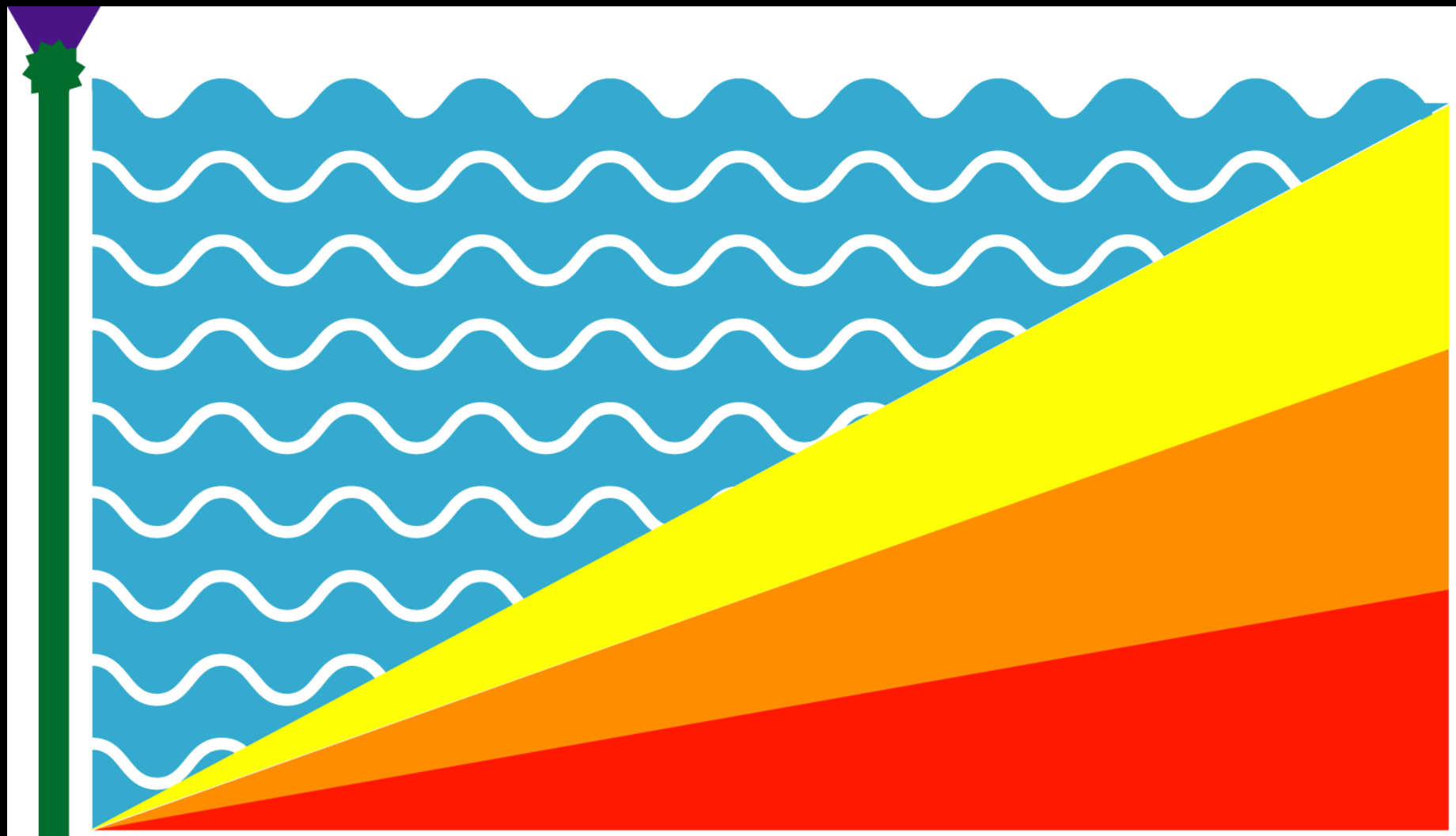


GPs at the Deep End

He who would do good to another must do it in minute particulars.

General good is the plea of the scoundrel, hypocrite and flatterer.

For art and science cannot exist but in minutely organised particulars.

WILLIAM BLAKE

What people say

what people do

and what people say they do

are entirely different things

MARGARET MEAD

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 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 voices, who else should?

Henry Sigerist,
Johns Hopkins University

THE HERALD TUESDAY 15.05.2012 PAGE 9 NEWS

Doctors warn austerity is damaging patients' health

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 benefi
- 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

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

Daily Record AND SUNDAY MAIL

HOME NEWS SPORT ENTERTAINMENT LIFESTYLE TV IN YOUR A

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.

Tweet 122 Like 406 Send

INVERSE CARE LAW

The availability of good medical care tends to vary inversely with the need for it in the population served

Julian Tudor Hart, Lancet 1971;i:405-407

INVERSE CARE LAW

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

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

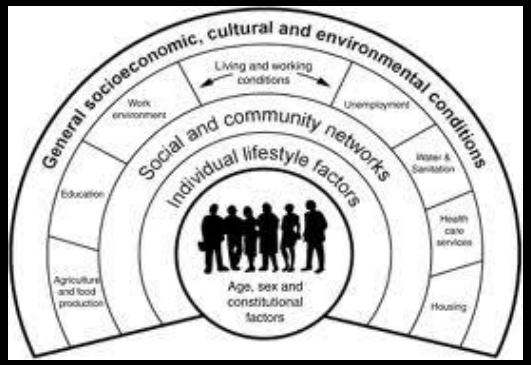
THE IMPORTANCE OF BEING EARNEST

Cecily How dare you? This is no time for wearing the shallow mask of manners. When I see a spade I call it a spade.

Gwendolen I am glad to say that I have never seen a spade.

