A ‘change model’ for GPs serving socio-economically deprived areas?

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#HomelessHealth2020

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@dnblane

@deependgp

GPs at the Deep End

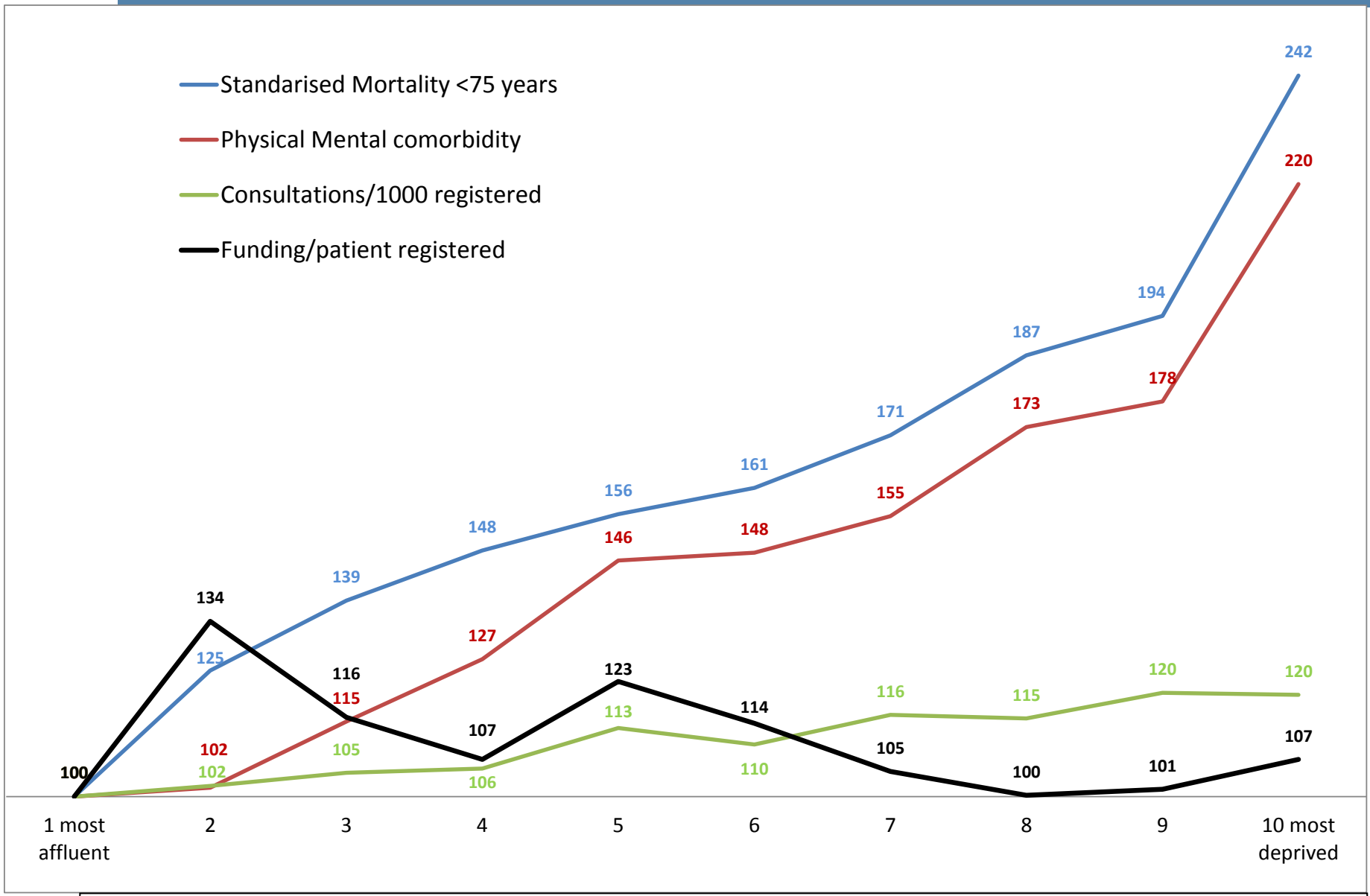
Overview

- **The problem?**
- **The solution?**
- **What next?**

The problem?

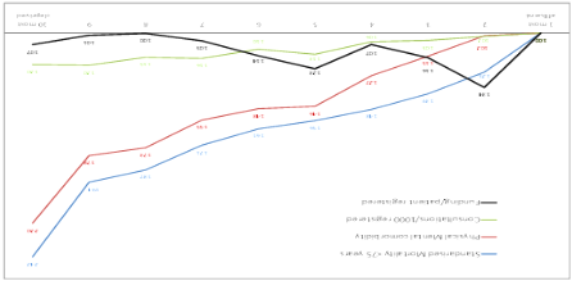
1. Inverse care law
2. Inverse training law
3. Retention issues

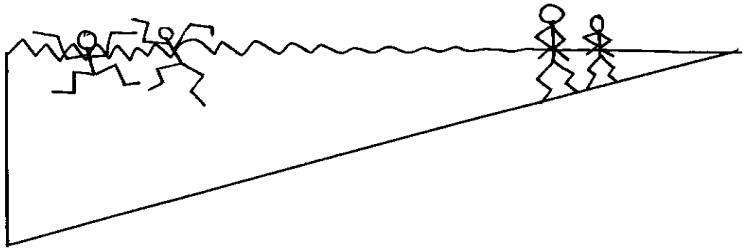
1 Inverse Care Law = “lack of time to address needs”



McLean G, Guthrie B, Mercer SW, Watt GC. ***General practice funding underpins the persistence of the inverse care law: cross-sectional study in Scotland?*** BJGP 2015; 65(641): 799-805.

