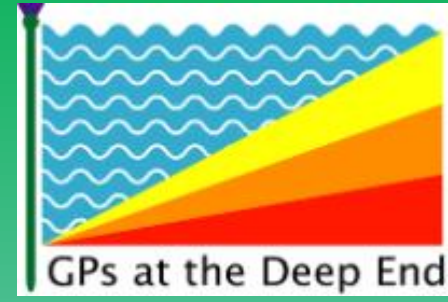
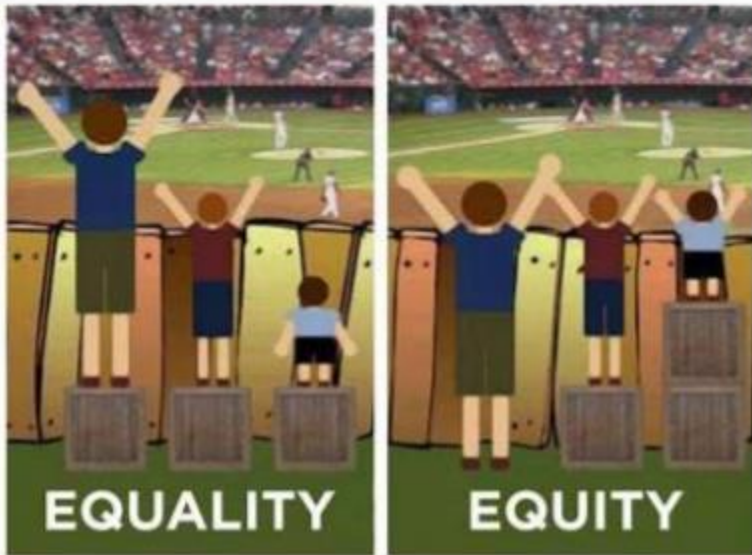
Levelling Up. Providing Equitable GP Healthcare to Children and Young people in Deep End Practices





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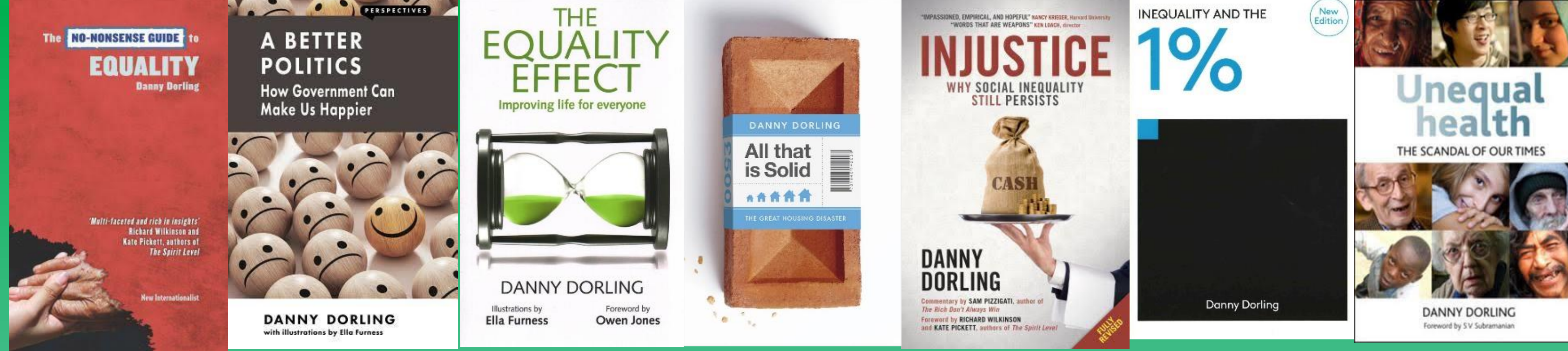


‘In a country where the income and wealth gaps have become greater than at any point in living memory, and which are greater than in almost all other similar wealthy countries, you should expect very high and rising levels of crime, social disorder, dysfunction, rising polarisation, fear and anxiety’

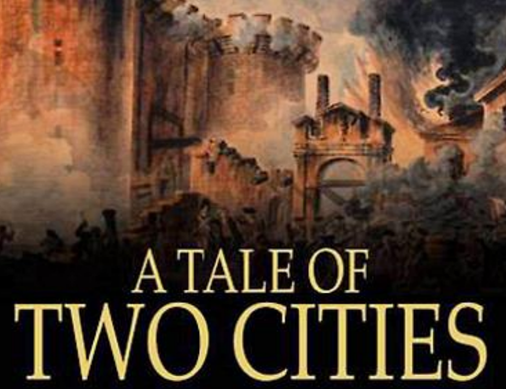
http://www.dannydorling.org/?page_id=3008

‘Young adults in both Britain and the USA today have only ever known a country in which income and wealth have been redistributed from poor to rich—to the detriment of all. How much money could be saved by doing the reverse and redistributing from rich to poor?’

http://www.dannydorling.org/?page_id=3008

Our analysis demonstrates that persons who suffer housing arrears experience increased risk of worsening self-reported health, especially among those who rent. Future research is needed to understand the role of alternative housing support systems and available strategies for preventing the health consequences of housing insecurity…These adverse associations were only evident in persons below the 75th percentile of disposable income

The impact of the housing crisis on self-reported health in Europe: multilevel longitudinal modelling of 27 EU countries. European Journal of Public Health 26(5), 788-793. 1-10-2016



Measure	Govan/ Linthouse	WhiteCraigs
Male Life Expectancy	67	85
Female Life Expectancy	73	94
Patients hospitalised with coronary heart disease	570	35
Early deaths from CHD (<75)	95	35
Patients hospitalised with asthma	94	44
Patients with emergency hospitalisations	11880	5621
Patients (65+) with multiple emergency hospitalisations	8913	3979
Patients with a psychiatric hospitalisation	630	95
Deaths from suicide	36	11
Teenage pregnancies	81	17
Mothers smoking during pregnancy	32%	3.4%
Immunisation uptake at 24 months - 5 in 1	97.6%	97.1%
Immunisation uptake at 24 months - MMR	97%	93%
Children Living in Poverty	38%	3%

http://www.scotpho.org.uk/ Anne Mullin November 2017

Child Health- What's It Got to Do With General Practice ?

