

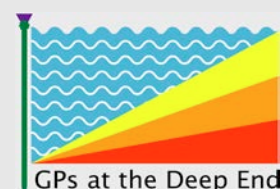
# DEEP END SUMMARY 17

## Detecting cancer early

***Eleven Deep End GPs met on Friday 20 April 2012 at the University of Glasgow for a workshop on detecting cancer early in deprived areas with colleagues from the Scottish Government Cancer Team.***

- Early cancer detection is more difficult in deprived areas because of the vague nature of many early symptoms and the high prevalence of other medical, psychological and social problems.
- Deep End GPs felt disengaged from the national bowel cancer screening programme.
- Communications with patients were considered to have “too much writing” for the particular target group, given issues of health literacy.
- Mass media campaigns provide a starting point, but engagement with patients in deprived areas needs a more personal approach.
- The “hard to reach” are often in regular contact with practices, but these contacts are used for pressing needs, which are currently more social than medical.
- Postal approaches do not work well in deprived areas and are often no more effective than junk mail. Many Deep End practices have abandoned this method of contacting patients. Timely phone contact by a person known to the patients is more effective.
- Centrally determined targets are generally more effective in secondary care than they are in general practice, where HEAT targets have relatively little penetration and profile.
- A general finding from the Deep End Project is that referral pathways have to be short, familiar and local if patients are to attend. The generic role of lay link worker may help to establish and use such links.
- General practices are more likely to be effective in contributing to a series of well coordinated and supported short term campaigns on specific issues. Exhortation on “everything, all of the time” quickly loses any effect.
- “Bolt-on initiatives” with externally determined priorities are difficult to assimilate under the conditions of the inverse care law, where practices have insufficient time to address the multimorbidity and social complexity of many patients.
- The lack of GPs relative to patient need, and the consequent shortage of time within consultations, are major constraints in addressing the range and depth of patients' problems.

“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 Royal College of General Practitioners (Scotland), the Scottish Government Health Department, and the Department of General Practice and Primary Care at the University of Glasgow.



### ***Deep End contacts***

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Full report available at <http://www.gla.ac.uk/departments/generalpracticeprimarycare/deepend>