General Practitioners at the Deep End

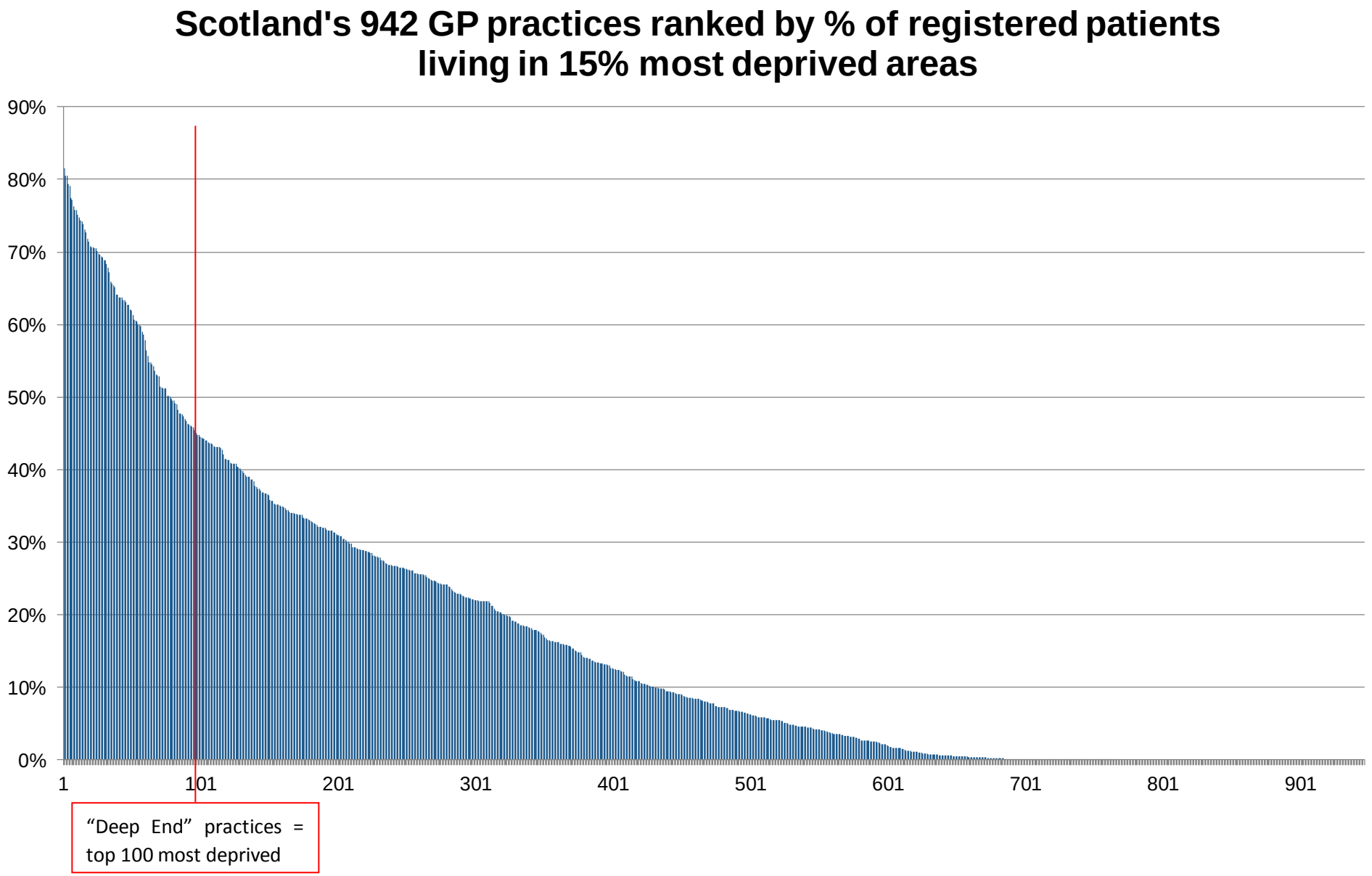




GPs at the Deep End

Slide adapted with permission from Prof Graham Watt

GPs at the Deep End = “blanket deprivation”



