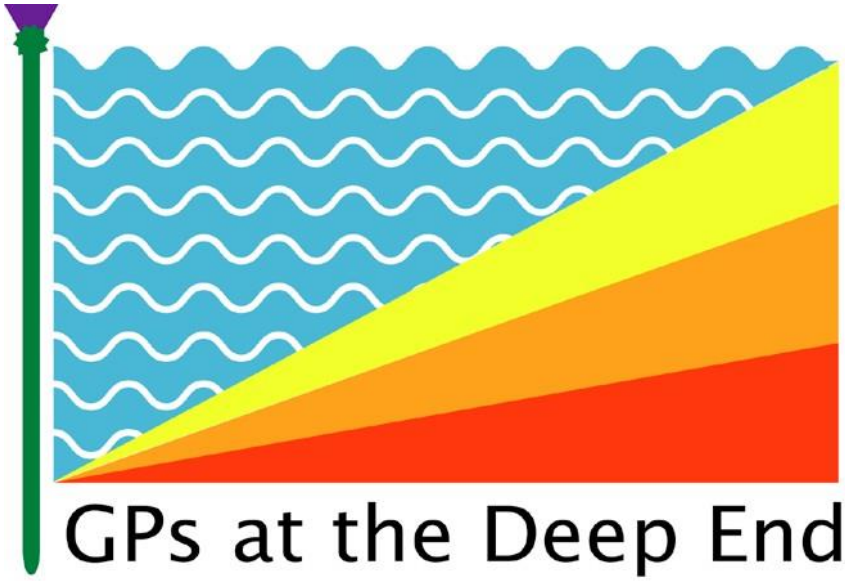


Deep End Report 34

The Deep End Project for 2019-2022

Deep End Report 32 summarised the shared experience and learning of the Deep End Project in the 8 years since the initial meeting in September 2009. This report builds on that foundation and outlines the planned activities of the Deep End group over the next three years.

June 2019

Anne Mullin (Chair, Deep End Group)

David Blane (Academic Lead, Deep End Group)

Nine general practitioners, all members of the Deep End Steering Group, gathered for a half day meeting on 10th May 2019 at the Department of General Practice, Horselethill Road, Glasgow to plan the activities of the Deep End Group for the next three years. The discussion focused on developing the sustained engagement of the Deep End movement – with practices with Deep End patients, relevant primary care and third sector organisations, patient groups and Scotland's institutions that are charged with addressing health inequalities within the broader socio-economic landscape.

SUMMARY

- Planned activities include quarterly meetings of the Deep End Steering Group, to monitor progress and look ahead. This is the core mechanism of the DE group for planning and coordination of activities.
- The proposed program of activities for the next three years includes advocacy activity, engagement and collegiate working, developing collective skill sets, GP leadership, and a series of planned meetings.
- Planned advocacy activities include:
    - Continued support for the roll out of the Community Links worker programme and direct engagement with patient representatives.
    - Engagement with IJBs and influence over priority of joint spending initiatives.
    - Taking forward the combined approach from the SHIP and Pioneer projects.
- We hope to expand the collegiate DE movement nationally and internationally (building on the February 2019 conference). The DE group anticipate co- hosting national conferences with partner agencies to share learning and best practice.
- Further engagement with secondary care colleagues and relevant third sector organisations is also planned.
- Key learning and structural elements of the SHIP and Pioneer projects should be merged with a core aim of improving recruitment of early career GPs and retention of experienced GPs in DE communities.
- We propose a rolling programme of roundtable meetings (three per year) to prioritise and report back on Deep End activity. These will be complemented by DE-initiated conferences for undergraduates, DE GPs, and primary care teams.

INTRODUCTION

In October 2017, General Practitioners at the Deep End, serving the 100 most deprived populations in Scotland, produced a report "*8 years of the Deep End project.*" (Page 4). The meeting shared experience, learning and plans of the Deep End Project in the 8 years since the initial meeting in September 2009.

