

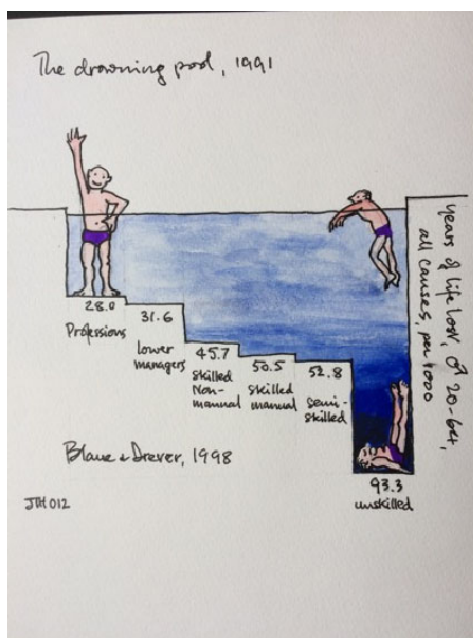
GENERAL PRACTITIONERS AT THE DEEP END

INTERNATIONAL BULLETIN NO 1

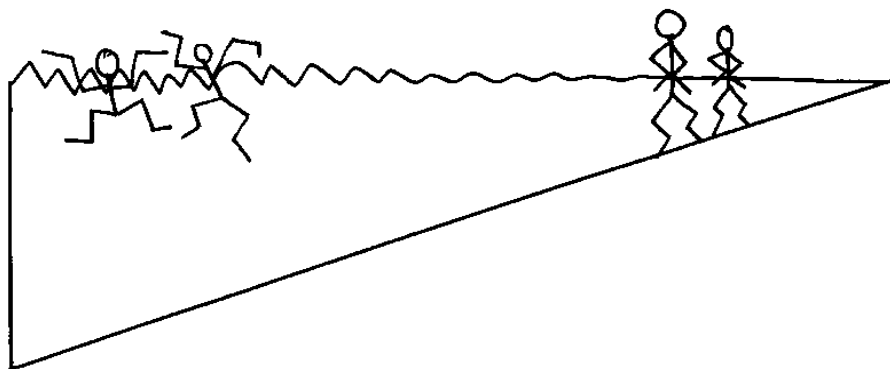
By excluding exclusions and building relationships, inclusive health care is a civilising force in an increasingly dangerous, fragmented and uncertain world.

Introduction

The Deep End analogy, comparing the work of general practitioners serving very deprived areas to treading water in the deep end of a swimming pool, was first drawn by Julian Tudor Hart.

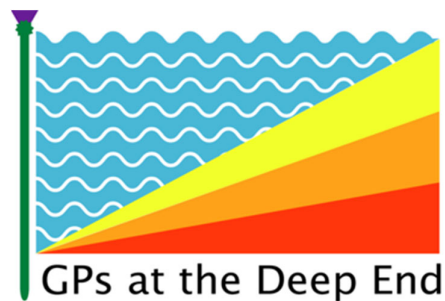


Professor Graham Watt referred to the analogy in an essay in 2002 (Watt G, The Inverse Care Law Today. Lancet 2002;360:252-4), which he subsequently illustrated with a cartoon.



When the Scottish Deep End Project, comprising the activities of General Practitioners at the Deep End, was established in 2010, following a successful first conference in 2009, the cartoon was adapted in the Deep End logo with the following elements :-

- A swimming pool
- The steep slope of need
- The flat distribution of resource
- A sunrise (more optimistic than a sunset)
- A thistle
- A spurtle (a traditional Scottish kitchen implement used for stirring porridge)
- A flag (for rallying under)

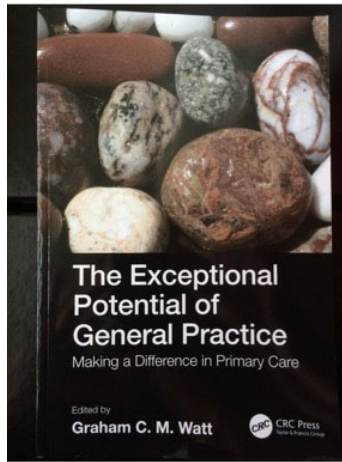


As Deep End Projects have been established in other places, each has adopted a variation of the original logo. The projects vary in the extent to which they focus on general practices with the particular challenges of serving areas of blanket deprivation, as in the original Scottish project, or on patients living in very deprived areas (“Deep End patients”), irrespective of whether they are registered with practices serving areas of blanket or pocket deprivation. Projects have varied in their ability to follow the Scottish example of characterising practice populations in terms of the proportion of patients living in very deprived areas. More recently, the Scottish Project has extended its focus on blanket deprivation to include all Deep End patients, creating the potential for a broader alliance with larger numbers of general practices.

