

DEEP END ZOOM MEETING NO 2

27 colleagues from Scotland (4), Ireland (3), England (14), Belgium (1), Australia (2), Canada (1) and the United States (1) took part in a 90 minute zoom discussion on 28th January 2021.

There was a special welcome for Gary Bloch in Toronto, Jan De Maeseneer in Ghent, John Frey in New Mexico and Peter Tait and Liz Sturgiss in Canberra (for whom the session started at 6.30 am).

A brief summary of the discussion is shown below.

News

Stewart Mercer, John Patterson, John Robson, Susan Smith, Liz Walton and Graham Watt have written a Comment article, entitled “The Inverse Care Law and the Potential of Primary Care in Deprived Areas” which will appear in The Lancet in late February on the 50th anniversary of the original publication of the Inverse Care Law.

The 29-minute BBC film The Good Doctor, based on the career of Julian Tudor Hart, is available as a digital copy for use in teaching and education.
Covid-19

There was a general discussion about colleagues’ experiences of the Covid-19 pandemic and in particular their involvement in vaccination programmes. In Australia where the pandemic has been contained more successfully than in the UK, as a result of earlier and stricter lockdown combined with severe travel restrictions, GPs have no involvement in vaccination, the work being coordinated and carried out by colleagues in public health.

Priority for those aged 80 and above discriminates against people with shortened life expectancy (a person aged 70 in a deprived area may have less life left than an 80 year-old in an affluent area). Several colleagues in the UK had made progress in getting vaccines for homeless patients on the basis of their shortened life expectancy, sometimes by taking a local initiative rather than waiting for policy approval.

In general, the pandemic and the challenges of leaving it behind provide an opportunity for general practice and primary care to demonstrate their strengths, based on knowledge of patients and community-based relationships.

Advocacy

Irish colleagues were congratulated on recent success in getting additional funding for general practices in deprived areas, the first time that this has been achieved. Although starting from a low base and with strings attached (the need to show what has been done with the funding) this has been an important advance.

Reflecting on the advocacy required to achieve this result, it had involved persistent and consistent effort, drawing not only on information and research evidence but also the testimony of practising GPs. It had been helpful to work independently, outside established institutions, including professional organisations, with their tendency to the status quo.

Scottish experience was similar, although leading mostly to specific activities (e.g. link workers, financial advisors, integrated care, GP fellowships, alcohol nurses) rather than general funding. Most of these initiatives could be tracked over many years of persistent activity, via many small steps, all in a general direction but often progressing via “knight’s moves” and serendipitous connections and opportunities. A key factor was readiness, in terms of ideas, proposals and potential participants.

Research

Research evidence provides an important underpinning for Deep End advocacy. Colleagues in Sheffield were congratulated on obtaining funding for a dedicated research network based on general practices in deprived areas – the only Deep End Project to have achieved this.

In Scotland, research in Deep End practices has been based on trusted relationships with an informal network of practices. Similarly, the impressive results of the Clinical Effectiveness Group (CEG) at QMUL in East London (topping national QOF league tables for many indicators despite high levels of socioeconomic deprivation) have been based on long term relationships with local practices.

Community engagement

Dan Hopewell described the pioneering work at Bromley-by-Bow (BBB) involving community engagement, partnership and leadership, in many ways the inspiration of the new National Academy of Social Prescribing. BBB is way ahead of most general practices and has had a huge number of visitors, including Government Ministers (although BBB colleagues have always emphasised that their work has depended on local initiative rather than Government support).

Not everyone was happy with “social prescribing” as a term, given its similarity to “medical prescribing”. In Scotland the community link worker function includes an element of social prescribing but also adds to the generalist function, via on-to-one

engagement with patients, helping to sort out their problems, especially their engagement with a multiplicity of daunting, fragmented services and agencies.

Next generation

Many Deep End Projects are engaging with the next generation of leaders in general practice and primary care, with activities involving medical students, GP trainees and young GPs.

London

Lili Risi and Chad Hockey described their complementary activities in NE and NW London, with the intention of linking up to provide pan-London coordination of Deep End activity.

Looking ahead

Many topics were raised briefly which merited further discussion, either as zoom meetings or as part of a face to face Deep End conference when lockdown comes to an end.