In February 2019, a conference on *The Exceptional Potential of General Practice* held in Glasgow showcased the Deep End approach in Scotland, with representation from partnering DE projects in England and Ireland, and highlighted the international dimensions of general practice. It also celebrated the life of Julian Tudor Hart whose career and writing inspired the Deep End movement (see www.gla.ac.uk/deepend for PowerPoint presentations). A book of the same title was published in November 2018 and many of the contributors also presented at the February conference (available on-line from the publisher CRC Press and also from Amazon).

The conference was the catalyst for a pan-national group of early career Deep End GPs and GP trainees who are interested in working with marginalised groups, demonstrating the power of shared values and the goal of ensuring health care is at its best where it is needed most (Box 1). The Deep End Project has a proven record of GP engagement and primary care transformation in very deprived areas; not only imagining how general practice and primary care should develop, but also putting ideas into practice.

Box 1: Vision and Mission of Deep End GP Project

Vision

That every person and community has access to a professional, quality and holistic general practitioner service that will support them to maximise their health irrespective of background and economic status.

Mission

To be general practitioners who are committed to making a difference to the health of patients and communities in areas of deprivation, and of marginalised groups.

[adapted with permission from North Dublin City GP Training Scheme: https://www.healthequity.ie/education-ndcgp]

SETTING THE SCENE (summary of Deep End report 32)

- The essential features of general practice are an unconditional approach to patients' problems, continuity and coordination of care, flexibility and population coverage.
- General practice is essential for the future of the NHS but is in crisis due to underfunding, excessive workload and reduced GP numbers.
- Weakened general practice is less able to keep patients' problems in the community and puts hospital services under pressure.
- Generalist care provides an affordable and sustainable solution to fragmented and poorly coordinated are, especially for patients with multimorbidity, for whom the proliferation of specialist services has increased the treatment burden.
- Apart from a few examples, the exceptional potential of general practice has still to be imagined and realised. This can only be done by general practitioners working together and with others.
- Improving all kinds of relationships takes time and cannot be hurried.
- More time is needed for consultations and case management, especially for selected patients with complex problems.
- Re-assessment of individual patient needs (e.g. addressing uncoordinated care) should be the driving force for better integrated care, via multidisciplinary team meetings and improved links between services.
- Continuity of care is a pre-condition and a quality marker for building patients' knowledge and confidence in living with their conditions and making good use of available services.
- Specialist services, including those in primary care, need to work more closely with general practice, via trusted referral links that are quick, local and familiar, including attached/embedded workers when justified.
- Practices are best placed to assess local needs and can adapt quickly but GPs need protected time to lead service developments.
- Practices must rise to the necessity of changing skill mix (e.g. the number, range and level of staff) to strengthen the generalist clinical function.
- Better support is needed to allow sharing of experience, activities, information and plans between general practices.
- Better metrics are needed to monitor the effect of general practices, either singly or in groups, on patients' uses of emergency care.
- Better metrics are needed to monitor patient experience, especially patients requiring integrated care for complex combinations of conditions.
- GPs are needed for a role combining generalist clinical skills, leadership, capacity building, collegiality and advocacy.
- Further joint work is needed to develop shared understanding and expression of concepts of GP autonomy, mastery, purpose, leadership, collegiality and accountability.
- Imagining and developing the future of general practice must involve the next generation of GPs.

