Pioneer Scheme Day-release programme

Wednesday 15th August 2018

Keppoch Medical Practice, Possilpark, Glasgow

Engaging the Unworried Unwell

With Dr Douglas Rigg, GP partner at Keppoch

Dr Douglas Rigg is a GP partner, practice cluster lead, cluster lead, and primary care cancer lead for west of Scotland.

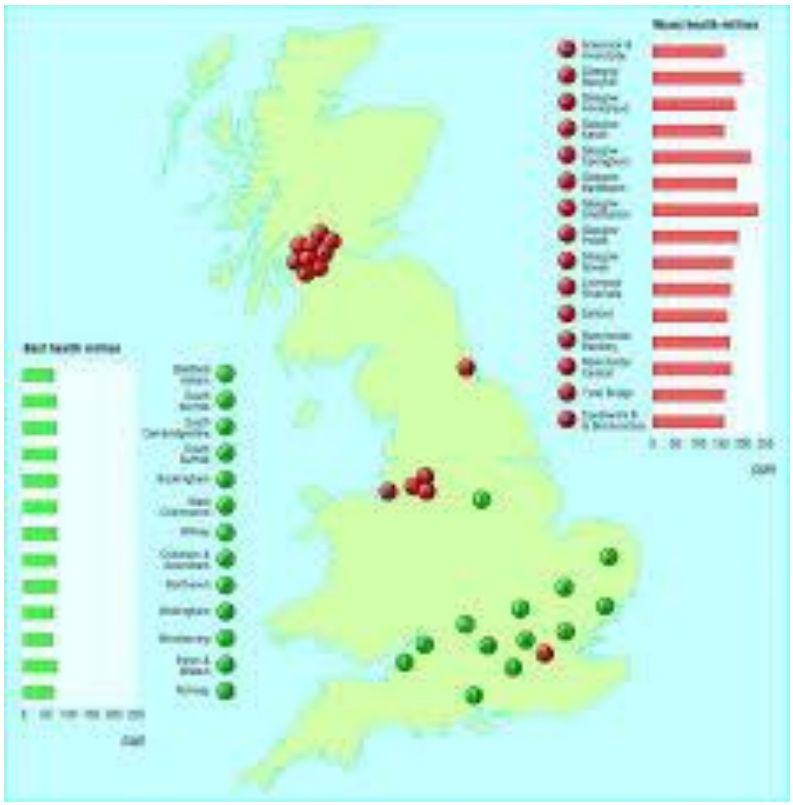
Discussion about the plan for a consumption facility in Glasgow given the significant rise in drug related deaths, however this was blocked by Westminster.

One of the differences of working with deprived populations is that GPs take on a lot of the ownership and responsibility that is usually delegated to patients. Possible reasons for health related non-engagement/non-attendance/poor accessing:

- Different priorities e.g. financial/housing/crisis
- Embarrassment
- Feel undeserving
- Poor health literacy
- Mental health problems

Whose responsibility is it to improve this?

- Everybody's, however:
- Evidence suggests that the combination of patient information leaflets and GP personal endorsement (face to face/letter/telephone) is most effective
- Do not underestimate the importance of reception staff, especially their local knowledge
- Promote a healthy environment – in Possilpark the health centre is a lovely new building, but we know that there is a higher concentration of alcohol, fast food, tobacco and gambling shops in deprived areas
- Services are delivered on a population level however on an individual level we can give time, for example in Keppoch all GP appointments are now 15 minutes



Shaw M, BMJ 2005 Million most (red) and least (green) deprived populations

Cancer

CRUK – All cancers have increased rates of mortality amongst deprived populations (malignant melanoma is the only cancer which has a higher mortality rate in affluent population). The latest data from Detect Cancer Early (DCE) showed that the proportion of people in the most deprived quintile with Stage 4 cancer (breast, colorectal or lung) was much higher than for those in the least deprived quintile, and there is a gradient across each quintile.

The unworried unwell do not engage with screening. Cervical screening is embedded in practice and has slightly better uptake – a smear can be done there and then however bowel and breast screening are out with the practice and relies more on the patient.

Fit test – increased uptake and better specificity. For symptomatic patients the Qfit test can be used i.e. for those with a change in bowel habit without red flags. This should not stop referral to colonoscopy (but can do simultaneously).

Keppoch historically had very high levels of smoking (40-50%) and a system that required a referral to community pharmacy for smoking cessation classes. However, since the introduction of the drop-in service downstairs in the health centre, the practice moved from having the fewest quit attempts to the most and had an overall reduction in smoking rates (though this also coincided with change in legislation).

Community orientated primary care (COPC)

- Developed in South Africa in 1960s
- Drumchapel, Govanhill and Possilpark (Possil connections) have groups
- Involve meetings with the health improvement team on e.g. smoking cessation, money advice

Resources:

- Primary care dashboard – only practice cluster leads have access but lots of useful information
- Bridging team have easy read directions to services
- Translation team
- Onsite smoking cessation (e.g. Possilpark health centre)

Appendices

1. Letters for parents on worrying signs/when to seek attention
2. Medicines reconciliation form