The role of public health

to address social determinants



The role of health care

to reduce severity and delay progression

NHS

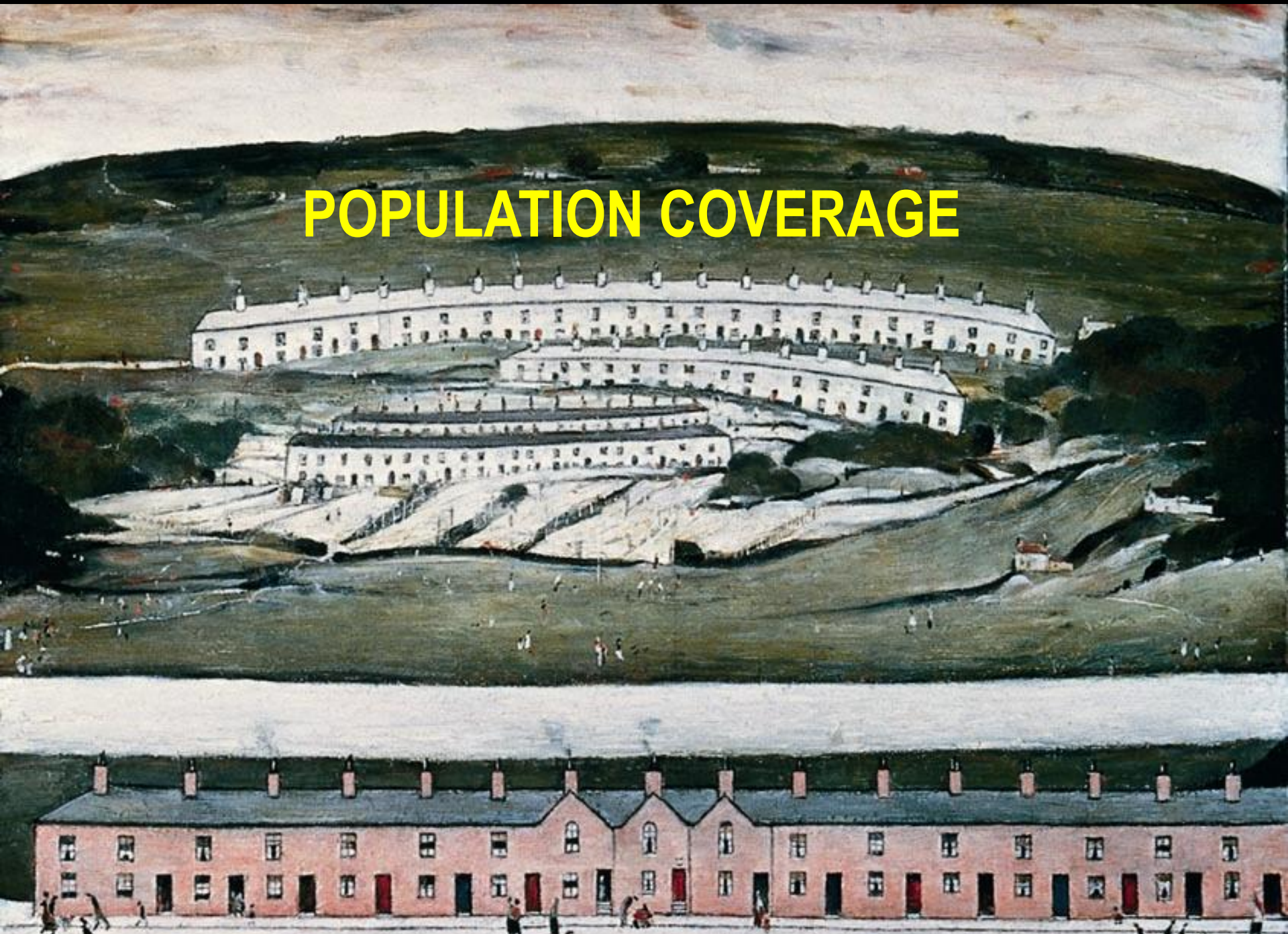
NHS

© EPA

The challenge of universal coverage

GATEKEEPING

POPULATION COVERAGE

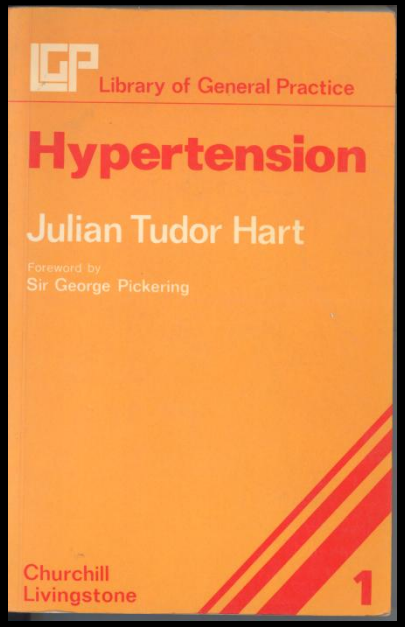


SEMICONTINUOUS SCREENING OF A WHOLE COMMUNITY FOR HYPERTENSION

J. TUDOR HART

General Practitioner, Glyncorrwg Health Centre, Port Talbot, Glamorganshire

Summary Screening for hypertension of 98% of an industrial village population (476 men and 436 women) aged 20–64 is described. The work was done within the normal framework of general practice in the National Health Service; the additional workload was measured, and no overall increase occurred either in home visits or health-centre consultations. Blood-pressures were read by a single observer whose systematic error was known, and are reported with means and standard deviations by 5-year age-groups. By defined criteria 26 men and 12 women required consideration for treatment (3·6% of men under 40, 7·0% of men aged 40–64; 0·5% of women under 40, 4·6% of women aged 40–64). Of those in the defined hypertensive group without symptoms, 9 out of 14 men and 3 out of 5 women had objective signs of heart or kidney damage by simple tests. It is concluded that screening for hypertension, using these criteria, is feasible with existing resources, and that high response-rates can be achieved with little difficulty if the procedure is carried out within the community by its own health workers. In an industrial working-class population with a health service such as that in the United Kingdom, it is likely that, in the absence of screening, about half the cases of hypertension which may need treatment will be missed over a seven-year period.



TWENTY FIVE YEARS OF CASE FINDING AND AUDIT IN A SOCIALLY DEPRIVED COMMUNITY

28% reduction in premature mortality over 25 years, compared with conventional care in a neighbouring village

Julian Tudor Hart

British Medical Journal 1991 302 1509-13

NOT ONLY

Evidence-based medicine (QOF, SIGN)

BUT ALSO

Unconditional, personalised, continuity of care, provided for all patients, whatever problems they present.

INDEPENDENT CONTRACTORS

PROPORTIONAL UNIVERSALISM

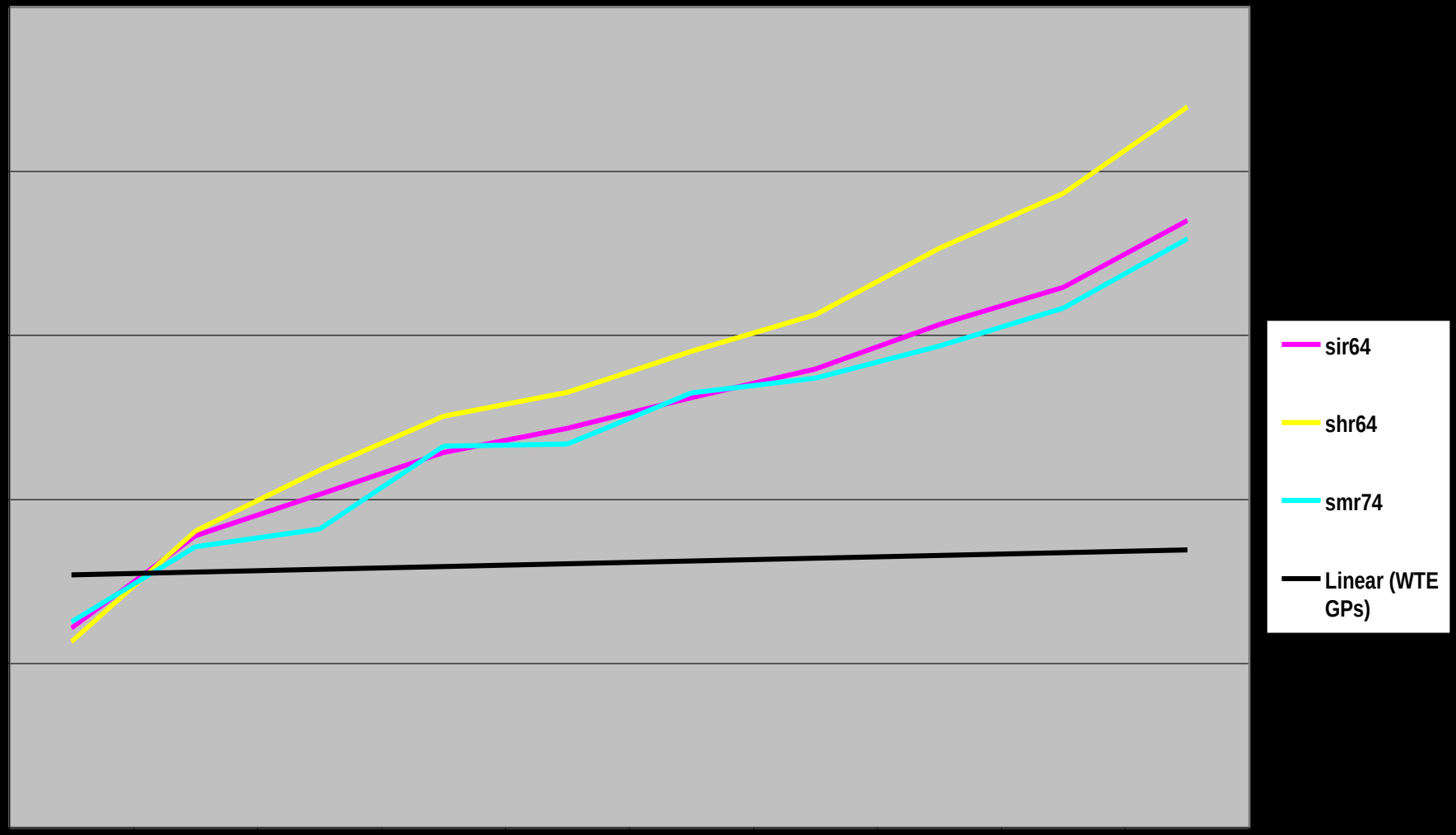
When it was launched by the then minister of health, Aneurin Bevan, on July 5 1948, it was based on three core principles:

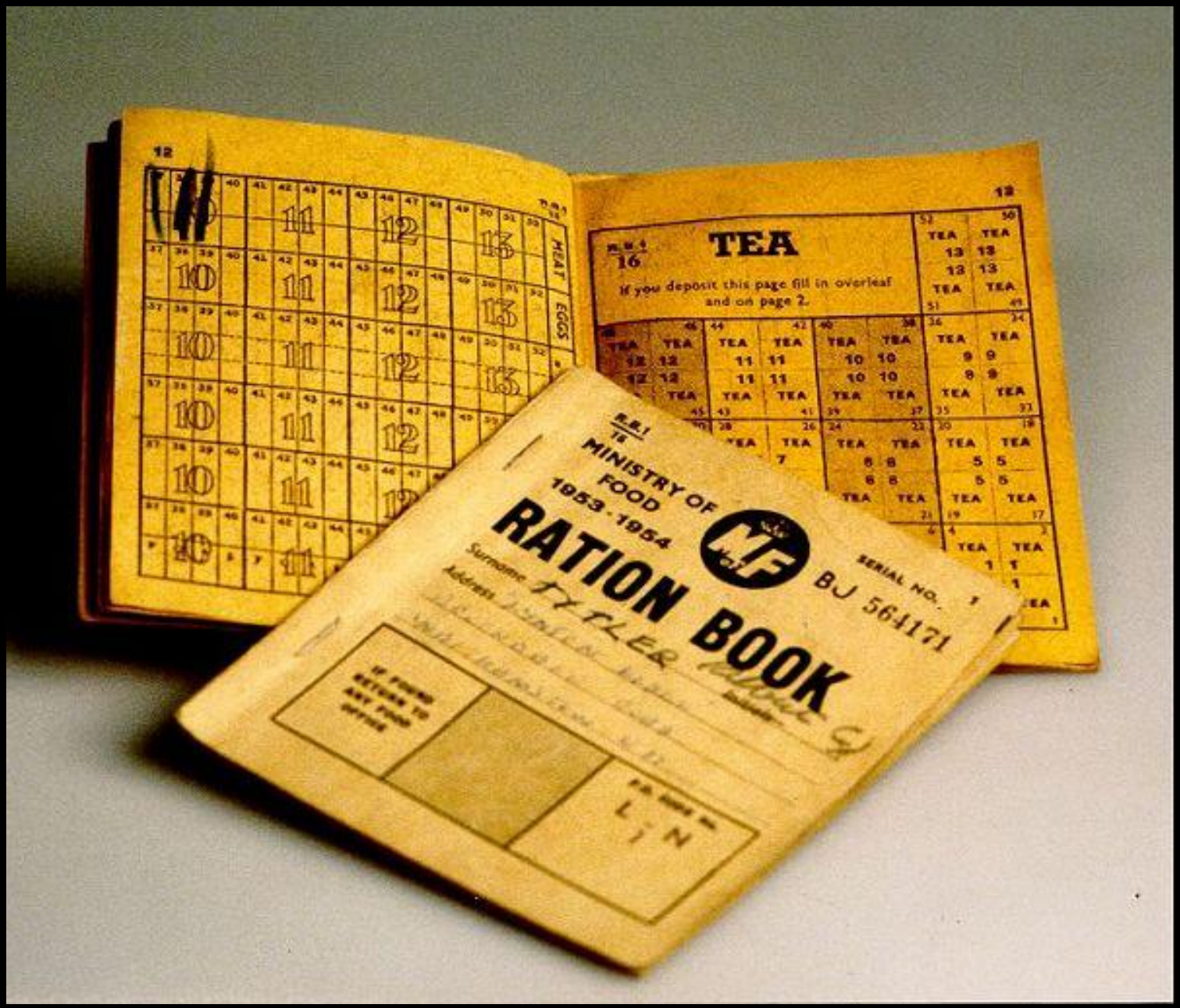
- **that it meet the needs of everyone**
- **that it be free at the point of delivery**
- **that it be based on clinical need, not ability to pay**

These three principles have guided the development of the NHS over more than 60 years and remain at its core.

ACCIDENT AND EMERGENCY
Accident
and
Emergency
Ambulances
only

THE STEEP SLOPE OF NEED : THE FLAT DISTRIBUTION OF MANPOWER

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Surname
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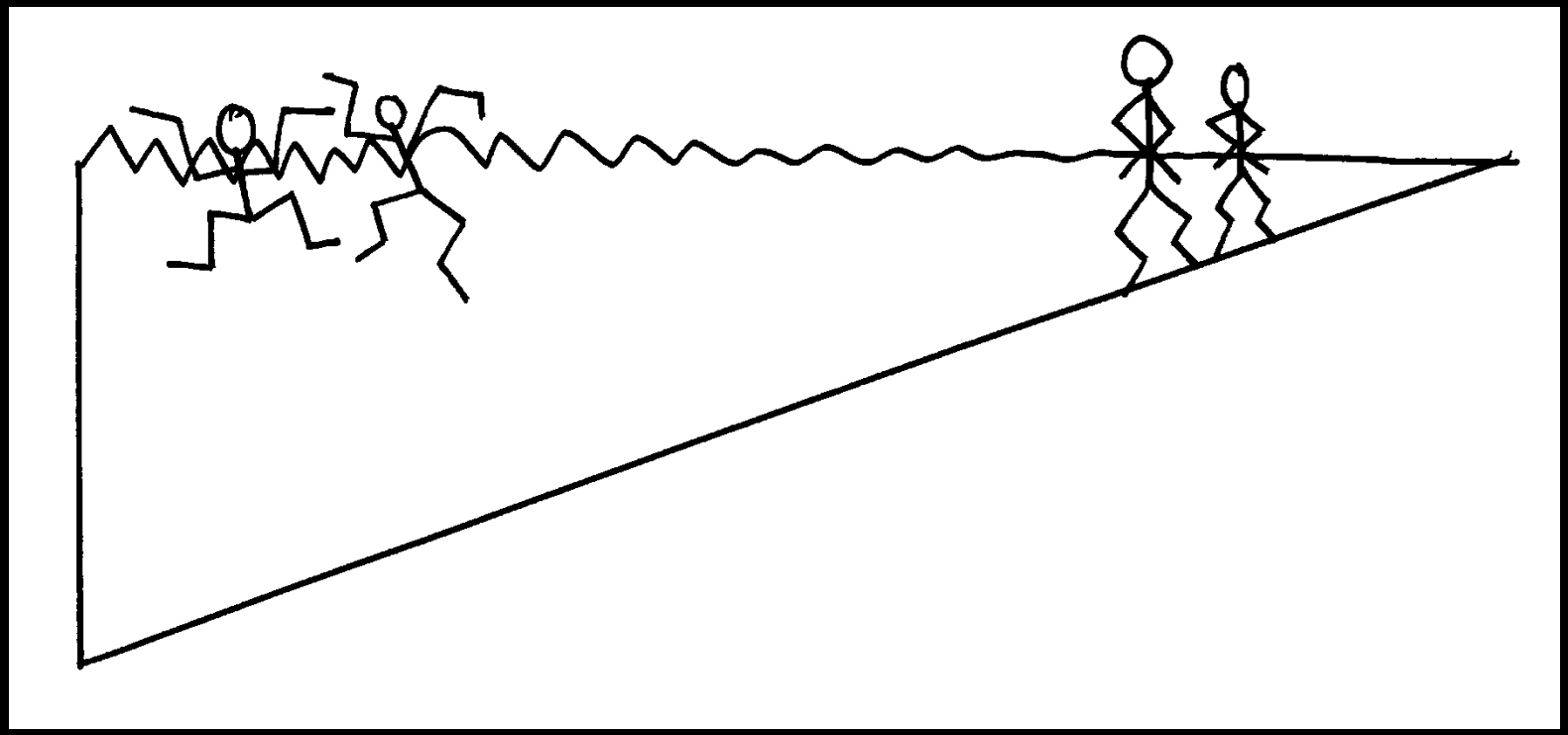
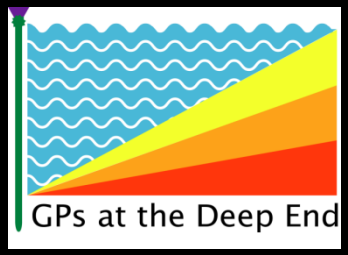
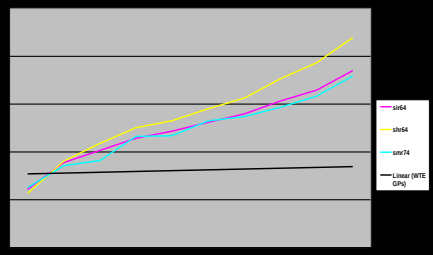
EGGS

GENERAL PRACTITIONERS AT THE DEEP END







GENERAL PRACTICE FUNDING PER PATIENT

DECILE OF DEPRIVATION	TOTAL PRACTICE FUNDING PER PATIENT £	ESSENTIAL CONTRACT PAYMENTS £	QOF PAYMENTS £	ENHANCED CONTRACT PAYMENTS £
1 (most affluent)	113.9	84.8	22.4	4.3
2	150.5	114.9	23.5	4.2
3	131.8	98.3	24.0	4.3
4	129.7	91.2	25.0	4.2
5	139.3	104.4	25.0	4.2
6	149.8	97.5	25.3	4.1
7	132.3	89.0	24.4	4.0
8	115.4	85.3	25.3	4.0
9	117.4	86.7	25.7	3.9
10 (most deprived)	120.4	91.1	26.0	3.3
Total	130.0	94.3	25.0	4.0

