

DEEP END SUMMARY 38

Climate change and health inequalities

On Wednesday 01 Sept 2021, 10 GP colleagues from a variety of Deep End settings contributed to an online roundtable event to explore the impact of climate change in the context of health inequalities that our patients face. Discussion centred on the various factors that influence Deep End patients and practices in particular, but also explored the urgent need for system-wide solutions to tackle this burden.

The problem and our role

- Deep End GPs are mindful of the intersectional nature of the climate emergency and health inequalities.
- GP teams can lead by example and advocate for sustainable models of working that address health inequalities and support teams to build back fairer for a Green Recovery.

Inclusive change and patient empowerment

- Foreground the voice of patients and communities – a ‘one size fits all’ approach does not work.
- GP clusters and primary care networks can build on the potential of community-oriented primary care teams to engage with schools, families and communities to improve public health at both wider and local levels.
- GP teams, alongside their patients, can advocate for improvements in living standards that not only address health inequality but also address the climate emergency.

Evidence-based practice

- Support the wider roll out of existing resources such as the RCGP Greener Impact for Health toolkit.
- Support engagement with local councils and community groups to advocate for equitable access to active travel opportunities, green space and non-pharmacological options to improve health and wellbeing.
- Lobby for 15-minute GP appointments as standard to facilitate shared decision-making and holistic care conversations.
- Wider rollout of Community Link Workers, Financial Inclusion workers and Mental Health workers, embedded within practices.
- Health Board formularies should take the carbon impact of medications into account and promote low carbon options, thus making it easier for patients and clinicians to make sustainable prescribing choices.
- Patient decision aids with appropriate levels of health literacy can help with a patient-centred approach to greener, lower carbon health interventions.
- Ongoing research to monitor and evaluate the rollout of Realistic Medicine principles, which include a focus on deprescribing, where possible and appropriate.
- Adoption of digital technologies and telemedicine can reduce healthcare-associated carbon footprint by reducing patient and staff travel, but ongoing evaluation of the

inequalities impact of remote consulting on those potentially experiencing digital exclusion is needed.

- Expansion of Deep End projects (e.g. Govan SHIP, Pioneer Scheme, Financial Inclusion workers, Alcohol nurses, Community Links Workers) where additional resources are embedded in practices, thus reducing reliance on prescription medications as solutions.

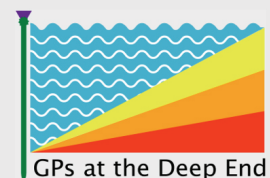
Curriculum shift

- Support transformative and vertical integration of sustainability themes across all stages of undergraduate and postgraduate medical curricula and quality improvement work.
- There need to be clear mechanisms for sharing of sustainable Quality Improvement projects between practices and clusters.
- We need to create supported education time and posts for sustainability champions across all stages of the workforce – medical students, trainees, qualified GPs, those nearing retirement – to help steer and realise this.

Partnerships to improve premises and build capacity

- Estates will need to be retro-fitted or rebuilt and waste streams will need optimisation to effect sustainable change at local board level and nationwide.
- Improvement in joined up working will facilitate the roll out of sustainability assessments for Primary Care estates and help them NHS net zero aims.
- Build capacity, funding and infrastructure for funded roles that support sustainable general practice.
- Explore existing funding streams to support early adopters and fund GP led input for sustainable change.

“General Practitioners at the Deep End” work in 100 general practices, serving the most socio-economically deprived populations in Scotland. “Deep End patients” are distributed more widely in most Scottish general practices. The Scottish Deep End Project, since 2009, has been 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 www.gla.ac.uk/deepend

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