“Deep End” issues

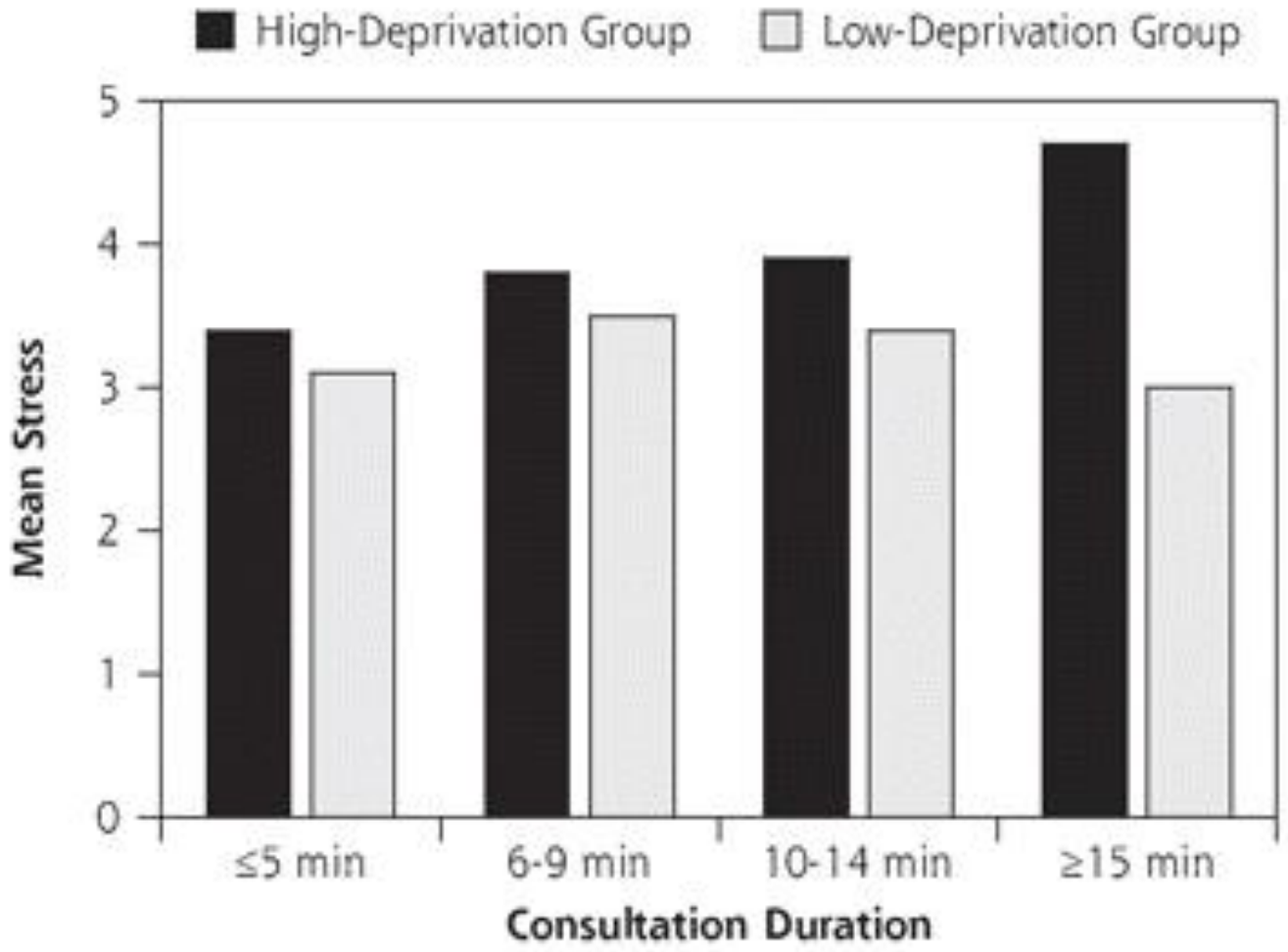
ISSUES AFFECTING DEEP END COMMUNITIES

- Unemployment
- Benefits sanctions
- Cuts to services
- Drugs and alcohol
- Child protection
- Asylum seekers
- Vulnerable adults
- Bereavement

KEY POINTS ABOUT DEEP END ENCOUNTERS

- Multiple morbidity and social complexity
- Shortage of time
- Reduced expectations
- Lower enablement
- Health literacy
- Practitioner stress
- Weak interfaces

GP stress→ “less empathy = less enablement”



Mercer S, Watt G. ***The inverse care law: clinical primary care encounters in deprived and affluent areas of Scotland*.** Ann Fam Med. 2007; 5(6): 503–510.

2

Inverse GP training law?

	Total number	Training practices	% with training status
Least deprived 25% of practices	254	100	39.4
2nd Quartile	253	83	32.8
3rd Quartile	253	70	27.7
Mos prac			

Conclusions

General practices in affluent areas remain more likely to train, although this association appears to be related to larger practice list sizes rather than socioeconomic factors. To ensure a variety of training environments training bodies should target, and support, smaller practices working in more socioeconomically deprived areas.

McCallum M, Hanlon P, Mair FS, Mckay J. ***Is there an association between socioeconomic status of General Practice population and postgraduate training practice accreditation? A cross-sectional analysis of Scottish General Practices.*** Family Practice 2019; https://doi.org/10.1093/fampra/cmz071

3

GP retention issues

Table 2. Distribution of GPs for age groups by deprivation decile.

	Under 40	40–49	50–59	60 plus
Least deprived	222 (41.5)	147 (27.5)	149 (27.9)	17 (3.2)
2	208 (37.0)	167 (29.7)	162 (28.8)	25 (4.4)
3	204 (38.2)	156 (29.2)	156 (29.2)	18 (3.4)
4	180 (37.3)	154 (31.9)	125 (25.9)	24 (5.0)
5	197 (37.1)	139 (26.2)	173 (32.6)	22 (4.1)
6	204 (41.9)	124 (25.5)	136 (27.9)	23 (4.7)
7	167 (37.4)	122 (27.4)	137 (30.7)	20 (4.5)
8	168 (37.9)	116 (26.2)	137 (30.9)	22 (5.0)
9	152 (34.9)	139 (32.0)	123 (28.3)	21 (4.8)
Most deprived	162 (32.6)	152 (30.6)	155 (31.2)	28 (5.6)
Total	1864 (37.6)	1416 (28.6)	1453 (29.3)	220 (4.4)

Blane DN, McLean G, Watt GC. ***Distribution of GPs in Scotland by age, gender and deprivation.*** SMJ 2015; doi:10.1177/0036933015606592

Deep End activities

1) **Advocacy**

2) **Evidence**

3) **Service development**

4) **Professional development**


THE HERALD TUESDAY 15.05.2012

PAGE 9 NEWS

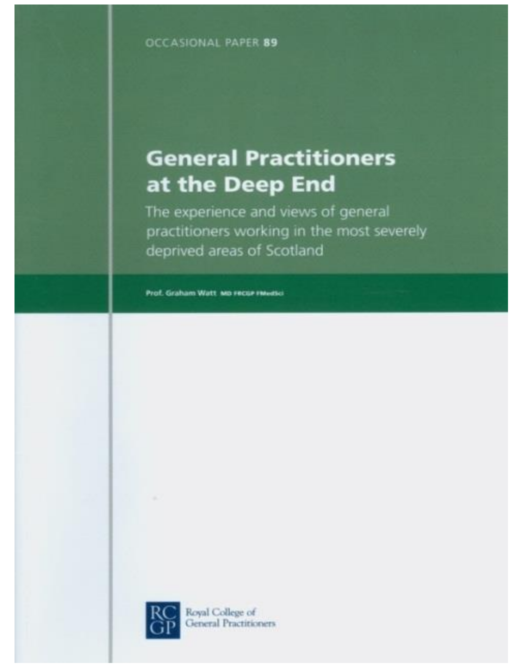
Doctors warn austerity is damaging patients' health