Health Promotion   Supporting Parenting   Child and Youth Friendly Services   Transitional Care   Safeguarding   Managing Sick Children   End of Life Care   Disability and Complex Needs   Mental Health   Medicines and Prescribing

'The RCGP firmly believes that general practice occupies a central position in children and young people's health, particularly in the diagnosis and management of illness and the promotion of health and wellbeing. We are concerned that unless the profession acts now to protect this important and trusted role, it will become eroded and lead to serious fragmentation of care for this vulnerable group of patients'

(RCGP Child Health Strategy 2010-2015)

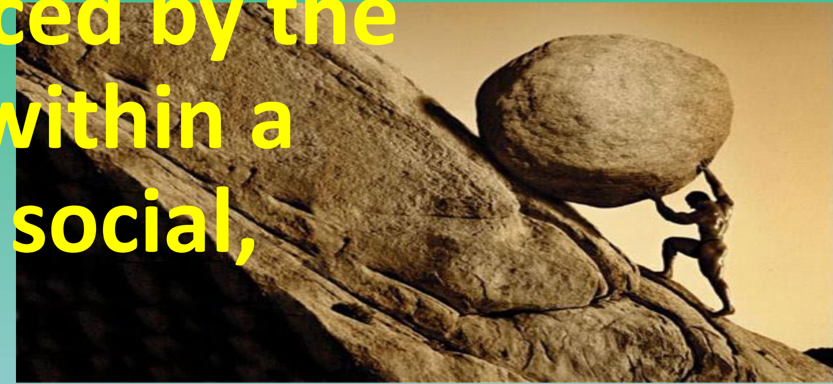
Getting the Message Out

‘The intrinsic features of general practice in the NHS, including an unconditional approach in clinical encounters, flexibility, population coverage and long term continuity, are hugely important for the provision of equitable and efficient health care, with a proven record of earning patient’s trust, but needing closer links with specialist services (including specialist services in the community such as mental health, alcohol and drugs misuses, child health etc) and community resources’

Deep End Report 32

Enduring Challenges

'Despite the improving picture of childhood health, there remains significant inequality in children's experience of the wider social determinants of health, resulting in long term and enduring health inequalities… **health is influenced by the distribution of income, wealth and power within a society which are in turn influenced by the social, economic and political structures…**



This means that **children living in poverty are most at risk of the negative impact of the wider determinants of health**. One in four (260,000) of Scotland's children are officially recognised as living in poverty – defined as living in a household with less than 60% of median household income'

http://www.healthscotland.scot/population-groups/children

Progress – It's taking a long time

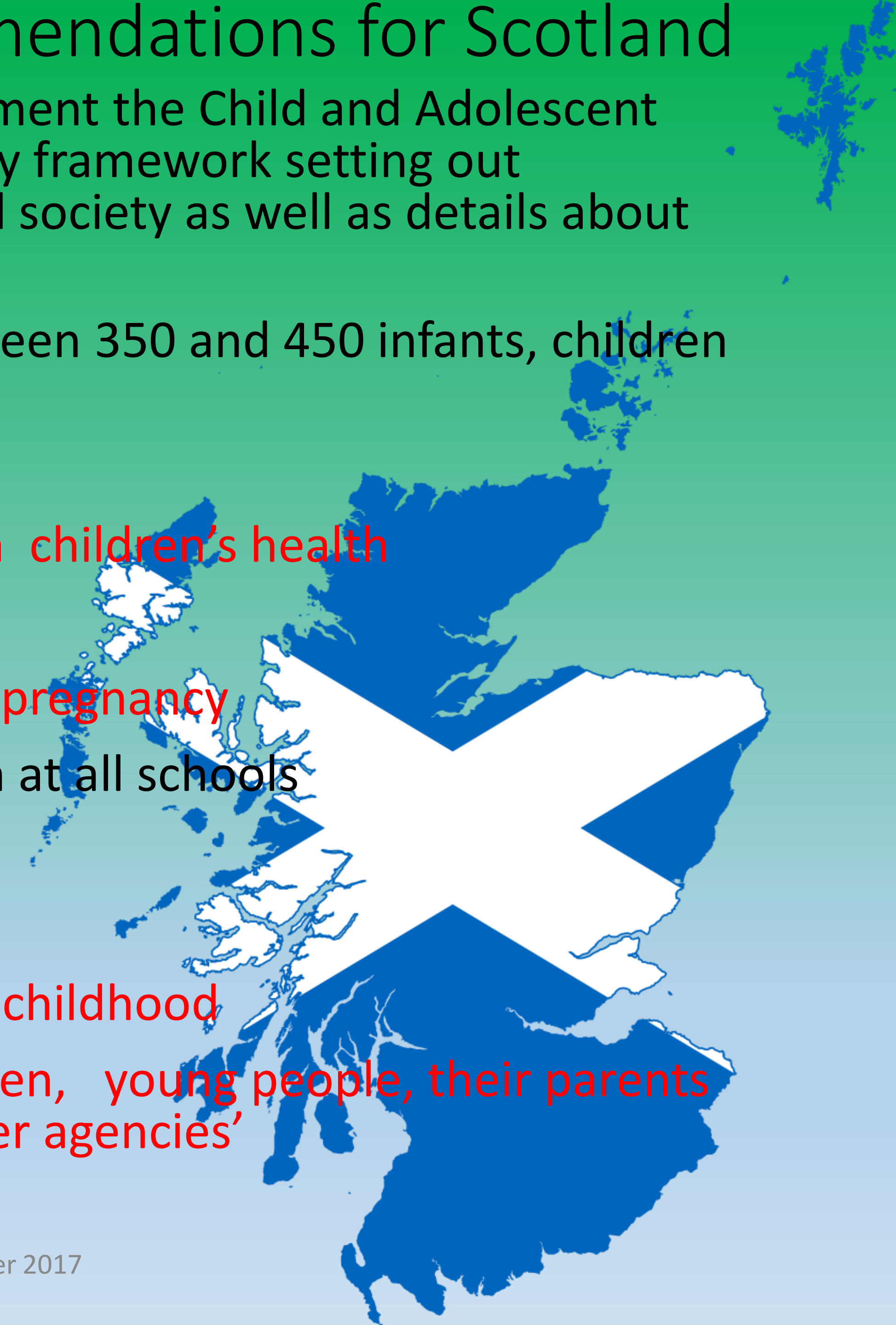
There have been over 400 different initiatives, strategies, funding streams, legislative acts and structural changes to services affecting children and young people over the past 21 years. This is equivalent to over 20 different changes faced by children's services for every year since 1987.

Since 1987, there have been 98 separate Acts of Parliament affecting children across the UK. This is equivalent to over four every year for the past 21 years

