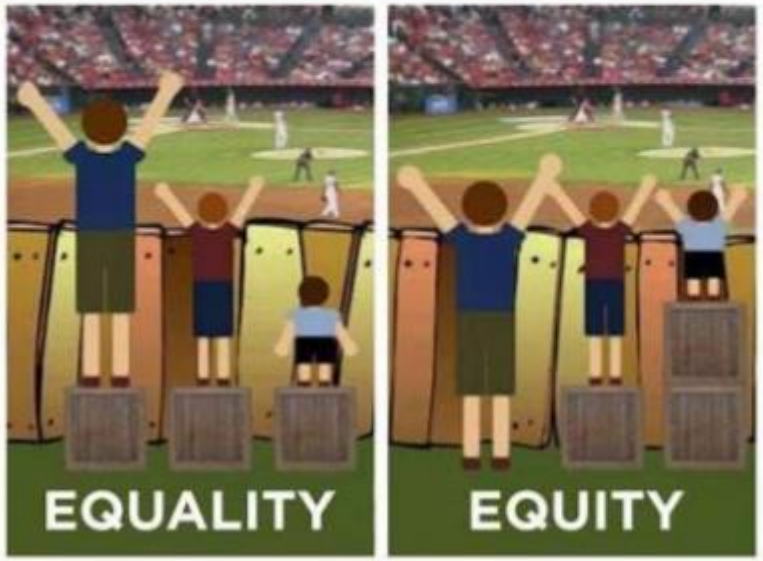
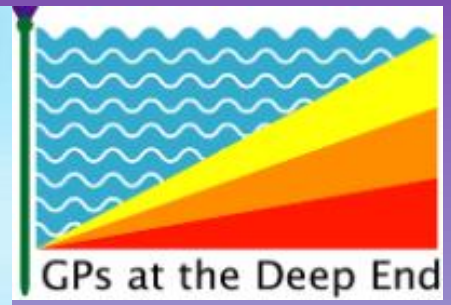
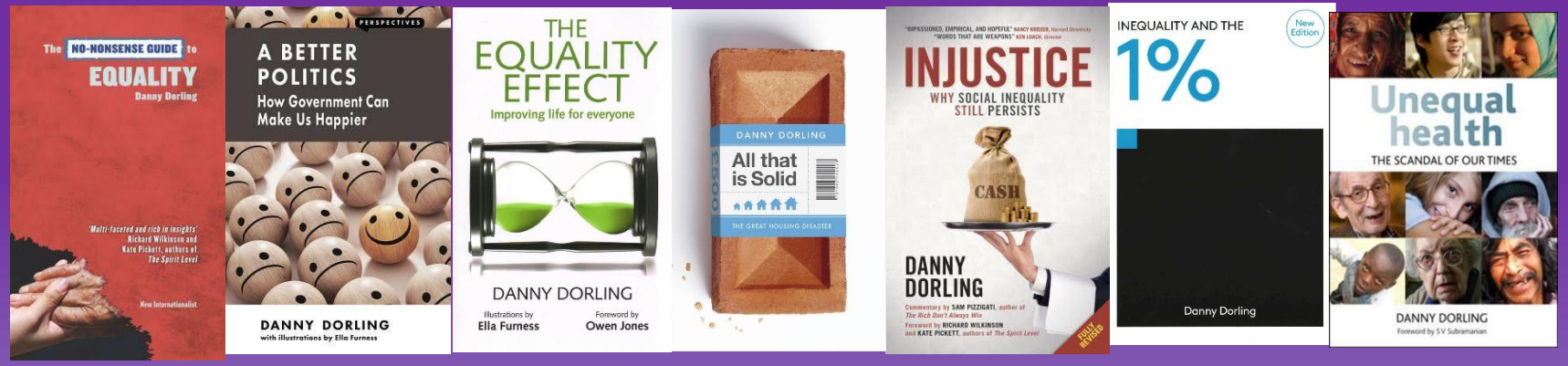
Setting the Bar High – Levelling Up To Provide Equitable GP Healthcare in Deep End Practices

What are Health Inequities?



- **Equality = SAMENESS**
  - Only works if everyone starts from the SAME place
- **Equity = FAIRNESS**
  - Making sure people get access to the same opportunities





*'In a country where the **income and wealth gaps have become greater than at any point in living memory**, and which are greater than in almost all other similar wealthy countries, you should expect very high and rising levels of crime, social disorder, dysfunction, rising polarisation, fear and anxiety'*

http://www.dannydorling.org/?page_id=3008

*'Young adults in both Britain and the USA today have **only ever known a country in which income and wealth have been redistributed from poor to rich**— to the detriment of all. How much money could be saved by doing the reverse and redistributing from rich to poor?'*

http://www.dannydorling.org/?page_id=3008

For General Practice in Govan…

The GP - An Ordinary Star Is Born

- **1850**- the 3 medical estates of physician ,surgeon and apothecary are transformed. Ordinary medical care for the population provided by the general practitioner (formerly the surgeon-apothecary).
- 3 Major acts of legislation;

1. **The Medical Act 1858-** established state registration of qualified doctors and advanced professionalization
2. **1911- Health Insurance Act** - initiated the state panel doctor for poorer patients. Mixed economy of public and private finance for GPs.
3. **NHS Act of 1946** of England and Wales and the **NHS (Scotland) Act of 1947** broadly minimised any between country differences in healthcare within the legal frameworks of the new service.