GPs in deprived areas see sharp rise in social issues

Large city hospitals 'are hubs for MRSA'

Cases of concern

E.ON to freeze its prices



www.gla.ac.uk/deepend

A solution? The Deep End Pioneer scheme

5 Early career GP Fellows

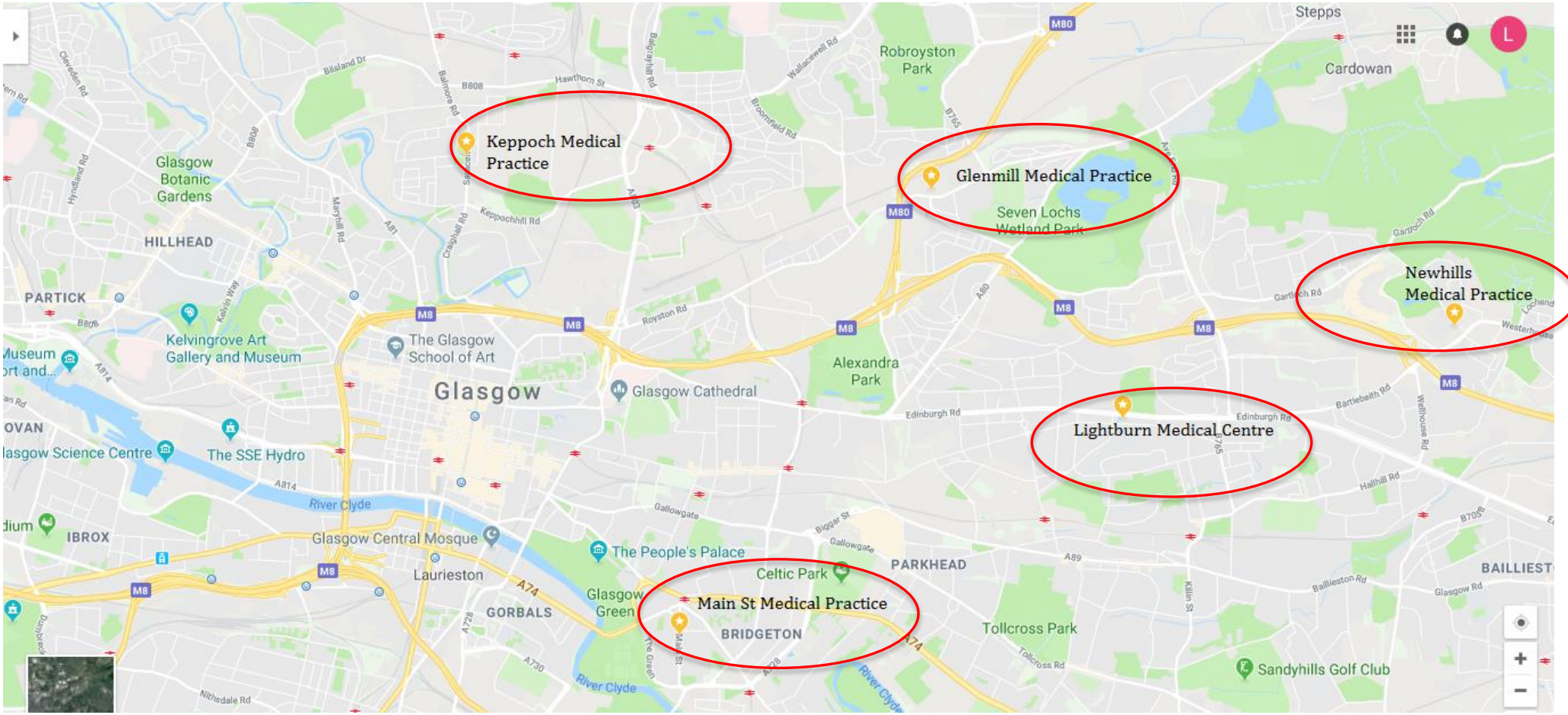
6 Deep End practices

"The overall aim of the proposal is to develop and establish a ***change model*** *for general practices serving very deprived areas, involving the* ***recruitment*** *of early career GPs, the* ***retention*** *of experienced GPs and their* ***joint engagement*** *in strengthening the role of general practice as the* ***natural hub of local health systems****"*