The development of four other Deep End Projects in three different countries, plus interest and initial stirrings in many places, has raised the question of how the Projects might work together. This Bulletin adds to the continuing process of sharing experience, views, information and plans.

THE BOOK

The Exceptional Potential of General Practice includes reports from the Scottish, Irish, Yorkshire/Humber and Greater Manchester Deep End Projects which were written in the first half of 2018. Updates were provided in presentations at the conference on *The Exceptional Potential of General Practice* held in Glasgow on 14/15th February 2019 (See www.gla.ac.uk/deepend for powerpoint presentations).



This first International Deep End Bulletin includes updates from the four projects in May 2019, plus a very welcome first report from the Deep End Project in Canberra, Australia. It is intended to produce a second International Bulletin with more reports, perhaps from more places, at the end of 2019.

INTERNATIONAL MEETING

Before then, several Deep End colleagues from different projects will be collaborating in a workshop session on academic-service partnership at the forthcoming conference of the European Forum for Primary Care at Nanterre, just outside Paris, France on 30th September – 1st October 2019

Workshop title:

The Deep End GP project: highlighting the exceptional potential of general practice to support health equity – what is the role of academic/service partnership?

Background:

General Practitioners at the Deep End work in practices serving the most socio-economically deprived populations. The Deep End project began in Scotland in 2009, but now includes several groups in England, as well as in Ireland and Australia.

The main activities of all of these groups can be characterised by the acronym WEAR – Workforce, Education, Advocacy and Research. All of these activities have involved partnership working, albeit to varying degrees, between academics (usually academic GPs) and services (usually front-line GPs/family doctors).

Examples of academic/service partnership include:

- Central coordination and continuity in close partnership with steering group
- Planning, organising and reporting meetings
- Central exchange, receiving and farming out queries and opportunities; channelling replies and responses.
- Writing
- Student projects
- Placements for visitors

- Research
- Home for website
- Academic programme for GP Fellows

This workshop aims to explore the successful components of academic/service partnership across different Deep End GP groups, and to identify priorities for future development of these partnerships to support health equity. This is as much about emergent service development and collegiality as it is about research per se, but we hope that you will join us on this shared journey towards general practice/family medicine that is at its best where it is needed most.

Programme

Introduction and key lessons from different Deep End projects (7mins each):

- Deep End Scotland: developing a change model for primary care in areas of deprivation (Dr David Blane and Dr Lisa Robins)
- Deep End Ireland (Prof Susan Smith and Dr Patrick O'Donnell)
- Deep End Yorkshire & Humber (Dr Liz Walton and Dr Ben Jackson)
- Deep End Greater Manchester (Dr John Patterson and Dr Laura Neilson)
- The Deep End in Europe: Interprofessional Community Health Centres as a strategy to address health disparities in Primary Care (Prof Jan de Maeseneer)

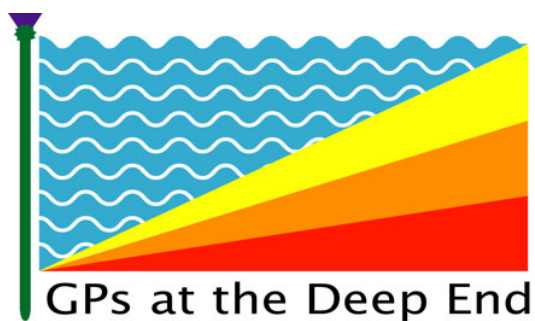
Group discussion to identify successful components of academic/service partnership

Group discussion to identify priorities for future development of academic/service partnership

Closing remarks and next steps

See <http://www.euprimarycare.org/nanterre/registration> for details

DEEP END SCOTLAND



The Deep End Group

The Deep End group continues to meet quarterly. Over the past 10 years it has developed an informal but stable membership of approximately 20 jobbing and academic GPs from a wide spectrum of GP careers. The Group is currently expanding its remit to engage with practices beyond the 100 Deep End

practices, sharing experience and learning from the Deep End Projects with any practice which has Deep End patients.