- On the eve of the NHS in 1948 -17600 GPs in England, **2000 GPs in Scotland**
- (2013- estimate **3735 (4922) WTE GPs in Scotland**, 32 075 GPs in England)

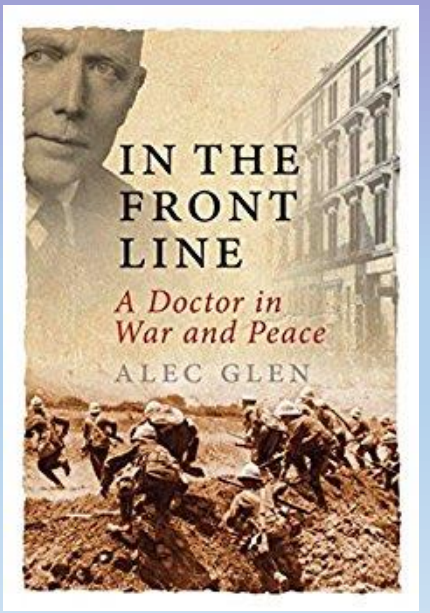
The Scottish Story - The Dewar Report

- **1912**- the Publication of the Highlands and Islands Medical Committee. A Blueprint for the NHS in Scotland
- A response to the difficulties of providing medical care to crofting communities with **little income to pay for medical care** that is *'Deplorably insufficient, and affects not only the physical well-being of the paupers but also that of the whole population'*
- Dreadful living conditions *"…houses of practically only one room, with damp walls, damp clay floors, sunless interiors, a vitiated and smoky atmosphere, and the cattle under the same roof with the human inmates, the surroundings usually badly drained, and the site often damp"*
- Doctors had **no security of tenure**, lived in **inadequate housing** with **inadequate income**. As a result they did not have access to appropriate transport and the **telephone system was poorly developed**. Doctors were unable to afford the cost of a locum so **went without holidays** and had no opportunity to undertake any continued professional development

What Did GPs Do?

IN THE FRONT LINE - ALEC GLEN, GOVAN GP, 1920-1935

- Post-war recession -1/3rd of men unemployed…the dole 15 shillings for 5 weeks and stopped every alternate 5 weeks '*What the men and their families were supposed to live on during the second five weeks I never quite understood, but any savings which they had were soon used up, and furniture in the houses became very scarce'*
- Does **all his house visits on foot** for the first 2 years
- *'Conditions of unemployment and semi-starvation…150 inhabitants to 1 WC…poorer patients could not pay accounts…For many years it is true that I did a great deal of work for nothing'*
- ***'I was back on the frontline again but in a different kind of warfare'***



A Day in the Life of …

- GP records 'tip of the iceberg' in terms of illnesses presented to the panel doctors…10% of records detailed the medical treatment given and recorded more serious conditions that required certification off work…or for referrals or operations
- Diagnoses perceived overwhelmingly in physical conditions- commonest causes for certification-1st- Influenza 2nd Gastritis, Dyspepsia 3rd Rheumatism, Lumbago, Sciatica, 4th work related conditions (accident, strain). Bronchial/pleurisy cases less evident because of their chronic condition
- Paired diagnosis often recorded – patients consulting about an acute condition would often bring chronic conditions to the GPs attention
- Psychological problems (3 classifications)-'nervous debility', neurasthenia, anxiety hysteria
- Children absent from records- usual childhood complaints not documented. Tonsillectomies were recorded
- Normal values not documented

(Minutes of Fife NHI Committee 2 September 1922)

The 1y/2y Interface Aka ‘The Irritations Of General Practice - Plus Ça Change, Plus C'est La Même Chose !’

- *‘Telephone calls are generally a gross waste of time’*
- *‘Home visits were frequently unnecessary but one must remember the patients and their relatives. Morale was as its lowest ebb in the wee small hours’*
- *‘Criticisms of long established practitioners by those (hospital staff) who had no conception of the difficulties and lack of facilities in practice’*
- *‘Consultants could be irritating by not giving patients definitive instructions as to when or where or even if they should return’*
- *‘The greatest irritation of the NHS is the loss of independence. The doctor today has to obtain permission for almost everything he does, to engage an assistant, to take on a partner, to retire’*

Minute Book SMS No 14 **1947-1956** pp133-135

The Feminisation of the Workforce - A Good Thing- Insightful Healers and Activists

- **Female GPs practised in very poor under-doctored areas and set up practices by 'squatting' in premises. Early medical women were liberal feminists and keen supporters of the campaign for the suffrage**
- ***'If you don't belong to a suffrage society join one to-morrow, because if you are not represented in the affairs of your country your work is not of much value, and it is only when men and women co-operate in the work of the nation that the nation really succeeds'***

Mary Murdoch, 'Practical Hints to Students', LMSW Report October 1914

- ***'Out in all weathers, by day and night, she carried comfort and hope into the dreary districts…Her most telling epitaph might be found in the many ill-spelt touching letters by members of the working women who crowded her surgery'***

obituary Dr Caroline O'Connor GP Stratford &Bow 1915-1923 (Journal MWF 23rd March 1923)

- **The department of medicine which the great and beneficent influence of women may be especially exerted, is that of the family physician; and not as specialists, but as the guides and wise counsellors in all that concerns the physical welfare of the family'**

Elizabeth Blackwell, Influence p27

The Association of Registered Medical Women founded in May 1879- at the School of Medicine for Women (100 years later the GSMS admits its first women member)

General Practice is Regenerating

What Do GPs Do Now?

- Improve health outcomes (earlier diagnosis)
- 1 extra primary care Dr / 10,000 patients reduces average mortality by 5.3%
- Reduce admissions and hospitalisation
- Reduce referrals and prescribing costs
- Reduce health system costs overall
- Reduce health inequalities
- 1% increase in the proportion of patients seeing a particular doctor resulted in 7.6 fewer elective admissions p.a. for the averaged-sized practice (savings £20,000 p.a.)
- **90% of patient contacts take place in primary care, the future of the NHS depends largely on the health of general practice**