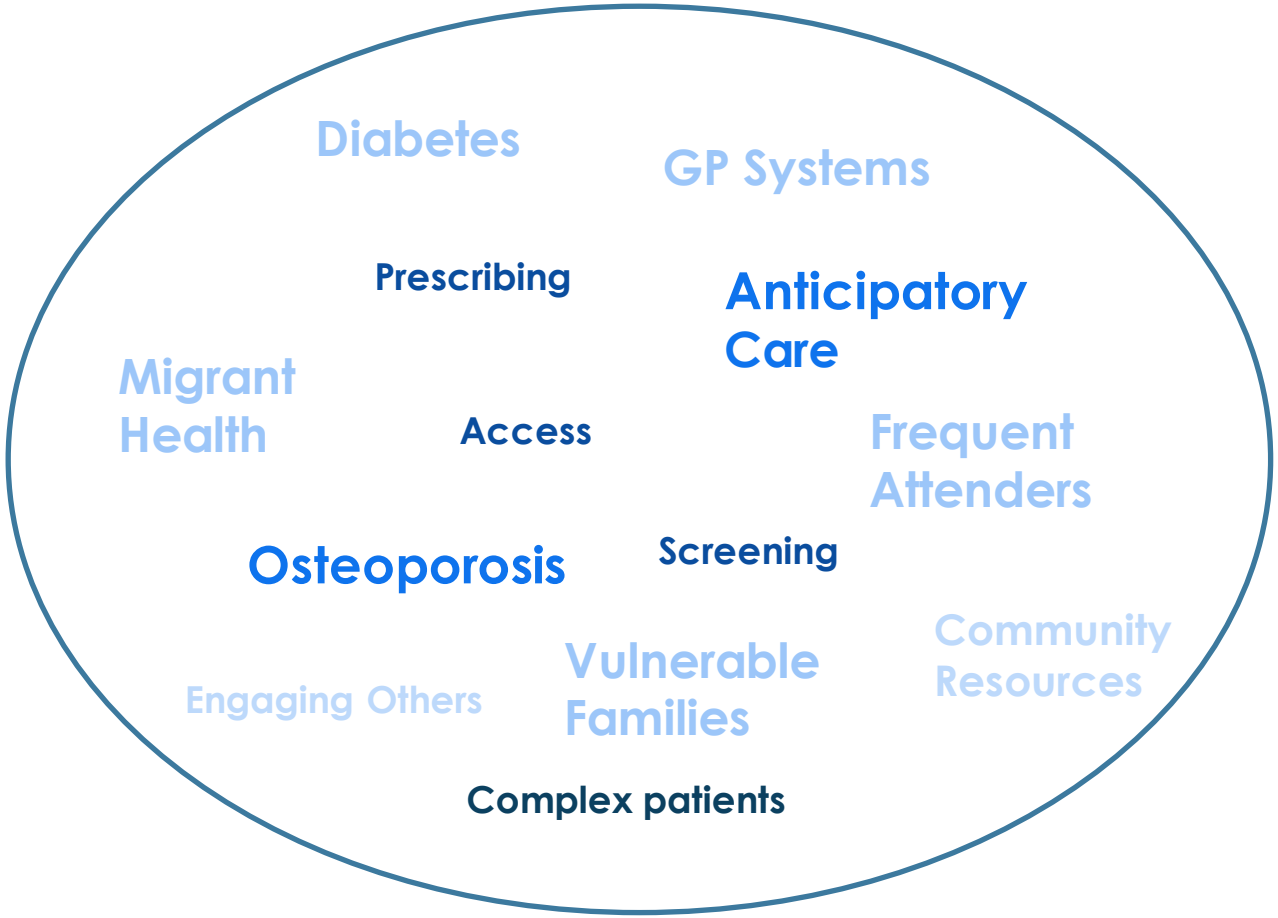
“Key ingredients” of the Pioneer scheme

- **Additional** clinical capacity.
- **Released time** of experienced GPs for service development.
- **Protected time** for Fellows for tailored day-release curriculum and service development.
- **Peer support.**
- **Engagement with others**, including students, policy makers.
- **Shared learning** across practices.
- **Shared ethos and values**.

Phase 1 practices (2016-18)



Use of protected time



Equity-oriented activities

- **Extended consultations**
- **Targeted audits**
- **Updating practice policies / processes**

