

# NEWS UPDATE FOR DE STEERING GROUP MEETING ON 220921

(Capturing a brief summary of DE activity from September – December 2021)

## Project updates

**Govan SHIP** and **Pioneer Scheme** – developments to roll out elements of both projects continue within the context of the **Fairhealth Fellowship** proposals from the Scottish Government SLWG on Health Inequalities.

PCANOS model (**attached alcohol nurses**)- early data showing that PCANOS involvement reduces GP contacts and increases engagement in alcohol care. PCANOS engagement with GP practices in GGC has borne fruit. They have a 'no wrong door' policy for referrals. Currently approaching GG&C for PCIP funding going forward and discussions ongoing about a sustainable long term future for the service.

**Community Link Worker** project and the **CarePlus** study specifically included in the newly launched BMA Health Inequalities toolkit for clinicians.

## Presentations, Panels, Podcasts

### **BMA Health Inequalities Conference**

Carey presented: *“Addressing inequalities in our everyday work: learning from the Scottish Deep End Project”*. The conference was recorded and is available to listen [here](#). The **BMA health inequalities toolkit** for clinicians was also launched at the conference, and DE actively contributed to. It can be found [here](#) and includes specific mention of the link worker project and the CarePlus study.

### **Diabetes UK national event**

Andrea gave a keynote talk: *'Knowing Prevention'* on the social determinants of health and recent research about missingness in health care.

### **GG&C Grand Round**

Graham and David presented on learning from 10+ years of the Scottish Deep End GP Project. Well received and have had email follow up with one A&E trainee and one palliative care trainee interested to learn more.

### **Deep End East of England group**

Graham and David presented at the launch event of the Deep End East of England group in September.

### **RCGP Scotland-hosted panel discussion: Opportunities for reducing inequality and improving health through climate mitigation**

NHS National Services Scotland Conference as part of COP26. Carey shared the themes and recommendations from the DE Report 38 (published the following day)

## **Leaders in Healthcare Conference: online debate and Q&A**

Carey argued in support of the motion: *GP relationships with the public have been irrevocably damaged by the adoption of remote working practices during the Covid-19 Pandemic*). Recorded for future viewing. Motion did not pass.

## **Key DE Events**

### **Deep End roundtable on Climate Change and Health Inequalities**

This roundtable discussion in Sept 2021 was led by Noy Basu and focused on the following areas:

- What are the specific challenges for our DE patients?
- What are the specific challenges for our DE practices?
- What might be some potential solutions?
- What barriers would need to be overcome?
- What resources exist that would be useful to share?

DE Report 38 is now complete and on the website. It has been shared through various forums: the online panel discussion during COP26, via social media, and with the Scottish Government lead for environmental sustainability.



Deep End Report 38  
Climate Change and

### **DE Roundtable on Prison Healthcare**

Following the presentation from Jag at last DE steering group, preliminary discussions have taken place with Carey and David to organise a round table event in early 2022 to explore the very significant challenges faced by patients and clinicians in secure environments where the inverse care law is acutely felt. Public Health Scotland and Scottish Government leads are keen to contribute.

### **DE Conference on 50 Years of the Inverse Care Law**

[Report](#) is now available to read on the DE website, and an article has been accepted in principle for BJGP Life.

## **Key Meetings**

### **Meeting with Cabinet Secretary Humza Yousaf**

David, John, Gillian and Carey met with Cabinet Secretary Humza Yousaf in October. It was a productive and useful meeting. Slides of DE work and context shared, impact of CV19 on the communities we care for and the work that DE clinicians have been doing on the frontline and at a national level to ensure the voices of our patients are heard in recovery policy, in particular the work of the SLWG on Health Inequalities. Focused on 3 key asks due to limited time: 1. Addressing the funding gap that continues to drive the inverse care law, and an appeal to support the proposals for an Inclusion Health DES (in the absence of any viable alternative) 2. Requested support for the Fairhealth Fellowship proposals to continue on the work and learning from SHIP and Pioneer and 3. An explicit appeal

to publicly support the work of general practice and try to reverse some of the inaccurate and unfair negative rhetoric around this with its impact on retention and recruitment of the workforce. Acknowledgement from Cab Sec that the data was stark, and that Scotland needs to move away from 'pilotitis' to more sustainable models. He gave us an assurance that he would look very closely at the proposals from the SLWG esp in relation to the DES and Fellowship, and has accepted invitations from John and I to visit our practices.

### **Scottish Government SLWG on Health Inequalities (Carey and David attend monthly)**

Draft recommendations from group being considered including Fairhealth Fellowship (to incorporate elements of SHIP and Pioneer) and an Inclusion Health DES. Final meeting 8/12/21.

### **Scottish Government National Steering Group on Inclusive Covid19 Vaccination (Carey and John M attend)**

John and Carey attend. Following on from our roundtable event at the start of 2021, we continue to lobby for prioritisation of under-served and high-risk groups in any future vaccine rollout programmes based on good practice and lessons learned (rather than adopting a reactive 'mop-up' approach) and have met separately with Public Health Scotland and Scottish Government to discuss this. We have also regularly highlighted the need to consider the potential role of general practice in maximising uptake, to improve data capture on vaccine uptake in relation to deprivation, to increase awareness of how to register with a GP, and to improve the national booking system to more appropriately match vaccine site with residential address. This is the recently published report from PHS: <https://www.publichealthscotland.scot/media/9597/an-inclusive-approach-to-flu-and-covid-19-vaccination-service-delivery-in-scotland-oct21.pdf>  
Embedded links to correspondence around vaccine booking system.



