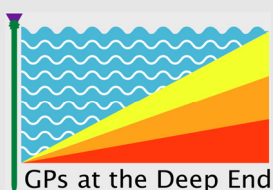


DEEP END SUMMARY 4

Experience and views of Keep Well and ASSIGN

Twenty GPs from Glasgow, Edinburgh and Inverclyde met on Friday 29 January 2010 for a workshop on their experience and views of Keep Well, including their experience of using the new Scottish cardiovascular risk score ASSIGN. The meeting was funded by NHS Health Scotland.

- Keep Well has largely worked well, providing a boost for preventive activities via increased ascertainment and provision of specific health improvement activities.
- Ascertainment is not yet complete and there is uncertainty as to how much effort should be expended in maximising response rates.
- Government commitment is needed to maintain the work that has been started.
- In Keep Well practices, there is a need to provide continuing support as the focus shifts from initial ascertainment to long term support and follow up.
- Keep Well should also be initiated in the large number of severely deprived practices which have not so far taken part in the programme.
- The arrangements required for continued follow-up and support are different from those required for initial ascertainment and need to be more closely integrated within routine practice activity.
- To avoid fragmentation of services, with predictable effects on patient uptake, it is desirable that key health improvement services are provided “in-house”, within practice settings, via staff attached from other agencies.
- There is an urgent need to develop such an approach in response to the increasingly serious and prevalent health effects of alcohol misuse.
- ASSIGN provides a welcome opportunity to increase and improve the targeting of CVD risk in deprived areas, for men and women, but effort is needed to standardise its use across practices.
- Without additional resources, commensurate with changes in caseload, it is likely that ASSIGN will be used opportunistically within consultations, rather than for screening.
- For both Keep Well and ASSIGN, there is concern that Government initiatives are leaving deprived practices with lots to do without the resources to do it.



“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 Royal College of General Practitioners (Scotland), the Scottish Government Health Department, the Glasgow Centre for Population Health, and the Section of General Practice & Primary Care at the University of Glasgow.

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