

RCGP Conference 2012 -What Do Deep End GPs Need to Be Good At?

What inspires four jobbing GPs to stand up at an RCGP conference and discuss their working lives by PowerPoint (possibly the least favoured method of communication)? Despite our anxieties about presenting we were very grateful to be given the opportunity to talk to our colleagues about working at the 'Deep End' of the top one hundred of the most deprived practices in Scotland. Many of the stories that our patients tell us motivate us to remain in the Deep End but having individual enthusiasm for working in areas of high deprivation is not enough to prevent professional burn-out. The Deep End group gives us the opportunity to collectively reflect on the challenges that our patients face as they negotiate poverty and inequality, and for us to factor in our own GP stories. Why is this important?

Our patients are some of the most marginalised and excluded members of society. I discussed vulnerable children and families and the importance of a strong GP voice in the development and implementation of policy that has consequences for child health and well-being. Vulnerability is a broad systems construct and a metaphor for failings on many different levels from the caregiver-child relationship through to state systems. From the perspective of the vulnerable family we continue in this country, a strong tradition of inheriting poverty. For example, many children today are living in families who cannot afford their food bills and who are reliant on food distribution centres for their meals. Charities are taking up the gauntlet of providing for the destitute. Dickensian times indeed, but also a blatant breach of a universal children's rights agenda that our government is signed up to. Rather than expressing angst and wringing our hands in despair the Deep End gives us an opportunity to challenge a punitive political agenda that appears to be more focused on maintaining the ideological outgroups-the 'workshy' and 'feckless' families - essentially the perceived moral underclass- than tackling the perpetual effects of unjust social structures.

Catriona Morton is a GP in a Lothian Deep End practice and presented her shared care antenatal clinic which GPs in Glasgow can only marvel at because our involvement in antenatal care has become virtually irrelevant. Antenatal clinics that are run in general practice jointly with midwives and a visiting obstetrician seem almost revolutionary. For antenatal patients in deprived areas who are often hard to reach with higher morbidity and mortality rates and ultimately poorer neonatal outcomes this would seem the gold standard, but even this is under threat because of funding issues. Catriona produced national maternal outcome data and linked these into an audit of her own antenatal clinic. Filtering robust measurement outcomes which are usually viewed by mostly the academic community through the everyday working of Deep End practices make these data come alive and relevant to the adverse health effects of deprivation that we observe over many years of practice. The dialogue between positivist research methods and the qualitative aspects of general practice working are bridged by the Deep End and we continue to strive to maintain this discussion.

Douglas Rigg and Petra Sambale are both GPs working in the most deprived practice in Scotland. Douglas in his talk focused on the 'unworried unwell'. All GPs will recognise this category of patient whom I suspect does not exclusively reside in the Deep End, but the sheer numbers of the 'unworried unwell' require particular strategies to intervene and improve their poor outcomes. Douglas gave exemplars of those who not only avoid health contacts but have no inclination that they may need health care interventions. Are they fatalistic,

self-neglecting or self-destructive? Clearly, we don't believe that any answer to the complexity of human behaviour is simplistic but we do advocate for more time with patients who typically become sicker earlier and die younger than other patients. Many will start life as the vulnerable child that I talked about with patterns of poor health in childhood that stalks them into adulthood with them never reaching their 'economic potential'. Are we now prepared to consider the long-term costs to society both in monetary and humanitarian terms?

The inequalities gap continues to widen in this country. The re-emergence and normalisation of destitution is very worrying indeed given the proposed further cuts to the welfare budget. The thread that connected our presentations is the impact of vulnerability across all age groups. The Deep End will continue to highlight this concern and engage across a spectrum of domains where we want to make a difference.

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