RCGP: 'Patients, Doctors and the NHS in 2022: Compendium of evidence

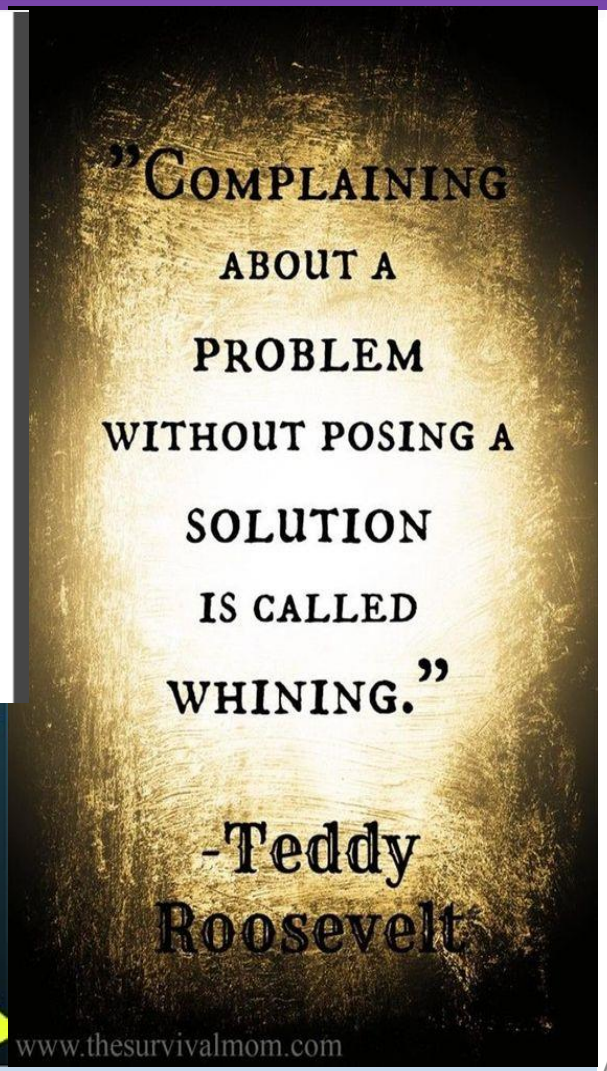
THE TSUNAMI HEADING OUR WAY

- Heavier workloads coupled with a relative reduction in resources
- Increased demands – ageing & increasingly multimorbid population, and transfer of work from hospitals (and elsewhere) to general practices
- Resources not matched demand. In Scotland, the share of NHS funding spent on general practice from 9.8% in 2005/6 to a record low of 7.8% in 2012/13
- GPs face later retirement & smaller pension - Recent BMA survey suggested that 1 in 3 Scottish GPs were hoping to retire within the next 5 years
- 19% of GP trainees and 16% of those qualified in the last 10 years said they intended to leave the UK to work overseas in the next 5 years
- Across the UK, applications for GP training fell for a second successive year, with many training posts unfilled
- Unsustainable impact of the GP workforce on health inequalities, and the inverse care law in particular
- Feminisation of the workforce

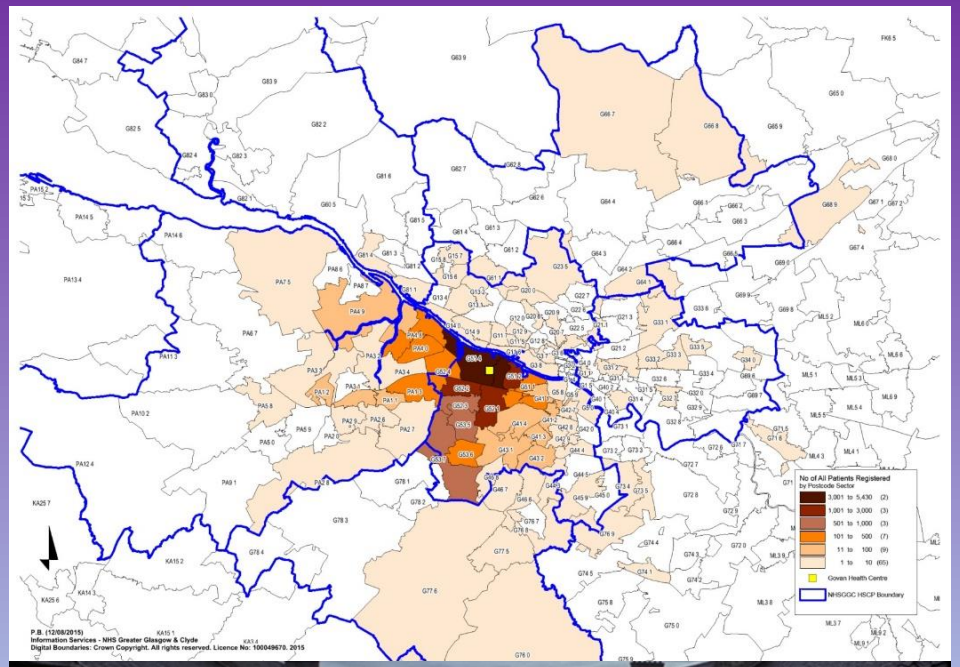
- Blane, D. N., McLean, G., and Watt, G. Distribution of GPs in Scotland by age, gender and deprivation. Scot.Med.J. 23-9-2015

