

# DEEP END SUMMARY 23

## The contribution of general practice to improving the health of vulnerable children and families

***This report summarises the views of General Practitioners at the Deep End in addressing the needs of vulnerable children and families, as part of efforts to invest in the early years, improve health and prevent inequalities. It draws on previous Deep End reports, the research literature, the Deep End Response to the Health and Sport Committee's consultation on health inequalities and the early years and proposals for integrated care for the population served by Govan Health Centre.***

- Inequality and poverty in early childhood have long term consequences that affect the entire life course.
- Interventions in early childhood provide the foundations of good health and reduce the scale of disease and premature death in later life.
- GPs at the Deep End recognise the magnitude of the challenges in addressing inequalities in early years and have outlined the intrinsic strengths of general practice in contributing to this challenge.
- General practices' contacts with the wider family, in good times and bad, allied to continuity, flexibility, cumulative knowledge and trust, provides an important resource and basis for sustained preventive efforts, linking with other services and community resources.
- Current policies such as GIRFEC (Getting It Right For Every Child) make virtually no reference to this important role of general practice teams.
- The key professional relationship between health visitors and GPs is undermined by the disproportionate numbers of vulnerable children on health visitor caseloads in very deprived areas, and the gaps that arise as a result of difficulties in health visitor recruitment.
- General practices can lead in developing strong local systems, based on multiple relationships between services, to contain and prevent problems without recourse to emergency services.
- This requires a fundamental policy shift that recognises the "Inverse Care Law" which continues to limit what practitioners in the front line are able to offer, in terms of a proportionate response to the needs of vulnerable families.
- The high political priority given to policies supporting the health of families with young children should be evaluated in terms of their impact on health inequalities in the early years and beyond.
- The Govan Integrated Care Project is a pragmatic approach to develop and evaluate a robust intervention to support vulnerable children and families at an early stage

*"General Practitioners at the Deep End" work in 100 general practices, serving the most socio-economically deprived populations in Scotland. The activities of the group are supported by the Scottish Government Health Department, the Royal College of General Practitioners, and General Practice and Primary Care at the University of Glasgow.*

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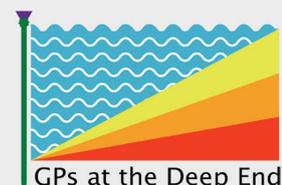
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Full report available at <http://www.gla.ac.uk/deepend>



This vignette, from *Deep End Report 20: What can NHS Scotland do to prevent and reduce health inequalities?* highlights the importance of the wider family as the context in which vulnerable children and families may need to be supported.

**Preventing and reducing inequalities in health are complementary activities in general practice**

David is 14 months old. His 18 year old mum Sarah has had anxiety problems since her older brother hanged himself four years ago. She started college but left when she fell pregnant shortly afterwards. Sarah does not get on well with her mother, whom she accuses of drinking and “always shouting” since her brother died. Her mum says she is “mental” and “a teenage brat”. Sarah relies heavily on her own gran Margaret. Aged 50 she has moderately severe COPD (emphysema) and continues to smoke. Margaret has had several chest infections recently and is struggling to cope with Sarah’s often strange behaviour and with a lively toddler for whom she is the main care giver.

For David the next two years, as he learns to walk, talk and interact, will have a huge effect on the rest of his life. Early years interventions such as parenting classes may be important, but on their own will fail to change his life opportunities. He will need supportive neighbours, a good nursery and adequate family income, but also optimal COPD nurse reviews, responsive alcohol and mental health services, good communication with social work, persistent contraceptive advice and smoking cessation support, to name a few. At the hub of these lies the primary care team, offering unconditional care and the possibility of trusted relationships over the span of David’s life.