Dr Carey Lunan

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Questions to consider…

- What has been like to be a patient living in a deprived area accessing general practice during COVID-19 pandemic?
- How has general practice responded?
- What has general practice learnt from COVID-19 and how has it affected ‘new ways of working’?
- Have there been any silver linings?
- What work has the Deep End group been involved in at a national level to influence recovery policy to a ‘better normal’?
The Context

Health inequalities persisting and worsening (*Marmot 10 year review* 2020)

50th anniversary of the ‘Inverse Care Law’ (2021)
“the availability of good medical care tends to vary inversely with the need for it in the population served. This inverse care law operates more completely where medical care is most exposed to market forces, and less so where such exposure is reduced.”

Dr Julian Tudor Hart, 1927-2018
Patients in 15% most deprived areas

GPs at the Deep End work in 100 general practices serving the most socio-economically deprived populations in Scotland.
“Deep End” issues

ISSUES AFFECTING DEEP END COMMUNITIES

- Unemployment
- Benefits sanctions
- Cuts to services
- Drugs and alcohol
- Child protection
- Migrant health
- Vulnerable adults
- Bereavement
- Higher cancer prevalence
- Reduced life expectancy
- ...

KEY POINTS ABOUT DEEP END ENCOUNTERS

- Early multiple morbidity
- Social complexity
- Higher consultation rates
- Shortage of time
- Reduced expectations
- Lower enablement
- Health literacy
- Practitioner stress
- Weak interfaces

The impact of Covid-19 on deprived communities

“as with most diseases, Covid-19 has hit the poorest and most vulnerable in society the hardest. In the UK, people living in the most deprived areas have twice the mortality rate from Covid-19 of those living in the least deprived areas...furthermore, the disproportionate impact of the pandemic on people from Black, Asian and Minority Ethnic backgrounds is partly explained by economic disadvantage”

RCGP Scotland paper to RCGP UK Council September 2020
Impact of Covid-19 and response measures

Mitigating the wider health effects of covid-19 pandemic response

*BMJ* 2020;369:m1557
Direct effects of Covid-19

“Triple Whammy’ of risk:

• More likely to catch Covid19 (frontline jobs, less able to WFH, more crowded accommodation, more reliant on public transport etc)

• More likely to get sick or die from Covid19 (poorer underlying health; disease of ‘old age’ 10-15 yrs younger, reduced life expectancy,)

• Less likely to be vaccinated against Covid19 (logistical, social, financial reasons, also disadvantaged by a (chronological) age-related vaccine rollout)
Indirect effects of Covid 19

• Worsening **financial** insecurity in the poorest households
• Worsening **food** insecurity
• Widening of the **educational** attainment gap
• Higher levels of **domestic violence**
• **Child welfare** concerns
• Worsening **mental health**
• Higher levels of **drug-related deaths**
• **Digital exclusion** in a digitally-dependent world.
Covid-19 death rates are much higher in more deprived areas

- Covid-19 deaths (right axis)
- All deaths (left axis)

Sector shutdowns and home-working have hit low-paid workers the hardest

- >70%
- <20%

School closures are likely to exacerbate educational inequalities

Ethnic minorities have higher Covid-19 death rates even adjusting for demographics

Source, IFS. Covid-19: the impacts of the pandemic on inequality
How the coronavirus pandemic exploits the worst aspects of extreme inequality

'Lockdown robbed me of all the things I need to stay mentally stable'

Around 7.6 million jobs, or 24 percent of the UK workforce, are at risk because of COVID-19-related lockdowns. People and places with the lowest incomes are the most vulnerable.

Depression doubles during coronavirus pandemic

Black people four times more likely to die from Covid-19, ONS finds

Official figures show that wide disparity not just due to health and economic differences

Coronavirus Is a Devastating Blow to Children in Poverty

Coronavirus is not some great leveller: it is exacerbating inequality right now

While managers conduct meetings on Zoom, their cleaners travel across cities on buses to clean half-empty offices

Is the coronavirus crisis taking women back to the 1950s?

Decades of advances under threat as women juggle work and childcare, while some employers target them for redundancy

Domestic abuse surge in coronavirus lockdown could have lasting impact,
Accessing healthcare?

- Access to healthcare increasingly recognised as a **social determinant of health***

- Rapid and profound changes to general practice access in response to pandemic:
  - Phone first
  - Remote consulting by default (telephone, NearMe)
  - Consultation numbers fall, then rise +

*http://www.healthscotland.scot/health-inequalities/the-right-to-health/overview-of-the-right-to-health
‘Remote by default’

But WHO and WHAT are we missing?
• goes beyond kit and broadband
• safe place for conversations
• health literacy
• language issues
• cognitive issues
• less opportunity for enquiry and reading between the lines
How has general practice responded?