Its Not All Gloom & Doom

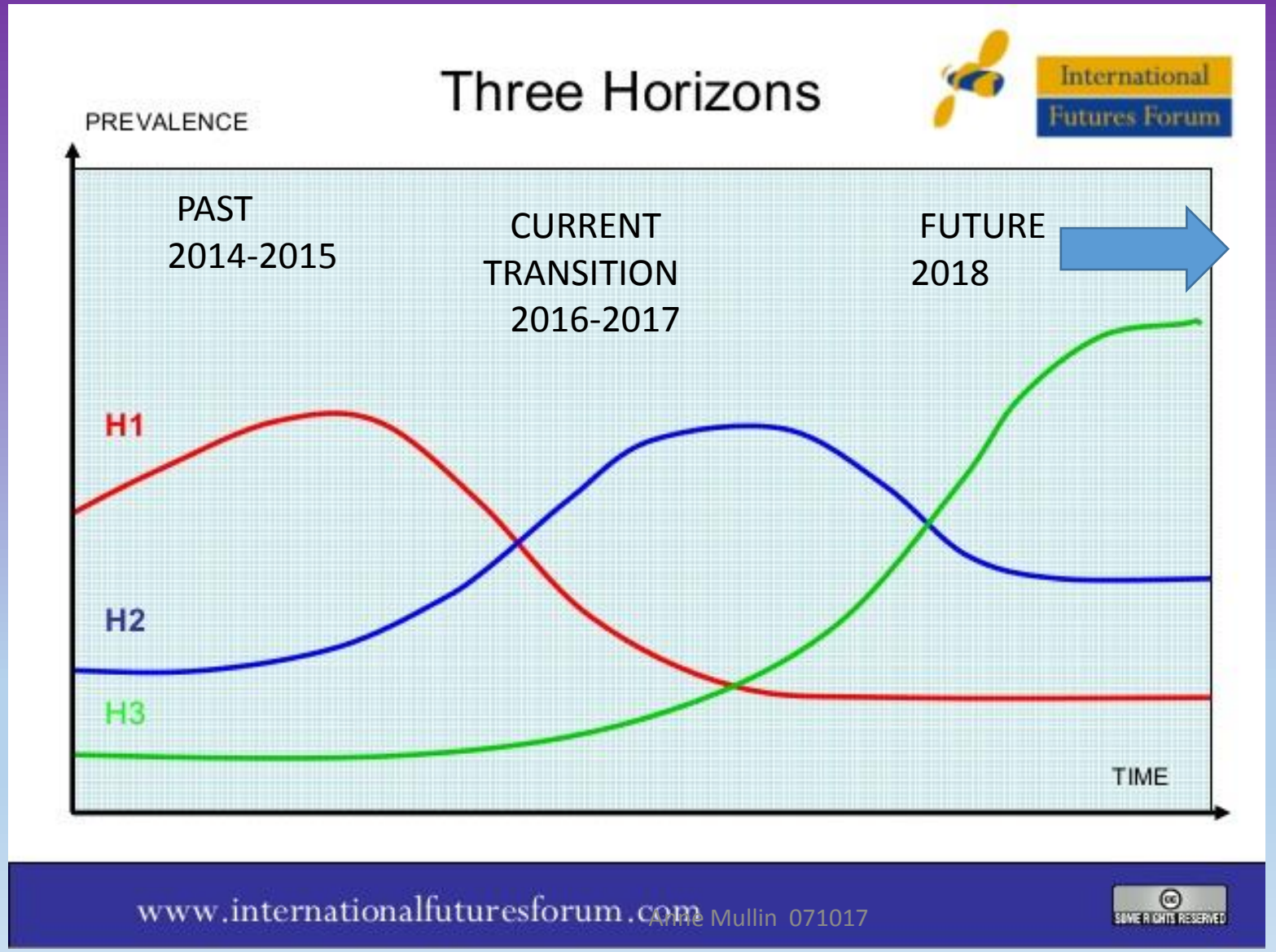
NEW APPROACH: Govan GP and project leader Dr John Montgomery, right, with practice manager Vince McGarry. Picture: Nick Ponty



GENERAL PRACTICE HAS A FUTURE- GOVAN SHIP



Three Horizons -The Patterning of Hope

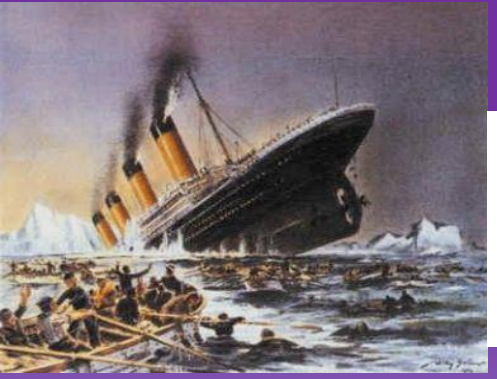


SHIP Aims / Objectives

- Person Centred approach – based on all health & social care needs, not criteria
- SHIFT DEMAND in Primary Care
- Work to the top of the licence
- Develop anticipatory and preventative approaches
  - Reduce inappropriate use of Unscheduled Care, Avoid or delay hospital admission
- Provide improved support for chronic illness
- Evaluation

Key Components of Govan SHIP

1. **Aligned Social Workers**
2. **Structured Multi-Disciplinary Team Meetings** (Vulnerable Adults, Vulnerable Children and Families)
3. **Additional time for GPs**
   - Extended consultations
   - Polypharmacy reviews
   - Case Review
   - Outward facing / planning
   - Leadership and Development



