

GPs at the Deep End

Deep End Report 9

Learning journeys

The ninth activity of “General Practitioners at the Deep End”

17, 18 and 20 August 2010

Ten Deep End GPs took part in day long learning journeys, in two groups of five, visiting three different surprise settings, and followed by a joint half day discussion shortly afterwards.

SUMMARY

KEY LEARNING

- Enormous talent and resources exist in communities of all kinds if one knows where to look and how to behave
- People work effectively when their motivation comes from inside themselves rather than only outside
- It is never too late to make a difference
- Changing context is an effective way of changing behaviour
- Personal contact matters to outcomes

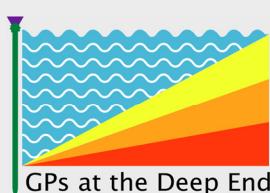
KEY ACTION POINTS

GPs at the Deep End

- must find ways to communicate more effectively with each other and others in the service of patients. This should include exploration of new media.
- might usefully develop more effective connections to activity both in their own localities and more generally. This might include trusted guides and more regular meetings with relevant others.
- should explore further how to innovate in an accountable way.
- need to develop more effective leadership roles in their local areas.
- could explore more fully the ethos and nature of general practice as a socially orientated enterprise.

Note

The learning journeys preceded proposals by the English Department of Health concerning “social enterprises” in primary care. These specific proposals were not discussed during the learning journeys, nor is it imagined that these proposals are the only or necessarily a desirable way to progress.



“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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PARTICIPANTS

Name	Location	CHCP	Deprivation ranking	List size
Petra Sambale	Keppoch MC	GLA (N)	1	3163
Alan Winter	Edinburgh Rd	GLA (E)	62	5146
Tom Lafferty	Parkhead HC	GLA (E)	18	5116
Marie Wilson	Easterhouse HC	GLA (E)	5	2430
Iain Kennedy	Springburn HC	GLA (N)	97	1122
Pierre Tsang	Bridgeton HC	GLA (E)	52	1255
Susan Langridge	Possilpark HC	GLA (N)	15	2206
Elizabeth Day	Bridgeton HC	GLA (E)	16	2646
Nick Treadgold	Pollok HC	GLA (SW)	53	4180
Maria Duffy	Pollok HC	GLA (SW)	53	4180
Graham Watt	University of Glasgow			

Peter Cawston	General Practitioner, Drumchapel HC, Convenor of Social Prescribing Project (20/8 only)
Kay Barton	Deputy Director, Health Improvement Strategy Division, Scottish Government Health Department (20/08 only)
Andrew Lyon	International Futures Forum, Leader of the Learning Journeys and author of this report

INTRODUCTION

The purpose of this report is to highlight the main points of learning and further action from a learning journey undertaken by GPs at the Deep End on 17 and 18

August 2010. On each of these days a group of five GPs from Deep End practices visited three sites of interest. These visits were followed by a half debriefing session on 20 August to draw out the key lessons for GPs at the Deep End.

What is a learning journey?

A series of site visits to places and people, which shed light on key questions of interest to a group of colleagues. In our case, what might GPs at the Deep End learn about addressing their own challenges from how others are addressing theirs?

The visits

Overall the journeys included a mixture of visits to public, private and voluntary organisations in which people are addressing significant challenges with some success. Each setting had its own distinct feel on arrival and GPs who had perhaps been expecting to do a lot of talking, found themselves listening intently.

On 17 August, GPs at the Deep End visited **Key Housing**, an organisation which provides housing and other services with and for those with learning disabilities and spent time in conversation with board members and staff. The organization now cares for thousands of people yet began with the concerns of parents about what would happen to their learning disabled children when they were no longer able to care for them. As it has grown, Key Housing has worked hard to keep this ethos of caring at the heart of what it does.

The group then went on to meet a social entrepreneur engaged in a wide range of activities including green politics, mindfulness, arts and cultural exchange. His principal current activity is leading the **Family Business Association** which has 24,500 members. The association assists members with the unique challenges which arise when you are in business with other members of your own family.

Finally on day one the group spent some time with members of the **Gal Gael**. This organisation rehabilitates people in difficulty through the development of craft based activity, principally building and sailing traditional clinker built boats. From these activities members develop a sense of both self worth and the worth of others.

On 18 August a second group of GPs at the Deep End spent some time first of all with key staff at **Glasgow Life**, the charity responsible for running the city's public cultural facilities and sports centres, discussing the impact of culture on wellbeing and what role GPs might play in ensuring greater access to these facilities for patients where it might be useful.

The group then spent some time in conversation with staff at **Bridging the Gap** in the Gorbals. This organisation does what the name suggests and works to bridge any gap which divides people who live in the Gorbals. This has included work on sectarianism, doing well in school and more recently on fostering positive relations between established residents and recent asylum seekers.