KEY POINTS ABOUT ENCOUNTERS IN DEPRIVED AREAS

Multiple morbidity and social complexity

Shortage of time

Reduced expectations

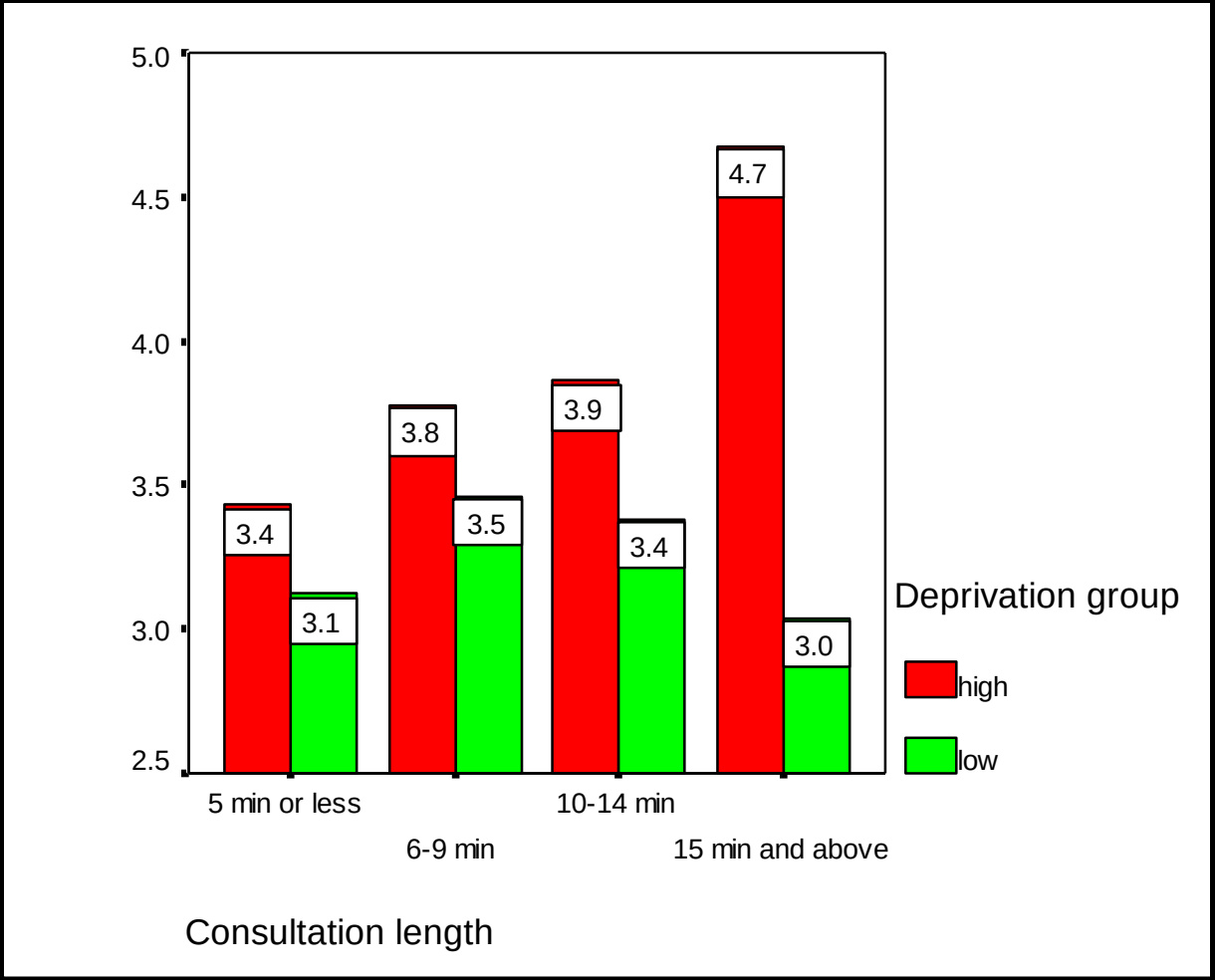
Lower enablement

Health literacy

Practitioner stress

Mercer SW Watt GCM
The inverse care law: clinical primary care encounters in deprived and affluent areas of Scotland
Annals of Family Medicine 2007;5:503-510

GP stress by clinical encounter length in areas of high and low deprivation



WHAT IS THE NHS FOR ?

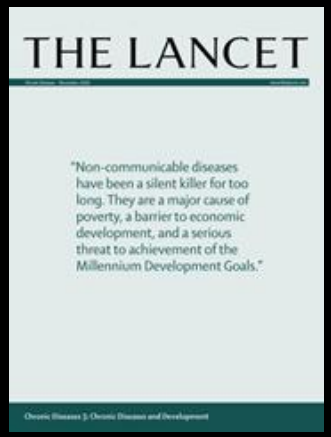
Dealing with emergencies

Providing specialist care

Starting well

Dying in comfort and with dignity

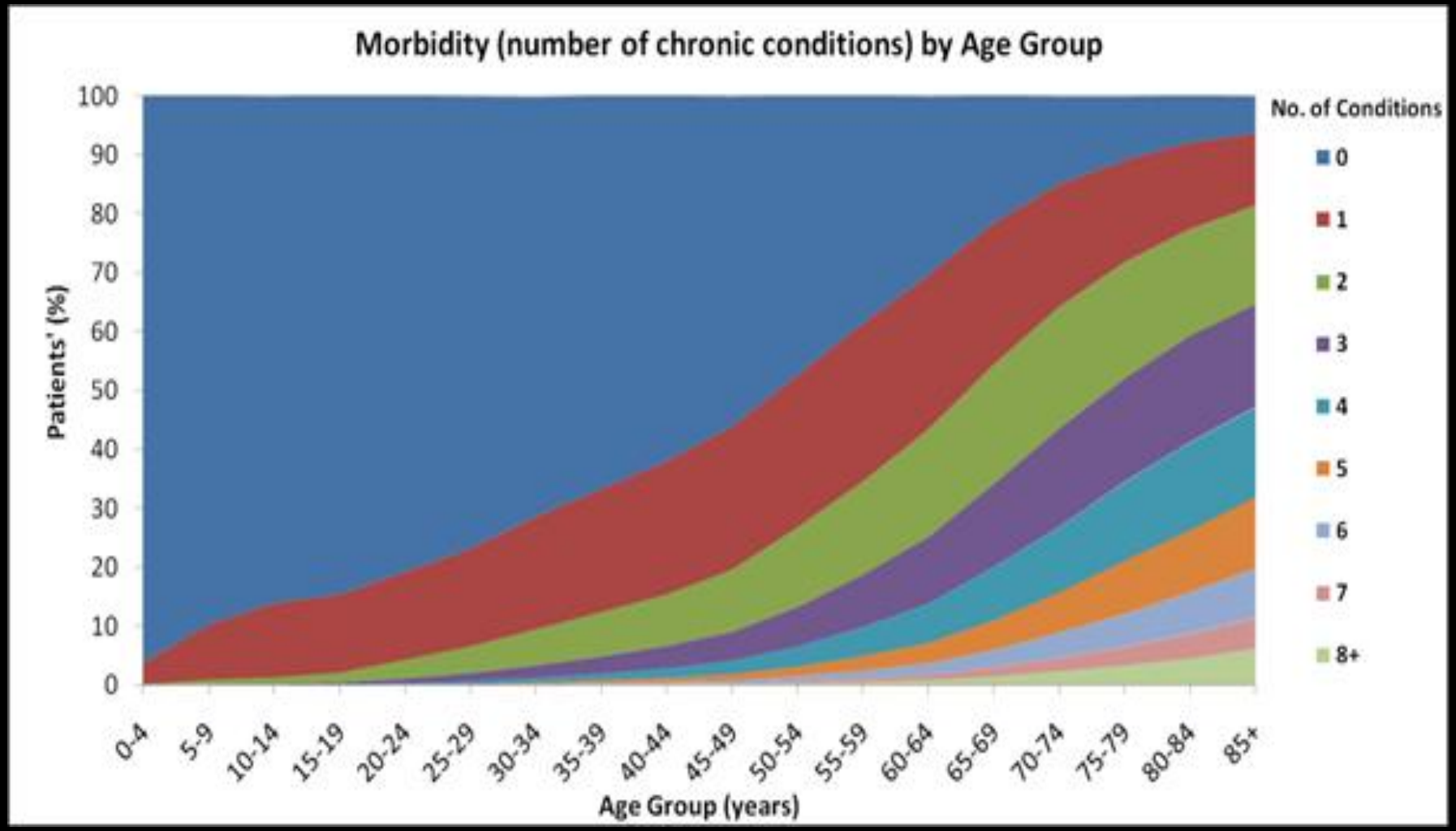
Living well with multiple conditions



Karen Barnett, Stewart Mercer, Michael Norbury, Graham Watt
Sally Wyke, Bruce Guthrie

