

VERTICAL

Centralisation
Specialisation
Privatisation

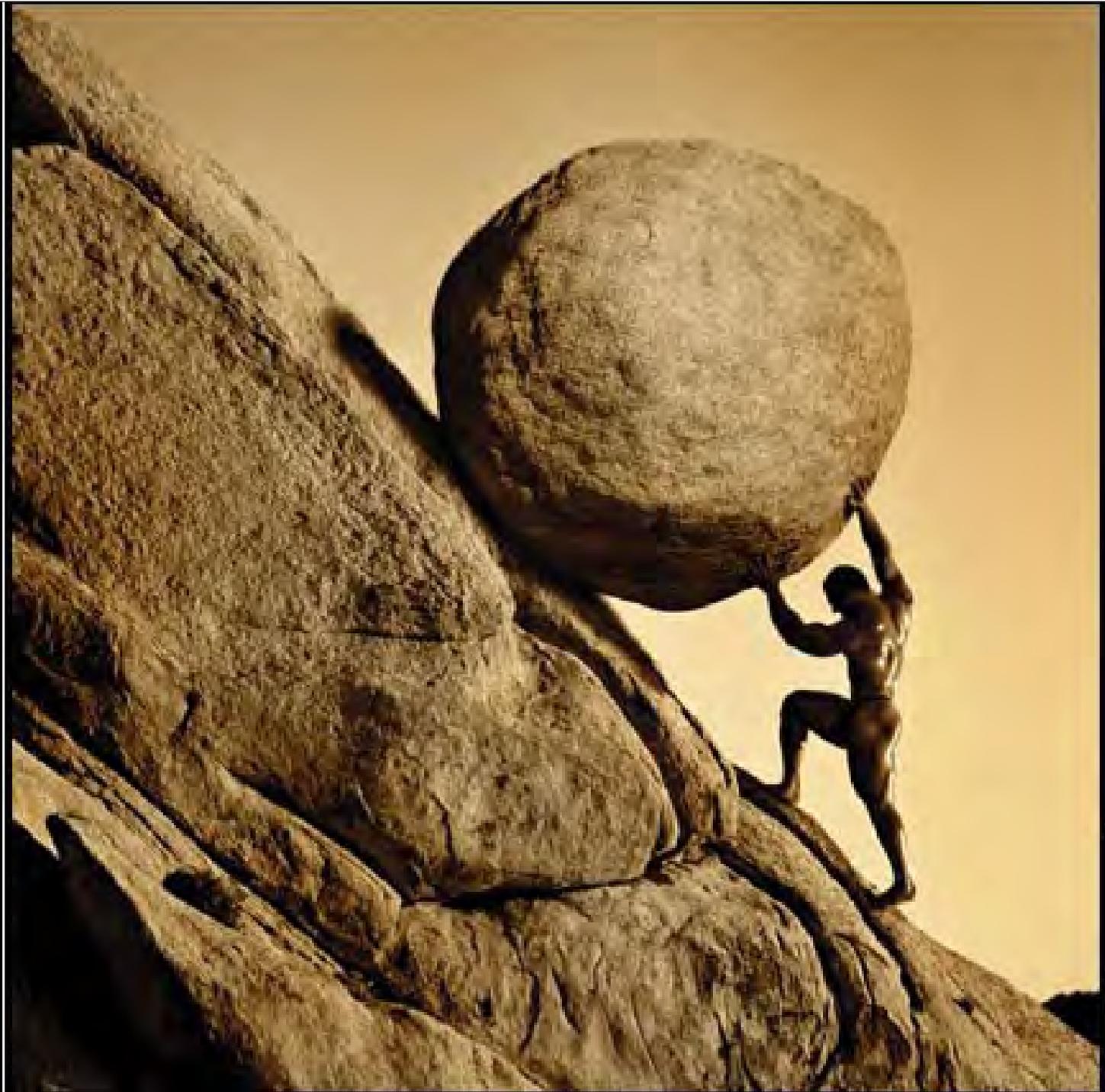
HORIZONTAL

Generalism
Community
Solidarity



Diseases
RCTs
Education
Research

Patients
Practitioners
Primary Care



PRIMARY CARE TRAJECTORIES

1. From pastoral care to interventional care which alters the natural history of conditions
2. From reactive care, focusing on the presenting complaint, to anticipatory care, attempting to delay or prevent future problems.
3. From passive patients to active patients, with increased agency and responsibility for their own care.
4. From single episodes to sequences of care, requiring continuity, relationships and trust
5. From care of the individual to care of the population, including the idea of equity based on need
6. From pragmatism and good conscience to systematic efforts to improve the quality of care, based on evidence and audit
7. From individual professional activities to team work
8. From the local team to the wider team, involving colleagues from other agencies
9. From isolated local units of care to consideration of primary care as a whole system
10. From the medical model to a social model of health and health care within communities
11. From professionalism to participative democracy
12. Leading all or some of the above

