KIERAN MURRAY

THOUSANDS of vulnerable people in one of the most socially deprived areas in Scotland have been left devastated at the imminent closure of a vital welfare service after its funding was axed.

The Community Ability Network (CAN) in Craigmillar is one of around 35 organisations to lose the grant they have been receiving from Edinburgh's Integration Joint Board (EIJB), in charge of health and social care for the city. The organisation, which has been working in the area for 17 years, helps residents in the south of the Capital with a wide range of topics including employment applications, debt advice, pensions advice from DWP, benefit advice and assisting with DLA applications and appeals.

Project manager Ron Carthy said the community-run advice shop had supported 2,297 individuals in the past year and helped people win more than £3m in benefits they were entitled to.

Without the £92,750 from the EIJB, the service is being forced to close at the end of February, news that has shattered the community and left three members of staff being given notice.

Mr Carthy said: "I really cannot understand the council's decision. Up until Christmas we had a three-week waiting list and these clients now need to find somewhere else.

"An average year we see 2,500 clients and some of them have been in tears wondering what they're going to do when we close at the end of February. We give a personal service here and have built up relationships with the community. The Craigmillar and Niddrie area is one of the most deprived areas of Scotland. In the eight years I've been here, our case load has doubled.

"We are facing liquidation and possible bankruptcy which will have possible severe financial implications for the directors – who are all volunteers."

CAN works closely with GP practices including Craigmillar Medical Group. GP Carey Lunan said: "These people need support from someone and we have no idea where they are going to go. We help as much as we can but with cuts we are already up against it. Many of our patients are struggling with their mental or physical health and it doesn't make sense to cut the funding."

An online petition has been set up in an attempt to persuade the EIJB to reverse its decision and restore the funding.

Service user Ellie Wixon, 40, from Newington, said: "I had a breakdown in 2017 and CAN was a godsend, helping me fill out forms so I got the correct benefits. I was absolutely devastated to hear of the closure. I think it's disgusting."

The EIJB has said it received 152 bids for grants totalling £31m while the funding available was £14m. EIJB chair Councillor Ricky Henderson said: "This is a new process for allocating grants which I strongly believe meets our strategic objectives for providing health and social care services across Edinburgh.

"We are signposting affected organisations to other, potential sources of funding and urging people who use their services to access other sources of support and advice, where we can."

NO CAN DO: Plans to close the Craigmillar welfare service was condemned by local GP Carey Lunan, right

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Inclusivity of Care

- Engagement for patients can be harder (financial, emotional, practical reasons)
- Often excluded from specialist services “non-engagers”
- We never discharge from general practice.

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How do we achieve this?

- Build the capacity of general practice
- Target resource to need (Marmot)
- Build on the evidence base
- Create systems that support relational care

