DEEP END SUMMARY 6

Patient encounters in very deprived areas: what can be achieved and how?

Fifteen Glasgow GPs met on Friday 14 May 2010 at the Section of General Practice & Primary Care, University of Glasgow for a workshop on patient encounters in very deprived areas, drawing on experience, evidence and policy, and focusing on what can be achieved and how.

- Consultations with patients are the largest and most important part of the work of general practitioners.
- In severely deprived areas, consultations are typically characterised by higher levels of need, multiple morbidity (including psychological and social co-morbidity) time constraints and practitioner stress.
- Consultations always address the problems presented by patients on the day (reactive care), but can also address potential future problems (anticipatory care).
- A key aspect of the consultation is the relationship between the patient and the doctor, who often know each other from previous consultations. Maintaining this relationship and ending the consultation on a positive note are important outcomes of the consultation.
- Research has shown that patients in deprived areas are less likely than patients in affluent areas to wish to have an active role in decisions concerning their care. Patients may also be less interested and ready to address changes in health behaviour.
- Addressing such issues within consultations is time consuming and is often not immediately effective. Explanations may take longer due to problems in health literacy. Practitioners describe “chipping away” at these issues, rather than achieving large and sudden changes in behaviour.
- Whether a consultation includes more than reactive care depends on many factors, including appropriateness, having time available, patient and practitioner expectations, and practitioner stress.
- NHS policies tend to underestimate the constraints and difficulties in moving beyond reactive patterns of patient and practitioner behaviour.
- The incentives of the Quality and Outcomes Framework do not reward practitioners for extending consultations beyond a narrow range of targets and the QOF agenda, highlighted via computer alerts, can be felt as an intrusion in the consultation.
- Current NHS initiatives concerning patient self help and self management appear to have poor penetration in deprived areas and were not recognized by practitioners at the meeting
- Practitioner stress can affect both practitioner and patient behaviour within a consultation, influencing what the patient presents and how the practitioner responds
- Prior knowledge and experience are important factors in the professional intuition required to know how and when to extend the aims of a consultation.
- Consultations are more likely to be successful if carried out in a systematic way, establishing the patient’s agenda at the outset, picking up clues (“psycho-social red flags”) and ending with clear agreement as to what has been decided (plan of action).
- Surgeries (serial consultations) can be made more efficient by good practice organisation, involving clear communication and the involvement of other members of the team including receptionists and practice nurses

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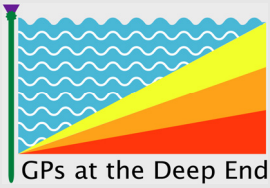
- A frequent and important aspect of many consultations is referral to other professionals and services, requiring clear explanation. Referral is most likely to be effective when it is quick and to a familiar local setting.
- Practices provide a hub for referral to a huge range of other professions and services. Many of these pathways are dysfunctional, with poor communication and feedback
- Multiprofessional working across organizational boundaries works best via established relationships with named individuals, with regular, reliable contact and opportunities for professional exchange.
- Practitioners are keen to make use of the full range of possible services and sources of help for patients (e.g. via ALISS), but frequently lack accurate and up to date information about what is available locally.
- Patients also need ready access to health information and resources available within the local community.
- When a referral is made, some patients would benefit from additional help, support and reminders, to increase the probability of the referral being taken up.
- Evaluated experiments are needed in ways of providing access to consultations, of teamwork in addressing the needs of patients with complex problems, and in ways of providing and using additional time.
- There are few opportunities for practitioners working in severely deprived areas to share experience and views concerning the conduct of consultations and the organisation of practice.
- Additional education and training is required not only for young practitioners preparing to work in deprived areas, but also for established practitioners, to build on their substantial knowledge, experience and ideas.



"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