Bright idea:
Deep End GP Pioneer scheme

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Overview

• What the problem was?
  • Inverse care law / GP Recruitment and Retention issues

• What is the Bright idea?
  • Deep End GP Pioneer scheme
    • Protected time for lead GPs to work on local service development
    • Fellows have a programme of fortnightly day-release learning
    • Sharing of learning within and between practices

• Impact of the Bright idea?
"The availability of good medical care tends to vary inversely with the need for it in the population served”

Not the difference between good and bad care, but between what general practices can do and what they could do with resources based on need.

The inverse care law is a policy of the NHS which restricts care in relation to need.
Inverse care law today

General Practitioners at the Deep End

Slide adapted with permission from Prof Graham Watt
Deep End issues

ISSUES AFFECTING DEEP END COMMUNITIES

- Unemployment
- Benefits sanctions
- Cuts to services
- Drugs and alcohol
- Child protection
- Asylum seekers
- Vulnerable adults
- Bereavement

KEY POINTS ABOUT DEEP END ENCOUNTERS

- Multiple morbidity and social complexity
- Shortage of time
- Reduced expectations
- Lower enablement
- Health literacy
- Practitioner stress
- Weak interfaces
4 Main Areas of Activity

1) Advocacy
2) Evidence
3) Service development
4) Professional development
Bright idea? Pioneer Scheme

- 5 Early career GP Fellows
- 6 Deep End practices

“The overall aim of the proposal is to develop and establish a change model for general practices serving very deprived areas, involving the recruitment of younger GPs, the retention of experienced GPs and their joint engagement in strengthening the role of general practice as the natural hub of local health systems”
Deep End Pioneer Scheme

- 5 Early career GP Fellows
- 6 Deep End practices

‘Key ingredients’:
- **Additional** clinical capacity
- **Released time** of experienced GPs for service development
- **Protected time** for Fellows for tailored day-release curriculum and service development
- **Shared learning** across practices

Funded by...

[The Scottish Government]

GP Recruitment and Retention Fund
Examples of Practice Projects

- Prescribing
- Anticipatory Care
- Access
- Screening
- Osteoporosis
- Migrant Health
- Engaging Others
- Vulnerable Families
- Community Resources
- Diabetes
- GP Systems
- Frequent Attenders
- Complex patients

3 sessions /wk for each practice
<table>
<thead>
<tr>
<th>Personal Boards</th>
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<tbody>
<tr>
<td>Protocols / Pathways / Other</td>
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<tr>
<td>Welcome Board</td>
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<td>Create new board…</td>
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<table>
<thead>
<tr>
<th>Deep End Pioneer Scheme 2016</th>
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<tr>
<td>August 2017 Reports</td>
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<tr>
<td>GP Fellows Day Release Meetings</td>
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<td>Minutes from meetings</td>
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<td>Practice Application forms</td>
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<td>Project Finance and Admin</td>
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<td>Projects</td>
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<td>Trello guides</td>
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<td>Create a new team…</td>
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IT platform: Trello

Also sharing within and between clusters
Day-release curriculum

Summaries of day release sessions

- Child protection in the Deep End (02 Aug 2017)
- Freedom from torture (19 Jul 2017)
- Personality disorder (05 Jul 2017)
- Living with poverty (14 Jun 2017)
- Chronic pain, trauma and shame (24 May 2017)
- Asylum Health Bridging Team (10 May 2017)
- Palliative care in the Deep End (26 Apr 2017)
- Multiple exclusion/complex consultations (29 Mar 2017)
- Complex consultations and trauma (15 Mar 2017)
- Learning from the Links Worker Programme (01 Mar 2017)
- Financial inclusion (15 Feb 2017)
- Violence reduction and domestic violence (01 Feb 2017)
- Govan SHIP (18 Jan 2017)
- Preventing burnout (21 Dec 2016)
- Quality after QOF and Julian Tudor Hart (07 Dec 2016)

- **External speaker** (approx. half have been Deep End GPs; half from other services/backgrounds)
- **Fellows take turns to write up**
- Also time for:
  - Reflective writing
  - Small group learning
  - Discussing practice projects/issues
- **Engagement activities**
  - REACH
  - Medical student conference
  - Regional Trainers’ conference
Impact of the Bright Idea?

• Year One Report: Fellows
  – More supported compared to locums
  – Part of the team (well established teams)
  – Regular employment / CPD needs met
  – Time to undertake projects
  – Deep End experience / leadership roles
Impact of the Bright Idea?

• Year One Report: **GP & patient impact**
  – Less stressed and burnt out GPs
  – Extended appointment time
  – Time for ACP / visits / case management
  – Quality improvement positive impact on patient care
  – “having time really facilitated multi-organisational communication for our vulnerable children”
Impact of the Bright Idea?

• Year One Report: **Practice impact**
  – Increased morale
  – Increased job satisfaction
  – Team meetings
Summary

• If the NHS is not at its best where it is needed most... health inequalities will widen

• Challenging context
  – Increasing workloads, social/medical complexity
  – More part-time, portfolio careers

• GP Recruitment and Retention issues...

• The Pioneer Scheme approach is promising...
  – Protected time for both service and professional development
  – Shared learning within and between practices
Thank you for listening...
Any questions?

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