Finally this group met the European director of **Percepta**, an organisation which provides telephone based support for the customers of major car companies. Percepta is unusual in the call centre world in that it has very low staff turnover and very high satisfaction for both customers and staff. This difference is fostered by focusing on the customer not the car and enabling staff a high degree of autonomy in this regard.

The remainder of this report summarises the main points of learning from the journeys.

KEY POINTS OF LEARNING

The purpose of work – engaged, fulfilling, meaningful activity

Across all of the visits, it was very clear that in each case dedicated groups and individuals were committed in practical ways to making life more fulfilling for others in challenging circumstances.

All the settings highlighted people who were passionate, productive, content, and focused. They tended to be devoid of (beyond) anger and involved in activities giving expression to who they felt they were and wanted to become. What they did at work gave expression to who they are in life.

The journeys they were on, their directions of travel and modes of operation were as important as their destinations. Organic growth, based on sensitivity to changing circumstances was more important than fast growth for its own sake. New possibilities and directions come out of such processes. In these circumstances, busyness is not an intrinsic virtue. Time spent doing the wrong things well is not effective.

Enormous talent and resources exist in communities of all kinds if one knows where to look and how to behave.

Another world is always possible

Several settings demonstrated that it is never too late to change or make a difference.

It may seem obvious to say that how challenges are perceived, how we think about things, affects what we do. Yet we seldom take the opportunity to ask how we are thinking about a problem.

A key theme which emerged in all of our visits was the determination of our hosts that the world did not need to be as it was, a better world is possible. At Key Housing for example, some of our hosts described the situation which they faced as parents of children with learning disabilities 25 years ago. It was suggested to them that “there are places for children like these, just hand them over and you can get on with your life”.

Key now supports thousands of people with learning disabilities in their own homes. People with learning disabilities are central to the governance of the organisation. All

this became possible because a few parents refused to accept the inevitability of a lifetime of medical custody for their children. This inner motivation and sense of purpose and meaning was more about life and how it should be lived than the latest policy directive.

Context is crucial

This theme ran through most of our visits. So for example in Bridging the Gap at the Gorbals, our hosts described simple ways in which they changed the context for relationships between groups with opposing perspectives, for example, between asylum seekers and the indigenous population. Here they created opportunities for groups to meet each other socially and eat food from different cultures together. Using theatre and imaginative exercises they made circumstances where schoolchildren could understand what it might be like to flee your country. By changing the context, they change behaviour and break down the myths based on stereotypes which can no longer hold when people know each other better.

Impersonal vs personal approaches: scale, alienation, trust and continuity

A feature which emerged in all of our visits and much of our conversation was a tension between the power of fully engaged, compassionate participation in local action and the need to achieve sufficient scale, usually via a more impersonal bureaucratic mode, to address the challenges of poverty, deprivation and exclusion at a population level.

Achieving impact at scale often requires impersonal methods, but this brings two kinds of problems.

First, it is not clear that such systems are helping to take appropriate actions anymore.

Second, they add to the alienation which many people experience in everyday life. These problems are compounded by the fact that the pace of change in more bureaucratic systems makes it difficult for the human dimension of care to keep up. In such circumstances, cumulative, shared knowledge, based on communication, relationships and trust, is of paramount importance. It is an investment in the future and an antidote to fragmentation.

Question of scale, alienation, bureaucracy, presence, trust, connection and relationship emerged fully in our discussion with staff at Glasgow Life when discussing access for Deep End patients to cultural resources in the city. A key point in the conversation rested on referral. GPs in the group felt uncomfortable about handing on patients with whom they had developed trust, care and continuity to people they did not know where the quality of their treatment was not so assured.

Suggested ways of working in this gap included the possibility of GPs meeting such staff and getting to know who they might be referring their patients to.

Working in the gap

A significant dimension of the success of the projects we visited was their ability to work in the gap between these two worlds - personal/embodied and bureaucratic/abstract.

For example the Family Business Association is helpful to this important sector by understanding that in family business, instrumental relationships of purpose, power, goals and targets and more loving primary, affective relationships must be conducted by the same group of people.

They encourage their members not to live in one world or the other, but to understand how to balance these different aspects appropriately. For some of the other organisations we visited a key task was trying to prevent the gap between them and others becoming too wide. For example, as Key Housing has grown, the organisation has invested significantly in keeping the founding ethos and culture of care central to the purpose and actions of the organisation. At Bridging the Gap and Gal Gael this challenge was overcome by the development of personal relationships and worth as the basis for all other action.