IDEAS

THE MEDICAL MODEL

diagnosis, treatment, prevention

PATIENT-CENTRED MEDICINE

Ideas, concerns, expectations, empowerment

CONTINUITY AND INTEGRATION

Communication, teamwork

POPULATION

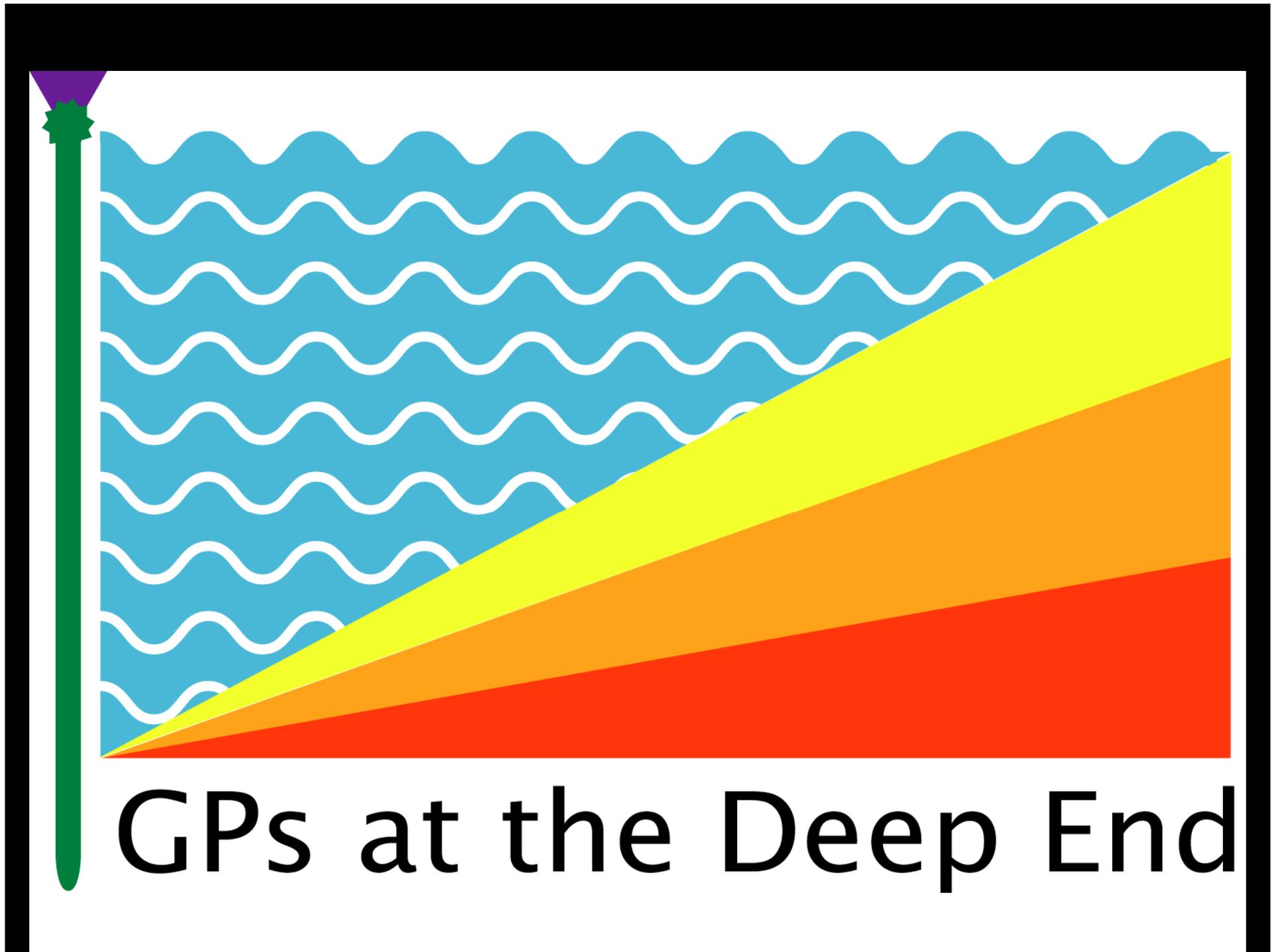
Quality, organisation, equity

SCIENCE

Measured doubt, limitless faith

COMMUNITY

Building local health systems around practice hubs

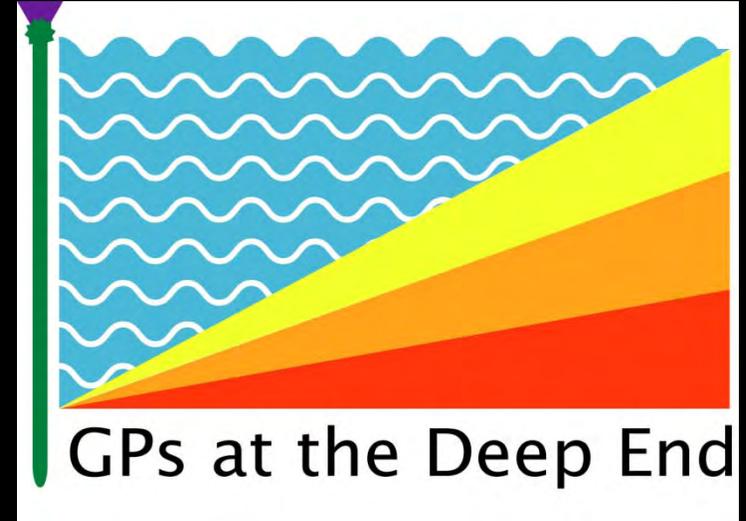


GPs at the Deep End

ACHIEVEMENTS

A lot, quickly and cheaply

- Identity
- Engagement
- Profile
- Voice



Phase 1	2010	Meetings
Phase 2	2011	Publications, Presentations and Profile
Phase 3	2012	Opportunities, Influence, Resources
Phase 4	2013	Implementation

Projects LINKS , Care Plus, Bridge, 17c, Austerity

2nd National Meeting

RCGP Occasional Paper 89

Deep End Proposals – engagement with Government

What can NHS Scotland do to prevent and reduce inequalities in health?

