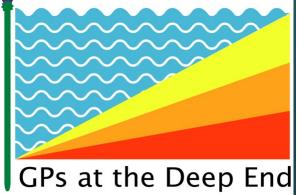
The Scottish Deep End Project: what has it meant for us?

Dr Carey Lunan GP in Craigmillar, Chair of Deep End in Scotland @careylunan @deependGP #equity #advocacy #meded #QI









I didn't become a GP to spend my life prescribing pills



Acknowledgements...



Dr Julian Tudor Hart, 1927-2018



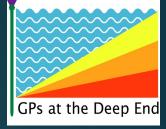


Deep End steering group



"Intellectual opposition to injustice is only the beginning of social understanding"

The INVERSE CARE LAW



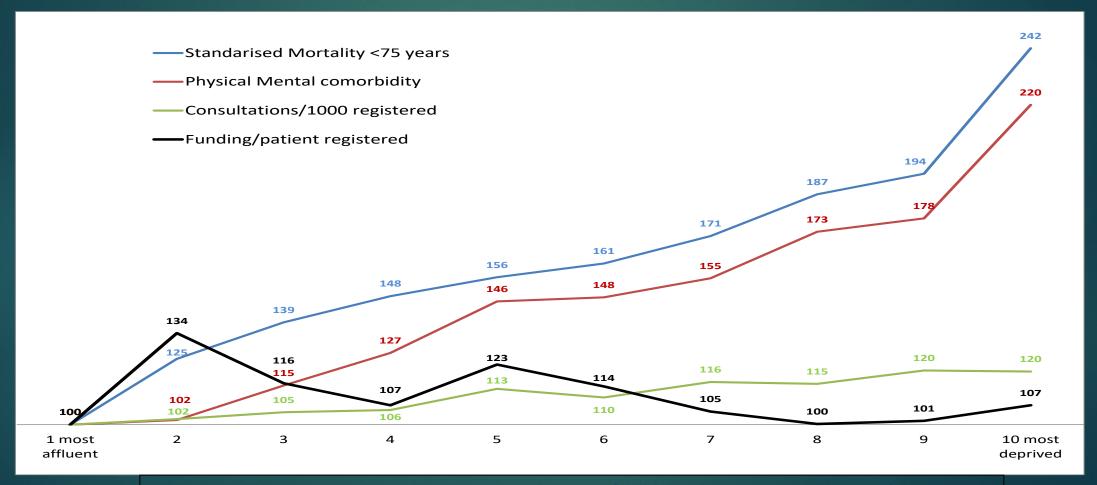
"the availability of good medical care tends to vary inversely with the need for it in the population served. This inverse care law operates more completely where medical care is most exposed to market forces, and less so where such exposure is reduced."

The Lancet, 1971.



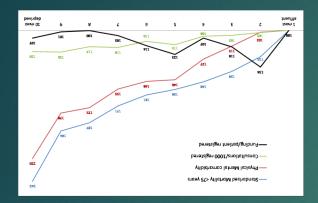
Dr Julian Tudor Hart, 1927-2018

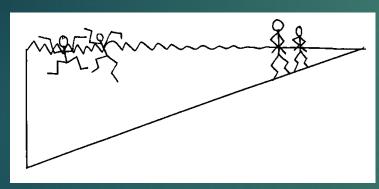
Inverse Care Law today = "lack of time to address needs"

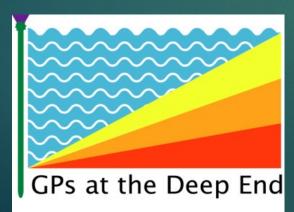


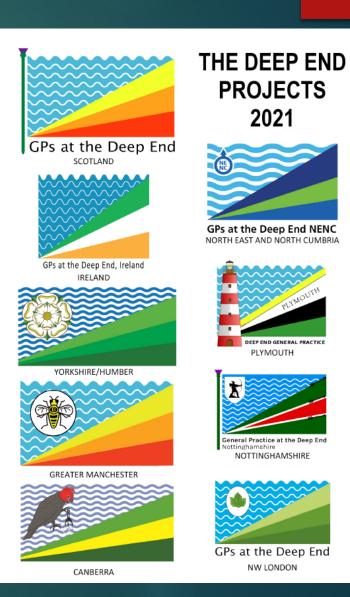
McLean G, Guthrie B, Mercer SW, Watt GC. *General practice funding underpins the persistence of the inverse care law: cross-sectional study in Scotland?* BJGP 2015; 65(641): 799-805.