Funding

The DE Group has successfully negotiated a new 3 year funding stream from Scottish Government that will support the core (i.e. non-practice-based) activities of the DE group.

Conference

The conference *The Exceptional Potential of General Practice* showcased the Deep End approach in Scotland, with representation from partnering DE projects in England and Ireland, and highlighted the international dimensions of general practice. It also celebrated the life of Julian Tudor Hart whose career and writing inspired the Deep End movement.

Book

The book *The Exceptional Potential of General Practice* was published in November 2018 and is now available on-line from the publisher CRC Press and also from Amazon. Many of the contributors also presented at the February conference.

PROJECT UPDATES (see also www.gla.ac.uk/deepend)

Pioneer Scheme

Another year of increased funding was secured from Scottish Government for 6 new Pioneer posts for one year in host practices.

There are two parts to the Scheme:

- (a) adding clinical capacity while releasing the time of experienced GPs
- (b) an academic programme to enhance and share knowledge and skills for GPs working in deprived areas.

Govan SHIP

The project ended in March 2019. The Govan SHIP's GP contract-compatible elements (e.g. pharmacotherapy, advanced physiotherapist) are being developed and supported by the Glasgow Health and Social Care Partnership (HSCP) which is tasked with scaling up these elements to all GP practices. The remaining challenge is to fund the protected GP time which was an essential component of Govan SHIP but cannot be funded via the GP contract.

Community Link Workers

The Health and Social Care Alliance has been awarded the contract for procurement and roll out of LINKS workers in Glasgow and retains a recruitment and training function for current Links workers.

Collegiate Working – A Community of Learning

- The Deep End Group continues to work with organisations outside primary care that have an interest in health inequalities including Scottish Health Action on Alcohol (SHAAP), the Scottish ACE Hub, Alliance, Centre for Homeless and Inclusion Health
- We continue to maintain connections with secondary care colleagues who have been interested in the DE work and have common cause in addressing health inequalities e.g. Emergency Medicine, Diabetic Clinical Leads.
- Early Career GP Deprivation Interest Group (DIG) meetings were held in November 2018 and February 2019. This is a West of Scotland wide group that has a rolling program of meeting activities.
- DE involvement continues in approaches to increasing medical student placements from and in Deep End communities e.g. Reach programme, Glasgow Access Programme (pre-med year).
- Medical Student Conferences to promote and encourage enthusiasm for working in DE communities.
- Renewed focus of the 'DE patient' with the General Practice Sustainability Working Group to address health inequalities throughout Scotland's communities. We shall share working practices and project outcomes with GP colleagues nationally to promote a community of learning.

Contract Matters

- The DE is not involved in GP contractual matters. However, a motion was carried at the LMC conference that DE practices were 'under resourced by the GP contract', which the DE group endorses. The DE group will continue to work constructively around contract matters with examples of successful integration in primary care to minimise financial duplication and bureaucracy in the newly formed HSCPs.

Meetings

- GP colleagues from DE practices in Parkhead Health Centre and local management met with the Cabinet Secretary for Health in November 2018. The discussion focused on the learning from the Parkhead Project including embedding (not simply "co-locating") financial advice workers in the extended 1y care team in the GP hub, the importance of GP leadership and the merits of scaling up the project as part of the new devolved Scottish Social Security arrangements.
- Various meetings continue throughout the year with interested organisations and political institutions whenever a DE perspective is required.

Contacts

Chair – Dr Anne Mullin (anne.mullin@nhs.net)

Past Chair – Professor Graham Watt

Academic Lead - Dr David Blane

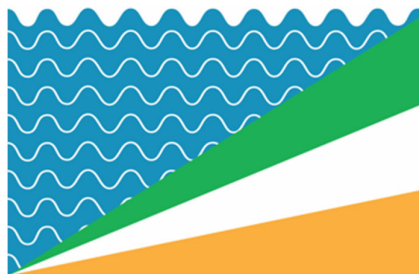
Pioneer Lead GP - Dr Petra Sambale

DE RCGP Lead - Dr Catriona Morton

GP Lead Lothian DIG and GP Lead Faculty Homeless and Inclusion Health - Dr John Budd