Scottish Deep End  
Project.pdf

### **Deputy First Minister Covid Recovery Group**

Carey attended. This SLWG has now concluded and the report from it was published in October. Link to report: <https://www.gov.scot/publications/covid-recovery-strategy-fairer-future/>

### **Scottish General Practitioners Committee of the BMA**

Carey is co-opted member for expertise on health inequalities.

### **Royal College of GPs, Scotland**

Carey has met separately with both of the joint Chairs, David Shackles and Chris Williams to consider and contribute to areas of collaboration with the work of Deep End. In particular this has included climate change and health inequalities, and also the recent RCGPS paper on drug-related harms for RCGP UK Council. Carey and David also met with Fiona Murray (RCGPS Manager) and Leanne Brown (budget holder/project manager for Deep End) to discuss future ways

of joint working and governance and raising awareness of the work of the Deep End within RCGP Scotland and its membership.

### **Scottish ACEs Hub**

No meetings since last DE steering group. Karen now representing DE, Anne has stepped down.

## **Research and Publications**

### ***“Multimorbidity Plus”: a secondary analysis exploring GP work in areas of high socioeconomic deprivation***

Marianne McCallum and Sara Macdonald BJGP Open 31 August 2021; BJGPO.2021.0117. DOI: <https://doi.org/10.3399/BJGPO.2021.0117>

Understanding GP work and how best to support it is critical, particularly in areas of socioeconomic deprivation where multimorbidity and social complexity are higher than in areas of low socioeconomic deprivation. GPs carry out four specific types of work (everyday, illness, biographical, and emotional). Socioeconomic deprivation influences this work, which is often not recognised by the wider health system, and is under-resourced. Current workforce strategies focus only on illness work. The present article suggests that supporting all types of work may be beneficial, particularly for practices working in the context of high socioeconomic deprivation.

### **Health Foundation**

David, Stewart and Carey – Universities of Glasgow and Edinburgh  
Working with Becks Fisher, primary care policy lead. ***“Responses to the inverse care law in Scotland over the past 20 years”***. See [announcement](#) Underway

### **University of Oxford**

Trish Greenhalgh research into digital inclusion / remote consulting. Maria’s practice participating for Deep End context.

### **Edinburgh University**

***‘Preventing Drug Related Deaths: the role of primary care’*** (Stewart Mercer – lead researcher; Carey Lunan – research advisory panel). Funded by Scottish Government Drug Deaths Task Force.

## **Teaching**

John and Catriona contributed to Stewart’s new teaching course at Edinburgh University on The Challenges of Ageing and Care with presentations on health inequalities and Govan SHIP

GPST 1&2 teaching on Deep End General Practice and Inclusion Health by Andrea, David, Maria, Anthony and Homelessness Network Scotland. Now have experts by experience co-delivering the session.

Lynsey and Andrea leading on the [COMET scheme](#) at Glasgow University

David continues to contribute 4 sessions each year to the Glasgow Access Programme (GAP) students, with input from former GP Pioneer fellows.

## Deep End International

Deep End International Bulletin 6 is due to be published in December. The Scottish project update is below.



Scottish DE update  
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## Media work

Requests for media work continue to rise. A number of the steering group have now had media training and a Whatsapp group has been established for this purpose. John has been especially active! We have contributed to Reporting Scotland, The Nine, The Seven, STV, BBC Radio Scotland's DriveTime and Good Morning Scotland programmes, The Glasgow Herald and The Times Scotland edition.

## Other key updates

### DE Newsletter

We now have an updated membership email list and David has circulated our latest Newsletter and an electronic version of Catriona's [Health Inequalities in Scotland document](#). A copy of Graham's book 'The Exceptional Potential of General Practice' is also to be sent out to all DE practices.



Deep End Newsletter  
No3 November 2021

### DE response to National Care Service Consultation

A copy of our response can be found below. Carey also attended a Scottish Government workshop to discuss the DE response to the consultation.



DE response to  
National Care Consult

## Child Poverty Action Group (CPAG)

Scottish DE project was co-signatory on [letter](#) to Scottish Government calling for a doubling of the Scottish Child Payment. First Minister announcement on 29/11/21 that payment will be doubled from April 2022.

## **For interest**

Stewart shared this great paper from the Healthcare Foundations on *Inequalities in the distribution of the general practice workforce in England: a practice-level longitudinal*

*analysis* <https://bjgpopen.org/content/5/5/BJGPO.2021.0066.abstract?etoc> *Concludes that significant workforce inequalities exist and are increasing for several key general practice roles, with workforce shortages disproportionately affecting more deprived areas. Suggests policy solutions are urgently needed to ensure an equitably distributed workforce and reduce health inequities.*

No comparative data like this is Scotland, but Stewart and Carey are in correspondence with Public Health Scotland about a GP workforce survey that they have just published (data from 2019) and a formal request has been agreed to analyse by datazones ranked within the top 15% of the SIMD.