

DEEP END SUMMARY 19

Access to specialists

Seven Glasgow GPs met on Friday 15 February 2013 in the Department of General Practice and Primary Care at the University of Glasgow for a discussion about the problems patients in very deprived areas have in accessing specialist care in the NHS, and how these problems might be overcome.

- In contrast to the marked social gradient in emergency admissions and out-of-hours service use, the **social gradient for outpatient referrals is generally flat**.
- This pattern could be due to over-referral in affluent areas or under-referral in deprived areas. It may also reflect the relatively **flat distribution of GPs** and, therefore, their capacity to deal with patients' problems.
- It is possible to identify a **number of factors** – at patient, GP/practice, and secondary care levels – that may act as **barriers to accessing specialist care** in areas of severe socio-economic deprivation.
- **Patient factors** include: late presentations, competing demands, lack of confidence, literacy or language problems, and financial/travel difficulties.
- **GP/practice factors** include: lack of time, the burden of advocacy (e.g. re-referrals for those who miss appointments), volume of workload, and assessment of who is unlikely to attend an outpatient appointment, and for whom emergency admission may be the safer option.
- **Secondary care factors** include: referral processes (e.g. opt-in systems) being harder to navigate for the most vulnerable patients, communication problems (both with individual patients and with the primary care team), difficulty accessing specialist advice, inconsistency of service provision from specialist nurses, and under-resourcing of mental health services.
- **Potential solutions** to these challenges include:
 1. Better data collection to describe and explain variations in referral
 2. More targeted approaches, addressing the needs of patients in deprived areas
 3. Attached link workers to support the uptake of referral services
 4. Improved joint working relationships between health professionals
 5. Smarter use of information technology
 6. Clearer accountability of colleagues providing shared care
 7. Valuing and supporting the “specialist generalist” role for patients under 65
 8. Additional, targeted resources for mental health services in deprived areas

“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 Scottish Government Health Department, the Royal College of General Practitioners, and General Practice and Primary Care at the University of Glasgow.

Deep End contacts

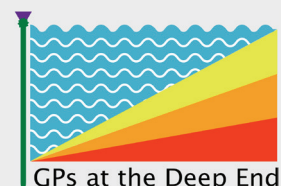
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Full report available at <http://www.gla.ac.uk/deepend>



GPs at the Deep End