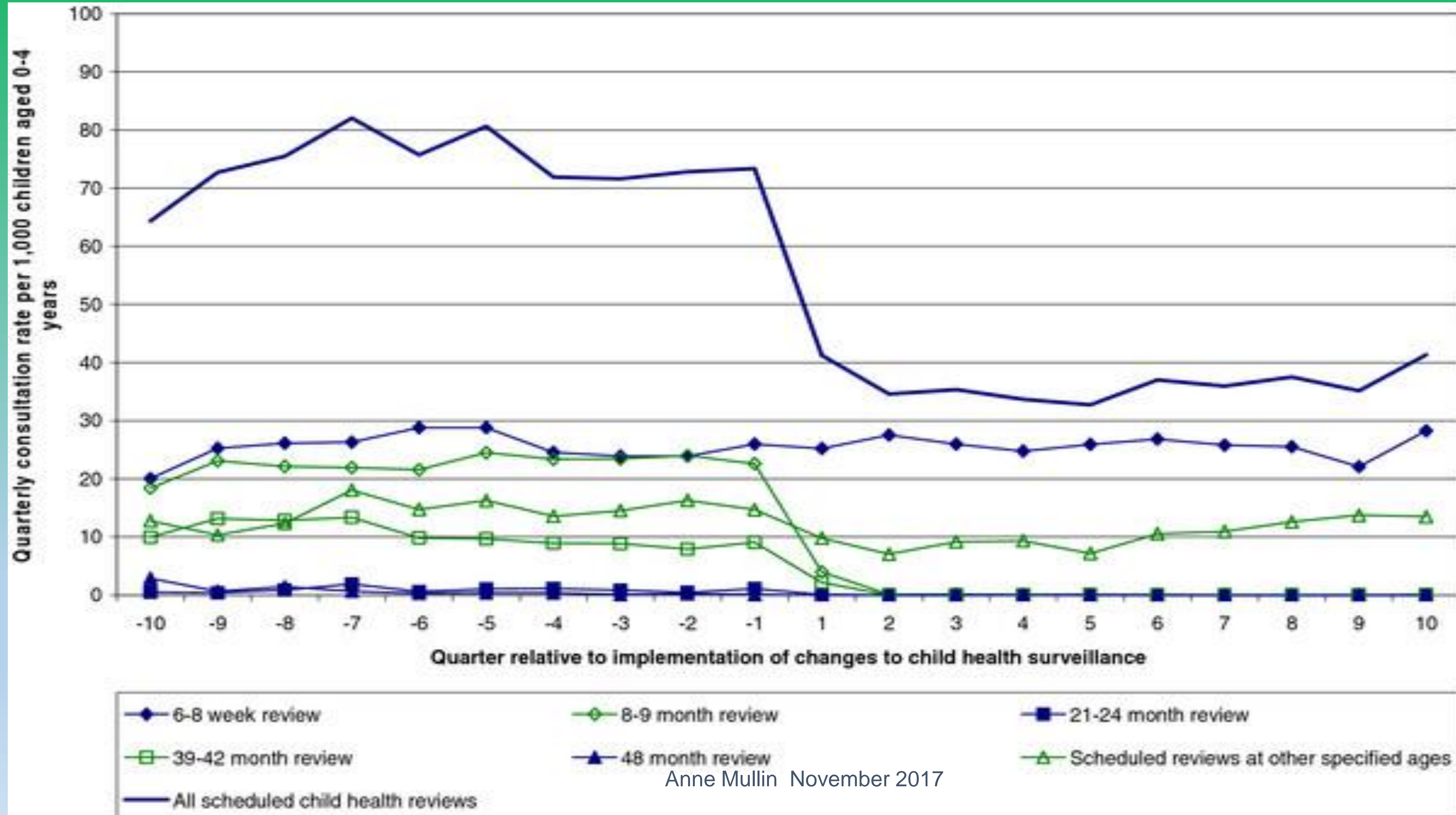
http://www.actionforchildren.org.uk/resources-and-publications/research/as-long-as-it-takes-a-new-politics-for-children-2008/

State of Child Health 2017 –Recommendations for Scotland

1. The Scottish Government should publish and implement the Child and Adolescent Health and Wellbeing Strategy 'a clear accountability framework setting out responsibilities for professionals, the public and civil society as well as details about resources and funding to implement it'
2. Reduce the number of child deaths (each year between 350 and 450 infants, children and young people die in Scotland)
3. Develop integrated health and care statistics
4. Develop research capacity to drive improvements in children's health
5. Reduce child poverty and inequality
6. Maximise women's health before, during and after pregnancy
7. Introduce statutory sex and relationships education at all schools
8. Strengthen tobacco control
9. Tackle childhood obesity effectively
10. Maximise mental health and wellbeing throughout childhood
11. Tailor the health system to meet the needs of children, young people, their parents and carers 'a joined-up approach by health and other agencies'
12. Implementing guidance and standards



The Demise of Preventative Child Health Care in General Practice



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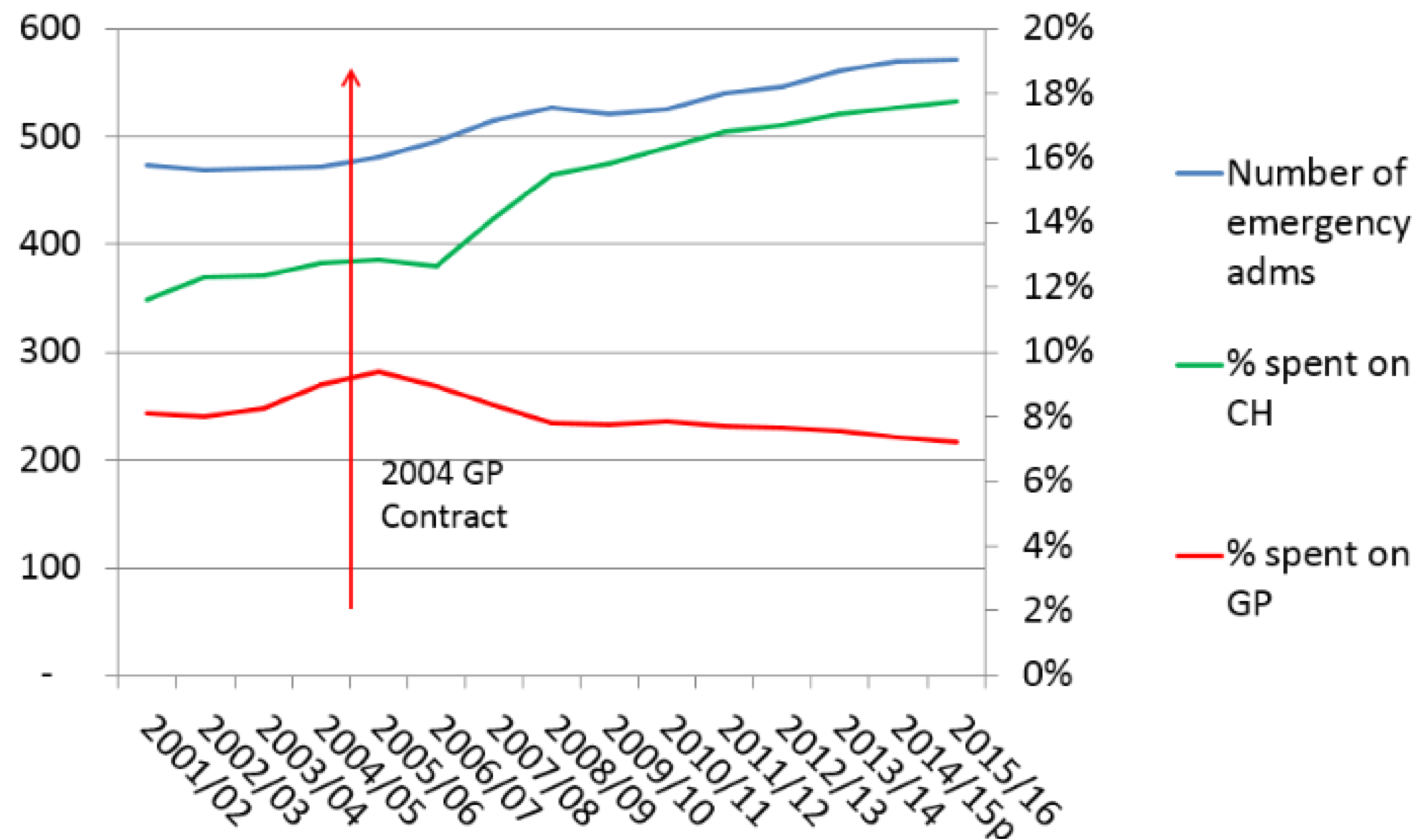
Microsoft PowerPoint Web App
MULLIN, Anne (GOVAN HEALTH CENTRE (52
FILE
START SLIDE SHOW
COMMENTS

Percentage of NHS expenditure on community health and general practice (right axis) vs the number of emergency admissions (left axis) in Scotland by year, 2001/2-2015/16. Source: ISD Scotland.