GOVAN SHIP Getting Us From H1-H3

Navigating Horizon 2

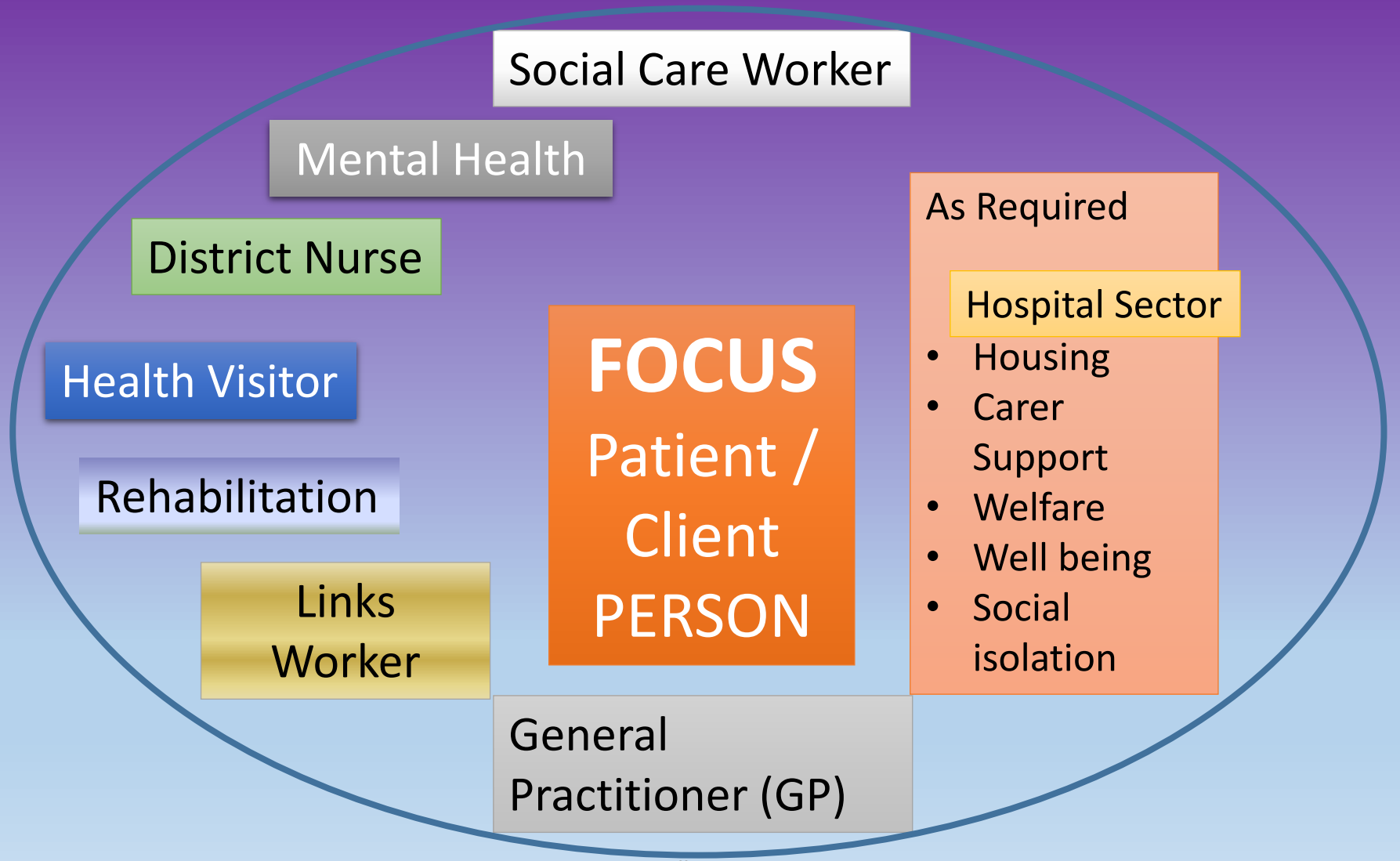
HORIZON 1

- Sinking in The Deep End
  - Pre-established team working but no strategic support
  - Collective memory of working with attached social worker- a positive experience
  - Clunky communication systems - an ongoing frustration
  - Fragmented data systems
  - GP contract - minimises maternity, paediatric and family health care
  - No specific role for GPs in care of vulnerable children & families despite being the 'hub' and point of contact for other services / outside agencies
  - Very little research to argue our case
  - Experience doesn't seem to count

HORIZON 3

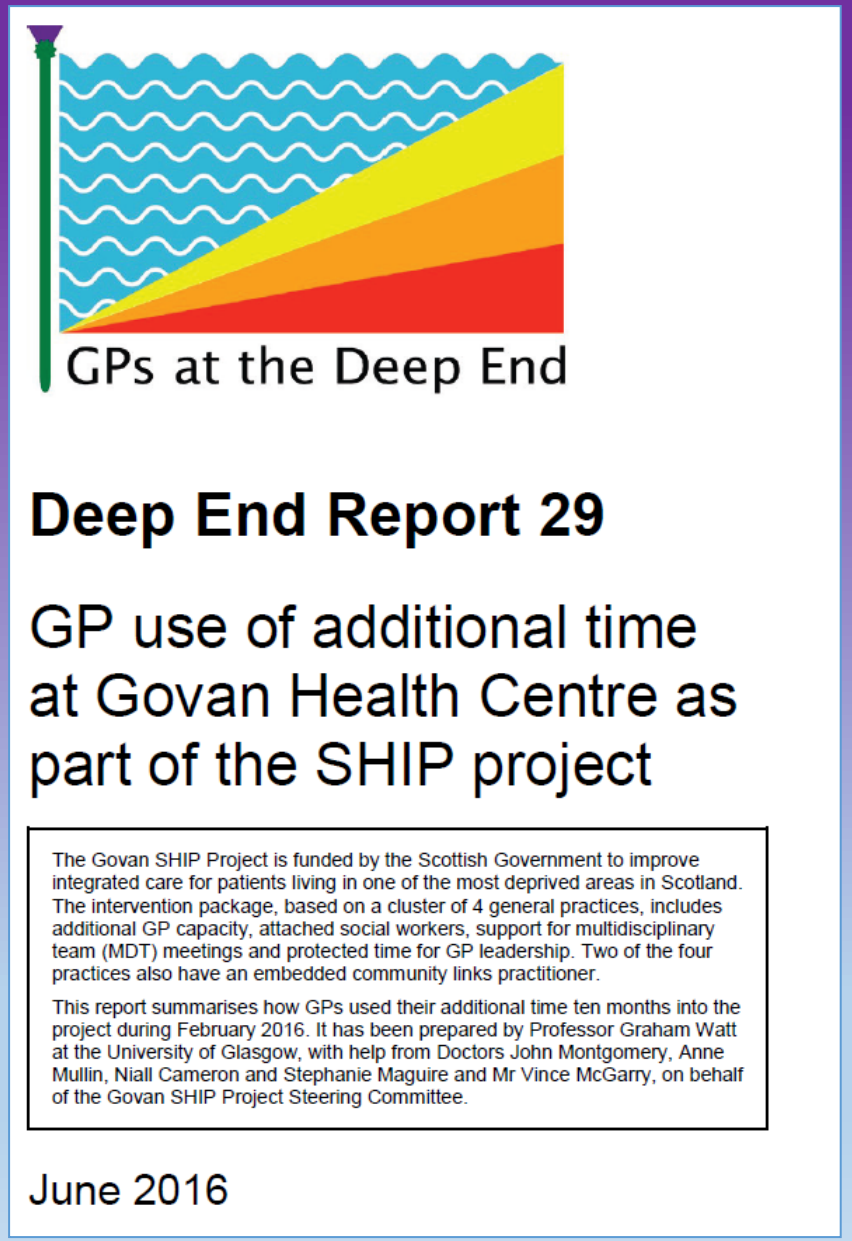
- Sailing on Calm Waters
  - Protected time - case planning
  - Professional relationships - face-to face discussions
  - Infrastructure- e.g. MDT meetings, whole systems approach, 1y & 2y care interface, steering group
  - Multimorbidity database 'KIS for Kids'
  - Documentation - minuted meetings, diaries ADMIN SUPPORT
  - Patient engagement
  - Research that fits working practices (e.g. Evaluation Report)
  - Bigger picture - Links Workers, Mental Health, Education, etc.
  - Normalising the project work through connectivity, embedded knowledge, knowledge exchange **– an ecology of learning**

Govan SHIP Outcome - MDT



Deep End Report 29

"The clear preliminary conclusion is that the study has demonstrated ***the nature, volume, severity, complexity and range of unmet need*** *in a very deprived area and the scope for addressing patients' problems in a* ***more coordinated and better planned*** *manner, via* ***extended consultations, case reviews and improved joint working****. "*



