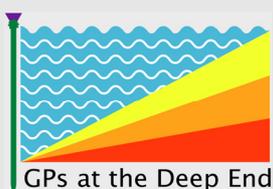


# DEEP END SUMMARY 3

## The GP role in working with vulnerable families

***Ten Glasgow GPs met on Friday 22 January 2010 at the University of Glasgow for a workshop on the contribution of general practice on deprived areas to the care of vulnerable families.***

- Working with vulnerable families is an everyday aspect of general practice in severely deprived areas.
- Through many types of contact, practice teams have substantial knowledge about the most vulnerable families in their registered population. Several recent NHS developments have under-mined this knowledge.
- General practices offer constant, accessible, informal and unconditional contact and support (irrespective of age), referral to other services when necessary, and continuing support when other services cannot respond.
- The case-finding approach in general practice appears an insufficiently valued mechanism for matching need to service provision and preventing, delaying or ameliorating more serious problems.
- The withdrawal of child surveillance in deprived areas is considered a mistake, given the high yield of health and social problems.
- The current “rationalisation” of health visiting appears to devalue the importance of shared knowledge, continuity, relationships and trust, concerning the wider “at risk” population of vulnerable families.
- Practices should have effective ways of regularly sharing information about vulnerable families; they need regular updates concerning the availability of other local services; they also need improved working relationships with social work and the school health service, based on personal continuing contact with individual social workers and school health nurses.
- Practices should identify their lead professional for vulnerable families, co-ordinating activities within their practice and considering the ways in which they could work more effectively with other practices and other agencies.
- It is important for the system to take account of the views and experience of families using services.
- There is a need for more effective and quicker dialogue between practices providing front-line services and those responsible for local and national policy on child welfare and vulnerable families.



*“General Practitioners at the Deep End” work in 100 general practices, serving the most socio-economically deprived populations in Scotland. The activities of the group are supported by the Royal College of General Practitioners (Scotland), the Scottish Government Health Department, the Glasgow Centre for Population Health, and the Section of General Practice & Primary Care at the University of Glasgow.*

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