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SLIDE 2 OF 2
NOTES
Links
17:32
Monday
17/07/2017

INVISIBLE CHILDREN LEARNING FROM SIGNIFICANT CASE REVIEWS – WHAT LIES BENEATH

- RESISTANT PARENTS - HOSTILITY – WORKERS BACK OFF AVOIDANT PARENTS - DNAS FOR MEDICAL OR SCHOOL APPOINTMENTS CHAOTIC/UNSTABLE PARENT
- APPARENT COMPLIANCE - NOT IN FOR HOME VISIT, BUT COME TO OFFICE LATER – DIRT ETC COVERING BRUISES, CHILD NOT SEEN ALONE - COLLUSION BY WORKERS
- CHILD NOT SEEN - NON SCHOOL ATTENDER
- CORE FAMILIES ON HEALTH VISITOR CASELOADS – NO REGULAR CONTACT
- CULTURAL – DIFFERENT VIEWS ABOUT CHILD REARING
- TRAFFICKING
- ORGANISATIONAL -BIG CASELOADS - POOR RECORDING -INEXPERIENCED WORKERS, LACKING CONFIDENCE -WORKER THRESHOLDS - LINKING TOGETHER INFORMATION E.G. INVOLVING THIRD SECTOR

= INVERSE CARE LAW (HEALTH)

= INVERSE INTERVENTION LAW , START AGAIN SYNDROME(SOCIAL SERVICES)

namonitore.ru

CHILDREN AS VICTIMS OR THREATS

79% SAY WE MUST BAN EU MIGRANTS

NEW FARCE OVER MIGRANT CROOKS

DAILY EXPRESS — MIGRANTS MUST GET BENEFITS SAY EU

DAILY EXPRESS — 1-IN-5 MIGRANTS HEADS TO BRITAIN

DAILY EXPRESS — MIGRANTS TO GET MORE BENEFITS

DAILY EXPRESS — MIGRANTS CHANGE BRITAIN FOREVER

DAILY EXPRESS — FOREIGNERS IN £70M NHS RIP-OFF

DAILY EXPRESS — MIGRANTS FACE NEW BAN ON BENEFITS

DAILY EXPRESS — WE MUST STOP THE MIGRANT INVASION

DAILY EXPRESS — ASYLUM SEEKERS COST £1.5M A DAY

DAILY EXPRESS — NEW EU GUIDE TO CLAIM BRITISH BENEFITS

DAILY EXPRESS — MIGRANTS FUEL UK BABY BOOM

DAILY EXPRESS — 98% DEMAND BAN NEW MIGRANTS

DAILY EXPRESS — 75,000 SAY NO MORE EU MIGRANTS

DAILY EXPRESS — YOU PAY TO TEACH MIGRANTS MANNERS

DAILY EXPRESS — 150,000 SAY NO TO NEW EU MIGRANTS

DAILY EXPRESS — CRACKDOWN ON EU MIGRANTS

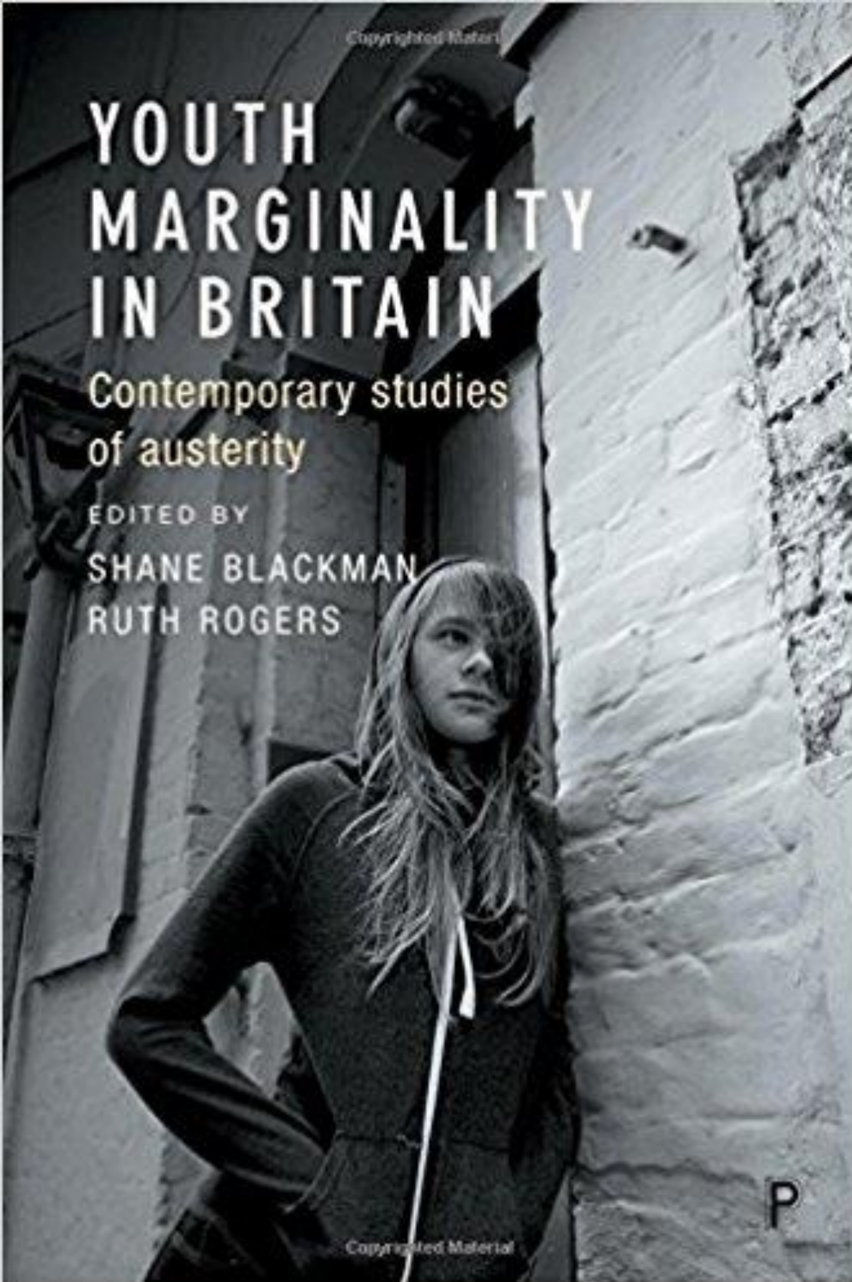
DAILY EXPRESS — MIGRANTS SET TO FLOOD IN

