

# DEEP END SUMMARY 40

## Cost of living crisis

*On 30 November 2022, the Deep End GP group hosted an online roundtable meeting to explore the challenges of the cost-of-living crisis. Discussion centred on the various specific challenges, but also explored potential system-wide solutions to these issues. The purpose was to bring together GPs working in Deep End practices alongside key charities and community organisations to specifically consider how general practice can best support their patients experiencing financial hardship, in recognition of the fact that poverty drives poor health and worsens health inequalities.*

### Context/the crisis

- Rapid inflation, compounded by the Covid-19 pandemic, Brexit and a period of prolonged austerity are some of the key factors that have led to what is being described as the 'cost-of-living crisis'. [1] It is recognised that low-income households are disproportionately affected by the cost-of-living crisis, because they spend a higher percentage of their household income on basic essentials such as food, energy, housing and transport.

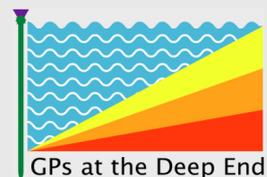
### Specific Challenges

- Participants were concerned about the impact on patient health of fuel poverty, inadequate housing, food insecurity, and access to health and other services due to transport costs. All of these factors are likely to affect both physical and mental health, and will be felt most acutely by those with the lowest incomes.
- Impacts on practice workload and practice staff were also highlighted. It was noted that staff morale is as low as it has ever been, with negative media headlines compounding an already exhausted workforce. Increased workload leads to increased stress, which directly affects practitioner empathy and patient care.

### Potential approaches that general practice could take

- Build teams that specifically promote social inclusion – by recruiting, retaining and supporting the wider general practice workforce that supports patients with the complex social problems that impact negatively on their health. Community Link Workers, Welfare Advisors, and Care Coordinators were seen as assets, all working collaboratively with the voluntary and third sector.
- Maximise the 'community hub' function of general practice – through maximisation of co-located services, partnership venues, community pantries. Participants stressed the importance of personal connection in advice-giving, as part of a trusted teams and within familiar premises
- Effective and sensitive sharing of practical resources and high-quality information – this could be done in a variety of formats and languages, whilst mitigating for digital exclusion.
- Advocate, lobby, and collaborate on behalf of patients – drawing on available data and evidence, drawing on patient narratives, and sharing worked examples of how this could be supported in practices.

*“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](http://www.gla.ac.uk/deepend)**

**Contact for further information [deependGP@gmail.com](mailto:deependGP@gmail.com)**