GP Lead Global Health - Dr Andrea Williamson

IRELAND



GPs at the Deep End, Ireland

April 2019 was a good month for Deep End Ireland. After years of advocacy and meetings with politicians, civil servants and the medical unions, a new GP deal has been announced by the government. This deal is pending approval by the GP Union, but it is highly likely to be accepted. For the first time, this deal recognises the need to provide additional financial resources for GP practices in areas of deprivation across Ireland. The Department of Health has agreed to begin a multi-annual allocation of €2 million to Deep End practices from January 2020. While this will be a modest investment, it will represent the first steps in our health system toward resourcing GP based on health needs, rather than the previous system of resourcing based on age and gender. We think it is hugely important that Deep End Ireland has been asked to participate in the planning for the allocation of this funding and we are very glad to have the guidance of our experienced Deep End colleagues in Scotland and elsewhere, in carrying this out. During the negotiations for this deal, we had suggested a program similar to the GP Fellowship scheme that releases GP principles to allow them to focus on working with their most complex patients, and to develop practice protocols. This model was based on the Scottish Deep End Pioneer Scheme, and we felt that it represented the most appropriate way to provide additional GP resources, which is the primary aim of this new deal.

Another significant development stemming from the new GP deal is that the Department of Health here will have to formally identify Deep End Ireland practices. This is something we at Deep End Ireland have been struggling to do for over seven years. We currently have more than 100 GPs signed up to Deep End Ireland, but it has proven extremely challenging for us to identify the practices serving the most disadvantaged populations. This is because of our mixed public and private system for general practice. What will be required is access to patient addresses within the publically funded system in order to allow mapping based on deprivation indices. The Department of Health will be able to secure that access, and map these practices accordingly.

Other initiatives that we have been working on include a proposal to fund a randomised controlled trial of Linkworker hosting in Deep End practices. We have submitted an application to the Department of

Health to support this work (the Slaintecare Integration Fund). Again, if we are successful, we will base this model on the work and experiences of our colleagues in Scotland and Manchester.

Since mid-2018, our main area of focus at Deep End Ireland has been children's health inequalities. We have since linked with a number of relevant national NGOs to work on this topic. We are now looking forward to our annual meeting due to take place on the 8th of June at the Royal College of Surgeons in Dublin, and this will allow us to further explore and highlight the health needs of children in our Deep End practices. Our experience is that many of the NGOs, public servants and managers in the public health system, grossly underestimate the role that we have as GPs in providing care and advocating for these children and their families. For many, we are a constant – a point of continuing contact, embedded within the community. We are delighted that Prof Graham Watt will be attending this upcoming annual meeting, and that he will give a plenary talk on the Exceptional Potential of General Practice. We will also have a plenary on the impact of Adverse Childhood Experiences. We are delighted to invite all of our Deep End GP colleagues from across England and Scotland to come to Dublin for the meeting. If interested, please email

Professor Susan Smith, susansmith@rcsi.ie

Dr Patrick O'Donnell, patrick.e.odonnell@ul.ie

CANBERRA



Started in 2016 by Liz Sturgis and other Canberra GPs, supported by the Scottish initiators. We now have over thirty doctors in our email link, mostly GPs, from services including the justice system, youth health service, refugee health service, Aboriginal medical service, drug and alcohol, and general practices who have large proportions of disadvantaged patients.

We meet 6 weekly at rotating venues among our services. Focus is on advocacy, peer support and learning/research.

Advocacy – liaising with local health authorities, politicians and other stake-holders on issues identified as problematic for our populations. Recently this has included access to specialist care (e.g. ophthalmology) and increasing methadone program accessibility/dosing points. Future directions may include restorative justice partnerships with prison programs, and further advocacy regarding healthcare access, transport, housing and social service needs of our populations.

Peer support - debriefing, networking, increasing connections between our services, case study at each meeting, dinner afterwards

Research – some of our members are also academic GPs. Currently developing a new tool and project to measure disadvantage in our various populations, to be rolled out in primary care settings. Several related journal articles are in the pipeline. Articles/items of interest circulated on email link.

Contacts – Joo-Inn Chew and Sue Baglow

Email – deependcanberra@gmail.com

GREATER MANCHESTER



GPs at the Deep End GM

The new Greater Manchester Deprivation (GP Specialty Training) Programme is underway – our second cohort will be starting August 2019. This is the first programme of its kind in England and includes sessions focusing on issues faced by populations in deprivation.

We continue to support a range of medical student placements and electives with third sector experience and projects with a health inequalities/deprivation theme. Last year's projects highlighted working on issues that have changed practice policies and highlighted significant issues for populations in deprivation and one paper has been accepted for publication in the British Journal of General Practice.