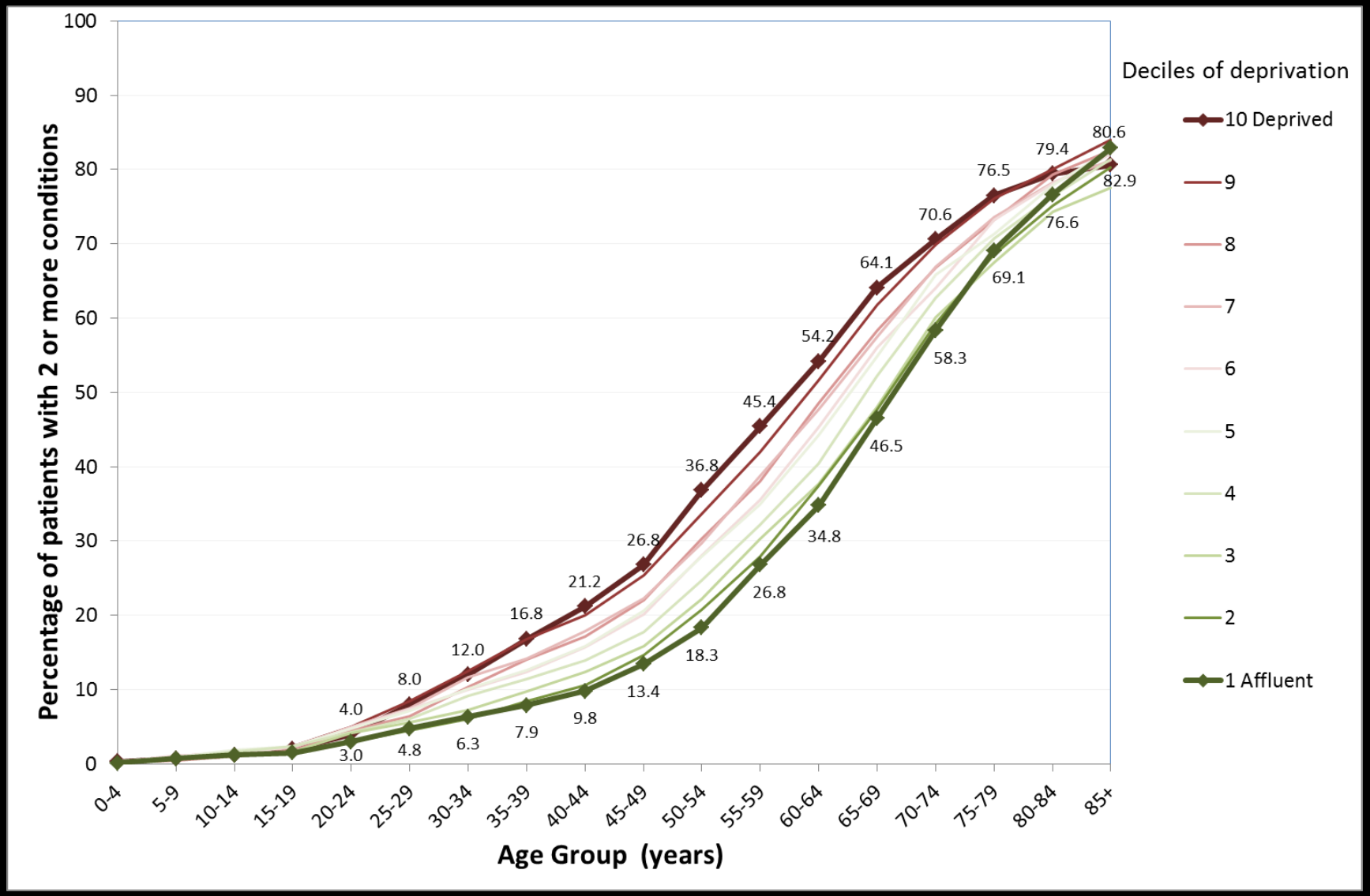
LANCET 12th May 2012

Multimorbidity is common in Scotland

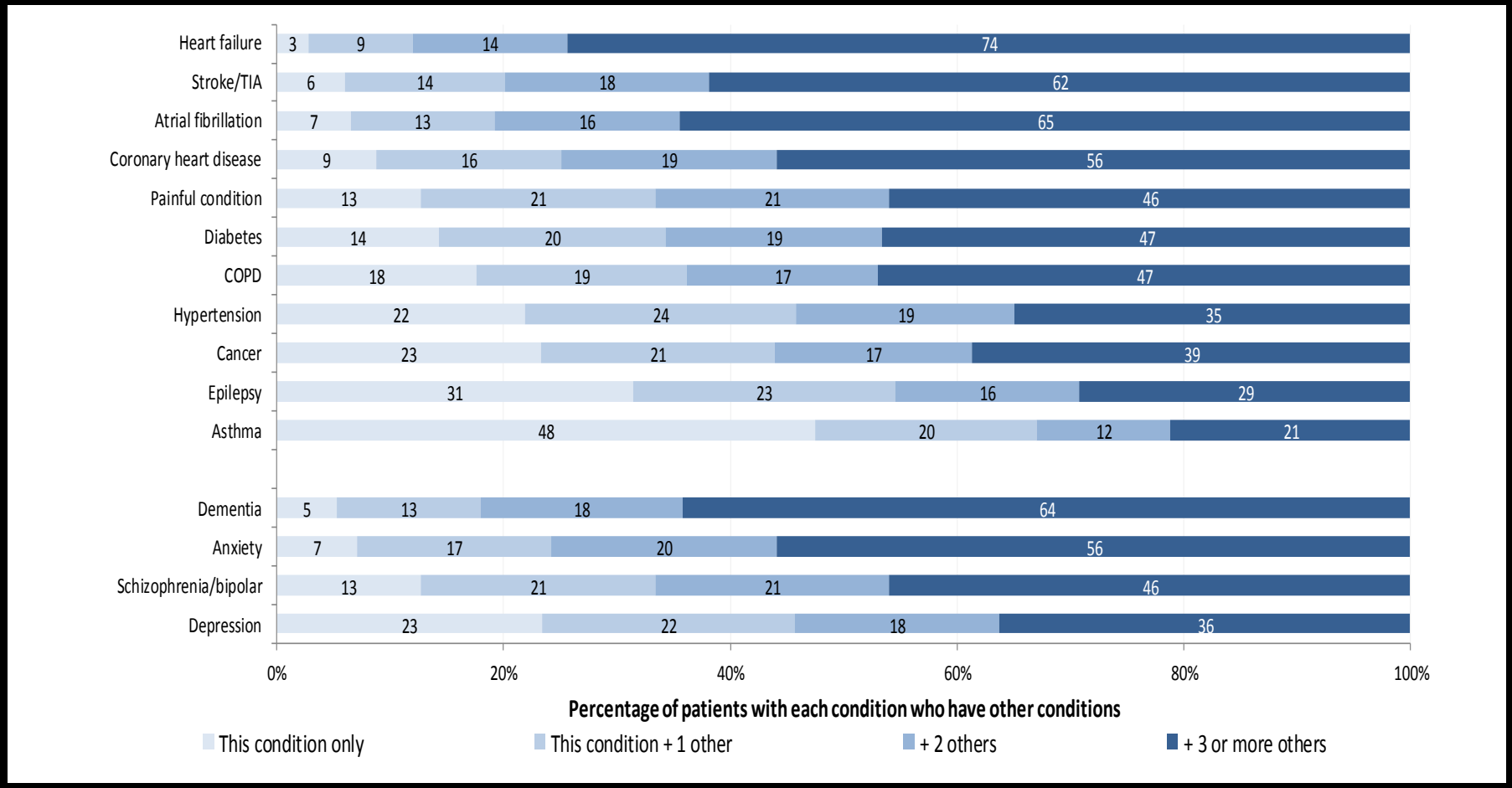


- The majority of over-65s have 2 or more conditions, and the majority of over-75s have 3 or more conditions
- More people have 2 or more conditions than only have 1

