RUDOLF VIRCHOW

Medicine is a social science, and politics nothing else but medicine on a large scale

SOCIAL MEDICINE

Diagnosing and treating the ills of sick societies
THE INVERSE CARE LAW IN SCOTLAND

Watt G The inverse care law today Lancet 2002;360:252-254

FEATURES OF GP CONSULTATIONS IN VERY DEPRIVED AREAS

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

Mercer SW Watt GCM
The Inverse Care Law : clinical primary care encounters in deprived and affluent areas of Scotland
"Practitioners lack time in consultations to address the multiple, morbidity, social complexity and reduced expectations that are typical of patients living in severe socio-economic deprivation."
The report’s main recommendations were that the Health and Sport Committee should address the following issues:

- overcoming the practical barriers to collating WTE headcount figures for GPs, and providing this information broken down according to the level of deprivation

- the increasing importance of the primary care team as a whole in tackling health inequalities in deprived areas

- increasing the proportion of GPs based in deprived areas

- increasing the number of fellowships in deprived areas

- shifting towards treating patients based on multimorbidity, and how the effectiveness of any such shift will be measured

- considering the potential merits of a centrally funded research function to assess specific initiatives
Derek Feeley: I was interested in the commentary on GP numbers, and I am trying to find the chart that shows them. It is not as though there is no correlation between GP numbers and deprivation—it is important to recognise that. I have not done the sums, but it looks to me that there are around 25 to 30 per cent more GPs in the most deprived areas than in the least deprived areas.

The Scottish Parliament
Parlamaid na H-Alba

Official Report
PUBLIC AUDIT COMMITTEE
Wednesday 5 December 2012
To ask the Scottish Government whether the GP contract now includes measurable outcomes to monitor progress towards tackling health inequalities, as recommended by Audit Scotland in its December 2012 report, Health inequalities in Scotland, and, if so, what outcomes.

Answered by Alex Neil (30/04/2014):

The arrangements we agreed with the Scottish General Practitioner’s Committee for 2013-14 introduced a number of measures important for deprived areas, including anticipatory care and poly-pharmacy for those most at risk of hospital admission; importantly, this also paved the way towards minimising the bureaucracy associated with the GP contract in Scotland whilst placing more freedom in the hands of GPs to exercise their clinical judgment in the provision of care for patients, rather than the constraints of a tick-box approach.

The Scottish Government through recognising the challenges in the national contract in relation to practices whose patients face the greatest inequalities have significantly altered the 2014-15 contract to free those practitioners up to devote more time to the complex problems that their patients face.

99. This is not to suggest that we think that health services do not have an important role to play in reducing health inequalities. As we have indicated in the report, the least well-off and most vulnerable individuals and communities often have the poorest access to primary health services and this remains an issue that the NHS will need to make efforts to improve, by whatever means.

Scottish Parliament
Health and Sport Committee
Report on Health Inequalities
January 2015
CRISIS AT THE BALMORE PRACTICE

SUNDAY MAIL
30th August 2015
MEMBER’S DEBATE
SCOTTISH PARLIAMENT
28th OCTOBER 2015

GENERAL PRACTICES AT THE DEEP END (HEALTHY LIFE EXPECTANCY)

The Deputy Presiding Officer (John Scott): The final item of business is a members’ business debate on motion S4M-14164, in the name of Patricia Ferguson, on general practitioner practices at the deep end, healthy life expectancy. The debate will be concluded without any question being put.

Motion debated
That the Parliament records its appreciation of the general practitioners and staff in the “Deep End” practices, who it considers work in the most challenging of circumstances; understands that these practices serve the 100 most deprived populations in Scotland; is concerned that patients in the areas served by the practices will have up to 20 fewer healthy years in their lifetime; considers this to be a matter of serious concern both for the people affected and for the GP practices that they attend; considers that the funding distribution arrangements take no account of the additional burden that this places on staff and resources; regrets that the Balmore Practice in Possilpark has been forced to appeal to the local NHS trust for assistance in respect of its financial situation, and notes calls for the Scottish Government to review the present funding formula and do all in its power to eradicate health inequalities.

17:04
Patricia Ferguson (Glasgow Maryhill and Springburn) (Lab): I thank colleagues from across the Parliament who have made this debate possible .......

