Addressing the Inverse Care Law in Scotland’s most deprived communities: Inclusion Public Health delivery in General Practice

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My own journey...

Salaried GP, Edinburgh homeless service

GP partner in a ‘Deep End’ practice

Chair of RCGP Scotland

Chair of Scottish Deep End Project

#equity #advocacy #meded #QI
GPs at the Deep End (est 2009)

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 practices = top 100 most deprived
“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

“...If general practices in deprived areas were to give an equal amount of direct contact time to patients with the same level of need, as determined by age, sex, and most importantly number of LTCs, this would require a 14% increase in patient contact time”
(McConnachie et al BJGP 2021, under review)

“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.”
The social determinants of health

The immediate and structural conditions in which people are born, grow, live, work, and age (Marmot 2008)
Shaped by economic political and social policies
Education, housing, employment, environment
ALSO...access to healthcare

Health factors that contribute to health outcomes
Inverse Care Law = “lack of time to address needs”

Compounded by fewer GPs and less

- Practices in England serving the most deprived populations receive around 7% less funding per need-adjusted registered patients.
- Lower number of GPs per head of need-adjusted population than least deprived areas.
- The resultant unsustainable workload serves to significantly limit the potential of general practice to make meaningful change in this area.
- Propagates and worsens the inverse care law.

Health Foundation Report Sept 2020
The Scottish Deep End Project
2009 - 2022

- Community of practice
- Identity and voice
- Research
- Teaching & training
- Engagement events
- Roundtable discussions
- Published reports (37)
- Lobbying & Advocacy
- Evidence base (projects)

www.gla.ac.uk/deepend
@deependGP
#equity
#advocacy
#meded
#QI
What are the enabling and unique features of general practice wrt improving population health and addressing health inequity?
- Population coverage
- Contextual care
- Continuity of care
- Coordination of care
- Team working
- Advocacy role
- Inclusivity of care
- Frontline experience
- Professional autonomy
The Scottish Deep End Projects

- Welfare advisors in practices (150)
- Community link workers in practices (250)
- Addiction workers, attached to practices
- Mental health workers in practices
Primary Care Mental Health

- >30% of GP consults in ‘normal’ times (more than 8M/yr in Scotland)
- 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/
The Scottish Deep End Projects

- **Post-CCT Fellowship** programmes to improve recruitment and retention in deprived areas (Pioneer programme)
- **Protected time for GP leadership** and for meeting with aligned and named staff to care plan (Govan SHIP)
- **Longer appointments** for those with premature multimorbidity (CAREplus study);
“By excluding exclusions and building relationships, inclusive health care is a civilising force in an increasingly dangerous, fragmented and uncertain world”

Watt et al 2019
Evidence into practice:
What could ‘good’ look like?

3 main areas to consider:

- Practice systems
- Teams and training
- Wider engagement and influence
Practice Systems

- Aspire to ‘low threshold, high fidelity systems’
- Mitigate against digital exclusion
- Optimise practice website design and links
- Create appointment systems that support continuity and relational care
- Create culturally-informed and inclusive services
Teams and Training

- Have an informed workforce
- If you’re involved in teaching or training – remember HIs
- Proactively support team wellbeing
- Construct your team to support the needs of those experiencing social exclusion and health inequalities (financial advisors, MH workers, addictions workers, link workers/social prescribers)
- Consider having a health equity lead in the practice
- Consider practice-based projects
Wider engagement and influence

- Get involved in advocacy
- Community engagement events & PPGs
- Get political! Work through your professional bodies (BMA, RCN, RCGP) and consider who you vote for...
- Challenge it when you hear or see discrimination (language, systems)
Covid 19
Impacts of COVID-19 on population health

Source: https://twitter.com/VectorSting/status/1244671755781898241?s=20
Key public health roles of general practice during the pandemic

- targeting support for vulnerable patients
- helping patients to self-care
- maximising community assets
- providing data to aid the pandemic response
- shielding advice and care planning for vulnerable groups
- redesigning services to meet with local population needs
- creation and delivery of tailored public health messages
- continuation of screening programmes
- involvement in vaccination rollout
Specific Scottish Deep End project work during the Covid pandemic

- Reports
- Inverse Care Law conference
- Vaccine inclusion
- Digital inclusion
- Drug-related deaths
- Covid recovery
Scottish Deep End work during the Covid pandemic

- Joint working with BMA (toolkit) & RCGP
- Research and publications
- Media work ++
- Podcasts and webinars
- Scottish Government Short Life Working Group on Health Inequalities in Primary Care
“One of the routes to a better understanding of how public health and primary care organizations can better interact is to identify the different contexts in which they collaborate successfully”

Source: Levesque JF et al. (2013)
The future...

- Evaluate existing funding mechanisms
- Invest upstream, and where need is greatest
- Inclusive NHS recovery: who is missing?
- Grow and train the workforce
- Upscale the evidence base
- Utilise existing contractual ‘levers’
- Equitable and inclusive NHS recovery post-pandemic
- Prioritise population health – bolster collaborative working with Public Health
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

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