WHERE ARE THE 100 PRACTICES?

CHP	No of top 100 practices IMD 2009	
Glasgow East CHCP	27)
Glasgow North CHCP	18)
Glasgow West CHCP	14) 76
Glasgow South-West CHCP	13)
Glasgow South-East CHCP	4)
Inverclyde	7	
Edinburgh	4	
Tayside	4	
Ayrshire	5	
Renfrewshire	1	
Fife	1	
Grampian	1	
Lanarkshire	1	
TOTAL	100	

ASPECTS OF THE 100 MOST DEPRIVED PRACTICES

43% of male deaths and 24% of female deaths occur under 70
(compared with 25% of male and 14% of female deaths in the most affluent 100 practices)

A large majority of practices are in Glasgow

20 practices are single-handed

60% have three or fewer WTE general practitioners

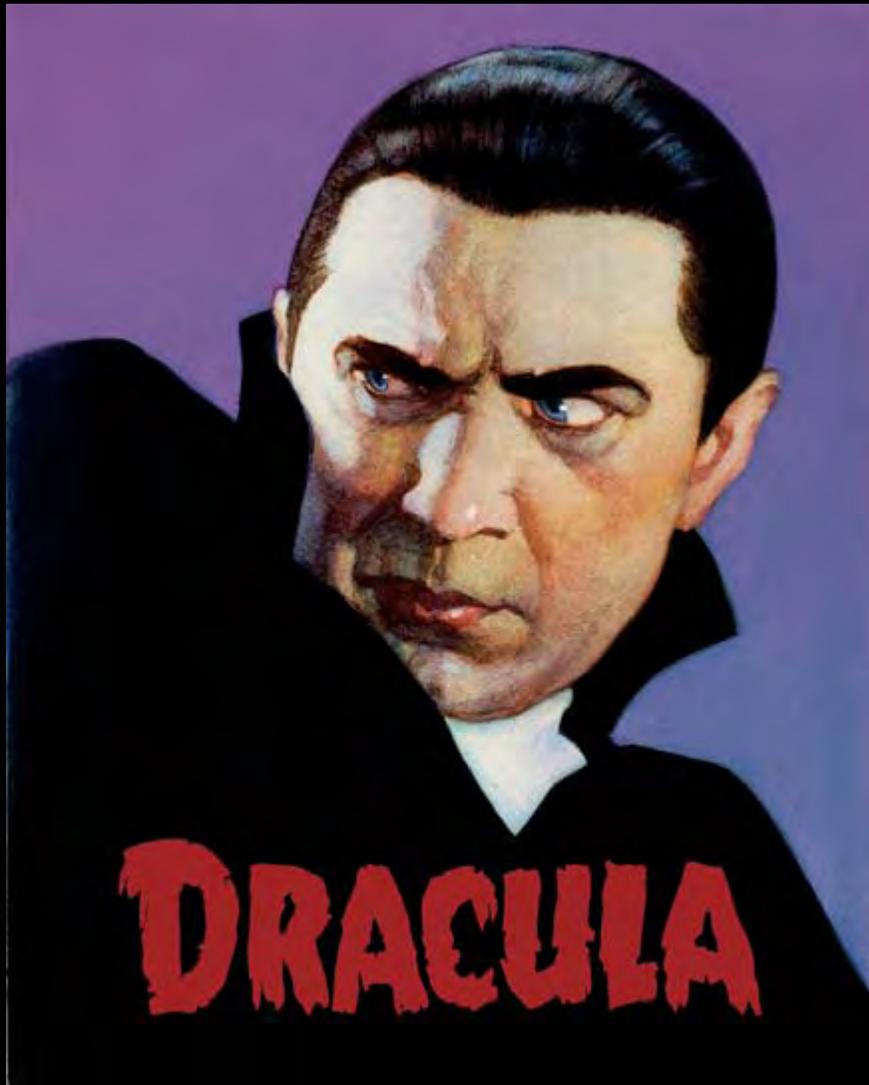
Average list size is 4300

QOF POINTS 2007

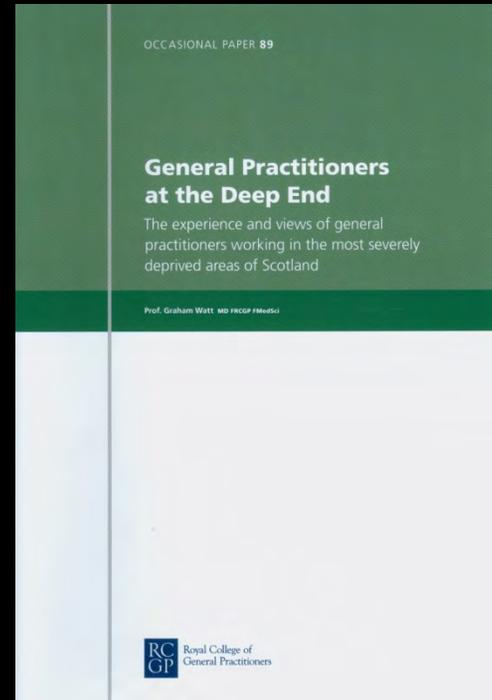
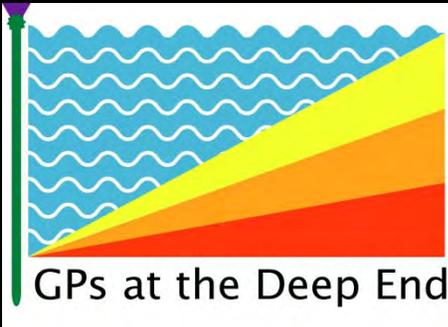
	TOTAL	CLINICAL	NON-CLINICAL
Most affluent practices	984	645	339
Mixed practices	979	643	336
Most deprived practices	977	641	335