THE LANCET
Karen Barnett, Stewart Mercer, Michael Norbury, Graham Watt
Sally Wyke, Bruce Guthrie
LANCET 12th May 2012
% DIFFERENCES FROM LEAST DEPRIVED DECILE FOR MORTALITY, COMORBIDITY, CONSULTATIONS AND FUNDING

British Journal of General Practice 2015; DOI:10.3399/bjgp15X687829

GENERAL PRACTICE FUNDING PER PATIENT

<table>
<thead>
<tr>
<th>DECILE OF DEPRIVATION</th>
<th>TOTAL PRACTICE FUNDING PER PATIENT</th>
<th>ESSENTIAL QOF CONTRACT PAYMENTS</th>
<th>ENHANCED CONTRACT PAYMENTS</th>
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<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
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</tr>
<tr>
<td>1 (most affluent)</td>
<td>111.5</td>
<td>84.8</td>
<td>22.3</td>
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<td>142.6</td>
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<tr>
<td>9</td>
<td>116.2</td>
<td>86.7</td>
<td>25.7</td>
</tr>
<tr>
<td>10 (most deprived)</td>
<td>120.4</td>
<td>91.1</td>
<td>26.0</td>
</tr>
<tr>
<td>Total</td>
<td>123.3</td>
<td>94.6</td>
<td>24.7</td>
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</table>
SOUNDBITE

“Over 2 million Scots in the most deprived 40% of the population received £8 less GP funding per head per annum than over 3 million Scots in the most affluent 60%”

Monday 30th November 2015

FIRST MINISTER QUESTIONS, 3RD DECEMBER 2015

The First Minister:
I welcome Professor Watt’s findings, which we will take fully into account in delivering a new GP contract for 2017 and the accompanying revised allocation formula. It is interesting that Professor Watt’s study examined data from 2011-12. I have looked at the recent data for GP payments, for 2014-15, which show that the most deprived practices received, on average, £7.65 more per patient than practices in the most affluent areas received. I hope that that is a sign of progress in the direction that I suspect that Murdo Fraser wants us to take. The resource allocation formula has been in place since 2004 and has undergone some revisions and changes since then. The new GP contract, on which we are in the early stages of negotiation and which will take effect in 2017, gives us a good opportunity to revise the allocation formula to ensure that it reflects the varying needs of GP practices in different local communities. I look forward to having the support of the Parliament as we seek to do that.

See more at:
http://www.scottish.parliament.uk/parliamentarybusiness/report.aspx?r=10248&i=94327#ScotParlOR
Shona Robison

Drew Smith talked about Professor Watt’s report, deep-end practices, the Scottish allocation formula and the need for us to ensure that there is more reflection of the needs of deprived communities in the resources that go to them through the formula. All those things are subject to negotiation in relation to the GP contract. However, we need to ensure that all the challenges that are faced by those practices operating in more deprived communities are recognised in the resources that are provided to primary care. I correct Drew Smith’s reading of the motion. The motion clearly says that the new contract provides

“the opportunity to go even further to tackle health inequalities in communities”.

I deliberately put that in the motion in order to recognise that point.

We have always been clear that the approximate 60% of GP funding allocated through the SAF must change to reflect changing circumstances. We will take full account of Professor Watt’s findings as we deliver a new GP contract for 2017 and the accompanied revised allocation formula.
Dear Dr Williamson

Thank you for your email in relation to the parliament’s recent debate on primary care.

The Scottish Conservatives are concerned by the mounting pressures being placed on General Practice and wider primary care services. We have met with the British Medical Association and the Royal College of General Practitioners to discuss these problems and possible solutions.

The Scottish Conservatives are committed to solving these problems. However, we cannot do so alone. Instead what is required is cross party collaboration, in which the Scottish Conservatives will play a vital role to deliver a better service, not just for patients, but for those who work in General Practice as well.

All parties need to work together to deliver multidisciplinary teams that include GPs, nurses, AHPs, community pharmacists, social care and other specialists all working together to secure the best out-of-hours care for patients in urgent care resource hubs across Scotland. We also believe that GP-attached health visiting teams in a universal service across Scotland, with an additional concentration of that resource in areas of greater inequality could help solve many of the problems that General Practices face.

We also welcome the £1.3 billion in consequentials arising from the UK Government’s increased health spending during this session. By the end of the next five years, we should see an additional £800 million annually for the health service in Scotland.

My colleagues, Jackson Carlaw MSP, Scottish Conservative Health Spokesman, and Dr Nanette Milne MSP, Scottish Conservative Public Health and a former GP, took part in Tuesday’s debate on behalf of the Scottish Conservatives. A full transcript of the debate, including Jackson and Nannette’s contributions, can be found here: http://www.scottish.parliament.uk/parliamentarybusiness/report.aspx?r=10277&i=94546

I thank you again for taking the time to contact me.

Yours sincerely,

Ruth Davidson MSP

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TENTATIVE CONCLUSIONS

Newspaper coverage is easy, but not very effective and can be counter-productive

Holyrood committees and parliamentary questions are accessible, involve due process, but lack bite.

There is no point in seeing a Minister unless the Minister wants to see you

Events provide opportunities to engage with MSPs

The issue has to have wide application, possibly with cross party support

New research can make an impact, especially with a simple message, a killer slide and exclusive media coverage.

A constituency letter can have surprising results, especially when your MSP is the First Minister.

So far we have achieved statements of intent recorded in reports of the Scottish Parliament.

Continued political scrutiny and pressure will be needed to see it through