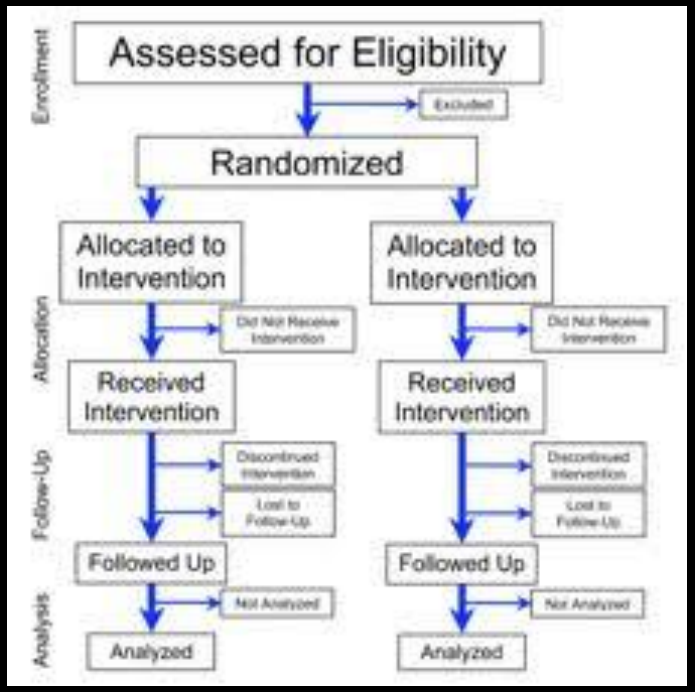
Social patterning of multimorbidity



Most people with any long term condition have multiple conditions in Scotland

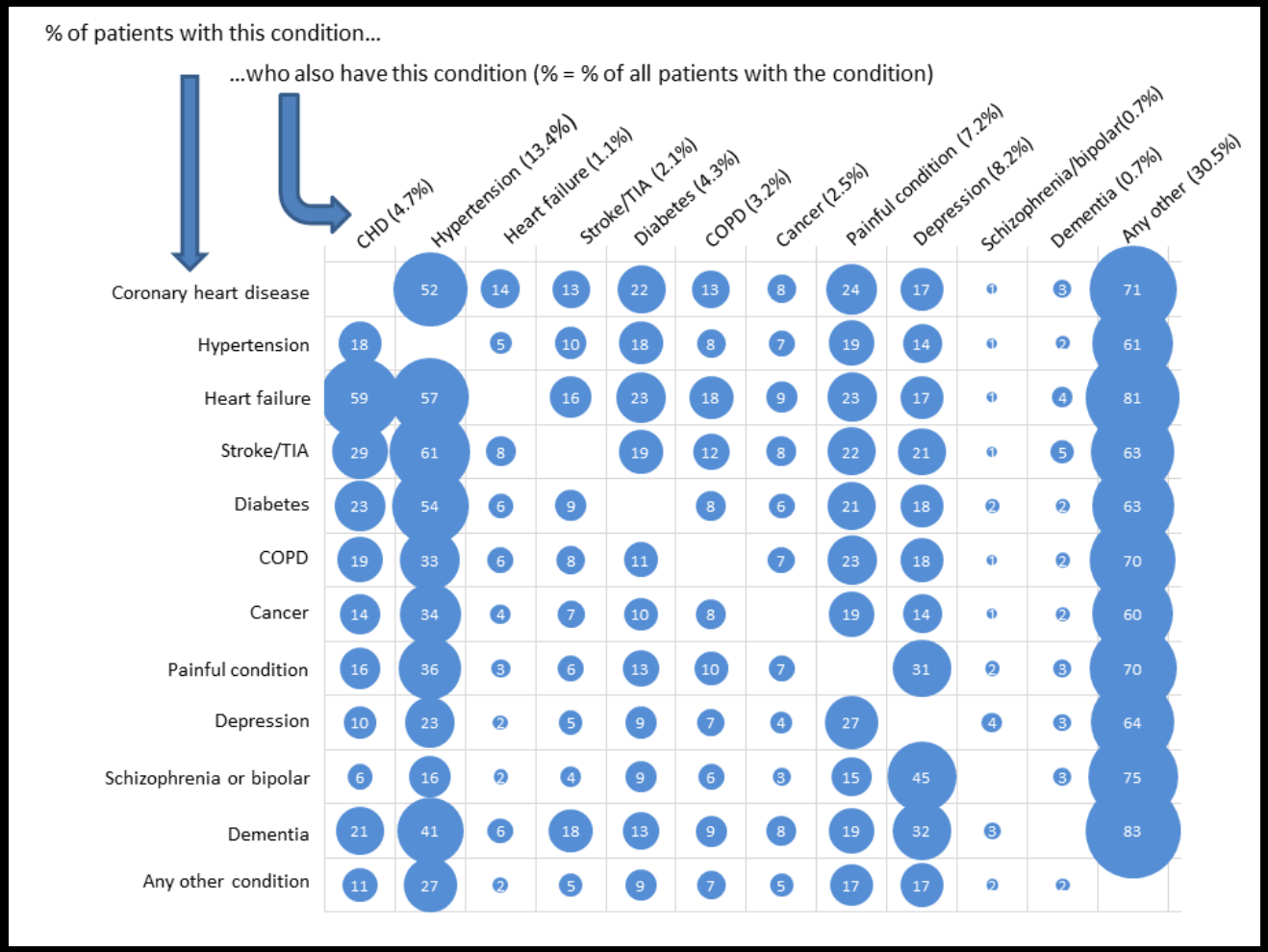


RANDOMISED CONTROLLED TRIALS

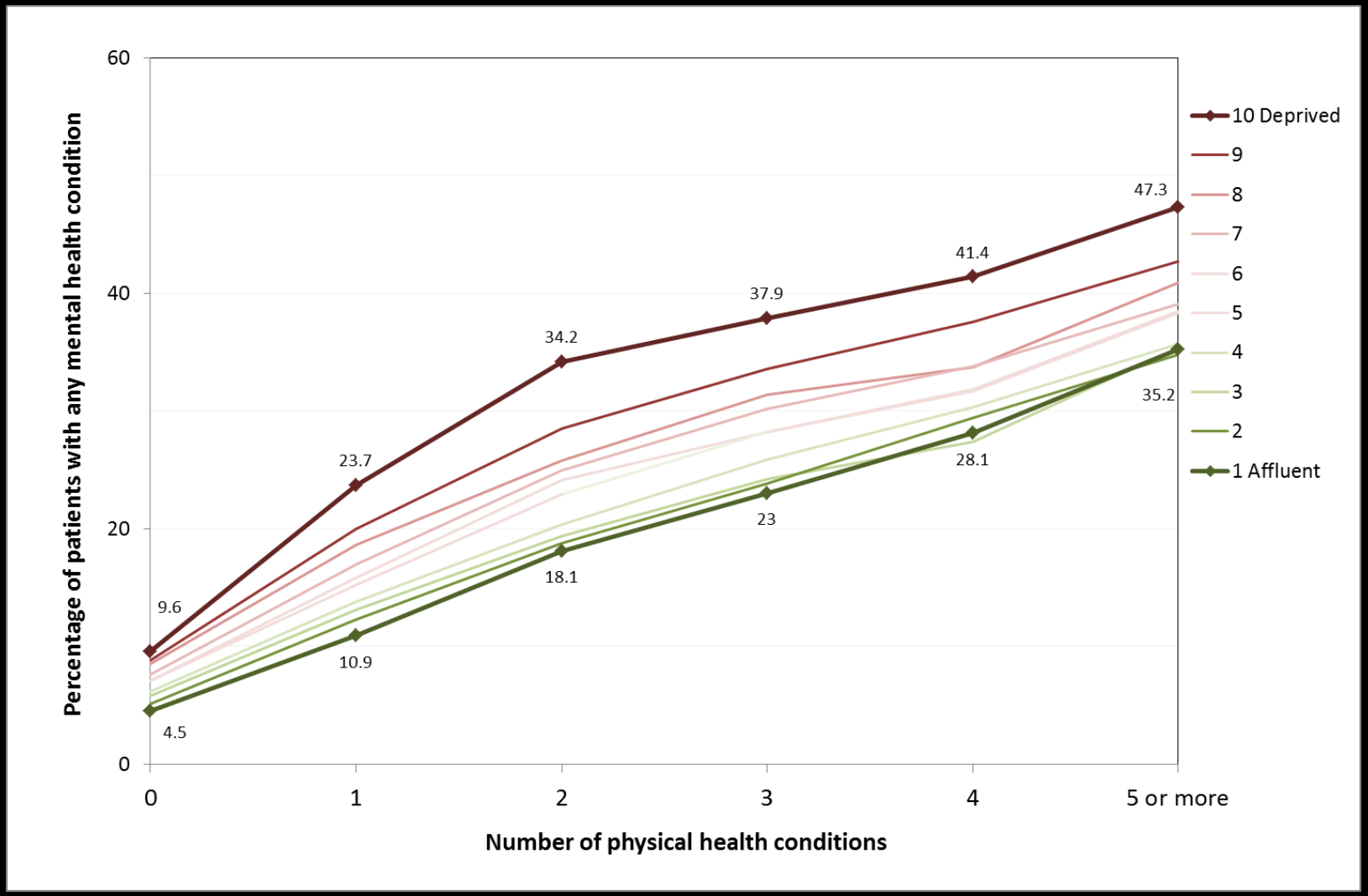


A SYSTEMATIC SOURCE OF BIAS

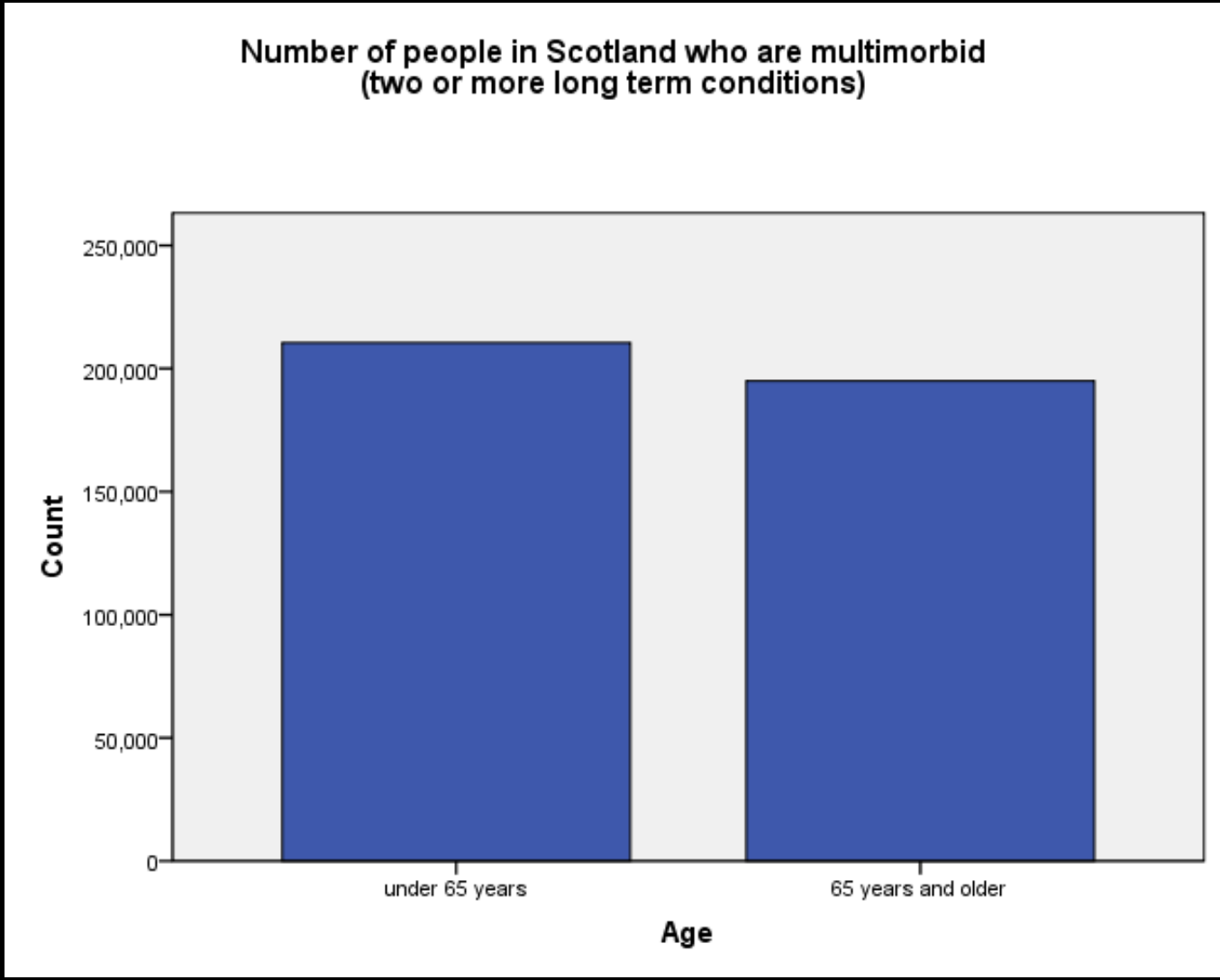
Most people with any long term condition have multiple conditions in Scotland



A mental health problem is the commonest co-morbidity



There are more people in Scotland with multimorbidity below 65 years than above



The Herald
FOUNDED ON MONDAY JANUARY 27, 1783

GPs at the Deep End

Give care services more resources

Our health service should be at its best where it is needed most

SCOTLAND has an admirable record of providing comprehensive health care which is free at the point of use, and has been steadfast in protecting its NHS from the ravages of market competition, which continue to threaten the NHS in England.

However, as the continuing statistics on health inequality show, NHS Scotland has still to address the inverse care law, whereby the availability of good medical care tends to vary inversely with the need for it in the population served.

While NHS resource distribution formulae and general practitioner contracts have recognised for a long time the increased health problems, multiple morbidity and needs for care of elderly populations, they have been much less effective in providing resources to meet the increased health problems, multiple morbidity and social complexity of younger patients living in very deprived areas.

As general practitioners working in the 100 most deprived general practices in Scotland, we are the front line of the NHS in Scotland as it battles with health inequality. We are in daily contact with large numbers of patients, with unrivalled levels of continuity and coverage, and have substantial experience and knowledge of the health problems of people living in Scotland's poorest communities, including vulnerable children, and those struggling with mental health and addiction problems, in addition to physical ailments.

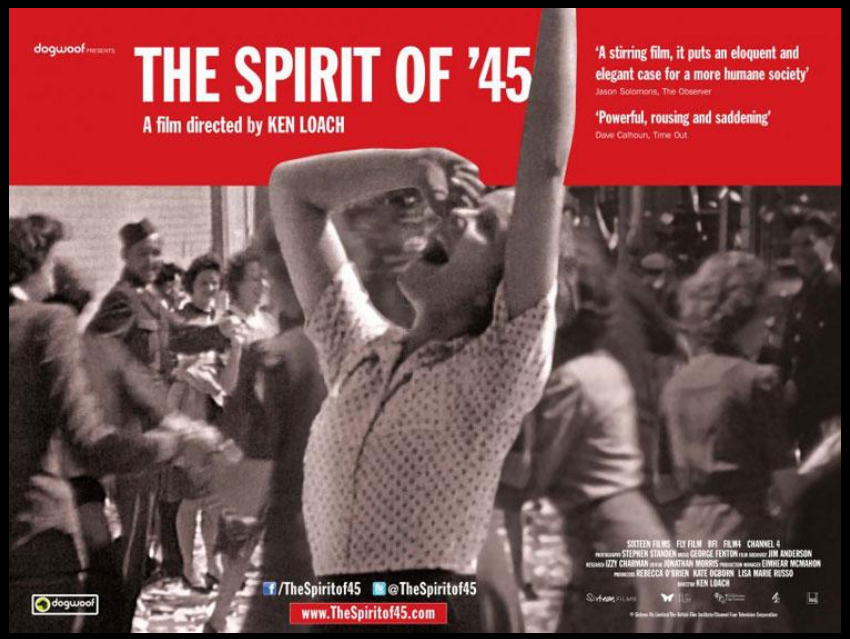