ADDITIONAL ACTIVITIES

Undergraduate teaching	45
Postgraduate teaching	27
Research (SPCRN)	66
Primary Care Collaborative (SPCC)	67

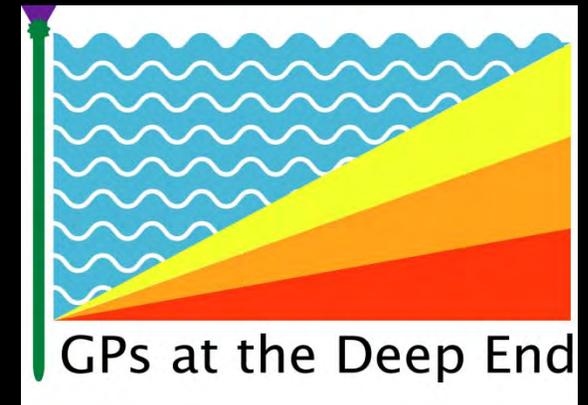


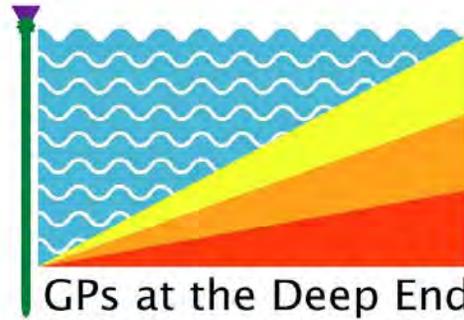
WHAT DO DEEP END
GENERAL PRACTITIONERS
AND COUNT DRACULA
HAVE IN COMMON ?



www.gla.ac.uk/deepend

1. First meeting at Erskine
2. Needs, demands and resources
3. Vulnerable families
4. Keep Well and ASSIGN
5. Single-handed practice
6. Patient encounters
7. GP training
8. Social prescribing
9. Learning Journey
10. Care of the elderly
11. Alcohol problems in young adults
12. Caring for vulnerable children and families
13. The Access Toolkit : views of Deep End GPs
14. Reviewing progress in 2010 and plans for 2011
15. Palliative care in the Deep End
16. Austerity Report
17. Detecting cancer early
18. Integrated care
19. Access to specialists
20. What can NHS Scotland do to prevent and reduce health inequalities
21. GP experience of welfare reform in very deprived areas
22. Mental health issues in the Deep End
23. The contribution of general practice to improving the health of vulnerable children and families
24. What are the CPD needs of GPs working in Deep End practices?





GPs at the Deep End

**What can NHS Scotland do
to prevent and reduce
health inequalities?**

*Proposals from General
Practitioners at the Deep End*

March 2013

SIX ESSENTIAL COMPONENTS

1. Extra TIME for consultations
2. Best use of serial ENCOUNTERS
3. General practices as the NATURAL HUBS of local health systems
4. Better CONNECTIONS across the front line
5. Better SUPPORT for the front line
6. LEADERSHIP at different levels

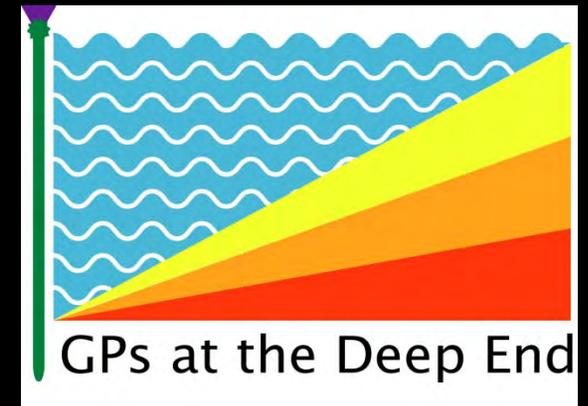
ISSUES CONCERNING DEEP END GPS

1. Multimorbidity
2. Patient engagement
3. Drugs and alcohol
4. Applying evidence-based medicine
5. Patient autonomy
6. Material poverty
7. Identifying and supporting vulnerable children and adults
8. Providing services for migrants, refugees and asylum seekers
9. Fitness to work
10. Tenacity and resilience
11. Therapeutic relationships
12. Working effectively with patients who disclose a sexual abuse history
13. Homelessness
14. Contractual issues
15. Managing prescription drug requests
16. Managing obesity

LEARNING NEEDS

1. How to address low patient engagement in health care and increase health literacy
2. How to promote and maintain therapeutic optimism when working in areas of high deprivation.
3. How to use EBM effectively when working with patients with high levels of multimorbidity and social complexity.
4. How to meet effectively the health needs of migrants including people seeking asylum and refugees

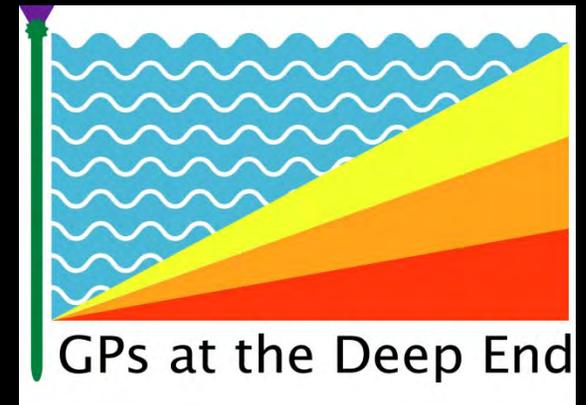
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Caring for vulnerable children and families