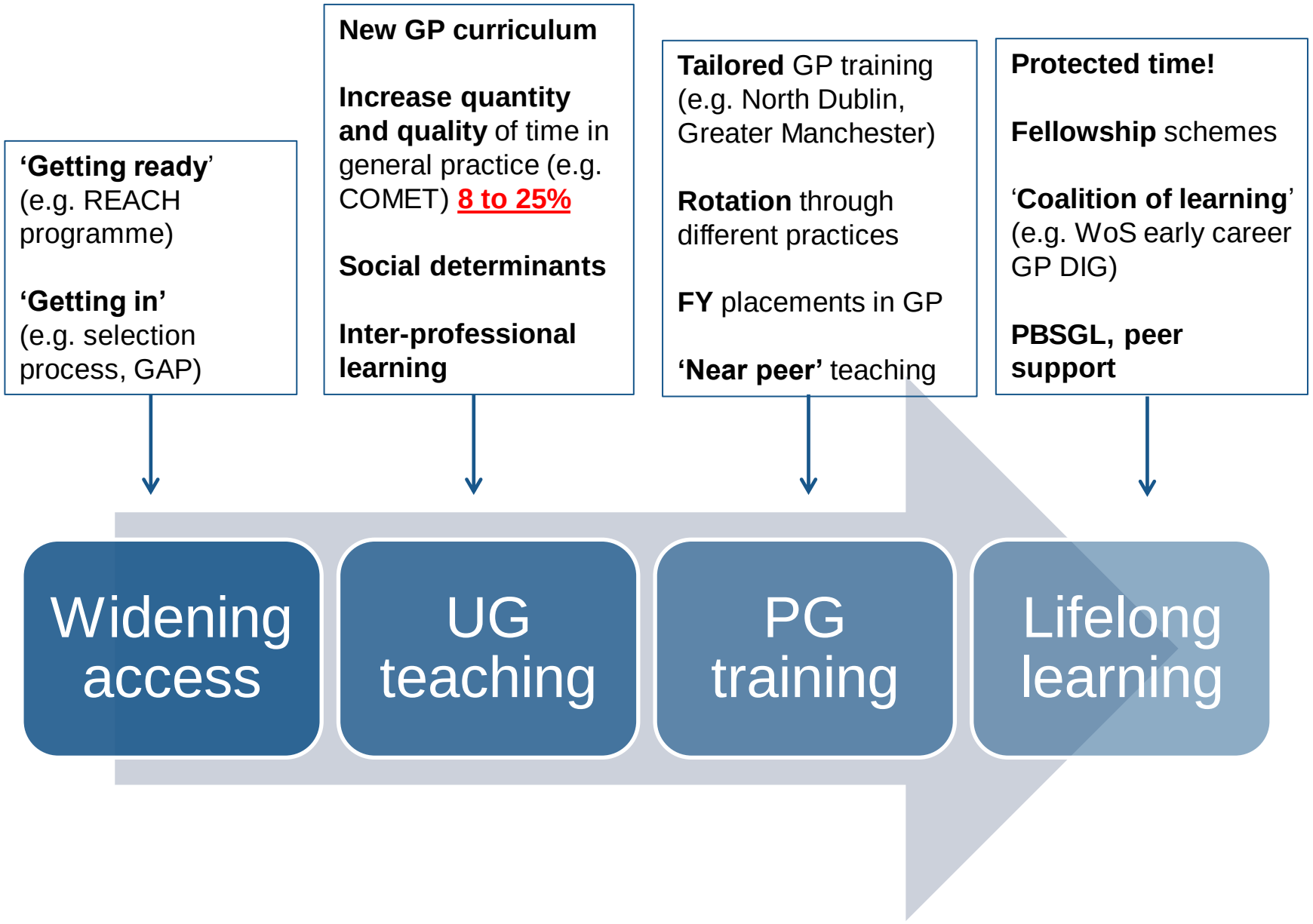
3 sessions /wk
for each practice

Learning programme

2016 (started in October)	• Assessing learning needs • Preventing burnout • Quality after QOF and Julian Tudor Hart
2017	• Violence reduction and domestic violence • Financial inclusion • Learning from the Links Worker Programme • Complex consultations and trauma • Multiple exclusion • Palliative care in the Deep End • Asylum Health Bridging Team • Chronic pain • Living with poverty • Personality disorder • Freedom from torture / working with interpreters • Child protection in the Deep End • QI tools for GP leadership • Adult support and protection • Addiction in older adults • Social model of disability • LGBTQ health inequalities • Glasgow Asylum Destitution Action Network • Female Genital Mutilation
2018 (to April)	• Prisoner health • Working with others • Obesity in the Deep End • Educational psychology

- **External speaker**
- **Fellows take turns to write up**
- **Also time for:**
  - Reflective writing
  - PBSGL modules
  - Discussing practice projects/issues
  - Engagement activities
    - REACH / Glasgow Access Programme (GAP)
    - Medical student conference
    - Regional Trainers' conference

‘Whole career’ approach



Engagement with others

University of Glasgow

Royal College of General Practitioners

Glasgow City Council

Links Worker Programme

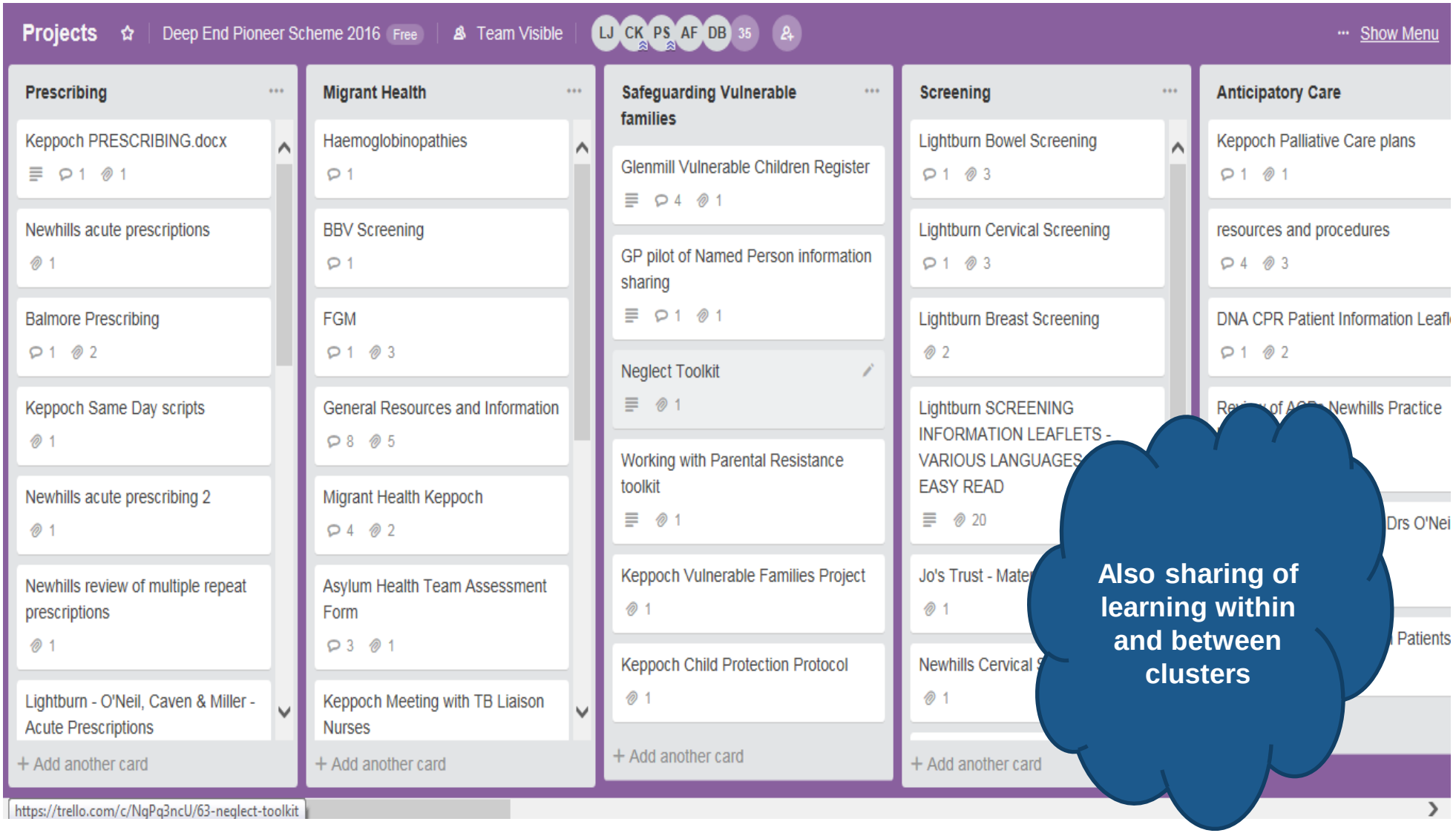
Glasgow City HSCP
Health and Social Care Partnership

