Summary of Deep End activity in 2014

This was a busy year, involving new reports, lobbying, advocacy and projects, as described below.

But as the Health and Sport Committee of the Scottish Parliament concluded at the start of 2015 in its report on Heath Inequalities

“The least well-off and most vulnerable individuals and communities often have the poorest access to primary care services and this remains an issue that the NHS will need to deal with, by whatever means.”


Pursuing this issue, ending the inverse care law and making a difference for patients and professionals, remains the over-riding priority for General Practitioners at the Deep End in 2015
PROPOSALS FROM GENERAL PRACTITIONERS AT THE DEEP END


The Scottish Government Route Map to the 20/20 vision for Health and Social Care includes as a “key deliverable” for 2013/14:

“The successful approach developed in the “Deep End” GP practices will be rolled out more widely across relevant areas of Scotland reducing the risk of admission to hospital and improving outcomes for people in Scotland’s most deprived communities”

The main success of the Deep End project so far has been to demonstrate a collective view on how general practices can improve health in very deprived areas, but the package of measures requires additional support and has not yet been developed. For clarity, the approach comprises ten elements :-

1. Additional GP time, on a pro rata basis, providing one extra GP session per week per 1000 patients living in very deprived areas.
2. Closer working arrangements with area-based services including mental health, addiction, social work and child health workers attached to practices or groups of practices within localities.
3. A national enhanced service for practices to address the needs of vulnerable families on a pro rata basis
4. A new link worker role, based within general practices and facilitating improved links between practices and other community resources and services for health.
5. Protected time for practice teams to meet in clusters, serving about 20,000 patients, and reviewing experience, views and joint activity.
6. Protected time for leadership roles, working within and between clusters and representing general practices within locality planning.
7. Coordinated support for general practices in the Deep End by central NHS support agencies, including ISD, Health Scotland and Health Care Improvement Scotland.
8. Research and development on the use of serial encounters and joint working for patients with multimorbidity, including the development of activity and outcome measures for audit and evaluation.
9. An enhanced GP fellowship programme for general practice in deprived areas, providing early career experience, additional clinical capacity and coordinated development projects, involving both fellows and released experienced practitioners.
10. Opportunities to set precedents for joint working between area-based services and general practices, with shared decision-making and responsibility.
REPORTS

Summary and full versions of the reports below are available on the Deep End website at:-
http://www.gla.ac.uk/researchinstitutes/healthwellbeing/research/generalpractice/deepend/

REPORT 26 Generalist and specialist views of mental health issues in very deprived areas (January 2015)


REPORT 24 What are the CPD needs of GPs working in Deep End practices? (June 2014). An article based on this report will appear in the May 2015 edition of Education for Primary Care. NES has included recommendations from the report in its plans for Practice-Based Small Group Learning (PBSGL).

REPORT 23 The contribution of general practice to improving the health of vulnerable children and families (June 2014). Based on Anne Mullin’s written input to the consultation carried out by the Health and Sport Committee

REPORT 22 Mental health issues in the Deep End (April 2014). This report was widely disseminated, led to meetings with the Mental Health Division of SGHD, a follow-up meeting with specialist psychiatric colleagues and meetings with the Scottish Association for Mental Health (SAMH) to plan joint activities with Deep End practices.

David Blane wrote a four page summary of REPORT 21: GP experience of welfare benefit changes which appeared in Health Equalities in March 2014.

HOLYROOD COMMITTEES

Health and Sport Committee, 1st April (John. Budd, Graham Watt) and 2nd December (Anne Mullin)
MEETINGS WITH POLITICIANS

Michael Matheson MSP, Minister for Public Health, 3rd May and 26th September (Petra Sambale, Raymond Orr, John Budd, Susan Langridge, Graham Watt)

Aileen Mcleod MSP, SNP parliamentary liaison officer on health, visited a Deep End practice (Peter Cawston) in Glasgow on 27th January

Aileen Mcleod MSP and David Hutchison, Government Special Advisor on Health, 29th January (John Budd, Anne Mullin, Graham Watt)

Jamie Hepburn MSP, the new Minister for Sport and Heath Improvement has accepted an invitation to attend part of the Deep End steering group away day in February 2015

MEETINGS WITH CIVIL SERVANTS

Mr David Thomson and Ms Jess McPherson, SGHD Primary Care Division, attended the January meeting of the Deep End Steering Group

Andrea Williamson and Graham Watt met with Niall Kearney SGHD Head of Mental Health Improvement and colleagues

MEDIA COVERAGE

Counting GP consultations does not give full picture The Herald July 10

Docs "can't spend time with the poor" Evening Times April 1, following meeting of the Health and Sport Committee

Feature on GPs at the Deep End, Scotland 2014, BBC2 Scotland, December 9

TALKS

Presentations to West of Scotland GP Registrars, May and December (David Blane, Petra Sambale, Graham Watt, Andrea Williamson)

Graham Watt gave presentations to academic audiences in Aberdeen, Bristol, London, Oxford and York

INTERNATIONAL LINKS

There have been links during the year with :-

Irish Deep End GPs, based mostly in Dublin, pursuing a joint interest in GP training
The Welsh Government Inverse Care Law Programme