KEY POINTS

Dealing with vulnerable families is an everyday task

The frustration is knowing where help is needed but not being able to provide help

Practices acquire a lot of knowledge about vulnerable families but this is being undermined

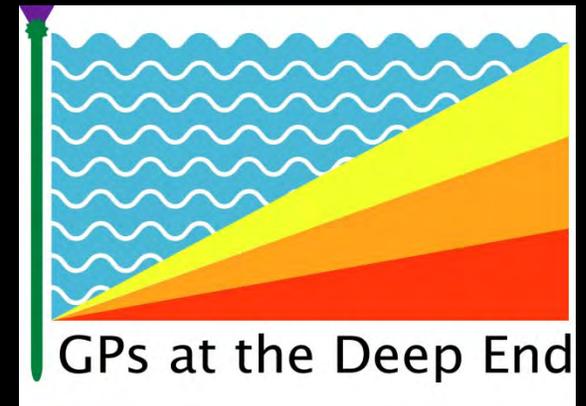
Whether working with patients or with colleagues, the essential ingredient is a long term relationship based on communication, mutuality and trust

Current resources are inadequate to address the problem

Practices need to be resourced (commensurately with need) to be the hub for multi-disciplinary review meetings, linked to other services

Concentrating resource on the most severe cases may be counter-productive

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KEY POINTS

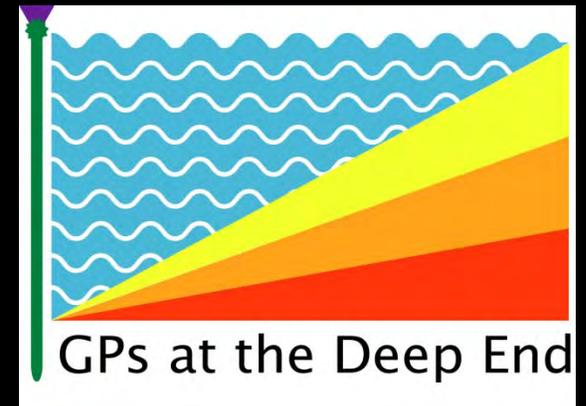
Old age starts earlier in deprived areas

Acute hospitals now focus on processing problems quickly

SPARRA has a very low profile

GPs are keen to take an anticipatory approach, but are reluctant to “jump in”.

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LINKS PROJECT

Practices keen to make use of non-medical community resources,
but don't know what is available

Providing relevant, up to date, local information is a huge challenge

Practices can't extend their activities,
when core activities are under pressure

The LINKS project explored the way forward



*Building Relationships In Deprived
General practice Environments*



17C

A WAY OF WORKING WITH PRACTICES

Based on the SPCC model

Groups of 5-6 practices

Protected time to meet together

GP lead

Co-design

ADVOCACY

The social causes of illness are just as important as the physical ones.

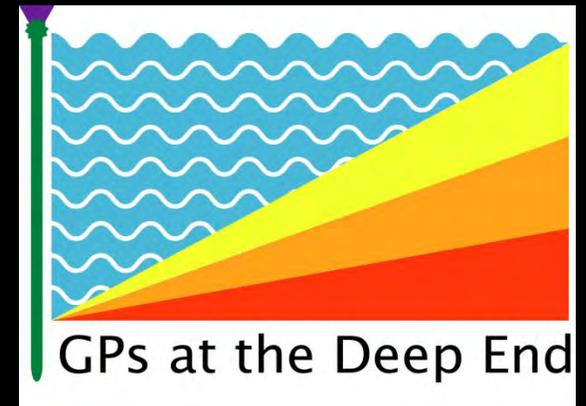
The medical officer of health and the practitioners of a distressed area are the natural advocates of the people.

They well know the factors that paralyse all their efforts.

They are not only scientists but also responsible citizens and if they did not raise their voice, who else should?

Henry Sigerist, Johns Hopkins University

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13 September 2010
The Editor
The Herald
Glasgow

