Health Inequalities Summit: The Deep End of Primary Care

09 Nov 2022

Question & Answers

1. ***Is there a risk that a focus on healthcare inequalities may widen the inequalities gap by never truly addressing the wider determinants of health?***

Key here we think is to adopt a 'health systems' perspective including all partners and identifying what each 'bit of the system' has agency to change. Collective action will result in positive change. A useful framework for the link between healthcare and health inequalities and taking action to address inequalities is published here: Transforming health systems to reduce health inequalities | RCP Journals

2. ***There are pockets of work to address the known health inequalities (e.g. reducing the impact of poor health literacy in the region). Is it time we joined up our approaches and shared our learning effectively?***

We agree this is really important and identifying mechanisms and ways we can all do this through our networks and communications is vital. We hope the Deep End network will serve as an opportunity to enhance joined up working in this area, and also it will link with other health inequalities activity across the NENC ICB. The ARC website, in particular the inequalities and marginalised communities section, is also a useful place to visit for a list of research activity in the region focused on building the evidence around 'what works' to reduce health inequalities. https://arc-nenc.nihr.ac.uk/our-research-themes/inequalities/

3. ***Have there been clear examples of collaboration between public health and primary care in some of these brilliant initiatives? If yes, what worked and what didn't work there?***

Yes. See https://arc-nenc.nihr.ac.uk/our-research-themes/inequalities/ for examples

4. ***How are trauma informed approaches and PIE being used to support access for excluded groups. Are there any networks to share good practice and workforce development?***

Community Mental Health Transformation is a national priority and is happening across the ICS. How this is adopted at place will vary and is out of our control, but it must include new ways of working if it is to have a meaningful impact. We know that practices in the Deep End have a high prevalence of patients with mental health diagnoses and that finding innovative ways to manage patients with mental health problems is a priority for them. As a result, we are piloting embedded psychologists in Deep End practices. We also know that patients with a history of complex trauma can be difficult to manage and that traditional mental health service delivery models don't always meet their needs. The role of the psychologist will hopefully evolve to meet practice and patient need. This may involve upskilling the GP workforce and adopting the new ways of working you describe.
We are very experienced in looking after complex patients and trauma informed approaches and psychologically informed environments may well help us to do that work better in the future. We would hope to improve access to, and completion of, mental health interventions for our patients. We hope that the pilots can help us with the answers, and that the Deep End Network will help us disseminate that learning beyond the Deep End Practices.

5. ***The Reasonable Adjustment Flag can support reduction of health inequities. When will this be adopted throughout Health and Care?***

The Deep End Network is a network of the practices looking after the highest number of patients living in the most deprived LSOA's in the country. We are attempting to find ways of working which consider and find ways to address health inequalities driven by socioeconomic status.
Whilst we agree that Reasonable Adjustment Flags could support health inequity reduction this is not the focus of our work, and we are not able to answer the question about when this approach will be widely adopted. We can however pass it on the appropriate forum to consider.

6. ***Do we go far enough when designing interventions / services / models to deliver equity rather than a one size fits all approach with no adjustments***

No we do not. This is recognised in the Deep End as a system problem which is why we want to advocate for these practices and the populations they serve.

7. ***How many GP practices are there in the NE & Cumbria ICS in total?***

358 practices in total

8. ***How can funding allocation be improved and proportionately channelled towards the deep-end?***

Using data on IMD status and percentage of the practice population to make an adjustment to funding, there are examples like this from Newcastle Gateshead Clinical Commissioning Group and the Leicester, Leicestershire and Rutland (LLR) system.

9. ***How can / will future funding be channelled proportionately to support deep end areas given their geographical distribution across the NENC patch? E.g. we only have 1 deep end practice in South Tyneside***

Please encourage Deep End practices in your area to engage with the Deep End Network, they can then partake in any initiatives. Pilot projects/opportunities are open to all Deep End practices and funding for these are a direct agreement with the practice as opposed to other ICB/NHSE initiatives which may be at PCN level. We need to have direct conversations and contact with the practices in order for them to benefit.

10. How do we translate pockets of resourcing for equity (Linthorpe / LES examples) to system wide changes in resourcing and funding?

We hope that the pilots can help us with the answers, and that the Deep End Network will help us disseminate that learning beyond the Deep End Practices. It will be challenging, but that is one of the founding principles of the Deep End Network. We need to identify which interventions make a difference, measure their impact on health inequality and hopefully demonstrate outcome improvements. If we can do that, we build the case for adopting the approach across the ICS and also provide an evidence base for those who advocate for resource allocation changes at place to take account of deprivation

11. How can the system help individuals with multiple patterns of DNAs at planned appointments and high ED attendances to engage better?

Need to tailor access according to patient demographic and not be flagged for it. Consider working with Social Prescribing Link Workers and non-clinical staff to help support attendances.