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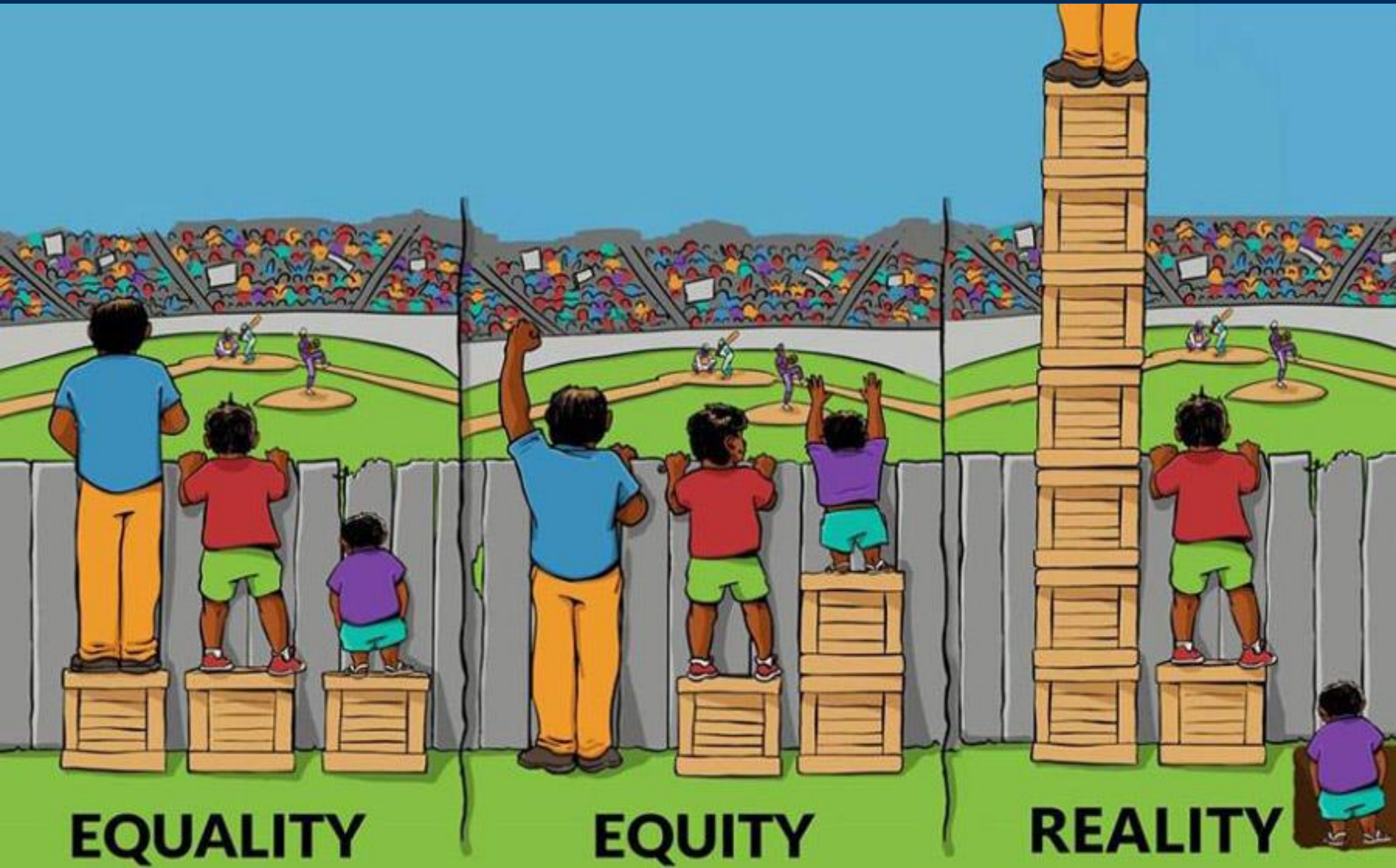
To avoid widening inequity in health, the NHS must be at its best where it is needed the most.



Build on the evidence base

- Govan SHIP
- Deep End Pioneer Scheme
- Welfare advisors
- Community Link Workers
- Practice mental health workers
- And more

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Deep End reports

Enable Relational Care

The concept of

“high-fidelity, low threshold services”

High fidelity: support continuity of care

Low threshold: support access to care

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The transition to “mainstream” GP

A number of challenges:

- Registration process
- Appointments systems
- Shorter appointments
- DNA policies
- Less likely co-located services
- Less opportunities for practitioner support

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Supporting Access to Care

I have the right to receive treatment at a GP practice in Scotland. I can find out where my nearest GP practice is by phoning NHS Inform on **0800 22 44 88.**

When I register at a GP practice:

- I do not need a fixed address
- my immigration status does not matter, and
- I do not need ID, but if I have any I should take it with me.

Healthier Scotland

Practitioner Support

Recognise the “emotional labour” of providing care, especially to very deprived groups, and the effect this can have on the ability to retain compassionate practice if no means to process.

Episode 2- Carey Lunan

Finding fairhealth podcast

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Danger: Psychological Masonry

Practitioner Support

- Teaching needs
- Training needs
- Ongoing CPD needs
- Reflective practice

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“The NHS has been insufficiently imagined as an agent of social justice. Health care in deprived areas is a holding operation, avoiding the disgrace of open gaps but failing to achieve what could be achieved”.

Graham Watt. Building equity in the NHS: the role of general practice. BJGP Editorial. August 2019

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