Dear Sir

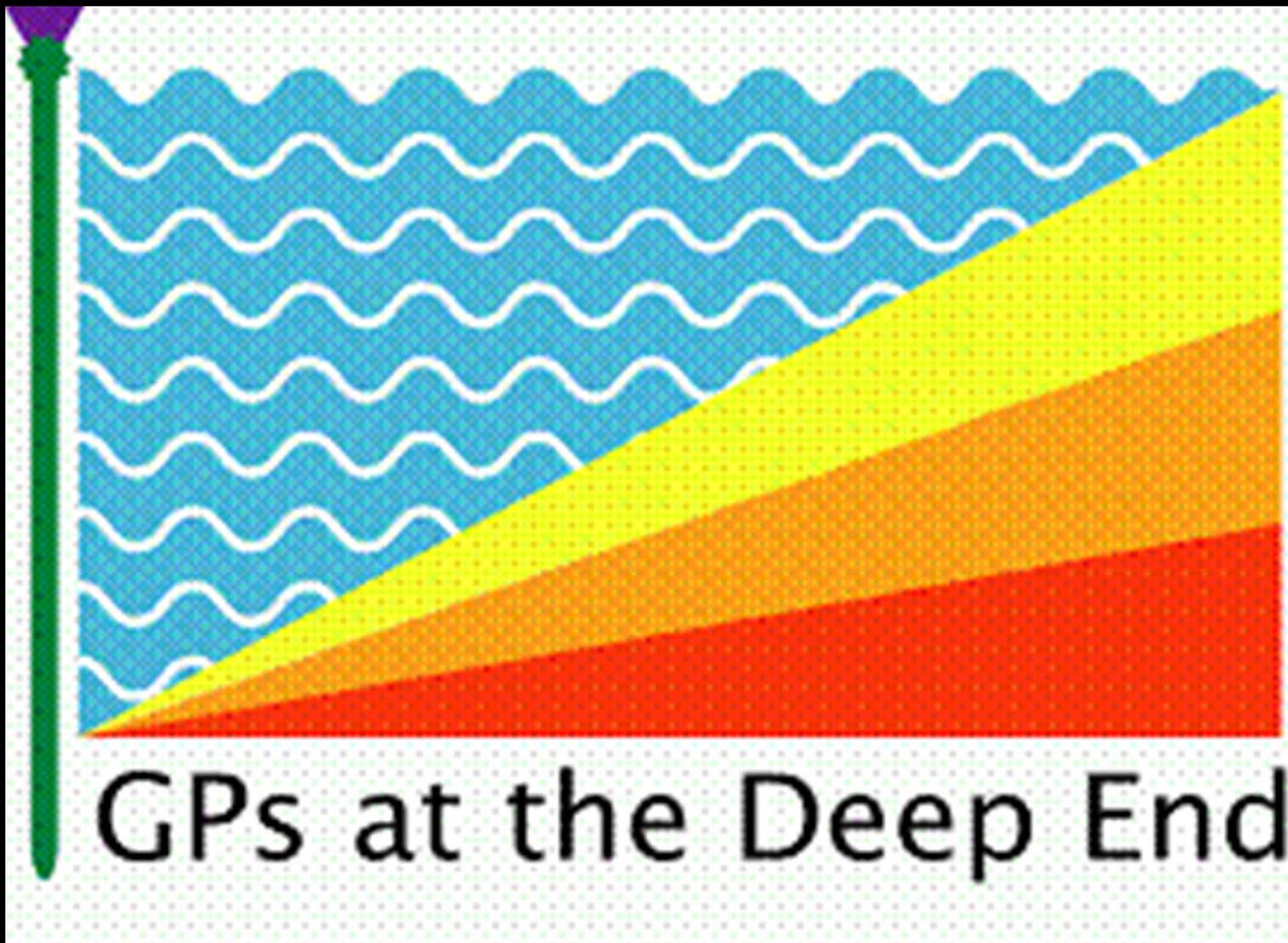
We write as general practitioners working in the most deprived areas of Scotland, with special experience of the problems of alcohol. Our interest is not through choice, but because of the huge, recent and increasing importance of excessive alcohol consumption as a cause of premature death, physical illness and social harm affecting our young patients.

Research studies show the social patterning of alcohol problems, not only the higher levels of consumption in poor areas, but also the higher levels of harm for a given level of consumption. Death rates from alcohol liver disease are five times more common in poor areas compared with the most affluent areas.

Scotland's statistics are shocking, but "statistics are people with the tears wiped off". The current debate about alcohol pricing can lose sight of the misery and devastation that affects our patients and their families, especially the lasting effects on children. Drunken disorder is only the most obvious problem. Every one of us knows of tragic cases of young adults whose lives, and whose family lives, have been ruined by alcohol. Women are particularly vulnerable. No one should die young and yellow from chronic alcohol poisoning.

This is not an issue that can be left to personal responsibility or the massed efforts of health practitioners trying hard to stem the tide. Any measure, such as minimal alcohol pricing, which makes it more difficult for people to consume regular excessive amounts of alcohol should be seized, as a public health measure of the highest importance. Cross party support is the least we should expect from our politicians, especially those representing the most deprived constituencies, in confronting this very real and lethal epidemic.

Signed by the following NHS general practitioners



SECOND NATIONAL MEETING
Erskine Bridge Hotel, Erskine, Glasgow
Tuesday 15th May 2012

Doctors warn austerity is 'damaging patients' health

Large city hospitals 'are hubs for MRSA'

HOSPITALS in large cities act as "breeding grounds" for the superbug MRSA, which then spreads to smaller regional hospitals and health centres, according to a new study.

Researchers from Edinburgh University found evidence that shows for the first time how the superbug spreads between different hospitals throughout the country.

The study involved looking at the genetic make-up of more than 80 variants of a major clone of MRSA found in hospitals.

Scientists were able to determine the entire genetic code of MRSA bacteria taken from infected patients.

They then identified mutations in the bug that led to the emergence of new MRSA variants and traced their spread around the country.

Dr Ross Fitzgerald, of The Roslin Institute at Edinburgh University, who led the study, said: "We found that variants of MRSA circulating in regional hospitals probably originated in large city hospitals.

"The high levels of patient traffic in large hospitals means they act as a hub for transmission between patients, who may then be transferred or treated in regional hospitals."

E.ON to freeze its prices

ENERGY giant E.ON reassured its five million customers after it pledged to keep residential energy

GPs in deprived areas see sharp rise in social issues

STEPHEN NAYSMITH
SOCIETY EDITOR

GPs working in the most deprived communities in Scotland have warned of increasing levels of mental and physical health problems among patients affected by austerity.

The Deep End group of GPs, representing 360 doctors in 100 practices, said job losses, welfare reform and cuts to social services were all affecting the health of their patients.

The 100 Deep End group of general practices that serves the most socio-economically deprived areas of the country was set up in 2009. It is backed financially by the Scottish Government.

