



Deep End participation & PhD exploration of GPs experience at the frontline



Breannon Babel, MPP, MPH
Urban Studies
University of Glasgow

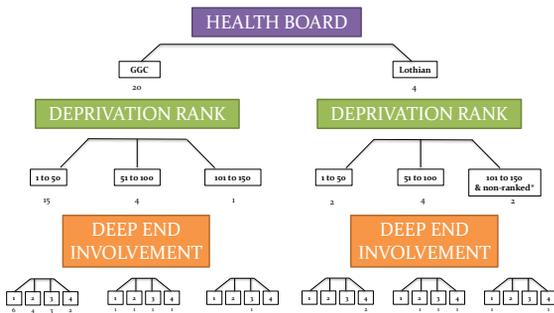
18 August 2016

Participation in Deep End Meetings

	Always in the Deep End	Sometimes in the Deep End	Total	Participating (%)
Glasgow	69	8	77	61 (79%)
Inverclyde	5	5	10	4 (40%)
Rest of GG&C	2	8	10	1 (10%)
Edinburgh	3	3	6	5 (83%)
Dundee	3	2	5	2 (40%)
Ayrshire	3	4	7	1 (14%)
Lanarkshire	0	3	3	0 (0%)
Aberdeen	0	1	1	1 (100%)
Fife	0	1	1	0 (0%)
TOTAL	85	35	120	75 (63%)

64 (75%) of the 85 consistent practices took part in at least one Deep End meeting
14 (40%) of the 35 occasional practices took part in at least one Deep End meeting

Sampling Frame



Deep End Involvement

1	Leading members of the Deep End steering group (active in terms of group advocacy, writing reports and/or projects)
2	Other members of the steering group who are less active or non-steering group participants with attendance at 4 or more non-steering group meetings or
3	Participants with Deep End attendance at three or less non-steering group meetings
4	No participation in the Deep End project



24 semi-structured interviews

Glasgow & Lothian Health Boards

* Possilpark Health Centre- 1st, 4th, and 25th most deprived practices in Scotland

PhD Research Agenda

- What role (if any) do GPs working in deprived areas see in tackling health inequalities?
- How do GPs working in deprived areas view their role as potential patient advocate?



GP Scope



GPs' Perceptions of Patients

Negative

- Focus on individual lifestyle & health behaviour
- Still perceived themselves as doing 'what's best for patients'
- GP role narrowly confined to individual patient encounters

Positive

- Acknowledgement of social determinants of health; patient empathy
- More likely to take on discretionary activities
- GP role broadened to include strengthening community links and political/policy involvement

GP Role: Community

- Developing links within the community

*"So most of what's making our patients come to the doctors are those lists of life threatening conditions which are well understood – social isolation, mental problems, poor parenting, drug and alcohol issues, unemployment, deprivation. Now, most of those are not a straight health issue, so the answer is not going to be a medical practice, but **the answer will be a medical practice linking with other services.**"*

GP Role: Policy & Politics

- Flag where inequalities exist
- Bear witness to the damaging effects political decisions have on patients' lives
- Advocate for policy change



"We don't have the resources to give people jobs or give people better housing, or more money, or deal with child poverty—that's a political and social issue. And we can only advise what we see and what the effects of that is on patients' health."

Implications

Importance of GP empathy

Ability to shape policy through the use of local knowledge and community engagement:

1. Advocacy (individual patients & patient populations)
2. Improving connections with local services
3. Influencing policy

Value of a practitioner-led, academic supported group, which has successfully advocated on behalf of the patients it serves