GPs at the Deep End

Deep End Report 29

GP use of additional time at Govan Health Centre as part of the SHIP project

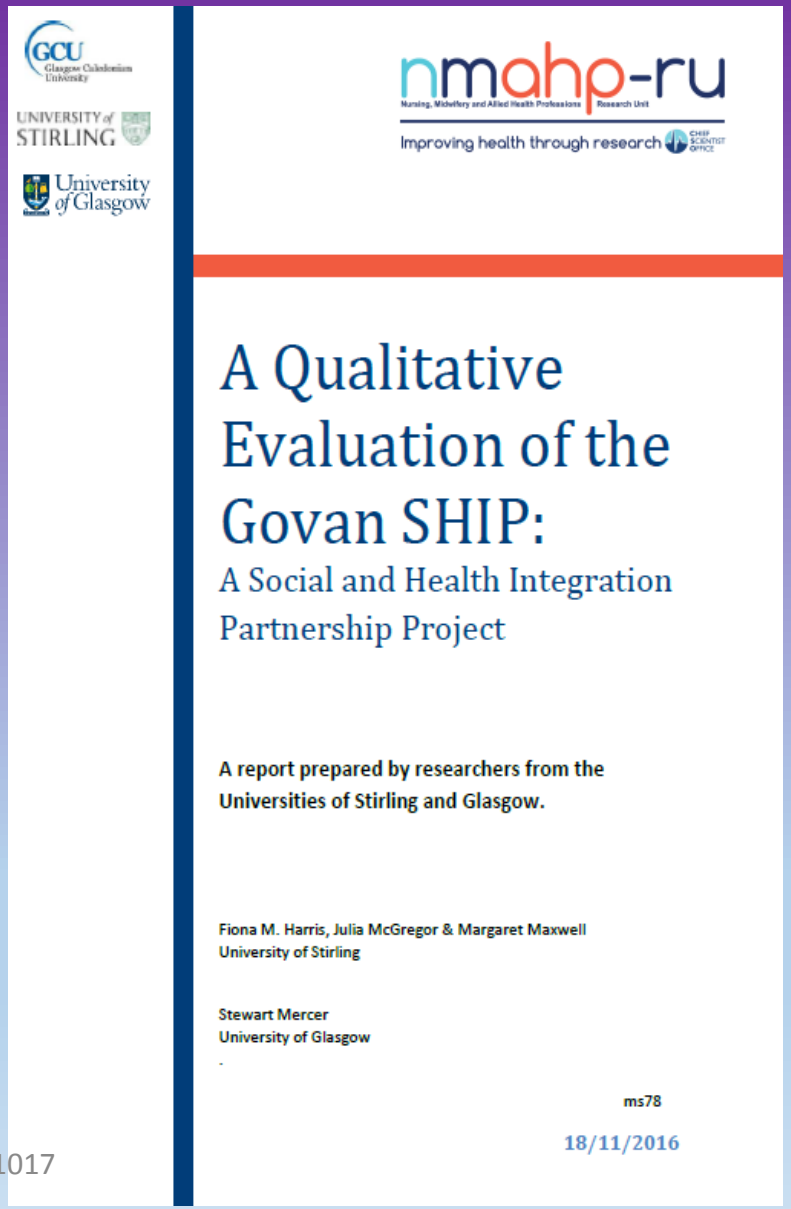
The Govan SHIP Project is funded by the Scottish Government to improve integrated care for patients living in one of the most deprived areas in Scotland. The intervention package, based on a cluster of 4 general practices, includes additional GP capacity, attached social workers, support for multidisciplinary team (MDT) meetings and protected time for GP leadership. Two of the four practices also have an embedded community links practitioner.

This report summarises how GPs used their additional time ten months into the project during February 2016. It has been prepared by Professor Graham Watt at the University of Glasgow, with help from Doctors John Montgomery, Anne Mullin, Niall Cameron and Stephanie Maguire and Mr Vince McGarry, on behalf of the Govan SHIP Project Steering Committee.

June 2016

Qualitative Evaluation

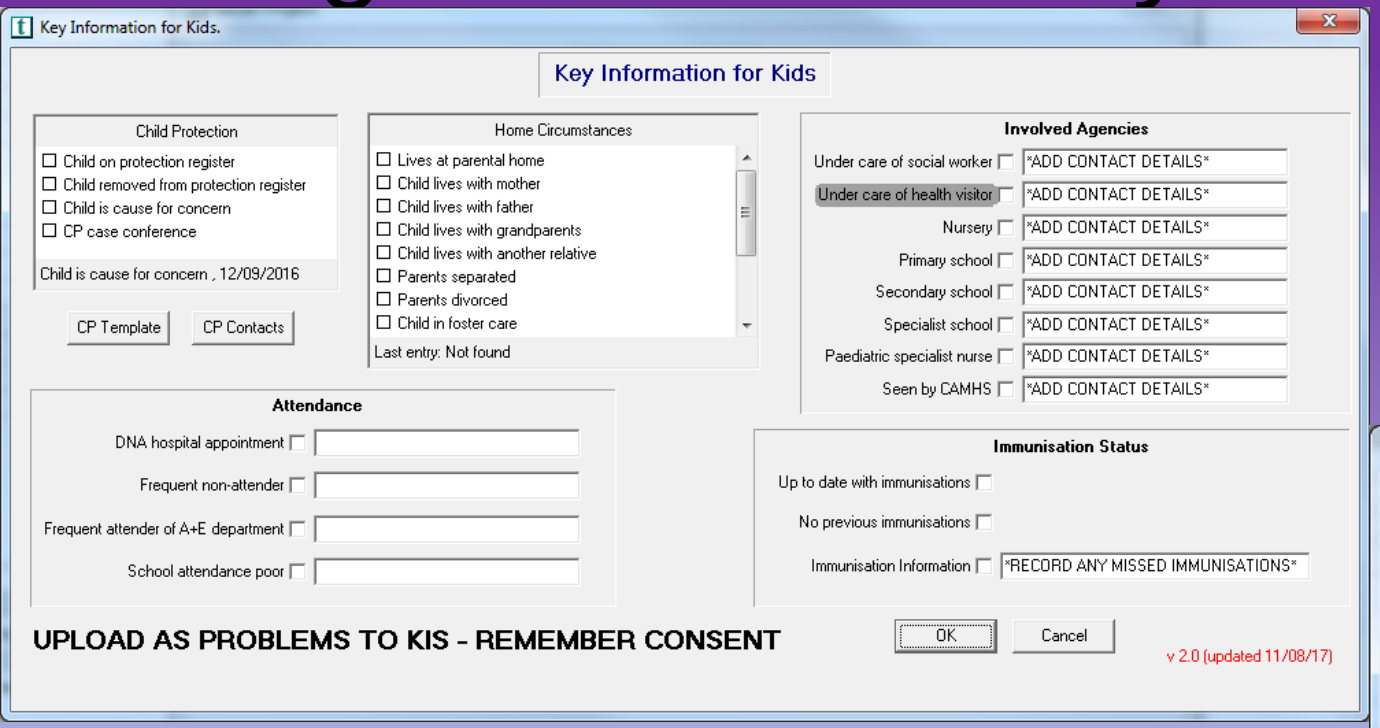
*"**Boundary maintenance and protectionism** underlie much of the tensions experienced here and elsewhere in **integration projects** and the members of the SHIP team are to be congratulated from moving from a position of negative, entrenched views and hostility **towards a shared understanding and new learning**."*