DAILY EXPRESS — MIGRANT BEGGARS ON £36,000 A YEAR

DAILY EXPRESS — MIGRANT NUMBERS AT CRISIS POINT

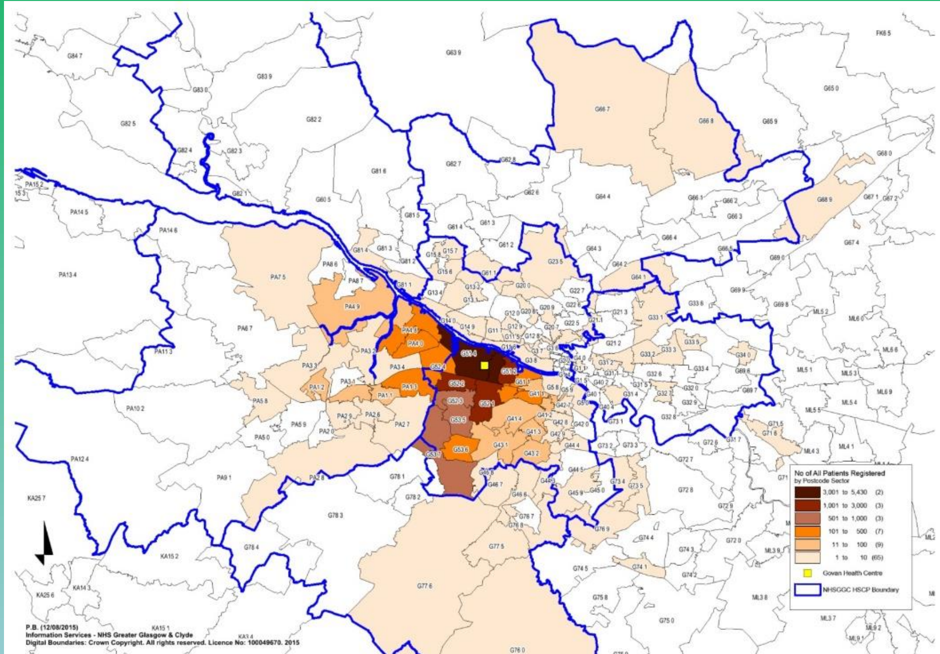
'I noted such cases of children without an ounce of superfluous flesh upon them, with skin harsh and rough…I fear it is from this class that the ranks of pilferers and sneak thieves come, and their cleverness is not of any real intellectual value'

Dr Arkle reporting to the Poor Law Commission in 1908



Young people…suffered social injustice from the politics of distribution (of resources) but also they face injustice in respect of the politics of recognition; that is, their circumstances are misrecognised and presented as a consequence of their own flaws and failings. This can be seen with what is one of the dominant tropes of British politicians, policy makers, think tanks, and welfare practitioners: those who are not successful in their transitions from school to employment are deficient, with the most fashionable 'lack' currently being of aspiration ('grit', 'resilience', 'character', 'social capital', 'skills', 'qualifications' and 'experience' are also regularly cited as the things young people are lacking). Elsewhere I have described this as voodoo sociology…

GOVAN SHIP –A NEW HORIZON



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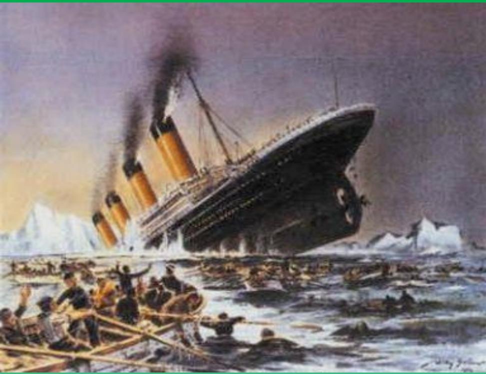
GOVAN SHIP Getting Us From H1-H3



HORIZON 1

- **Sinking in The Deep End**
- **Pre-established team working but no strategic support**
- **Collective memory of working with attached social worker- a positive experience**
- **Clunky communication systems- an ongoing frustration**
- **Fragmented data systems**
- **GP contract- minimises maternity, paediatric and family health care**
- **Thresholds, exclusion criteria- Inverse Care Law**
- **No specific role for GPs in the care of vulnerable children and families despite being the 'hub' and point of contact for other services/ outside agencies.**
- **Very little research to argue our case**
- **Experience doesn't seem to count**

HORIZON 3 Sailing on Calm Waters

- **Protected time- case planning**
- **Professional relationships- face-to face discussions- *we are all generalists now***
- **Infrastructure- e.g. MDT meetings, whole systems approach, 1y & 2y care interface, steering group**
- **Multimorbidity database 'KIS for Kids'**
- **Documentation-minuted meetings ,diaries ADMIN SUPPORT**
- **Patient engagement**
- **Knowledge dissemination- nationally, internationally**
- **Research that fits working practices (e.g.Evaluation Report)**
- **The bigger picture-Links Workers,JSTs Mental Health, Education, 3rd Sector**
- **Normalising the project work through connectivity, embedded knowledge, knowledge exchange – Scaling up an ecology of learning**