NHS Greater Glasgow and Clyde

GU GP Society

Scottish Government
Riaghaltas na h-Alba
gov.scot

Sharing learning



Shared ethos and values

Social Inclusion

We actively promote a socially inclusive society where all people feel valued, their differences are respected, and their basic needs are met so they can live in dignity. We do this through service provision in areas of severe socio-economic disadvantage and through a commitment to professional and service development that supports marginalised groups.

Advocacy

We believe the evidence base that health is socially determined. To address the early death and illness burden in our patients those involved in this scheme will advocate with vigour on behalf of those patients affected by social inequality.

Commitment to Excellence

We recognise the importance of basing our clinical decisions about our patients on the best available current evidence. We value learning as a process that we engage with throughout our medical career. We have a holistic educational philosophy that promotes developing clinical skills and knowledge; effective communication skills; personal and professional development.

Respect and Honesty

We respect and esteem ourselves, our patients and our colleagues. This involves taking feelings, needs, thoughts, ideas, wishes and preferences into consideration. It means taking all of these seriously and giving them worth and value.

Accountability and Responsibility

We can be relied upon to do our utmost on behalf of our patients and to fulfil our promises. We are industrious and work hard on behalf of our patients. We fulfil our responsibilities fully to our patients, staff and colleagues.

Inspired by North Dublin City GP Training Scheme

Impact of the Pioneer Scheme?

Impact for Fellows

- Better support than locums
- Part of the team (well established teams)
- Regular employment / CPD needs met
- Time to undertake projects
- Deep End experience / leadership roles

Impact for Patients

- Less stressed / burnt out GPs
- Extended appointment time
- Time for ACP / visits / case management
- Quality improvement positive impact on patient care

Practice impact

- Increased morale
- Increased job satisfaction
- Team meetings

Impact of the Pioneer Scheme?

Cohort 1 (5 GP Fellows)

2 salaried in same practice

1 partner in same practice

1 salaried in another Deep End practice

1 doing Higher research degree

Cohort 2 (7 GP Fellows)

2 finished in December

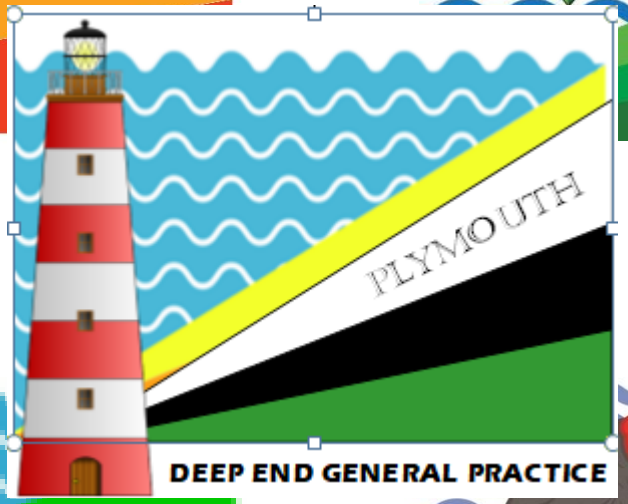
1 on maternity leave

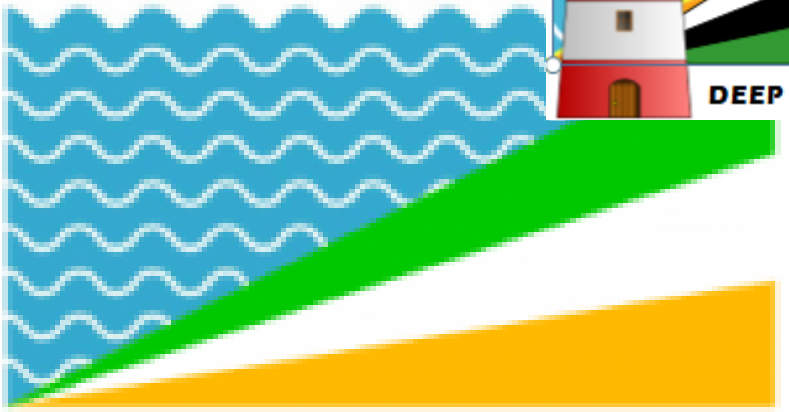
4 will finish in April

- None have been put off Deep end practice!