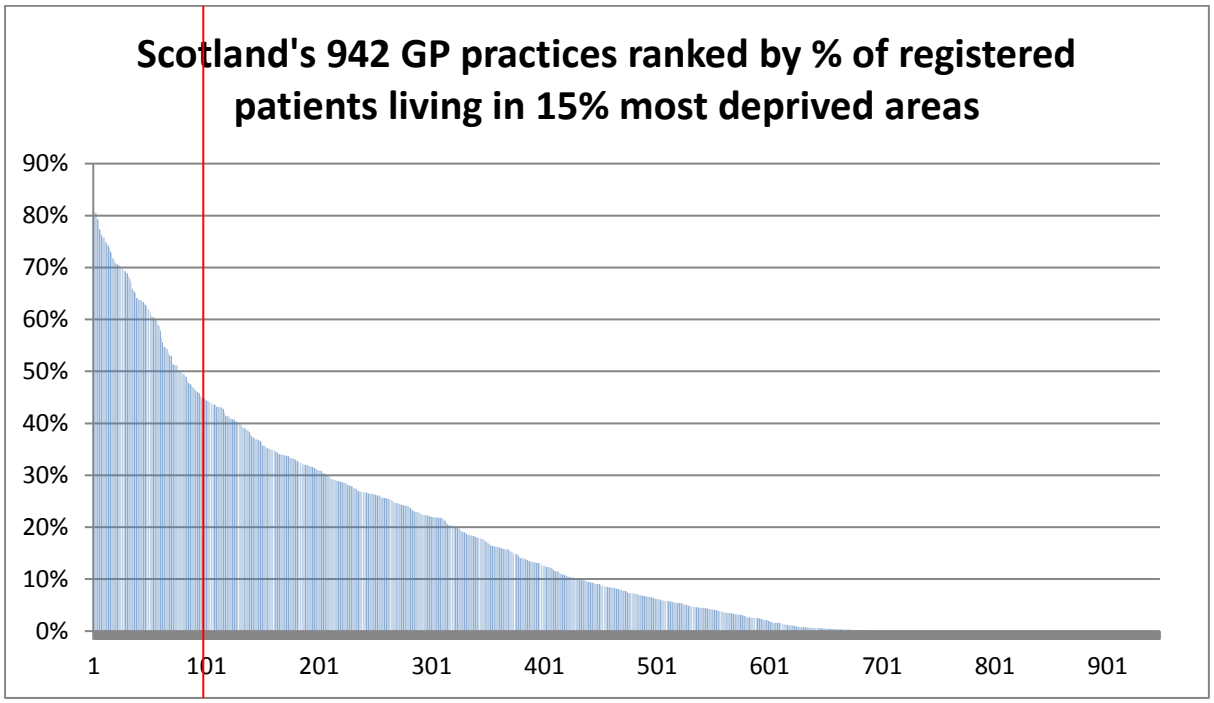
For the full version of Deep End Report 32, see www.gla.ac.uk/deepend

The Deep End Steering Group

The Deep End steering group meets quarterly. Over the past 10 years it has developed an informal but stable membership of approximately 20 jobbing, front line and academic GPs who span the GP career spectrum from First 5s to last 5s. It remains the beating heart of Scotland's Deep End project and the vehicle of delivery for coordination of Deep End projects and communication.

Since the beginning of the Project in 2009, RCGP Scotland has supported the Project by holding SGHD funding on behalf of the Project and distributing the funds, mostly for re-imbursement of clinical backfill arrangements (i.e. locum funding), as authorized in successive funding bids. As the Deep End Project comprises an informal network of general practitioners with no formal infrastructure or administrative support, the College's role has been essential in allowing the Project to function, using SGHD funding support. The Deep End group has successfully negotiated a 3-year funding stream from Scottish Government that will support the forthcoming activities of the DE group.

The Deep End engagement from 2019 will be concerned with the needs of Deep End patients wherever they are registered in practices serving either blanket or pocket deprivation. As per the Figure below, the majority of people living in the 15% most deprived Scottish data zones are not registered with Deep End practices (left of the red line) but are registered with about 500 other practices in Scotland, serving various degrees of "pocket deprivation" (i.e.1-43% living in the most deprived data zones).



However, the Deep End's focus on addressing the Inverse Care Law will continue to guide the Project's thinking. We will continue to advocate for sustainable solutions to address health inequalities for Deep End practices with large concentrations of Deep End patients. A practice with 80% of patients living in the most deprived postcodes is qualitatively different from one with 40% or 20% of patients living in these areas – the principle of "proportionate universalism" should be articulated throughout health and social care policymaking.