We also support MOMs (Manchester Outreach Medics) in assisting students from disadvantaged backgrounds to get into medical school. MOMs events have helped several hundred students with their medical school applications in the last year.

Other activities include:

- Teaching of Foundation Years doctors on health inequalities, the social determinants of health and deprivation medicine. Feedback included comments that the doctors felt motivated to consider working as GPs in areas of deprivation and better able to meet the needs of disadvantaged patients.
- Supporting and delivering The Health Equity Challenge. Teaching sessions for medical students on leadership in deprivation medicine. Sessions covered issues related to deprivation and our populations in need from clinical level up to national policy level.
- Planning distance learning PGCert/PGDip/MSc with Manchester Metropolitan University which includes a core health inequalities module and an optional deprivation clinical module.
- An invitation from Edge Hill University to contribute health inequalities and deprivation care sessions to paramedic training in years 1,2, and 3.

- Following the success of Y&H Deep End, we put in a bid for Fellowships to be part-funded by HEE, for post-CCT Fellowship – Leadership in Deprivation and Education in Deprivation – and have had one funded. Recruitment is underway.

Finally, we have been writing a practical guide for clinicians and primary care teams for how to improve outcomes for patients suffering the effects of poverty and other social determinants of health and for marginalised and excluded groups. The guide focuses on how to keep doctors working in disadvantaged areas for longer, happier careers. The book includes contributions from field leaders in medicine, research and charitable fields from student future leaders all the way to the leading international pioneer of health inequalities, Professor Michael Marmot. It is due to be published later in 2019. The guide should be sufficiently distinct in content from the Exceptional Potential of GP to be a complementary rather than competitive addition to the deprivation medicine literature.

Deep End Coordinator : Dr James Matheson

Contact : contact@sharedhealth.org.uk

YORKSHIRE AND THE HUMBER



Deep End General Practice Yorkshire and the Humber has grown as a movement since 2015 as members have tried to expand their influence, to highlight the profound Health Inequities within our region and the potential of focused General Practice to help address them. The Yorkshire and Humber Deep End movement still looks to answer the call from our founding meeting: to focus on four pillars; Workforce, Education, Advocacy and Research but naturally the boundaries often blur.

Some of our current activities are highlighted below.

Work is underway to try to establish a better identification of the areas of vulnerable groups and deprivation through advocating a greater focus on Health Inequities in both postgraduate training and workforce initiatives. Our aim is to establish some form of proportional universalism within our HEE and NHS systems. An example is a new Primary Care Nurse training scheme will be placing GP nurses in practices which most need support with additional support and mentoring.

Within the three undergraduate medical schools in the region, students have worked on projects researching resilience with Deep End GPs and the needs of patients from deprived communities with chronic health conditions and new Deep End Clinical placements and a Masterclass in Health Inequities have been established. More generally Dom and Tom have set up FairHealth UK, an amazing free web platform with educational resources and patient stories that speak to highlight and address health inequities and vulnerable groups for health professionals.

Liz Walton has driven forward the establishment of our Deep End General Practice Research Cluster comprising entirely of our Deep End Practices, and runs regular Deep End meetings for Sheffield GPs within our region, as Tom has in the Bradford area. This has now captured the interest of the RCGP with the potential for further funding of research within the cluster.

Our advocacy has included highlighting HI within commissioning groups and other NHS bodies and letters to journals highlighting the health impacts of policies on universal credit and immigration. We think the new GP contract in the England provides opportunities to direct resources more equitably and are advocating for this regionally and nationally.

Not all of us work in practices with blanket deprivation, but all our work is built on the shoulders of the giants within our clinical community who do serve our most vulnerable communities on a daily basis. Looking to the future, we have established leadership opportunities in Inclusion Health, Workforce Development and Health Equity for GP trainees and newly qualified GPs. It is their energy and innovation that will take the Deep End movement forward.

Links: <https://www.fairhealth.org.uk>, <https://migrant.health>, <http://pcwth.co.uk>,

Contacts

Ben Jackson – ben.jackson@sheffield.ac.uk

GP and Director of Primary Care Teaching, Sheffield Medical School.

Dom Patterson - dom.patterson@hee.nhs.uk

GP and Director of Postgraduate School of General Practice, Yorkshire and the Humber.

Tom Ratcliffe – tom.ratcliffe@bradford.nhs.uk

GP and Clinical Development Officer, Modality Partnership.

Liz Walton – e.walton@sheffield.ac.uk

GP and NIHR Clinical Lecturer, University of Sheffield.