Greater Manchester

Yorkshire & Humber





Ireland

Australia

Summary

If the NHS is not at its best where it is needed most… …health inequalities will widen

Challenging context

Increasing workloads, social/medical complexity

More part-time, portfolio careers

GP Recruitment and Retention issues…

Learning from DE projects is promising…

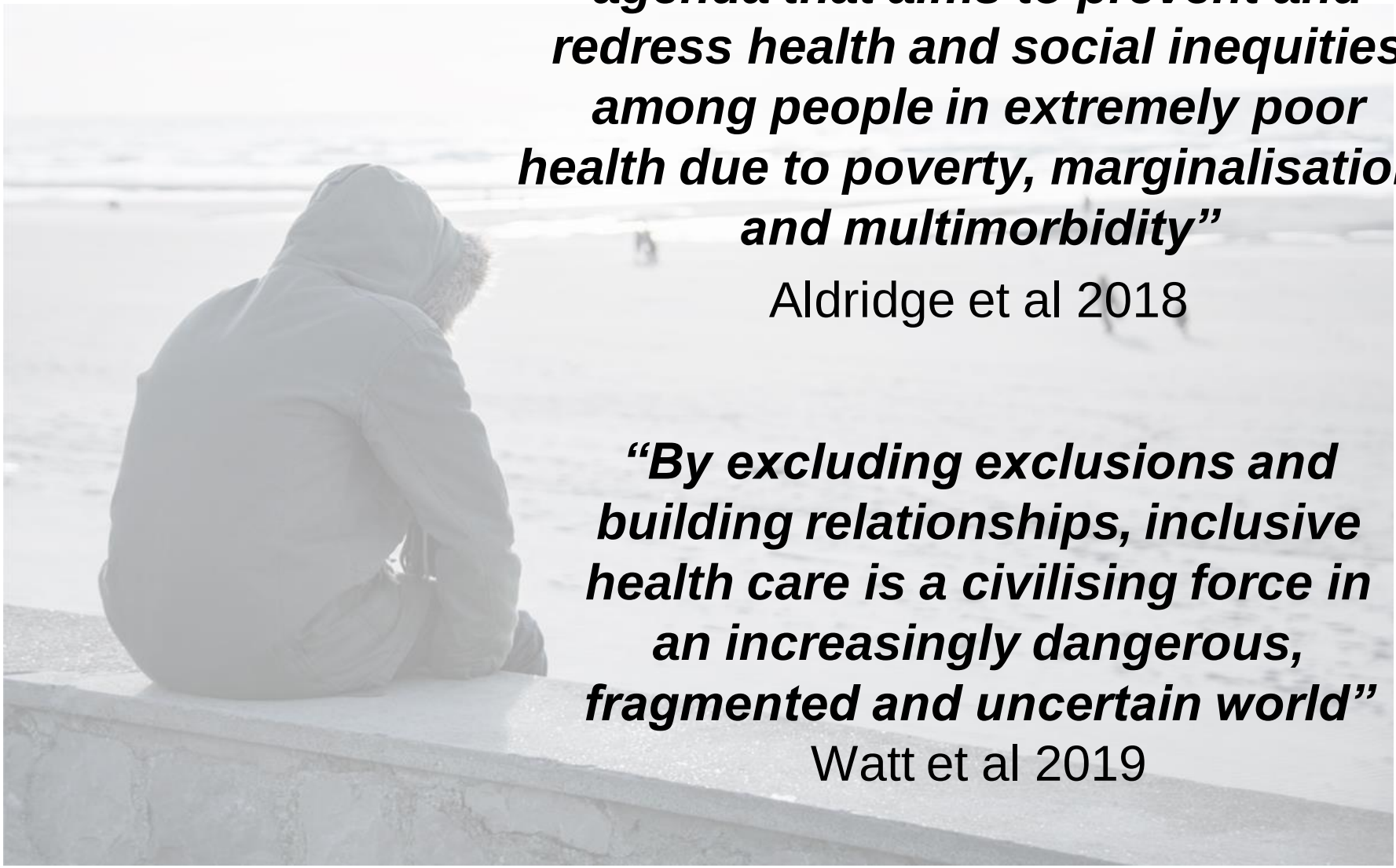
"Proportionate universalism" – targeting needs

Protected time for service and professional development

Shared learning within and between practices

Joint working with others (and team wellbeing!)

Future? … ‘Inclusion health’ in mainstream practice



“A research, service, and policy agenda that aims to prevent and redress health and social inequities among people in extremely poor health due to poverty, marginalisation, and multimorbidity”

Aldridge et al 2018

“By excluding exclusions and building relationships, inclusive health care is a civilising force in an increasingly dangerous, fragmented and uncertain world”

Watt et al 2019

Future? … ‘Fairhealth’ training/fellowships

fairhealth
HEALTH EQUITY ACTION AND LEARNING

wiki modules Resources blog podcas

Hosting Post CCT Trailblazer Fellowships

Trailblazer post-CCT fellowship Briefing 2020/21

At present, this programme is only available across practices across the Health Education England Yorkshire and Humber region.

This programme has been inspired by similar schemes elsewhere (i.e. the Glasgow Deep End Pioneer Scheme) and we are aware that other regions are considering establishing their own programmes.

“Communities of practice”

fairhealth

HEALTH EQUITY ACTION AND LEARNING

Fairhealth wiki

Welcome! This living resource of knowledge is designed to support learners and practitioners working in areas of deprivation and inclusion health.

If you have ideas for sections, resources or would like to be approved as a contributor or editor in order to add content, please get in touch.

Health equity curriculum

Knowledge

- Homeless Healthcare
- Gypsy and Traveller Healthcare
- Migrant Health
- Access and Registration
- Domestic violence and abuse
- LGBT+ Health
- Sex Workers

▶ Future content (help us create this)

www.fairhealth.org.uk

Thank you….Questions?

*"You have to **expand reactive care** and make it richer and more imaginative…*
*If you really care about people you **care about their future**, not just about the immediate reason they have come to see you…*
*You've got to do more than meet expectations – **expectations in deprived areas are very low**; you've got to raise them…*
*You have to get **immersed in their story**, take their story seriously, give them the feeling that they are valuable people…*
*Including those **people who are losing confidence that they are of value**, you've got to show that you really care about them."*

Dr Julian Tudor Hart, 1927-2018

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