

NEWS UPDATE FOR DE STEERING GROUP MEETING ON 160621

(Capturing a brief summary of DE activity from Feb – June 2021)

Project updates

Pioneer Scheme. Pioneer Scheme ended in May 2020, but there are ongoing discussions between David, John and members of the Scottish Government's Short-Life Working Group on Health Inequalities about the possibility of re-launching as a **Fairhealth Scotland Fellowship scheme** involving the wider primary care team.

Govan SHIP. John M met with Scottish Government to discuss next steps for the project. Plans to incorporate elements of SHIP into the new Fairhealth Fellowship and also into the proposed Inclusion Health DES.

Alcohol nurses. PCANOS model (attached alcohol nurses) continues in GG&C. Andrea reports an increase in referrals to the service.

Presentations, Panels, Podcasts

Carey part of panel at Edinburgh University / Edinburgh Futures Institute on the role of general practice in addressing Health Inequalities

David and Carey presented to Public Health Primary Care Special Interest Group in Wales about the work of the DE and the potential for more collaborative working between general practice and public health

Carey chaired BJGP webinar on Health Inequalities

Carey part of Q&A in Edinburgh community engagement event on inclusive CV19 vaccination (with EVOC – council for voluntary services in Edinburgh) <https://www.evoc.org.uk/covid-19-vaccines/covid-19-vaccine-info-seminar/>

Carey recorded podcast on management of self-harm in primary care for Samaritans (alongside MH nurse Kat Paterson)

Key DE Events

Deep End hosted roundtable discussion with key stakeholders on Covid19 vaccine deployment to marginalised groups (March 2021)

Deep End Report 37: Covid19 vaccine deployment for marginalised groups in Scotland . Carey and John subsequently attending national Inclusive Vaccination group. Reasonable amount of media coverage following report (TV, radio, print). Extended use of vaccine DES (for vaccine 'mop-up') now being rolled out in some Board areas.

Gillian Henderson, health improvement manager Public Health Scotland is keen to understand how best to work with DE practices to support improved vaccine uptake in underserved groups. Her email is Gillian.Phillips2@phs.acot

Thanks to David, Anthony, John M, Helen and Noy for making this such a successful event.

50 Years of the Inverse Care Law Conference #ICL50 (May 2021)

Hugely successful online conference. 360 attendees. High profile and informative speakers (Graham Watt, Harry Burns, Catriona Morton, Stewart Mercer, Darren McGarvie, Naureen Ahmad, with Becks Fisher from Health Foundation joining for the panel Q&A at the end). Formal evaluation to follow.

Conference footage been added to UoG youtube channel <https://youtu.be/0ToeoBZF8N4>, panel discussion to follow. Has also been added to the RCGP youtube channel <https://vimeo.com/560794622> and <https://vimeo.com/560805465> (Password - RCgp2021!)

The twitter thread can be accessed here

<https://threadreaderapp.com/thread/1397544100446998531.html>

Slido questions have been archived to allow review of themes. Write up of conference proposed (thanks Stewart) and future follow up event being planned.

Thanks to Lynsday, Maria, Marianne, Stewart and David for all their work in making this such a successful event.

Key Meetings

Scottish Government SLWG on Health Inequalities (Carey and David attend monthly) and Mental Health subgroup (Carey attends monthly)

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

Carey met with Catherine Calderwood, national director for sustainable development: topics discussed included interface, digital health care (and exclusion) improving population health

David and Carey met with Minister for Public Health (Mhairi Gugeon): topics discussed included collaborative working between PH and primary care; ICL ad proportionate Universalism; models for MH in primary care

Carey met with Vicki Waqa, head of PN teaching and education at NES on potential around of joint working around health inequalities. Now linked with David around Fairhealth Scotland Fellowship

Research

Missingness work – Andrea’s hospital utilization paper which links the GP missed appt data with hospital utilization and hospital missingness will be published by Plos One sometime in June. Key message is that patterns of missingness are the same in hospital care as they are in general practice, and that the only surprising finding is that people do not tend to use ED instead. New MDT research team convened for next stage. NIHR grant submitted to do evidence review, interviews with experts by experience and key stakeholders across Scotland and England to develop programme theory and interventions to test.

Game of Stones – new study practices can help recruit or patients can enrol directly via the website <https://gameofstonesresearch.com/>

Stewart, Carey and David progressing well with proposals for funded work by Health Foundation (Becks Fisher) to review the approaches to the inverse care law in Scotland over the last 10 years, a review of the policy landscape and the emergence and ‘story’ of the Deep End as part of that.

Carey interviewed by Kate Colliver on the role of general practice in preventing drug related death (research project, Edinburgh University Roy Robertson)

Carey interviewed by Eddie Donaghy on Primary Care Transformation, health inequalities and multimorbidity (Edinburgh University, Prof Stewart Mercer)

Teaching

No specific updates received prior to steering group

Deep End International

Next DE Bulletin planned for June 2021.

Other key updates

Inclusion Health DES

There is some interest from Scottish Government on the development of an Inclusion Health DES. This follows on from previous discussions around sustainably resourcing the work of general practice teams in addressing health inequality at the RCGP HI summits, the Scottish Government SLWG on Health Inequalities in Primary Care and other forums. It is increasingly recognised that short-term funded pilots, and dedicated apply-for ‘deprivation funds’ do not offer a sustainable funding mechanism. The Scottish Allocation formula does not address deprivation, and is not due for review, and many believe that the GMS contract is not the best mechanism to address health inequalities. A DES would be a potential alternative mechanism to offer funding to practices, building on the evidence base of ‘what works’ in a frontline setting, with reporting mechanisms and governance around how the money is spent. The SLWG on Health Inequalities has extended its term until September 2021 and there does seem to be an increasing interest in whether a DES could offer a potential mechanism to drive forward some of the aspirations on their action plan. Following an initial draft from Carey, John M, David and Catriona, feedback has been collated from the wider DE steering group and colleagues in remote and rural settings. The intention is to have an inclusive DES model that supports DE patients, wherever they are based, is attractive to all practices for its core elements, offers proportionate funding according to deprivation level, that promotes multidisciplinary working, builds on the learning from the DE projects, and that work at Cluster level. Draft proposal, outlining key themes for what practices would aim to provide, and what support would be needed to achieve this, has now been shared with Scottish Government primary care division.

For interest

Marie Curie paper being homeless at the end of life in Scotland with actions relevant to the DE