Innovation often must be accounted for in the old system

The successes of the innovative work which we saw on our visits are difficult to account for. Not everything which matters can be measured and yet there must be accountability. Innovation often must account for itself in the old system, in which different metrics and currencies than those generated by personal contact holds sway. A key question for many of our hosts was how to balance the license required for innovation with the need to be accountable to supporters, funders and others outside of the process.

The need to link GPs to other relevant practice

The site visits highlighted and reinforced the fact that a great deal of good work is taking place in communities but GPs, while they may be aware of this, do not know exactly what is happening and how they might help their patients to benefit from it. GPs, with their long standing local presence and focused on the public good could be a powerful source of positive change.

WHAT ACTIONS DOES THIS LEARNING SUGGEST FOR GPs AT THE DEEP END?

The group highlighted the following:

Practical actions

- GPs at the Deep End need to find effective ways to communicate among themselves and with others. This should include exploration of new media.
- It might be helpful to find out how others network. There is no quick fix for such questions; a range of methods for a range of partnerships might be required. One size does not fit all.
- Develop some of the approaches seen in the learning journey to engage receptionists more fully in the life of the practice, leading to a more fulfilling working life for them.
- Deep End GPs might usefully develop ways to connect to what is happening locally. Avenues to explore include the idea of trusted guides and regular meetings with others in the locality. Social care is an important part of what GPs can do.
- An asylum seekers vaccination programme could be developed as a social intervention.

Issues to consider further

- Change the context to change the culture. This was a powerful part of the story of each setting. At Key Housing for example, the Warnock report, introduced care in the community as a principle. This led to the closure of medical custody institutions and made possible the culture which led to those with learning disabilities living in their own homes, playing a central role in the governance of Key Housing and leading more autonomous lives. What needs to change in the context for general practice to change? Which institutions might need to change?
- Make space for innovation alongside “business as usual”. How can GPs at the Deep End develop innovative ideas, some of which are bound to fail as part of learning what works, governed by a different set of accountability criteria from those appropriate for existing practice?
- GPs at the Deep End could play an important leadership role in community engagement, leading away from externally defined reductionist approaches towards those which engage fully with its emergent complexity.
- Invest to save – which types of investment might stem the flow of pressure on general practices at the Deep End? Increasing service capacity could simply lead to increased demand. How could this be balanced by upstream activity designed to reduce the flow?
- Understand more fully the ethos and nature of general practice as a socially oriented business.

APPENDIX 1 ITINERARIES

Learning Journey 17 August 2010

09.00	Briefing and departure, University of Glasgow, Dept of General Practice, House 1, 1 Horselethill Road, Glasgow G12 9LX
09.30	Key Housing Association, Savoy Tower, Sauchiehall Street
11.00	Leave
11.30	Martin Stepek, Family Business Association, Lloyds TSB office, first floor, 180 West George Street
13.00	Leave
13.30	Gal Gael, 15 Fairley Street, Govan, Glasgow, G51 2SN
15.00	Leave for university
15.30	Debriefing session

Learning Journey 18 August 2010

09.00	Briefing session, University of Glasgow, Dept of General Practice, I Horselethill Road, Glasgow G12 9LX
09.10	Leave
09.30	Mark O'Neill, Culture and Sport Glasgow, Kelvingrove Art Gallery, Dumbarton Road
11.00	Leave
11.30	Tricia McConalogue, Bridging the Gap, Greyfriars Centre, 270 Ballater Street, Gorbals, Glasgow G5 0YJ
13.00	Leave
13.30	Alan Meldrum, Percepta, Sauchiehall Street
15.00	Leave for Glasgow University
15.30	Debriefing session
17.00	End

20th August

09.00 to 12.30	Developing main learning and action points
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APPENDIX 2

“ALL THE BLOOMING THINGS...”

All the blooming things our patients have to deal with in their lives....poverty, neglect, unemployment, poor aspirations, low motivations, poor housing, poor diet, poor education, poor community spirit, poor neighbours, poor environment, crime, abuse, anti-social behaviour, poor organisation, and chaos.

All the blooming things we doctors have to deal with at the Deep End when we are trying to help them. Their multiple pathologies, multiple needs multiple expectations both inappropriate and appropriate and how we have to deal with these when ten minutes is not enough and ten minutes is too much.

All the blooming things we need to have and do to help us grow and flourish and to help others grow and flourish...love, care, time, ideas, resources, contacts, cash, abilities, ears, insight, sensitivity, articulacy, advocacy, dreams, vision, direction ,strategy, opportunity, luck, hard work, indefatigability, bounce-back-ability, slight craziness to dare to do it, courage, patience and sheer bloody-mindedness to see it through.

These are the things we saw on our Learning Journey...

...And we too have all these blooming things to deal with and to do.

Blooming things need soil, light and water...

Deep End GP in a note of apology when he could not attend the briefing session on 20 August as his locum did not show up.