In a new report, the group says austerity measures are causing increased distress and poverty among their patients, and an increased workload for family doctors.

The GPs add that the growing impact of benefit cuts mean much of their time is taken up with social issues rather than patients' underlying health problems.

In February, the group surveyed members to ask about their experiences of austerity. Doctors responded that patients were suffering deteriorating mental health, and also physical problems.

The report says: "GPs report less time to deal with physical problems, as these are no longer a priority for the patient."

Benefit changes were also a concern for many GPs, because they felt patients were wrongly being declared fit to work in medical tests on behalf of the

for work was particularly frustrating.

She said: "So many people who are clearly unfit for work are being assessed as capable of work after a cursory assessment.

"We see people with uncontrolled chronic conditions, who are physically quite disabled or have significant mental health problems. The system seems to maximise their distress.

"The majority appeal and the majority of them win."

The report draws attention to the impact of cuts in other public services, such as education, social work and addiction support. Dr Craig added: "The minimum pricing of alcohol is a great thing, but addiction services are falling by the wayside. Austerity measures also affect children, but social work only have the resources to get involved in the most disturbed and difficult situations."

Dr Graham Watt, professor of General Practice at Glasgow



So many people who are clearly unfit for work are being assessed as capable of work after a cursory assessment

University, helped compile the report. He said: "These GPs are absolutely on the front line. Many of them are frustrated that they can see all this happening but people don't know about it."

Aberdeen South MP Anne Begg chairs the work and pensions select committee at Westminster, and has written to



ON THE FRONTLINE: GPs Margaret Craig, left, and Petra Sambale are part of the Deep End group of GP practices. Picture: Colin Mearns

Cases of concern

Patients and doctors in the report are anonymous to protect confidentiality.

● A doctor saw a 40-year-old woman who had been sexually abused as a child and had struggled with alcoholism. "She was found to be capable

worry that her mental health will deteriorate. Her benefits were stopped. She was diagnosed with type 2 diabetes ... instead of working with her setting goals for her diabetes I wrote a letter for an appeal and referred her to the benefit

● Another reports seeing a former labourer in his early fifties who was out of work due to osteoarthritis. His disability allowance had been cut and he was unable to afford his mortgage. "This patient's mental health problems have escalated and he is being seen

psychologically cope with retraining."

● A third case reads simply: "Eastern European pregnant lady with no money or food. Living in squalor with approximately eight other adults. No money available or

News Politics Con-Dem cuts

By Chris Clements | 16 Nov 2013 00:01

Welfare cuts could see further 60,000 Scots kids being dragged into poverty, warn doctors

A SCATHING report from the Deep End Steering Group and authorised by 360 GPs in deprived areas says the bed tax and work capability assessments are damaging the health and lives of the country's most vulnerable people.

