Elective report

Overview of Elective

I organised my elective with the GPs at the Deep End group which is a network of GP practices covering the 100 most deprived patient populations in Scotland. The Deep End group was set up in 2009 with the intention of helping GPs managing the effects of health inequalities to support each other and to develop ways of managing the issues faced at their respective practices [1]. In Glasgow the Deep End group involves a steering group that meets every six to eight weeks, specialist Link Practitioners, and a Deep End GP Pioneer scheme [2]. My elective was split between two Deep End practices; Practice A and Practice B. Splitting my elective between two practices allowed me to compare and contrast the layout, services and patient populations of two very different practices serving areas of similar deprivation levels.

Reflection

As I learnt a great deal on my elective I'm going to discuss some of my main learning points and then, in greater detail, my experience shadowing the community Link worker. At medical school we have learnt about social determinants of health and how they influence patient wellbeing. During my elective, I was able to see first hand how issues with housing, finance and socialization affected patients and how they were identified and addressed by the primary care team. I have learnt a great deal about resources in the community that can improve patient welfare and the importance of collaborating with other services to provide holistic care for patients.

Many of the consultations I observed during my elective concerned mental health conditions rather than, or as well as, physical health. I realised that we have had very little psychiatric teaching at this stage in our training and felt that I had an inappropriate level of knowledge in comparison to other areas of medicine. I learnt a great deal, however, from watching these consultations and from talking to different health practitioners. I was able to learn more about the presentation and management of different mental health conditions, I was made aware of existing services in the community supporting patients with mental health conditions and I observed different communication techniques employed to ease patient anxiety and to allow more disinhibited communication. In the GP pioneer teaching sessions I was also able to learn about trauma informed practice and techniques such as mentalizing. I hope that I will be able to learn more about these techniques in the future and to combine them with the compassionate and empathetic care I witnessed to aid future consultations.

It was interesting to find out more about refugee/ asylum seeker/ migrant group health at Practice A as the medical practice serves an area with a large migrant population. I was able to observe the difficulties of language and cultural barriers in consultations where telephone interpreters were frequently used to varying degrees of success. From speaking to healthcare workers and to members of the community I gained some insight into the barriers these population groups face when engaging in health care services. As a result I would like to examine this aspect of healthcare more closely next year during my intercalated degree studying global health.

390 words

Detailed reflection - Link Workers

Whilst on placement at Practice B I was able to spend some time with the Links Practitioner. The Links Practitioner (or Community Link Worker) role was introduced by the Deep End group and

funded by the Scottish Government in response to the complex psychosocial needs of their patients that GPs felt ill equipped to deal with [3]. Primary care centres around the biopsychosocial model of health and places long term healthcare practitioner - patient relationships in high regard. However, the unequal distribution of health resources relative to need has meant that primary care teams in deprived communities are often unable to provide personalised healthcare as they spend much of their time fire fighting.

It is now well known that social determinants such as finance, social environment, education and occupation are inextricably linked with patient health and wellbeing. Managing these factors, however, falls outside of the abilities of a GP so creating a service that tackles these is essential in reducing health inequalities in more deprived areas. Link workers are able to meet with patients face to face after a referral from the GP to help them with social issues such as finance, housing and employment. There are several advantages to having link workers attached to practices that I was able to observe whilst on my elective.

Firstly, Link workers have specific knowledge about local services and are therefore in a better position than GPs to refer patients on to the service that will be most beneficial to them for their specific set of needs.

Secondly, as Link workers see patients for several consultations over an extended period of time they are able to build a strong sense of rapport and trust with the patient which can help patients to engage more with services. In Practice B, I accompanied the Links worker to visit an 80 year old lady who was struggling with mobility issues and social isolation. The patient was fiercely independent and strongly against any outside help during the first few consultations despite recent falls and weight loss. However, after the third visit enough trust and rapport had been established between the Link worker and the patient for them to admit that they were struggling with social isolation. It then evolved that the patient was having difficulty shopping and cooking and as a result had been living off a very poor diet for a number of weeks. After an hour long consultation, the Links worker managed to arrange a bus pass for her, organised to accompany her to her old exercise class to help ease her anxiety, and had organised for meals to be delivered to the patient.

Thirdly, through longer consultations Link workers are also able to discover less obvious but equally important needs the patient may have and to respond to these. For example, we met a 50 year old gentleman who had been initially referred with social isolation. After some gentle discussion about the patient's obvious weight loss it then became apparent that he had had his benefits stopped six months previously and that he was unsure how to appeal the decision. In the meantime he had used up his savings and ended up without enough money for food. The gentleman had felt very uncomfortable going to the local food bank for help and as a result of that and serious dental problems had lost significant amounts of weight. The Link worker was able to arrange to appeal the decision concerning his benefits and arranged to attend the appointment with him. She also attempted to provide information about several local food banks but planned to revisit the idea later as the gentleman was still strongly against the idea. This is an example of how a Link worker can directly improve patient health. Although he had initially attended the GP with a chest infection, his chance of returning to full health with just a course of antibiotics and no food at home was pretty much non existent.

Finally, Link workers have the ability to chase up patients who do not attend and are flexible in reorganising sessions to best suit the patient. I learnt from the Link worker at Practice B that patients referred to this service are often in states of high anxiety for a multitude of reasons. As a result they frequently don't attend appointments and disengage with services easily, even though they often have a greater need of these services than many other patients. As a result of actively encouraging

and supporting patients (who are often from marginalised patient groups) to attend appointments, there is a much greater chance of the patient engaging with vital services such as community addictions team and mental health team, which will have a direct positive impact on the patient's health and wellbeing.

796 words

Elective checklist

1. Overview of the GPs at the Deep End group
2. Learnt about health issues commonly faced in deprived populations
3. Learnt about the role of the community link worker
4. Learnt about the GP pioneer scheme
5. Attended GP pioneer scheme teaching on obesity in the Deep End and marginalised patients
6. Learnt about some of the difficulties engaging marginalised patients in healthcare
7. Was able to compare and contrast layout and different health needs of two very different deep end practices
8. Observed GP, ANP, diabetic specialist pharmacist led consultations
9. Visits with health visitors, district nurse, pharmacist, on call GP
10. Able to practice venepuncture and observe B12 injections and cervical smears
11. Practiced examination techniques
12. Visits to local care and nursing homes
13. Visit to local pharmacy to learn more about their role in the community
14. Some teaching on role of GP/ district nurse with palliative patients

References

1. Deep End Group. Rcgp.org.uk. 2019. [accessed 9 Aug 2019] Available from: https://www.rcgp.org.uk/clinical-and-research/resources/bright-ideas/deep-end-group.aspx

2. University of Glasgow - Research Institutes - Institute of Health & Wellbeing - Research - General Practice and Primary Care - The Scottish Deep End Project - Deep End Pioneer Scheme. Gla.ac.uk. 2019. [accessed 15 Aug 2019] Available from: https://www.gla.ac.uk/researchinstitutes/healthwellbeing/research/generalpractice/deependdeependpioneer/#/fellowshipopportunities,aboutthescheme,dayreleaseprogramme

3. Links Worker Programme Record of Learning Series 2 - Health and Social Care Alliance Scotland. Health and Social Care Alliance Scotland. 2019. [accessed 15 Aug 2019] Available from: https://www.alliance-scotland.org.uk/blog/resources/links-worker-programme-record-of-learning-series-2