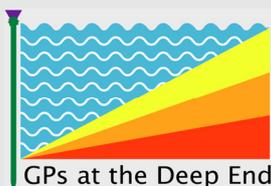


DEEP END SUMMARY 5

Single-handed general practice

Nine GPs from Glasgow, Dundee and Saltcoats met on Friday 07 May 2010 at the Section of General Practice & Primary Care, University of Glasgow, for a workshop on their experience and views of single-handed general practice in very deprived areas.

- The 100 most deprived general practices in Scotland include 17 single-handed practices serving a combined population of 30,870 patients.
- Single-handed practitioners are passionate about their patients and committed to the personal approach that single-handed practice allows and requires.
- “Small is beautiful” and there are many aspects of single-handed practice, in terms of continuity, immediacy and patient satisfaction, which embody what Government is trying to achieve for patients in the NHS (e.g. as in The Healthcare Quality Strategy for NHS Scotland).
- Single-handed practice is popular with patients, who choose to be registered with a singlehanded practitioner.
- It is paradoxical, therefore, that single-handed practice is a tolerated, rather than an actively supported, way of delivering primary care services.
- The price that single-handed practitioners accept in order to practice in this way includes financial disadvantage (mainly due to diseconomies of scale), being tied to the practice, lack of flexibility, professional isolation and marginalisation by management – all of which could be addressed.
- The combined responsibilities of providing clinical care and running a business can be very stressful.
- Single-handed practice is not attractive to the majority of general practitioners, for a variety of reasons, including personal characteristics, but is a favoured option for some and should be supported, capitalising and learning from the strengths of the approach, while providing support to minimise weaknesses.
- More evidence is needed about the long term effects of single-handed practice e.g. Do the higher levels of continuity and patient satisfaction translate into longer term health outcomes? Is there a trade off between the higher list size to ensure financial stability and the volume and quality of care that can be offered?



“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.

Contacts for further information

Paul Alexander RCGP Scotland palexander@rcgp-scotland.org.uk

John Budd Lothian Deprivation Interest Group John.Budd@lothian.scot.nhs.uk

Petra Sambale Keppoch Medical Practice, Glasgow psambale@btinternet.com

Graham Watt University of Glasgow graham.watt@glasgow.ac.uk

Full reports available at <http://www.gla.ac.uk/departments/generalpracticeprimarycare/deepend>