US Primary Care, via a project funded by the Robert Woods Johnson Foundation

*Strengthening primary care to improve health: Learning for the USA from high and middle income countries.* Symposium and Report, Oxford UK, August 2014


**POLICY RESPONSES**

Alex Neil MSP, Cabinet Secretary for Health, provided written answers to 6 questions on GP manpower in very deprived areas, tabled by Duncan McMeil MSP, Chair of the Heath and Sport Committee, following the presentation of evidence from the Deep End at its meeting on 1st April 2014

The report of the Health and Sport Committee on Heath Inequalities (5/1/15) concluded “the least well-off and most vulnerable individuals and communities often have the poorest access to primary care services and this remains an issue that the NHS will need to deal with, by whatever means”

Peter Cawston represents the group on the GGC Primary Care Deprivation Group

John Budd represents the group on the Lothian Deprivation Group

**VISITS**

Professor Mike Pringle, President of the RCGP visited a Deep End practice (Petra Sambale) and attended a Deep End presentation (Graham Watt) in Glasgow on 26th June

Professor Aidan O’Halligan, Director of the Faculty of Homeless Medicine, based in London, and also the Well North Project, based at the University of Manchester, visited a Deep End practice (Raymond Orr) and took part in a roundtable discussion on 3rd June.

**PROJECTS**

7 Deep End practices in Glasgow are taking part in the *Link Workers Project*, in which a full-time community links practitioner is based in each practice, with the task of establishing, facilitating and using improved links between practices and community resources for health. Peter Cawston is GP lead for the project. The initial three year
funding period has been extended to five years. Professors Stewart Mercer and Sally Wyke at Glasgow University are leading a rigorous evaluation.

4 Deep End practices at Govan Health Centre are taking part in the **Govan Integrated Care Project**, involving attached social workers, two link workers, additional time for consultations and protected time for shared learning. SGHD has provided the first year of funding.

A joint meeting between Deep End GPs and colleagues working in financial and welfare advice centres in the city was held in May, resulting in Deep End Report 25 and a small research budget at the Glasgow Centre for Population Health to take forward some of the practical suggestions.

Margaret Craig and Andrea Williamson are still working with NHS Greater Glasgow and Clyde Addiction Services to pilot an attached alcohol nurse service in GP practices in the North west of Glasgow.

Following Deep End Report 19 on **Access to Specialists**, and discussions with the Royal College of Physicians and Surgeons of Glasgow and colleagues from SGHD, an international symposium on Multimorbidity was held at the RCPSG in May, with 6 Deep End GPs present.

Following Deep End Report 22 on **Mental Health Issues in the Deep End**, and a subsequent meeting joint meeting with psychiatric colleagues (Deep End Report 26), meetings are being held with the Scottish Association for Mental Health (SAMH) to discuss a joint project linking SAMH services with Deep End practices throughout Scotland.

Following Deep End Report 24 NHS Education in Scotland is developing a Practice-based Small Group Learning (PBSGL) Module on the CPD needs of GPs working in very deprived areas.

**EARLY PLANS FOR 2015**

- Continuation of joint projects
- **12 January** Meeting with Matchlight Productions to discuss possible television film
- **21 January** Keynote presentation at Scotland Policy Conferences Keynote Seminar: Next steps for Scotland, Crowne Plaza Hotel, Edinburgh
22 January  Deep End presentations at GGC meeting on Heath Inequalities, Resource Allocation and Service Delivery. Glasgow Velodrome

26 January  Briefing meeting with John Mason, MSP

17 February  Steering Group Awayday, including meeting with Jamie Hepburn MSP, Minister for Sport and Health Improvement. Edinburgh

27 February  Roundtable meeting with SAMH

3 March  41st meeting of the steering group (all welcome, see below)

DEEP END STEERING GROUP

There were 7 meetings of the steering group in 2014, from 7.00 to 9.00pm on a Tuesday, Wednesday or Thursday, mostly at the LMC Office in Glasgow. Steering Group meetings are open to all Deep End GPs and new members are always welcome. Those attending in 2014 were:

- David Blane, Glasgow University and Maryhill Health Centre
- John Budd, Edinburgh Homeless Practice
- Sarah Capewell, portfolio GP
- Peter Cawston, Drumchapel Health Centre
- Margaret Craig, Allander Surgery, Possilpark
- Susan Langridge, Possilpark Health Centre
- Andrew Lyon, (chair), International Futures Forum
- Sonia MacCallum, GP Health Inequalities Fellow
- Lisa McIntyre, Gorbals Heath Centre
- Catriona Morton, Craigmillar Health Centre, Edinburgh
- Anne Mullin, Govan Health Centre
- Cathy Norton, Gorbals Health Centre
- Jim O’Neil, Lightburn Health Centre
- Raymond Orr, Glenmill Medical Centre
- Euan Paterson, Govan Health Centre
- Matt Rohe, GP Health Inequalities Fellow
- Petra Sambale, University of Glasgow
- Andrea Williamson, Glasgow Homeless Practice

Steering group minutes were sent to Alan McDevitt, Chair of SGPC and John Gillies/Miles Mack, successive chairs of RCGP Scottish Council for information.

January 2015