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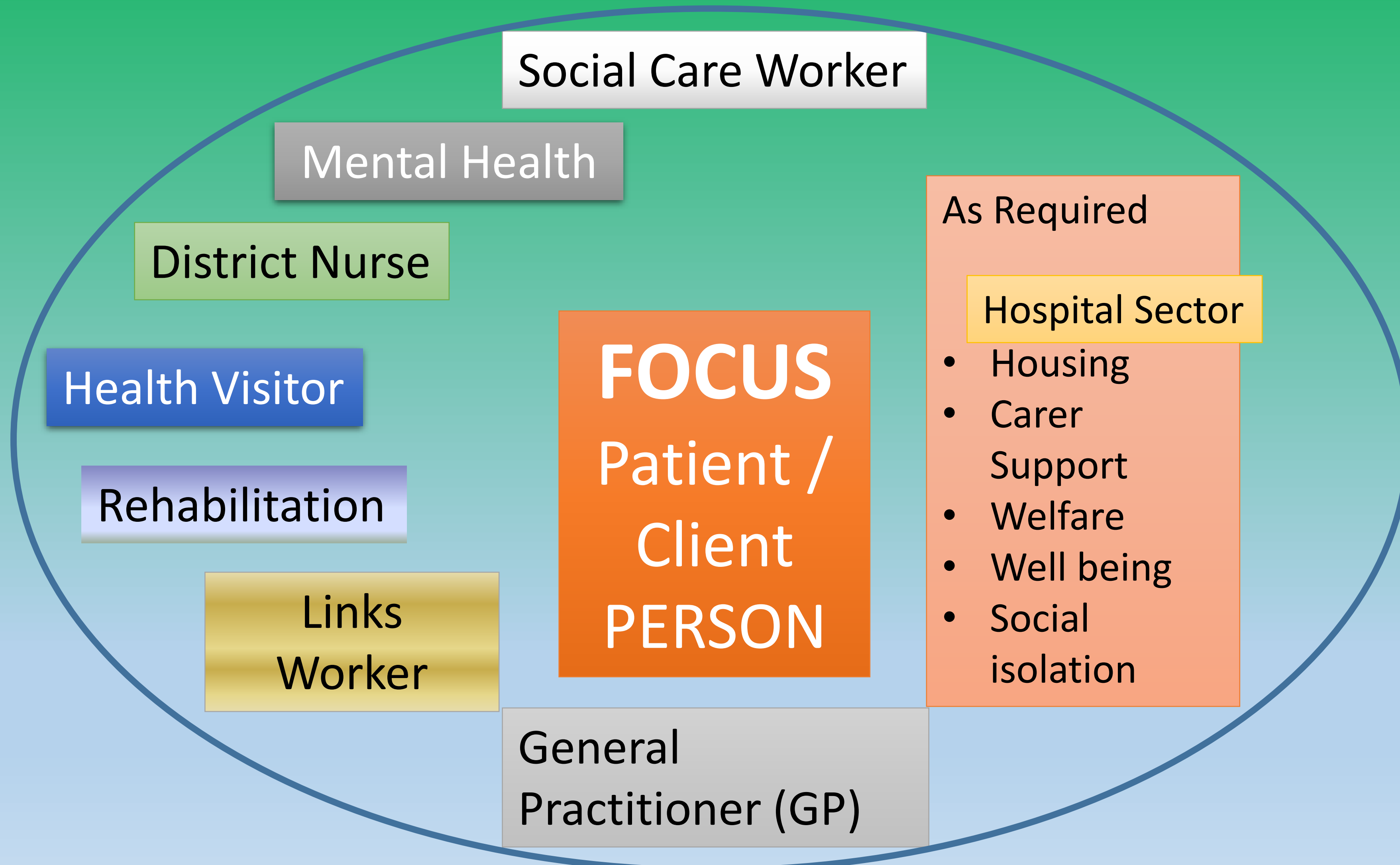
Govan SHIP - MDT



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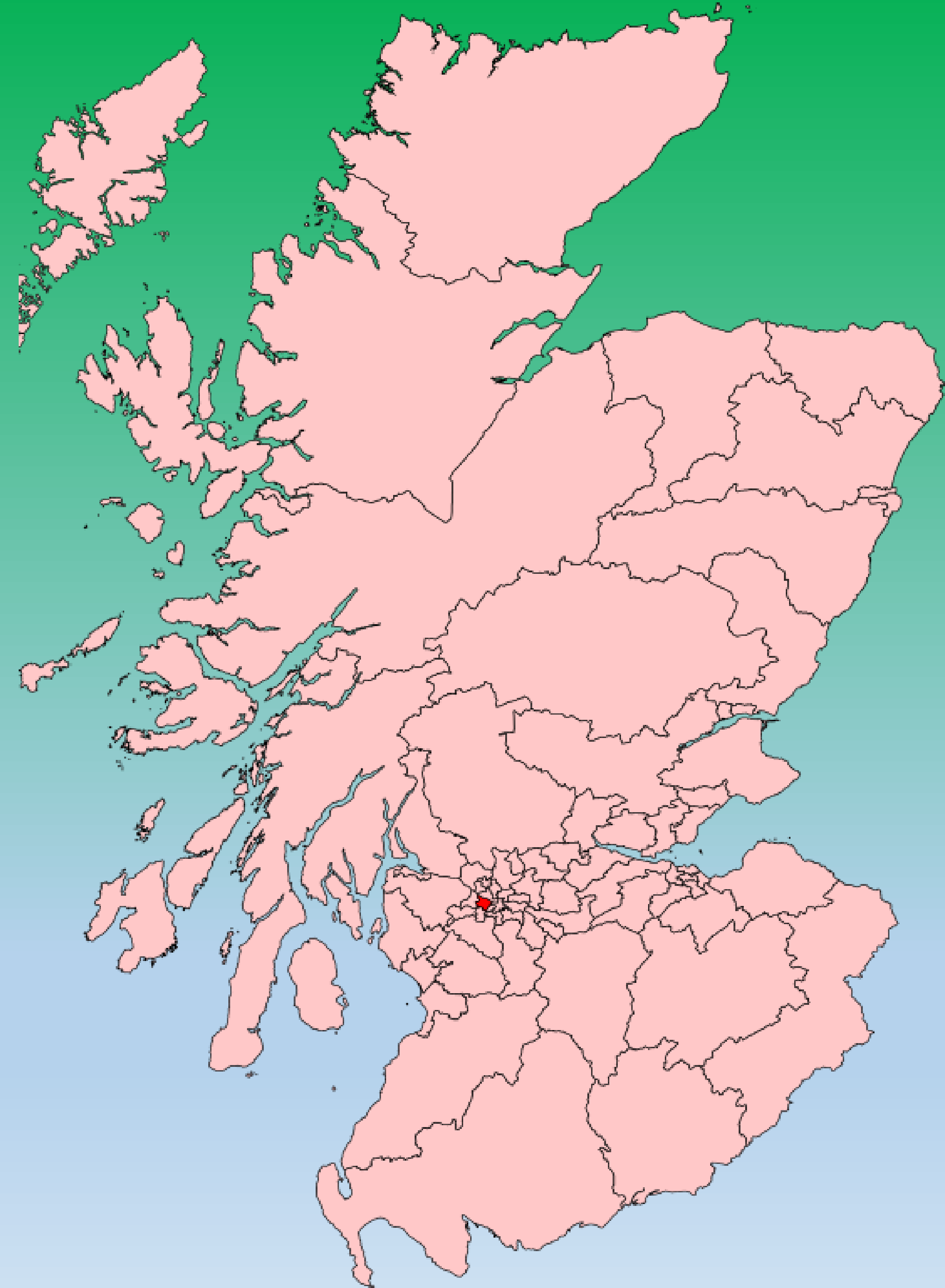
A Sense of Perspective

SHIP Practice Patients <18Y	ALL	SHIP	Non-SHIP	SHIP (as %)
Female	1209	129	1080	10.7%
Male	1322	153	1169	11.6%
Total	2531	282	2249	11.2%

	G51 SW CP Stats Children<18Y
Looked after away from home	N=61
Looked after at home	N=63
Placed on CP Register	N=15



Telling Our Own Story in Govan SHIP

Key Information for Kids.