The inverse care law in Scotland is not a matter of good medical care in affluent areas and bad medical care in deprived areas. It is the difference between what general practice and primary care can currently achieve, in meeting the needs of patients in very deprived areas, and what could be achieved if the service were better resourced to address levels of need.

The major issue which must be addressed, and whose solution requires political action, is the shortage of time within consultations to address a patient's needs in very deprived areas. Although other measures are needed, without this essential building block, the NHS will continue to fail in its attempts to narrow health inequalities.

Longer consultations are needed to work with patients on their problems, to take a preventive approach and to instigate links to other services.

The NHS has many challenges to face, but should be at its best where it is needed most. We call on political parties contesting the forthcoming election to commit themselves to eliminating the inverse care law in Scotland. Their first step should b to provide general practices in the front line with additional time for patient consultations.

Members of the Deep End Steering Group Georgina Brown, GP, Springburn Health Centre; John Budd, GP, Edinburgh Homel Practice; Peter Cameron, GP, Drumchapel Health Centre; Margaret Craig, GP, Possil and Springburn; Susan Langridge, GP, Possilpark Health Centre; Stewart Mercer Professor of Primary Care Research, University of Glasgow; Catriona Morton, GP, Craigmillar Health Centre; Anne Mulli GP, Govan Health Centre; Jim O'Neill, GP, Lightburn Medical Centre; Susan Paterson GP, Govan Health Centre; Petra Sembale, GP, Keppoch Medical Centre; Graham Wa Professor of General Practice, University Glasgow; Andrea Williamson, GP, Glasgow Homeless Health Services.

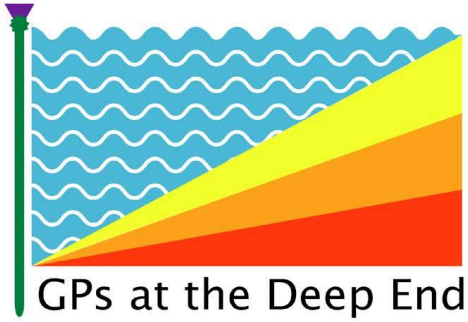


THE NHS

A **business** to make profits ?

A **public utility** to serve consumers ?

A **social institution** based on mutuality and trust ?

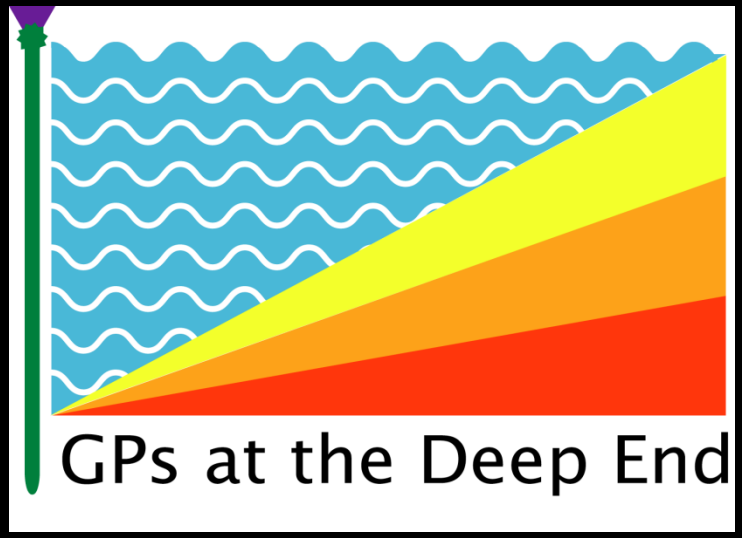


What can NHS Scotland do to prevent and reduce health inequalities?