The Deep End logos

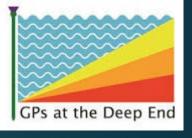






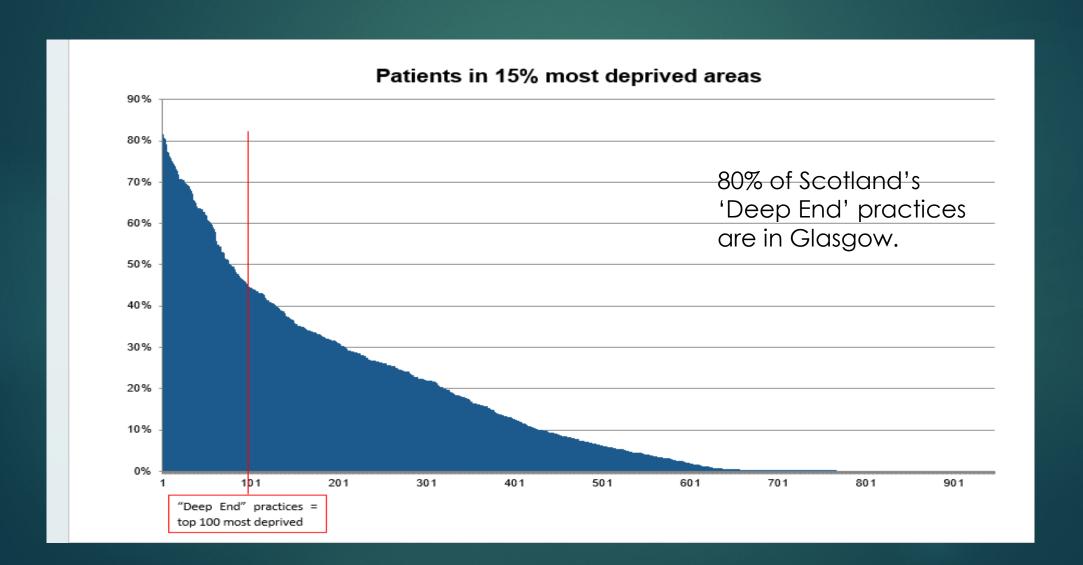






- GPs from 100 general practices serving the most socio-economically deprived populations in Scotland (approx. 10% of practices)
- Centrally coordinated, leading from the frontline
- Resourced time for GPs (leadership, meetings)
- Involvement in:
 - Workforce
 - Education
 - Advocacy
 - Research
 - (also...Collaboration, media work, policy development, lobbying)
- More info at www.gla.ac.uk/deepend

Poverty is not just in the 'Deep End'



"Deep End" issues

ISSUES AFFECTING DEEP END COMMUNITIES

- Unemployment
- Benefits sanctions
- Cuts to services
- Drugs and alcohol
- Child protection
- Vulnerable adults
- Migrant health
- Adverse childhood experiences
- Higher disease prevalence
- Reduced life expectancy
- Covid impacts
- Cost of Living crisis
- •••

KEY POINTS ABOUT DEEP END ENCOUNTERS

- Higher numbers of appointments
- Shorter appointments
- Social complexity
- Reduced patient expectations
- Lower patient enablement
- Poor health literacy
- Lower levels of workforce
- Higher workforce stress

"poverty infuses almost every encounter"

The Deep End Projects

<u>Community Links Workers</u> – providing vital support to patients to link with community resources for health and wellbeing. Started as a pilot project in 7 Deep End practices in 2014 and now being rolled out nationally.

<u>Welfare Advice & Health Partnerships</u> – providing much-needed financial advice and support to access welfare benefits. Started as a pilot project in 4 Deep End practices in 2015 and now being extended with core funding.

<u>Primary Care Alcohol Nurse Outreach Service (PCANOS)</u> – taking a proactive, 'sticky' approach to engagement, improving patient outcomes as a result.

Govan SHIP Project (multi-disciplinary team working to improve health and social care integration)

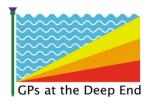
<u>Pioneer Scheme</u> (protected time for early career and more experienced GPs or professional and service development, and to share learning within and between practices)

Key Messages

- Inverse care law manifests as lack of time and resource in disadvantaged areas.
- ▶ There are particular issues in areas of 'blanket deprivation' (trauma-informed).
- Need for protected time for professional and service development.
- Extended consultations (and continuity) for selected patients.
- Bottom-up integrated care via MDT meetings.
- ▶ Team wellbeing was the first step of most projects (needs proactive support).
- Additional staff for community links, financial inclusion, mental health, addictions should be "embedded", rather than just co-located.
- Shared learning within and between practices.
- Advocacy (health equity lead in each practice?).
- Involvement of the next generation of GPs.

Deep End Reports

- 39 reports and recommendations now been produced
- Usually follow roundtable discussions with clinicians +/- stakeholders
- Useful for influencing and lobbying
- Recent examples include:
 - General Practice in the time of Covid19
 - Covid19 vaccine deployment for marginalized groups in Scotland
 - Health Inequalities and Climate Change
 - Prison Healthcare
- See <u>Deep End Project Manifesto and reports</u>



Deep End Report 39

Prison Health

On Wed 9 March 2022, the Deep End GP group hosted an online roundtable meeting to explore the challenges of delivering high quality primary health care in Sodland's prisons. Discussion centred on the various systemic factors that affect the organisation and delivery of care, as well as issues with recruitment and retention of GPs in Prison health, but also explore potential system-wide solutions to these issues.

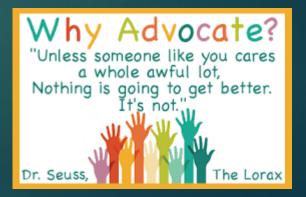
May 2022

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Deep End Advocacy & Lobbying

- Co-signatories on lobbying letters
- Written submissions to Parliamentary enquiries
- Written submissions to Government consultations
- Presentations to cross-party groups, Government groups
- Active involvement in Government policy work
- Media work that highlights health inequity
- Advocacy at the frontline & sharing examples





Key Deep End learning

- Playing the 'long game'
- Collaboration when possible BMA, RCGP, Government
- Compromise when appropriate
- Critical friend role
- Selective, proactive media work
- Patient voice
- Accessible, inclusive language
 - "people who are poorer die earlier than they should"
 - "The NHS needs to be at its best where it is needed the most or health inequalities will worsen"

