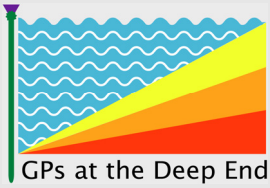
DEEP END SUMMARY 2

Coping with needs, demands and resources

Nine GPs met on Friday 22 January 2010 at the University of Glasgow for a workshop on needs, demands and resources in general practice in very deprived areas.

- Unmet need in deprived areas is huge and the demand on general practice seems unrelenting. Patients' medical needs are intimately inter-woven with emotional, psychological, financial and social problems. GPs strive to work holistically across the entire gamut of bio-psycho-social domains, often swimming against the tide and commonly feeling stressed, rushed, and exhausted.
- Complexity and multimorbidity are the norm rather than the exception in deprived areas and this occurs at a younger age than in the general population. The interface with secondary care is often problematic for a variety of reasons.
- GPs have an important advocacy role, as well as a generalist medical role, in helping their patients deal with their numerous and complex problems. This is possible because of the nature of general practice, and the values of the GPs who choose to work in deprived areas. Continuity of care provides 'constancy' to patients which is unique but requires active work and tenacity on the part of the GP.
- Potential ways forward include enhancing the primary care team based in the practice in order to address the mismatch of need and demand, and enhance efficiency of current services. For example having mental health staff, social workers, alcohol counsellors, financial advisors, etc based 'in-house' in the practice which would improve attendance rates of patients and inter-agency working.
- Ways of improving closer working with secondary care included joint GP/consultant clinics, consultant advice on difficult cases (to reduce referrals) and allocated times for telephone or email advice.
- Ways of enhancing the management of complex patients by the GP and primary care team include enhanced continuity and targeted longer consultations.
- Professional support for GPs in deprived areas should include the establishment of a Deprivation Interest Group (DIG) across Scotland based on the Lothian model.
- Remuneration of GPs should include a deprivation weighting in the global sum, QOF and enhanced services that accurately reflects the context of working in a deprived area and the extra resources it takes to attain quality patient care.



"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