Proposals from General Practitioners at the Deep End

March 2013

ACHIEVEMENTS



A lot, quickly and cheaply

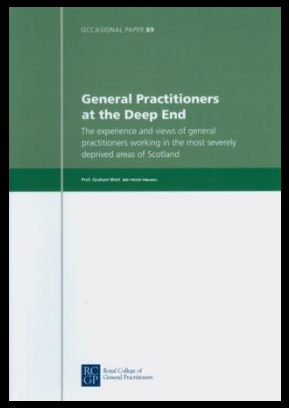
- Identity
- Engagement
- Profile
- Voice

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

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

2nd National Meeting 2012

RCGP Occasional Paper 89



Deep End Proposals – engagement with Government

www.gla.ac.uk/deepend

TIME

THE HERALD THURSDAY 05.07.2012

GPs' warning over service in poor areas

NHS less effective in deprived communities

EXCLUSIVE

STEPHEN NAYSMITH

GPs working in the 100 most deprived communities in Scotland have warned that patients in poor areas often get a worse service from the NHS, and cuts are increasing the unfairness.

The Royal College of General Practitioners is publishing a report from the group representing doctors working in areas of concentrated poverty, which calls for GPs in these communities to be freed up to spend more time with patients.

General Practitioners at the Deep End warns many communities in Scotland are affected by the so-called Inverse Care Law, which says health services are often less effective in the areas where they are most needed.

Typically, at the end of their lives men in poor areas suffer ill health for 10 years, and women for 14 years, compared with figures of five and six years respectively in better off neighbourhoods.

Residents of deprived areas are also much more likely to suffer from multiple chronic conditions than those in wealthier postcodes.

However, distribution of GPs is flat, which means that clinics dealing with poorer populations are more stretched, and have the same time and resources to deal with the complex medical needs of their patients.

The study argues that centralisation of services, which can occur as health boards attempt to make efficiencies, also disadvantages patients in deprived communities.

GP practices increasingly encourage self-help, and offer health advice over the internet or with leaflets, but illiteracy can be a barrier to access in some of their practices, the Deep End group says.

The trend towards asking nurses to carry some of the workload of general practice can be obstructed in GP practices where multiple illnesses are common – as more complex cases have to be referred to the GP anyway.

> **There is a mismatch of need and resource, with insufficient time to get to the bottom of patients' problems**

Meanwhile, centralising services such as sexual health and family planning or specialist weight management clinics can increase the bias towards better-off areas as patients in deprived areas may be less likely to make use of them.

Professor Graham Watt, Professor of General Practice at Glasgow University and lead author, said that although the NHS was brilliant at providing universal emergency care, it was weak at preventing emergencies in the first place. He said: "Since 1948, the NHS has supplied GPs in the same way that bread, butter and eggs were rationed in World War II – everybody gets the same," he said. "In severely deprived areas this results in a mismatch of need and resource, with insufficient time to get to the bottom of patients' problems, hence the 'swimming pool' analogy in which GPs at the Deep End are treading water."

Dr Petra Sambale, a GP at Keppoch Medical Practice in Possilpark, Glasgow, said GPs in deprived areas needed to be freed up to spend more time with patients, and more services need to be made available within the communities.

He said: "Our patients tend not to have just one disease, but might have suffered a stroke, and have chronic obstructive airways disease, with a history of heart attack and a lot of social problems. These might be more prominent, so that by the time you have discussed depression, bereavement or housing problems, you can neglect their medical needs, which are very complex.

"Centralisation of services such as weight management doesn't make sense for the population which is the most ill, but won't necessarily access the services. It can look as if there are lots of people who do access the services, but they are those who can make change more easily and have transport. My patients are getting squeezed out by it."

NHS care lottery claim: Page15

An extra GP session per week
per 1000 patients in the Deep End (i.e. pro rata)

SERIAL ENCOUNTERS

BRIEF ENCOUNTERS

RELATIONSHIPS WITH PATIENTS

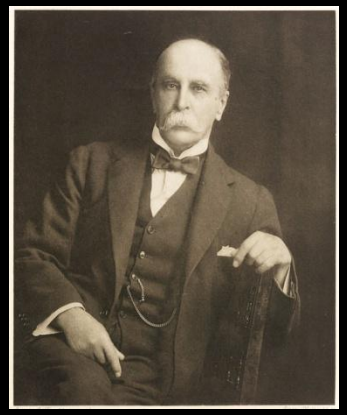
Initially face to face, eventually side by side

Julian Tudor Hart
A NEW KIND OF DOCTOR

SCHEHEREZADE

TELLING 1001 TALES

Listen to the patient
He is telling you the diagnosis



SIR WILIAM OSLER

Listen to the patient
She is telling you her treatment goals

PROFESSOR JAN DE MAESENEER

WHO NEEDS INTEGRATED CARE ?

Potentially anyone but mostly the 15% of patients

who account for 50% of primary care workload

INTRINSIC FEATURES OF GENERAL PRACTICE

Contact

Coverage

Continuity

Coordination

Flexibility

Relationships

INVENTING THE WHEEL

HUB

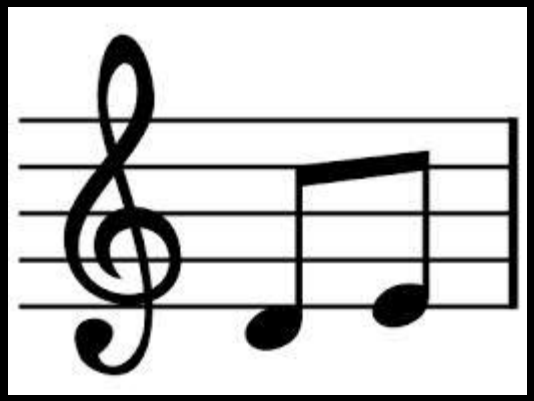
Contact
Coverage
Continuity
Comprehensive
Coordinated
Flexibility
Relationships
Trust
Leadership

SPOKES + RIMS

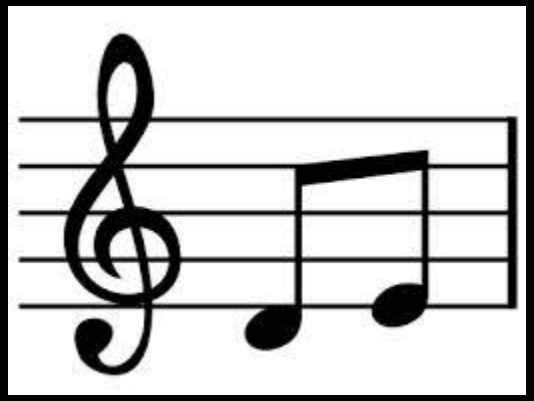
Keep Well
Child Health
Elderly
Mental Health
Addictions
Community Care
Secondary Care
Voluntary sector
Local Communities

INTEGRATED CARE DEPENDS ON MULTIPLE RELATIONSHIPS

SINGING FROM THE SAME HYMN SHEET



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

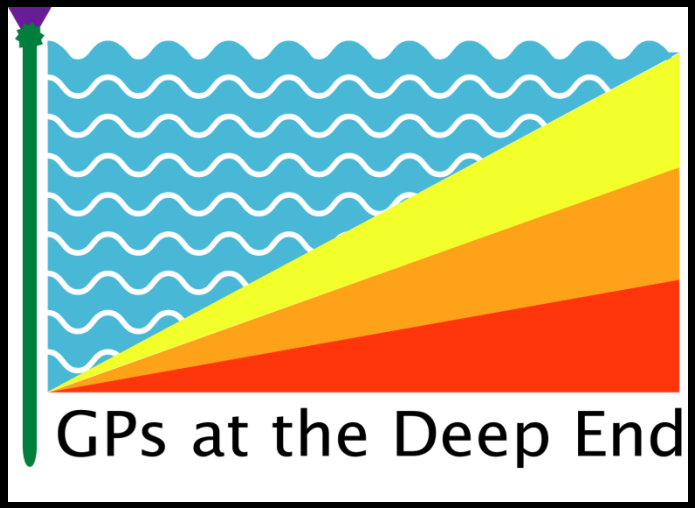


WHY DID THE INDUSTRIAL REVOLUTION START IN LANCASHIRE ?

I’VE JUST INVENTED A MACHINE THAT DOES THE WORK OF TWO MEN.

UNFORTUNATELY, IT TAKES THREE MEN TO WORK IT

SPIKE MILLIGAN



MINUTE PARTICULARS

Engage
Address the inverse care law
Increase the volume, quality and range of care, based on need
Build local systems around practice hubs
Invest in collective working
Invest in local leadership
Share power and responsibility
Give it time