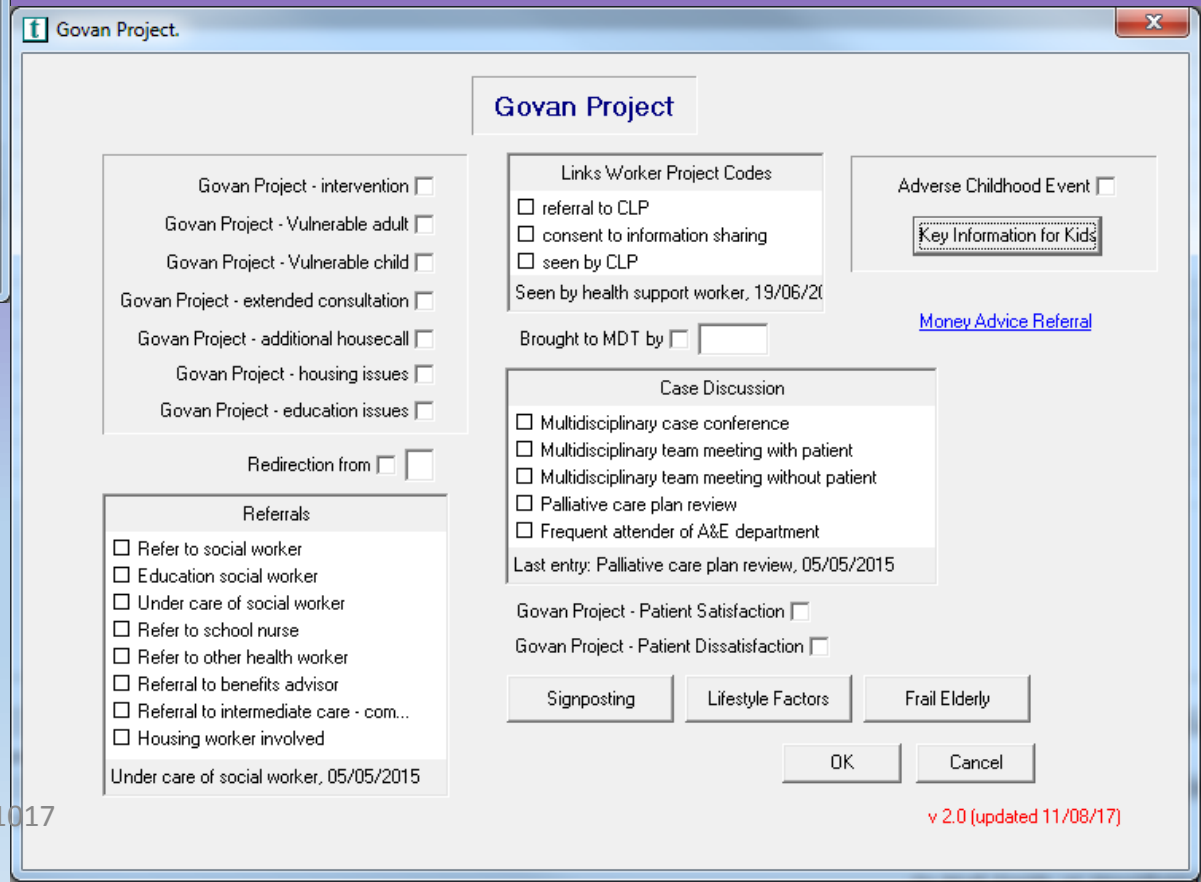

GCU Glasgow Caledonian University
UNIVERSITY of STIRLING
University of Glasgow
nmahp-ru
Nursing, Midwifery and Allied Health Professions Research Unit
Improving health through research
A Qualitative Evaluation of the Govan SHIP:
A Social and Health Integration Partnership Project
A report prepared by researchers from the Universities of Stirling and Glasgow.
Fiona M. Harris, Julia McGregor & Margaret Maxwell
University of Stirling
Stewart Mercer
University of Glasgow
ms78
18/11/2016

Numbers Telling A Story

- At End December 2016 = 951 currently registered (of 1208 identified) SHIP Patients in practice population of 14,200
- Characteristics, with universal selection, suggests **focus is on the 'right' people** when comparing to the rest of the practice population:
  - **Age** - greater numbers in 0-14 and 65+ age groups
  - **Gender balance** - more females (age 15-64), more males (age 45-75)
  - **Deprivation** (in SIMD1, most deprived)
    - SHIP = 83% OTHERS = 73%
  - **Multi-morbidity** (average number of conditions)
    - SHIP = 2.6 OTHERS = 1.3
  - **% with 4+ conditions**
    - SHIP = 31.5% OTHERS = 10.1%