The Steering Group is composed of a core number of GP colleagues some of whom have specific roles

1. The DE chair coordinates and leads all DE activities.

2. The Academic coordinator role(s) now has a more general remit;
    - Educational sessions for GP Pioneer fellows
    - Shared learning via website(s)
    - Outreach - to medical students, FY doctors, GP registrars, First5 GPs, etc.

3. Lead for the Pioneer Scheme responsible for the overall management of the project. The focus is on Accountability, Evaluation and Recruitment.

4. Deep End representative on RCGP Scottish Council and SGPC.

The Steering Group has several themed activities planned over the next three years. These align with the RCGP Scotland's strategic plan for 2017-2020 that aims to:

1. Shape the future of General Practice
2. Ensure GP education meets the changing needs of primary care
3. Grow and support a strong, engaged membership
4. Be the voice of the GP (influence)

Improving recruitment and retention is key to all the above. This can only be achieved in DE practices and beyond the DE if the integration of the Deep End projects (e.g. SHIP, Pioneer, Links, etc.) can evolve, scale up and become embedded in an outward facing general practice that can maintain the core functions of the GP hub.

PROGRAM OF DEEP END ACTIVITIES

The proposed program of activities of the Deep End Group for the next three years is now presented under the following headings: 1) Advocacy activity, 2) Engagement and collegiate working, 3) Developing collective skill sets, 4) GP Leadership, and 5) Planned meetings.

1) ADVOCACY ACTIVITY

The Deep End group continues to highlight the challenges to equitable GP funding in very deprived practices but also pro rata in other general practices across Scotland (proportionate universalism). The activities advocated by the DE have partial alignment to HSCP aims but are in a more developed phase and can inform HSCP and cluster working. These include:

1. GP engagement, initiative and leadership.

2. Continuity, coherence and persistence.

3. An independent voice representing the needs of patients and practices in deprived areas.

4. Leading edge projects that have potential to be normalised in mainstream general practice to address health service demand and unmet need in the community.

5. Shared learning beyond the Deep End. The DE all along has been a non-geographic cluster, with the main learning points from DE projects summarised in various DE reports. DE colleagues have attended meetings and conferences to discuss and present the key learning that the DE think should be scaled up within practices across Scotland. We envisage using recently formed GP clusters and networks to engage more widely but the imperative to do so should come from CQLs and HSCP directives.

6. Primary care development “where it is needed most”.

7. Recruitment and retention.

2) ENGAGEMENT & COLLEGIATE WORKING – A COMMUNITY OF LEARNING

There is a need for strengthened engagement and communication in the following areas:

- **Deep End practices**. Our core constituent, we will work to improve our communication with Deep End practices through our newsletter and invitation to roundtable discussions. Previously, we have used the national conferences to keep in touch with Deep End GPs, and there will be scope for more of this.
- **Patients**. Renewed focus of the 'DE patient' with the General Practice Sustainability Working Group to address health inequalities throughout Scotland's communities. We will share working practices and project outcomes with other GP colleagues nationally to promote a community of learning.
- **Secondary Care Colleagues**. We continue to maintain connections with secondary care colleagues who have been interested in the DE work and have common cause in addressing health inequalities e.g. Emergency Medicine, Respiratory and Diabetic Clinical Leads.
- **Third sector organisations**. The Deep End Group continues to work with organisations that have an interest in health inequalities including SHAAP, the Scottish ACE Hub, Alliance, Centre for Homeless and Inclusion Health.
- **Widening access**. DE involvement in approaches to increasing medical student placements from Deep End communities e.g. Reach programme, Glasgow Access Programme (pre-med year).
- **Medical Students**. Conferences to promote and encourage enthusiasm for working in DE communities.
- **GP Training**. Expand influence over early years GP careers/ links into postgrad training – all potential GPs are skilled in DE issues.
- **Early Career GPs**. The first West of Scotland Deprivation Interest Group (DIG) meetings were held in November and February. Supported by the Deep End and RCGP West Scotland Faculty, the DIG has a rolling program of CPD meetings.
- **Engagement with 'Last 5' GPs**. We support portfolio careers that allow flexible working patterns and mitigate against competition from locum agencies to retain the skills and expertise of experienced GPs.
- **Sustainable networks.** Sharing learning is key to ensure the 'key ingredients' of DE projects such as the Govan SHIP and Pioneer scheme are made available to support DE patients wherever they are. This will require that the DE forms sustainable networks in Scotland and beyond.
- **International Deep End groups**. The Deep End core values are also global values of accessible and available health care for all citizens.