Key Information for Kids

Child Protection
- ☐ Child on protection register
- ☐ Child removed from protection register
- ☐ Child is cause for concern
- ☐ CP case conference

Child is cause for concern , 12/09/2016

CP Template | CP Contacts

Home Circumstances
- ☐ Lives at parental home
- ☐ Child lives with mother
- ☐ Child lives with father
- ☐ Child lives with grandparents
- ☐ Child lives with another relative
- ☐ Parents separated
- ☐ Parents divorced
- ☐ Child in foster care

Last entry: Not found

Involved Agencies

Under care of social worker ☐	*ADD CONTACT DETAILS*
Under care of health visitor ☐	*ADD CONTACT DETAILS*
Nursery ☐	*ADD CONTACT DETAILS*
Primary school ☐	*ADD CONTACT DETAILS*
Secondary school ☐	*ADD CONTACT DETAILS*
Specialist school ☐	*ADD CONTACT DETAILS*
Paediatric specialist nurse ☐	*ADD CONTACT DETAILS*
Seen by CAMHS ☐	*ADD CONTACT DETAILS*

Attendance
- DNA hospital appointment ☐
- Frequent non-attender ☐
- Frequent attender of A+E department ☐
- School attendance poor ☐

Immunisation Status
- Up to date with immunisations ☐
- No previous immunisations ☐
- Immunisation Information ☐ *RECORD ANY MISSED IMMUNISATIONS*

UPLOAD AS PROBLEMS TO KIS - REMEMBER CONSENT

OK | Cancel

v 2.0 (updated 11/08/17)

'I have considered the benefits of establishing a national database on children…I was told that such a database is technically feasible…that every new contact with a child by a member of staff from any of the key services would initiate an entry that would build up a picture of the child's health, developmental and educational needs' Laming 2003
http://lx.iriss.org.uk/content/victoria-climbie-inquiry-summary-and-recommendations

Govan Project.

Govan Project

- Govan Project - intervention ☐
- Govan Project - Vulnerable adult ☐
- Govan Project - Vulnerable child ☐
- Govan Project - extended consultation ☐
- Govan Project - additional housecall ☐
- Govan Project - housing issues ☐
- Govan Project - education issues ☐

Redirection from ☐

Referrals
- ☐ Refer to social worker
- ☐ Education social worker
- ☐ Under care of social worker
- ☐ Refer to school nurse
- ☐ Refer to other health worker
- ☐ Referral to benefits advisor
- ☐ Referral to intermediate care - com...
- ☐ Housing worker involved

Under care of social worker, 05/05/2015

Links Worker Project Codes
- ☐ referral to CLP
- ☐ consent to information sharing
- ☐ seen by CLP

Seen by health support worker, 19/06/2(

Brought to MDT by ☐

Adverse Childhood Event ☐

Key Information for Kids

Money Advice Referral

Case Discussion
- ☐ Multidisciplinary case conference
- ☐ Multidisciplinary team meeting with patient
- ☐ Multidisciplinary team meeting without patient
- ☐ Palliative care plan review
- ☐ Frequent attender of A&E department

Last entry: Palliative care plan review, 05/05/2015

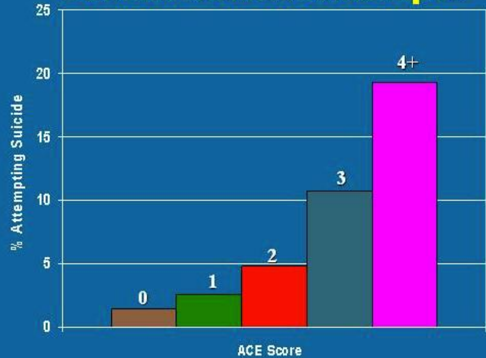
- Govan Project - Patient Satisfaction ☐
- Govan Project - Patient Dissatisfaction ☐

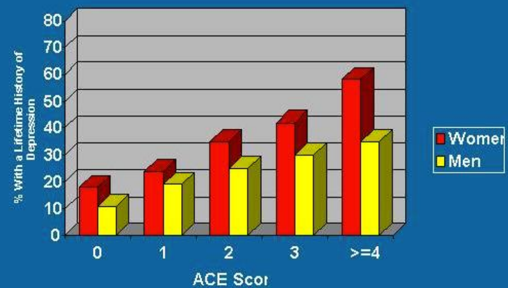
Signposting | Lifestyle Factors | Frail Elderly

OK | Cancel

v 2.0 (updated 11/08/17)

THE EXPERIENCE OF A GOOD ENOUGH CHILDHOOD- IS IT JUST TOSSING A COIN?

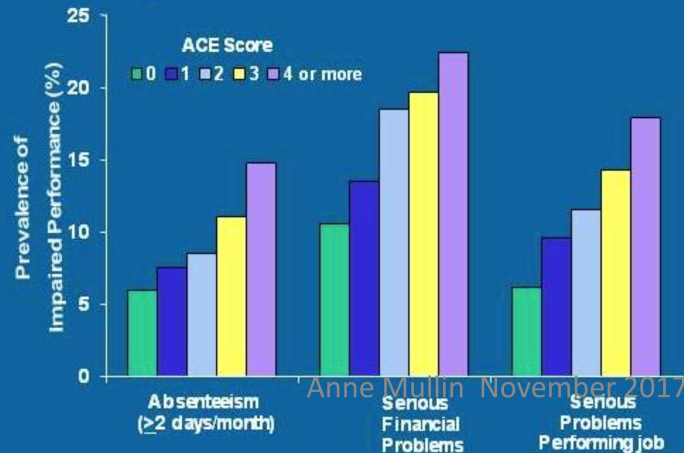


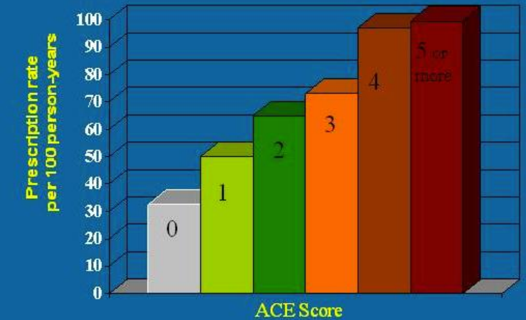


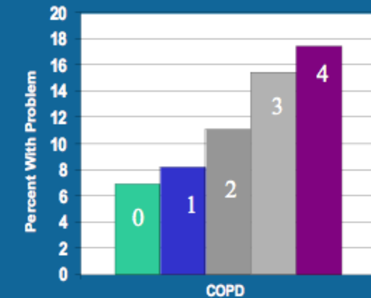
Adverse Childhood Experiences Are Common

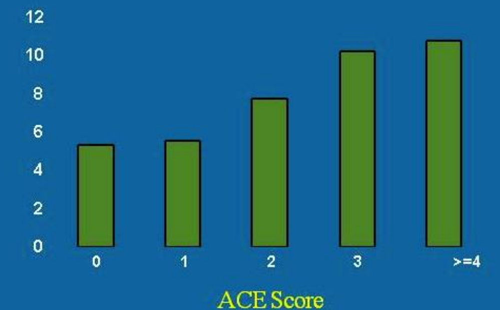
Household dysfunction:	
Substance abuse	27%
Parental sep/divorce	23%
Mental illness	17%
Battered mother	13%
Criminal behavior	6%
Abuse:	
Psychological	11%
Physical	28%
Sexual	21%
Neglect:	
Emotional	15%
Physical	10%

https://acestoohigh.com/got-your-ace-score/









‘…it is still premature to start widespread screening for adverse childhood experiences (ACE) in health care settings until we have answers to several important questions:

