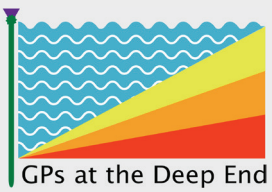
DEEP END SUMMARY 20

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

The views expressed in this paper are based on a series of 18 meetings and reports, and have been collated by the steering group, meeting 27 times between 2009 and 2013. With the exception of one daytime meeting, the steering group has always met in the evenings, after long days in practice.

- General Practitioners at the Deep End are NHS Scotland's front line in areas of severe socio-economic deprivation.
- They have patient contact, population coverage, continuity, flexibility, long term relationships, substantial knowledge and experience and the trust of patients.
- These characteristics make general practices the natural hubs around which local health systems should develop.
- But Deep End practices lack the time, links to other services, NHS support and leadership roles needed to maximise what NHS Scotland can do to prevent and reduce inequalities in health.
- The Deep End Project has been unusually successful, with Scottish Government support, in engaging with general practices, in capturing and communicating their experience and views, and in harnessing their commitment to the Links, CarePlus and Bridge Projects.
- It is time to move beyond advocacy, and small projects, however, and to make a real difference to inequalities in health.
- By recognising the causes and consequences of the inverse care law, NHS Scotland can help to prevent poor health and life chances in young families, improve the health and life expectancy of patients with established conditions and prevent the further widening of health inequalities in adults.
- Additional clinical capacity is required, on a pro rata basis, providing one extra GP session per week per 1000 patients living in very deprived areas.
- The principles of co-production, including mutuality and respect, should be applied to serial encounters in general practice and primary care, enabling patients to become more knowledgeable and confident in living with their conditions and in making good use of available resources.
- The principles of co-production should also be applied to the joint work of general practices and area-based services, including attached workers (from social work, mental health, addictions and child health services), on a named basis.
- The lay link worker role should be developed to link practices and patients with community-based services and resources.
- Building on the Deep End Project, practices serving very deprived populations need regular opportunities to share experience, views and activities.
- NHS Scotland should re-deploy its substantial support systems (including information, research and development, training, continuing professional and leadership development) to provide more effective, integrated support for practices in the front line.
- These proposals should be applied together, as a demonstration of integrated care for patients with multimorbidity, an antidote to health service fragmentation and a model for NHS Scotland in the future.
- NHS Scotland should be seen at its best in areas of greatest need, or inequalities in health will widen. A new partnership with General Practitioners at the Deep End can show the way.

"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.*



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