

# DEEP END SUMMARY 30

*November 2016*

## A role for Members of the Scottish Parliament in addressing inequalities in healthcare in Scotland

- At least a third of Members of the Scottish Parliament represent constituents who receive less time with their GP, despite higher levels of psychological problems, more multimorbidity and more chronic health problems.
- This situation arises as a result of the Inverse Care Law, whereby steep social gradients in premature mortality and multimorbidity are associated with a flat distribution of GP funding.
- The Inverse Care Law applies not only to socio-economically very deprived areas at the edge of Scottish society, but also to over 2 million Scots living in the 40% most deprived areas.
- Underfunding of general practice in deprived areas results in unmet need, GP stress and complications of patients' conditions occurring sooner, with increased pressure on out of hours, accident and emergency and acute hospital services.
- In 2015, Scottish Government Ministers pledged to address the issue via revision of the Scottish Allocation Formula (SAF) which allocates funding to general practices via the national GP contract.
- The Ministerial commitments replace years of denial, vague commitment and weak resolve concerning the Inverse Care Law.
- It is not clear whether a suitably revised SAF is achievable with a formula based on data which take no account of unmet need.
- If a suitably revised SAF is not possible, another solution must be found.
- Additional clinical capacity for general practices serving deprived areas is essential, in order to address the needs of patients with varying combinations of physical, psychological and social problems.
- The Care Plus Study shows that additional consultation time for patients with complex problems in deprived areas is a cost-effective use of NHS resources.
- Additional help from nurses, pharmacists and link workers can complement but not substitute for the medical generalist role.
- Policies for primary care transformation must not leave the Inverse Care Law intact.
- Redistribution of resources within general practice has not been feasible when general practice funding was reduced as a proportion of the NHS budget, putting all general practices under pressure and leaving many GP vacancies unfilled.
- The Scottish Government's recently announced commitment to increase primary care funding introduces the possibility of addressing the Inverse Care Law via a policy of differential growth, in which no practice loses funding.
- Patients in deprived areas in Scotland have lost out in the competition for NHS resources, as a result of the poor understanding, representation and advocacy of their needs.
- If the NHS is not at its best where needs are greatest, inequalities in health will widen.
- Very deprived areas are the main testing and proving ground for the equitable intentions and policies of NHS Scotland.
- With new funding for Scottish general practice, there is a historic opportunity to address and abolish the Inverse Care Law.
- MSPs must not let their constituents down.

*"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 Scottish Government Health Department, the Royal College of General Practitioners, and General Practice and Primary Care at the University of Glasgow.*

Full report available at <http://www.gla.ac.uk/deepend>