3) DEVELOPING COLLECTIVE SKILL SETS

We recognise that there are certain skill sets that may be valuable to develop among a core group of Deep End GPs.

- We will engage with media training for a core group of GPs who will be available when media and journalists request a DE perspective.
- Future roundtable events within this next financial period will focus on a training session on advocacy and engagement with research priorities and questions.

A rolling programme of roundtable meetings serve an important function to re-engage with Deep End GPs, note their experience of topical issues and produce Deep End reports with currency and legitimacy that have wide circulation.

4) GP LEADERSHIP PROMOTING THE AIMS OF THE PROJECT

The Deep End project is "*committed to making a difference to the health of patients and communities in areas of deprivation, and of marginalised groups"*. GP leadership is required to achieve this aim, with a focus on the following:

- **Application of Deep End principles**, referred to in the Scottish Governments 2020 Vision, in the context of the inverse care law, integrated care, resource constraints and the challenge of recruiting and retaining Scotland's GP workforce. The DE has shown, via various projects, practical examples of tackling the Inverse care law to reduce vulnerability in patients, address fragmented provision of health and social care services. The MDT (developed in the Govan SHIP) is the forum for co-ordinating services and planning care for complex patients (Described in DE Report 29).
- **Consolidation and dissemination of Deep End experience** and proposals to all GP practices. The distilled learning from all projects has application to all practices across Scotland. There is a pressing need for examples of successful integration in primary care to minimise financial duplication and bureaucracy in the newly formed HSCPs. The DE would see a natural link in our renewed focus of the 'DE patient' with the General Practice Sustainability Working Group to address health inequalities throughout Scotland's communities. We would therefore share working practices, project outcomes with other GP colleagues nationally to promote a community of learning.

- **Continued input to SGHD policy**, NHS management and working with other service colleagues (e.g. 3rd sector).
- **Improve the 1y/2y care interface** to minimize unscheduled care, improve connectivity between fragmented health care systems and optimize use of health services in preventative and anticipatory care across all age groups.
- **GP Contract Matters.** The DE is not involved in contractual matters, however it is noteworthy that it is now Scottish LMC Conference policy that the "new GMS contract gives insufficient support to GPs working in the most deprived practices". The DE group will continue to work constructively with contract matters using examples of successful integration in primary care to minimise financial duplication and bureaucracy in the newly formed HSCPs.

5) PLANNED MEETINGS

Various meetings continue throughout each year with interested organisations and political institutions whenever a DE perspective is required.

- The Deep End Group is now advocating for expansion and for the advancement of learning from its various projects that were initially funded as tests of change sites. The combined learning should be supported to become the change that is required in DE practices but also has application to all GP practices. The key points of the projects have partial alignment with the new GP contract but are at a more advanced stage than current HSCP engagement with general practice. The shared learning could be easily disseminated through GP clusters.
- The continued focus on integration of health and social care along with developments in the Mental Health strategy, ACEs cross sectoral policies, and closer working with the 3rd sector can be informed by the various DE projects that describe new ways of working and are aligned with current SG policies.
- This also continues to place Scotland internationally at the forefront of developing new ways of working in sustainable health and social care systems with a specific focus on health inequalities and a human rights-based agenda.

'Only when every person in the world has a general practitioner will we know that those in power are serious about Health for All'

Iona Heath 'The Exceptional Potential of General Practice'