GPs at the Deep End

PRIMARY CARE TRANSFORMATION

LEARNING FROM THE DEEP END AND ABROAD

Govan Victory Christian Centre, 18th August 2015

Scottish School of Primary Care

Overview of the Deep End Project GP participation	Graham Watt Breannon Babbel
Govan SHIP overview Govan SHIP evaluation Unscheduled care Extra GP time	John Montgomery Vince McGarry Amanda Connelly Graham Watt
COFFEE	
Link Worker Programme Overview LINK Worker Programme Evaluation Evaluation of social prescribing	Stewart Mercer Peter Cawston Bridie Fitzpatrick Nai Rui Chng
Parkhead Financial Advisor Project	Jamie Sinclair
LUNCH	
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WHERE ARE THE MOST DEPRIVED POPULATIONS ?

The problem of concentration (BLANKET DEPRIVATION)
50% are registered with the 100 "most deprived" practice populations (from 50-90% of patients in the most deprived 15% of postcodes)

The problem of dilution (POCKET DEPRIVATION)
50% are registered with 700 other practices in Scotland (less than 50% in the most deprived 15% of postcodes)

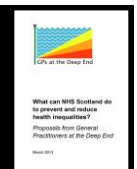
The problem of non-involvement (HIDDEN DEPRIVATION)
200 practices have no patients in the most deprived 15% of postcodes

DEEP END REPORTS

1. First meeting at Erskine
2. Needs, demands and resources
3. Vulnerable families
4. Keep Well and ASSIGN
5. Single-handed practice
6. Patient encounters
7. GP training
8. Social prescribing
9. Learning Journey
10. Care of the elderly
11. Alcohol problems in young adults
12. Caring for vulnerable children and families
13. The Access Toolkit: views of Deep End GPs
14. Reviewing progress in 2010 and plans for 2011
15. Palliative care in the Deep End
16. Austerity Report
17. Detecting cancer early
18. Integrated care
19. Access to specialists
20. What can NHS Scotland do to prevent and reduce heath inequalities
21. GP experience of welfare reform in very deprived areas
22. Mental health issues in the Deep End
23. The contribution of general practice to improving the health of vulnerable children and families
24. What are the CPD needs of GPs working in Deep End practices?
25. Strengthening primary care partnership responses to the welfare reforms
26. Generalist and specialist views of mental health issues in very deprived areas
27. Improving partnership working between general practices and financial advice services in Glasgow : one year on

www.gla.ac.uk/deepend

SIX ESSENTIAL COMPONENTS



1. Extra TIME for consultations (INVERSE CARE LAW)
2. Best use of serial ENCOUNTERS (PATIENT STORIES)
3. General practices as the NATURAL HUBS of local health systems (LINKING WITH OTHERS)
4. Better CONNECTIONS across the front line (SHARED LEARNING)
5. Better SUPPORT for the front line (INFRASTRUCTURE)
6. LEADERSHIP at different levels (AT EVERY LEVEL)

ACHIEVEMENTS OF THE DEEP END PROJECT

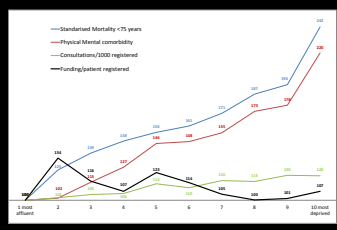
GPs at the Deep End

A lot, quickly and cheaply
Engagement, Identity, Profile, Voice, Shared activity, Advocacy

Phase 1	Meetings
Phase 2	Publications, Presentations and Profile
Phase 3	Opportunities, Influence, Resources
Phase 4	Implementation, Lobbying
Projects	Govan SHIP, LINK Workers , Care Plus, Benefits, Alcohol, Housing

Links Worker Programme

Percentage differences from least deprived decile for mortality, comorbidity, consultations and funding



"Over 2 million Scots in the most deprived 40% of the population received £10 less GP funding per head per annum than over 3 million Scots in the most affluent 60%"

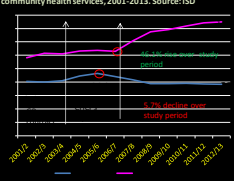
FIRST MINSTER QUESTIONS, 3RD DECEMBER 2015

The First Minister:
I welcome Professor Watt's findings, which we will take fully into account in delivering a new GP contract for 2017 and the accompanying revised allocation formula. It is interesting that Professor Watt's study examined data from 2011-12. I have looked at the recent data for GP payments, for 2014-15, which show that the most deprived practices received, on average, £7.65 more per patient than practices in the most affluent areas received. I hope that that is a sign of progress in the direction that I suspect that Murdo Fraser wants us to take. The resource allocation formula has been in place since 2004 and has undergone some revisions and changes since then. The new GP contract, on which we are in the early stages of negotiation and which will take effect in 2017, gives us a good opportunity to revise the allocation formula to ensure that it reflects the varying needs of GP practices in different local communities. I look forward to having the support of the Parliament as we seek to do that.

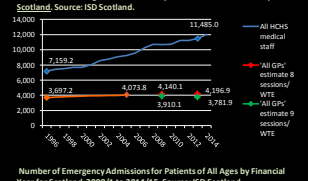
See more at:
http://www.scottish.parliament.uk/parliamentarybusiness/report.aspx?r=10248&i=94327#ScotParlOR

***Dangerous idea*: shifting funding from GP/DN to other CH services and hospital medical staff has caused a rise in emergency admissions in Scotland**

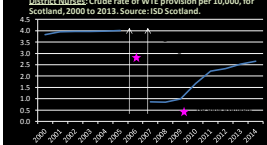
Percentage of total NHS funding spent on general practice vs community health services, 2001-2013. Source: ISD



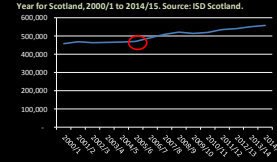
HCHS Medical staff (all grades), All GPs (all grades), Est. All GPs in 2009/2013 assuming 8 and 9 sessions per WTE: numbers of WTE p.a. in Scotland. Source: ISD Scotland.



District Nurses: Crude rate of WTE provision per 10,000, for Scotland, 2000 to 2013. Source: ISD Scotland.



Number of Emergency Admissions for Patients of All Ages by Financial Year for Scotland, 2000/1 to 2014/15. Source: ISD Scotland.



THE SECRET OF GATEKEEPING

THERE IS NO GATE (at least, to unscheduled care)

ONLY A GATEWAY (that patients can go through at any time)

THE COMPETING NARRATIVE OF GENERAL PRACTICE

Unconditional personalised continuity of care for all patients

whatever problem or problems they have

delivered by a small team of generalists

who know each other well

PRIMARY CARE TRANSFORMATION

Enhanced nursing, pharmacy and administrative support

Expert medical generalists

Improved joint working for integrated care

Improved links to community resources

INVENTING THE WHEEL

HUB

Contact
Coverage
Continuity
Comprehensive
Coordinated
Flexibility
Relationships
Trust
Leadership

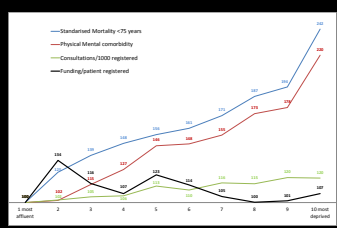
SPOKES + RIMS

Keep Well
Child Health
Elderly
Mental Health
Addictions
Community Care
Secondary Care
Voluntary sector
Local Communities

INTEGRATED CARE DEPENDS ON MULTIPLE RELATIONSHIPS

DECORATORS BUILDERS

Percentage differences from least deprived decile for mortality, comorbidity, consultations and funding



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