- Reconfigured models of care: PPE, cleaning schedules, distancing, online meetings, remote triage and consulting
- Shielding work
- Anticipatory care focus
- Vaccine roll out and boosters
- Staffing the Covid hubs and assessment centres
- ‘Normal’ routine and urgent work! Esp mental health...
- Agile, committed, reactive, proactive.
The Socially Vulnerable

• Care Coordinator ‘outreach’ calls
  • Food security? Domestic security? Financial security? Awareness of how to access? Covid awareness and resources?

• 8/10 calls resulted in onward referral

• see helpful RCGP resource

• Invaluable work by community link workers, financial inclusion workers alongside third and voluntary sector
Supporting Mental Health

- >30% of GP consults in ‘normal’ times (more than 8M/yr in Scotland)
- Higher prevalence in more deprived areas
- Team of 3 practice based MH nurses
- MH and addiction work
- Practice based evaluation
- Work during Covid19?
  - Vlogs, outreach.

https://www.craigmillarmedicalgroup.co.uk/mental-wellbeing/
What has general practice learned?

• Reinforced the importance of f2f consulting (nuance, opportunistic, complexity, hidden agenda)
• Remote consulting works best for simple transactional issues within the context of a therapeutic relationship
• Many of our patients are not aware of the official public messaging
• You need to make it easy for people to follow public health advice (eg test, self-isolate, get vaccinated etc)
• Covid19 has made an already complex system (NHS) even harder to navigate – reinforcing our role as coordinators, advocates.
Any silver linings?

- Rapid new ways of digital working to allow connections and maintain access (with caveats)
- Greater awareness and appreciation of:
  - The vital role of communities and local knowledge and supports
  - Cross-sector working and awareness of our interdependencies
  - The key role of third and voluntary sector in the community response
  - The role of public health and healthy places – greenspace, active travel
  - The importance of MH and wellbeing in the population and the workforce
- Team working 😊
Scottish Deep End work during Covid19

Some key areas:

- Digital inclusion
- Vaccine deployment to marginalised groups
- Covid19 recovery
- Drug related deaths
- Wider roll out of community link workers and financial inclusion workers
- Inverse care law and resourcing general practice to maximise its potential
Scottish Deep End work during Covid19

Key forums:

• Scottish Government SLWG on Health Inequalities in Primary Care
• Scottish Government Vaccine Inclusion Group
• Scottish Government Covid Recovery Group
• Speaking events – BMA Health Inequalities Conference, COP26 panel
• Hosted conference: 50 Years of the Inverse Care Law
• Hosted round tables (vaccine deployment, climate change and health inequalities)
• Lobbying and advocacy; Cab Sec for Health and Sport, Minister for Drug Strategy, Minister for Public Health
• Parliamentary enquiries – health inequalities, vaccine deployment
• Podcasts, webinars, media work
Deep End reports during Covid-19

DEEP END REPORT 36
General Practice in the time of Covid-19

12 general practitioners in Deep End practices in Glasgow and Edinburgh report and reflect on their experience of how the Covid-19 pandemic has affected patients and practices. As the pandemic continues and the economic consequences unfold, the report also considers the future implications.

June 2020

Deep End Report 37
COVID-19 Vaccine Deployment for Marginalised Groups in Scotland

This report summarises key themes from a virtual 'YacoUk21' meeting on COVID-19 vaccine deployment for marginalised groups in Scotland. The meeting was hosted and facilitated by the Deep End GP group with participants from Scottish Government, Public Health Scotland, several Health Boards, and Third Sector representatives.

April 2021

Deep End Report 38
Climate Change and Health Inequalities

On 20th July 2021, 16 GP colleges from a variety of Deep End settings contributed to an online collaborative event to explore the impact of climate change in the context of health inequalities. The event aimed to consider the various factors that influence Deep End patients and practices in particular, and also explored the urgent need for system-wide solutions to tackle this burden.

October 2021
As professionals, what should we ask ourselves?

• What could we do better?
• What are our training needs?
• How can we collaborate more?
• How do we ensure patient engagement?
• What is our ‘collective voice’?
• What, or who, are we missing?
• How do we build back better and fairer?
And what do we need to see from politicians?

- Adequate resourcing of health and social care proportionate to need
- Sustainable third sector funding
- Cross-party approach to health
- Meaningful workforce strategy
- Reset the balance between generalist and specialist NHS services
- Bolster the upstream capacity of community-based services
- Commitment to health equity underpinning all recovery policy

**Services should be best where they’re needed most – or health inequalities will worsen**
To avoid widening inequalities in health, the NHS must be at its best where it is needed the most.
Useful Resources

• Educational resources
  • Scottish Deep End project
  • Finding Fairhealth
  • RCGP Health Inequalities during Covid19

• Patient participation video https://www.youtube.com/watch?v=bVy6T7CXXjY

• Further Reading / Viewing
  • Books: The Exceptional Potential of General Practice: Making a Difference in Primary Care
  • Reports: Health Equity in England: the Marmot Review 10 years on
  • Interviews: Professor Sir Michael Marmot in discussion with Dr Carey Lunan
There comes a point where we need to stop just pulling people out of the river. We need to go upstream and find out why they're falling in.

— Desmond Tutu —