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6

A LEARNING ORGANISATION

SHARING

Knowledge

Information

Evidence

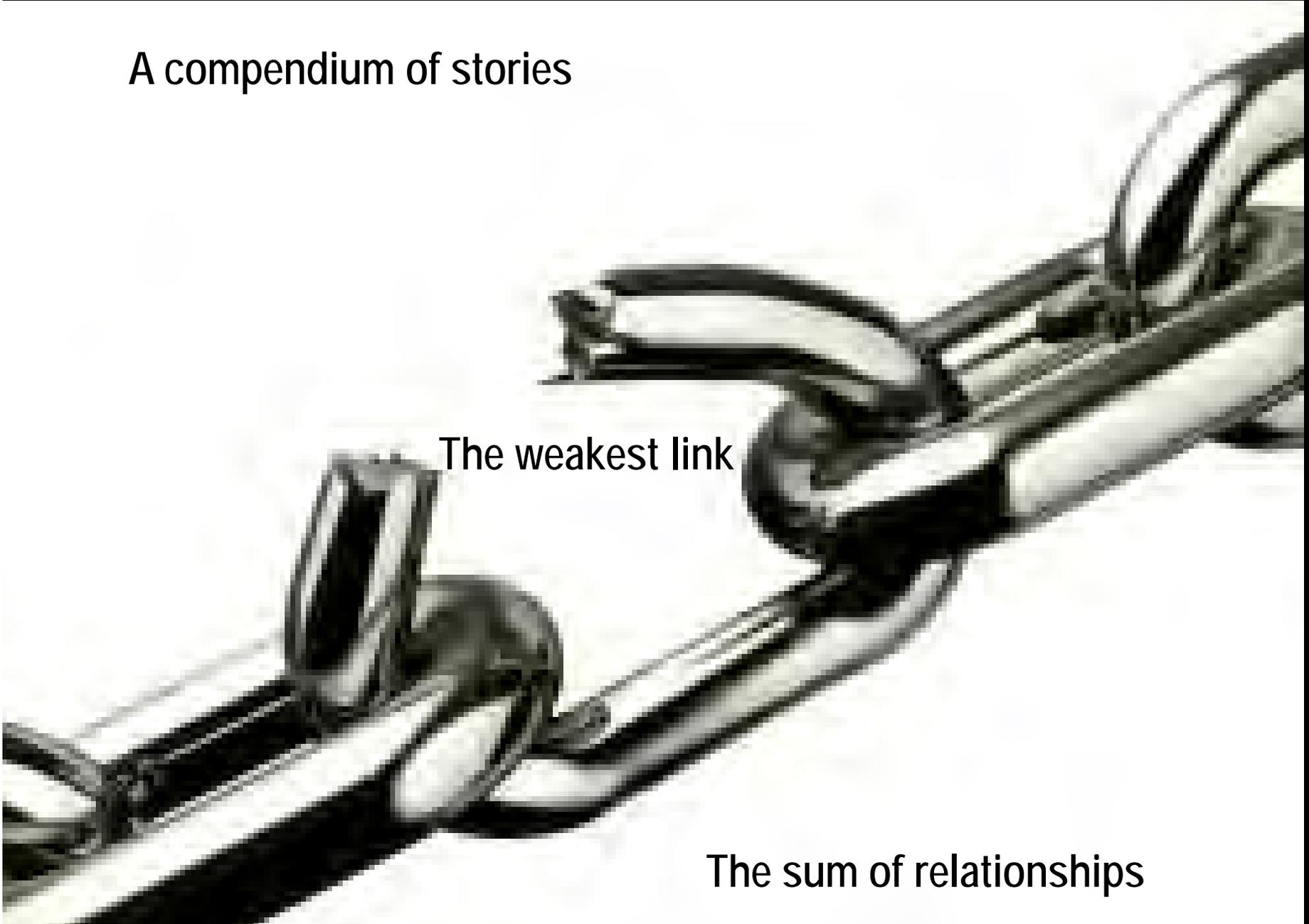
Experience

Values

A compendium of stories

The weakest link

The sum of relationships

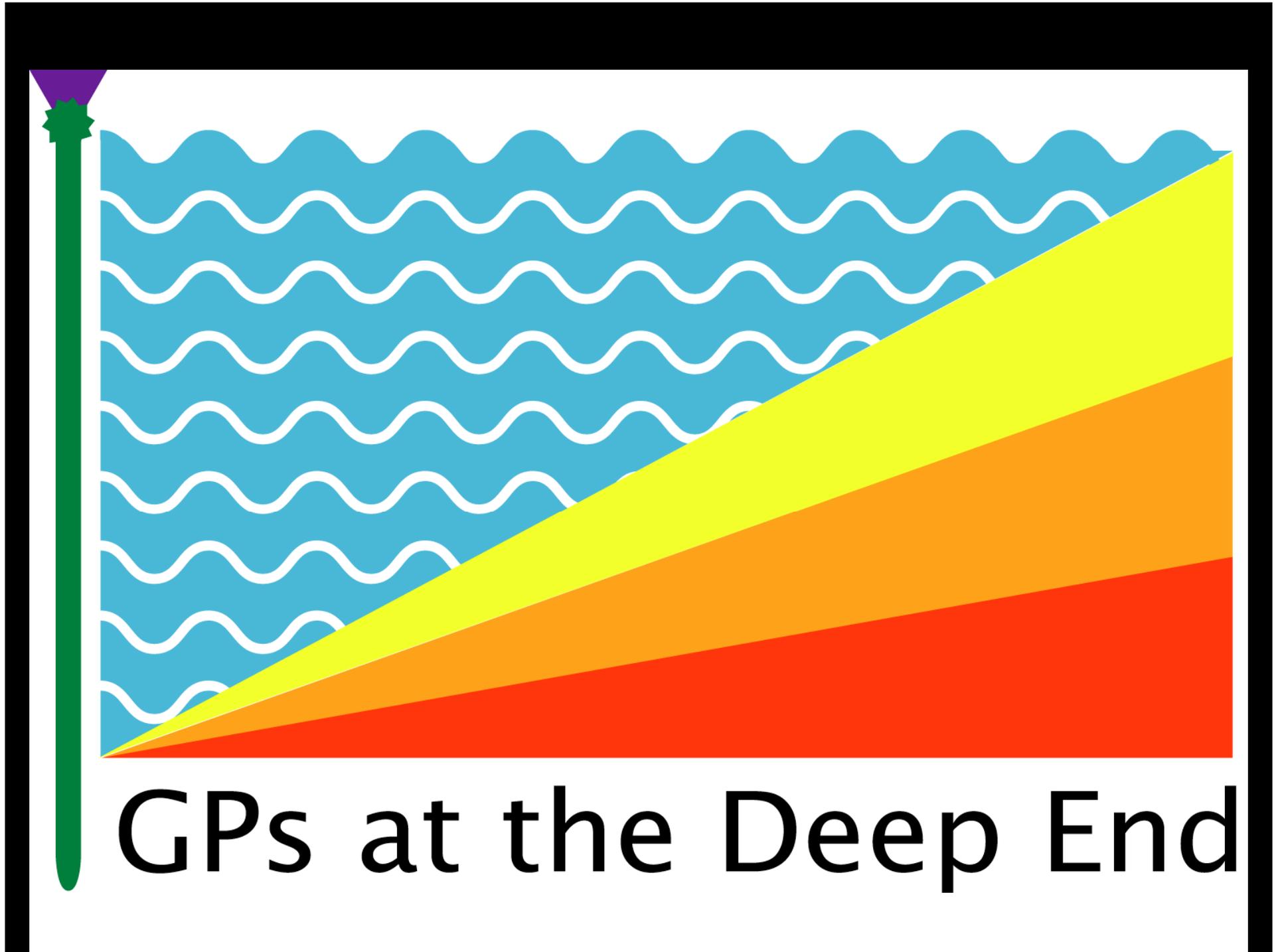




*Jesus bids us shine,
With a pure, clear light,
Like a little candle,
Burning in the night.
In this world is darkness,
So let us shine—
You in your small corner,
And I in mine*



SINGING FROM THE SAME HYMN SHEET



GPs at the Deep End