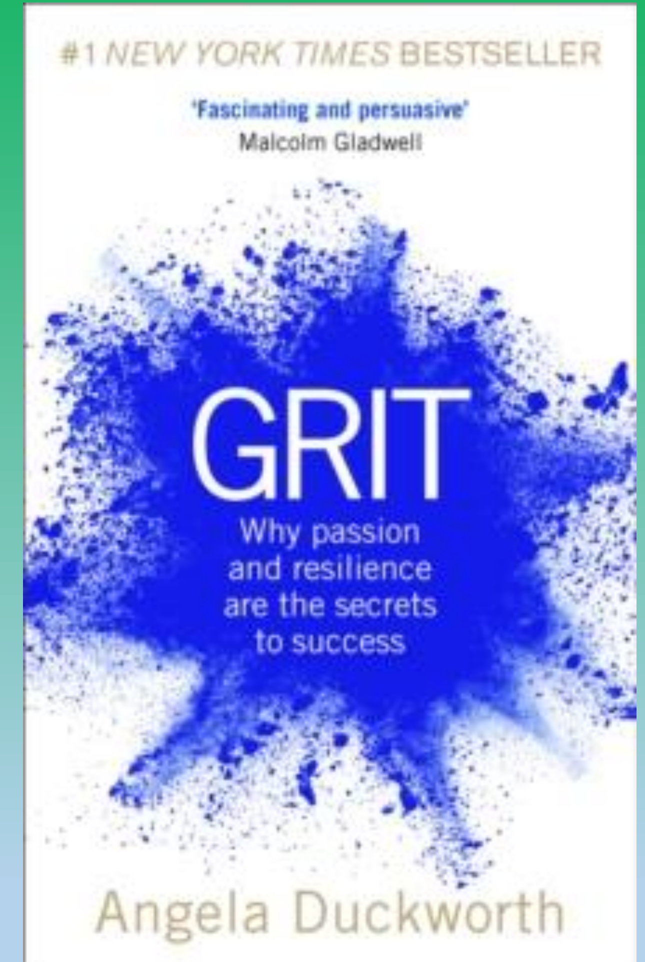
1) what are the effective interventions and responses we need to have in place to offer to those with positive ACE screening,
2) 2) what are the potential negative outcomes and costs to screening that need to be buffered in any effective screening regime

3) what exactly should we be screening for?’

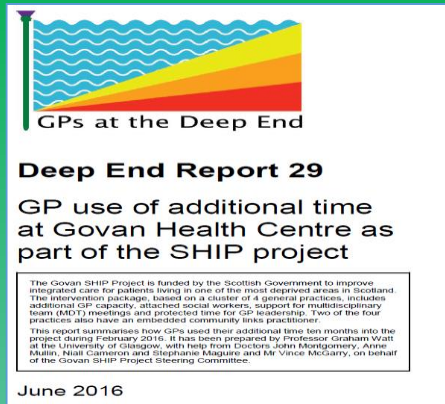
Finkelhor, D. Screening for adverse childhood experiences (ACEs): Cautions and suggestions. Child Abuse Negl. 4-8-2017.

Resilience- What Exactly Is it?

- Considered within the domains of positive family relationships, emotional expressiveness (e.g. self esteem),family embeddedness in the community, peer relationships, sexuality
- At a population level the great diversity of risk-factor combinations and their very small prevalence make the tasks of identifying vulnerable patients and defining eligibility for support very difficult for policy-makers- *this is where the SHIP project matters*



Won’t Somebody Please Think of the Children?


GPs at the Deep End

Deep End Report 29

GP use of additional time at Govan Health Centre as part of the SHIP project

The Govan SHIP Project is funded by the Scottish Government to improve integrated care for patients living in one of the most deprived areas in Scotland. The intervention package, based on a cluster of 4 general practices, includes additional GP capacity, attached social workers, support for multidisciplinary team (MDT) meetings and protected time for GP leadership. Two of the four practices also have an embedded community links practitioner.

This report summarises how GPs used their additional time ten months into the project during February 2016. It has been prepared by Professor Graham Watt at the University of Glasgow, with help from Doctors John Montgomery, Anne Mullin, Niall Cameron and Stephanie Maguire and Mr Vince McGarry, on behalf of the Govan SHIP Project Steering Committee.

June 2016

‘Extended surgery consultation with school age child and mother due to behavioural problems at school stemming from Autistic Spectrum Disorder. **Outcome**: discussed support structures available through health, education and third sectors. Information regarding diagnosis and impact on family discussed at length. Management strategies discussed and agreed for both individuals with goal setting, etc.’

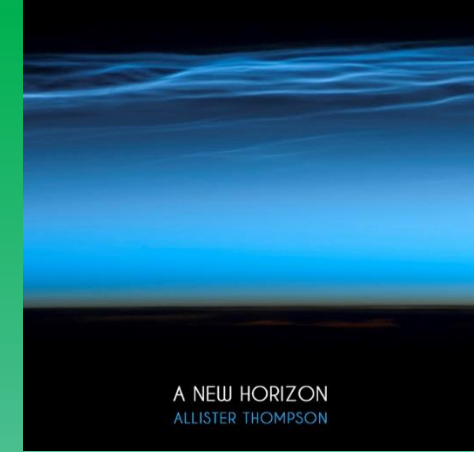
‘Child < 5 years frequent attender to surgery with minor self-limiting symptoms. English poor and requires translator. Planned review to discuss support and education of such illness; **Outcome**: linked in with Health Visitor for further ongoing support which also involves local third sector agencies. Aim to support mother and reduce attendances at general practice.’

An Ecology Of Learning-Scaling Up

- Three inter-related aspirations- **sustaining core general practice , delivering extended services, leading a population health system**
- Larger scale has the potential to sustain general practice through operational efficiency and standardised processes, maximising income, strengthening the workforce and deploying technology.
- Scaling up will take a lot of hard work ... **All GPs will need to play a part in making these new organisations successful**
- The evidence that these organisations can improve quality is mixed. Patients had differing views about the benefits of large-scale organisations. Some appreciated increased access, while **others were concerned about losing the close relationship with their trusted GP**
- Policy-makers and practitioners should be **realistic in their expectations of the pace** at which large-scale organisations can contribute to service transformation

https://www.nuffieldtrust.org.uk/research/is-bigger-better-lessons-for-large-scale-general-practice

SCANNING THE GENERALIST'S 3RD HORIZON



Improving health in deprived areas and narrowing health inequalities

Keeping patients in the community and relieving pressure on emergency services

Coordinating care for patients with multiple problems, reducing fragmentation of care and driving integrated care, based on patients' needs.

CONSTRUCTING THE GENERALIST'S 3RD HORIZON

Building strong patient narratives, based on knowledge and confidence in managing their problems and accessing available resources and services

Building strong local health systems, based on general practice hubs and clusters linked to other local resources and services

Building a strong generalist function within the NHS, based on networks of local systems serving similar types of populations, with shared learning to ensure that "the best anywhere becomes the standard everywhere".
(Deep End Report 32)

SPACE AND TIME FOR INTEGRATED WORKING - THE FINAL FRONTIER

Anne Mullin November 2017