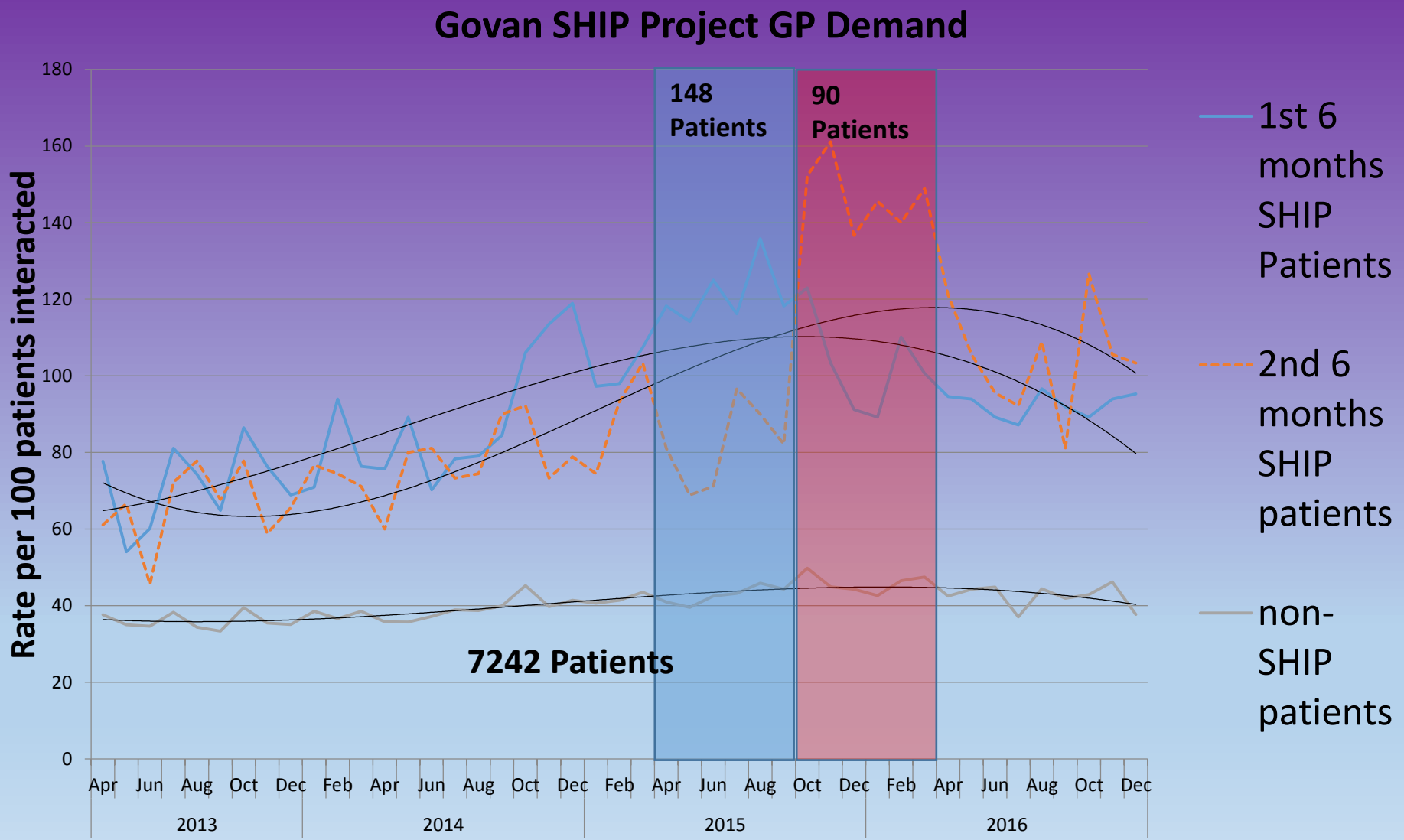
Telling Our Own Story



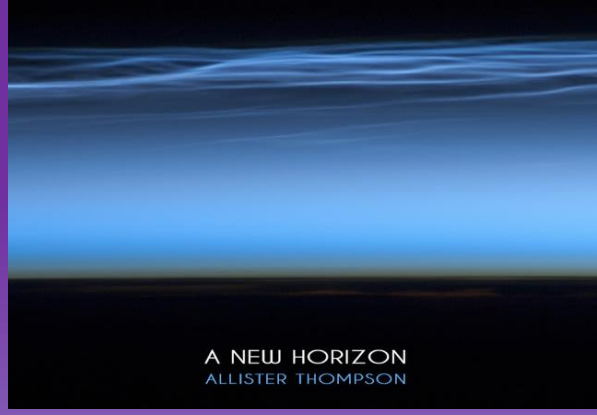


"I have considered the benefits of establishing a ***national database on children****… I was told that such a database is technically feasible…that* ***every new contact with a child by a member of staff*** *from any of the key services would initiate an entry that would* ***build up a picture of the child's health, developmental and educational needs***" - Laming 2003 http://lx.iriss.org.uk/content/victoria-climbie-inquiry-summary-and-recommendations.

GP Demand


Govan SHIP Project GP Demand
Rate per 100 patients interacted
180
160
140
120
100
80
60
40
20
0
148 Patients
90 Patients
7242 Patients
Apr Jun Aug Oct Dec Feb Apr Jun Aug Oct Dec Feb Apr Jun Aug Oct Dec Feb Apr Jun Aug Oct Dec
2013
2014
2015
2016
1st 6 months SHIP Patients
2nd 6 months SHIP patients
non-SHIP patients

SCANNING THE GENERALIST'S 3RD HORIZON



Improving health in deprived areas and narrowing health inequalities

Keeping patients in the community and relieving pressure on emergency services

Coordinating care for patients with multiple problems, reducing fragmentation of care and driving integrated care, based on patients' needs.

CONSTRUCTING THE GENERALIST'S 3RD HORIZON

Building strong patient narratives, based on knowledge and confidence in managing their problems and accessing available resources and services

Building strong local health systems, based on general practice hubs and clusters linked to other local resources and services

Building a strong generalist function within the NHS, based on networks of local systems serving similar populations, sharing learning to ensure **"*the best anywhere becomes the standard everywhere*" (Deep End Report 32)**

We've Come a Long Way …

GSMS Picnic at Luss, 1873

DE Steering Group at La Bonne Auberge. 2016

BUT THERE'S STILL A LONG WAY TO GO …