12. What about working "with patients" as partners in shaping initiatives? Thinking of the success and failure of PPG's - what wisdom can we glean here?

This is a planned next step for the Deep End NENC. For example, we are currently building a patient, public and community involvement group as part of the MINDED evaluation (Research projects - GPs at the Deep End NENC GPs at the Deep End NENC).

13. What approach is being taken to ensure those who are homeless have access to primary health care across the region? and - how can the vol sector support?

There are a variety of homelessness services e.g. Basis in Gateshead. This is not just a Deep End issue but a broader Health inequality one which needs a wider system response.

14. Highlighted HI in respect of accessing a GP for those who are unable to register with a GP due to having no fixed address - how can we tackle this?

Improved links with homelessness services and local authority is key here.

15. What evidence is there suggesting people with sensory impairments experience additional health inequities? Does anyone know of any evidence that supports the hypothesis that people with sensory impairments experience additional health inequities over and above any other factors they may be affected by?

The Deep End Network is a network of the practices looking after the highest number of patients living in the most deprived LSOA's in the country. We are attempting to find ways of working which consider and find ways to address health inequalities driven by socioeconomic status.
Whilst we are aware of the impact of sensory impairment on health inequity it is not the focus of our work. However, we do know that, for instance, there is a considerable impact on health for deaf people in the UK and that there is a greater risk of undiagnosed hypertension, diabetes mellitus and cardiovascular disease. From some unrelated work we also know that establishing an accurate register of people with hearing impairment is very difficult. This makes it difficult to identify the total at risk population and to assess the impact of different ways of working. It also makes it difficult to stratify the socioeconomic status of the population to confirm any association and assess whether the impact of multiple factors is synergistic when considering the impact of health inequity. We believe more work needs to be done and can forward your question to the relevant forum.

16. Personal bias within healthcare tends to give a varied experience to the patient (not always good) when trans & non binary people engage with GPs and beyond. Of course this shouldn't happen - are there any considerations around this very real issue?

The focus of the Deep End network is considering marginalisation, disadvantage and exclusion principally from a socioeconomic perspective. There are of course many other dimensions of marginalisation and exclusion which are important to recognise and address. Furthermore there is often an intersectionality of marginalisation and exclusion across different dimensions (e.g. socio-economic status, gender, ethnicity) contributing to the generation of health and care inequalities.

17. Question for Dr David Jones following his presentation - Can your model be used across the whole ICS?

Yes this is why we kept the definition broad and didn't just say it was for case conference report, because there is a lot of unfunded work we do for vulnerable patients and it works best to wrap this up into a single LES payment weighted for deprivation. It can be replicated but the commissioners will need to agree it!

18. I wonder how matching up to the standards Julian Tudor Hart sets in his quote square with the time limits patients are given with their GP for an appointment?

Always a challenge. In my working life the consultation length has doubled from 7.5 to 15 mins (never enough). But the relationship that a GP should build with an individual takes place over many consultations. Hence the essential importance of continuity. For this to happen the GP (and other primary care clinicians) has to avoid feeling the pressure and consciously resist the temptation to 'hand off' the problem to somebody / somewhere else. Feeling the pressure is particularly acute at the Deep End

19. Question for Becky James - Has anyone tried using the toolkit for system working at place or other level - rather than Provider specific?

The toolkit was specifically designed to support foundation trusts initially, but the themes are generic enough to be used to support and frame any Health Inequalities plan and we are starting to use them in that way as part of our broader health inequalities approach

20. Is there a link to the toolkit?

https://arc-nenc.nihr.ac.uk/projects/covid-19-health-inequalities-impact-assessment-for-the-north-east/

21. Is there a list of the 38 deep end practices in the region?

Yes – This is available on request but we would like to remind anyone that it should not be used to contact the practices, any requests should come through the Network. Deep End practices are characterised by a lack of resource and their involvement in the Network reflects the pressures they are under. We do not want to add to those pressures by triggering additional work. If you would like further information please contact us at: necsu.deependnenc@nhs.net

22. How is your Deep End Network/your time funded/supported? ICB or other?

We have had to submit annual bids to the NECS Transformation Fund in order to secure funding for the Network, this includes the programme team's time to date. Due to the fact this has been non-recurrent it has presented challenges regarding building a sustainable network. We therefore recently submitted a bid for recurrent funding from the ICB up until 24/25 and have been successful in securing this, which is a huge achievement for our Network.

23. How many GP practices are there in Cumbria? How do you get involved? Can someone share the Deep end practices in North Cumbria please

We don't currently have any practices from North Cumbria in our Network based on the formula we have used which came from the original Deep End Network in Scotland. However, we are more than happy to share any learning as we appreciate that this will be relevant in areas with pocket deprivation as well as blanket deprivation. If you would like any further information regarding the network or how to be involved please contact us at: necsu.deependnenc@nhs.net

***24. Has the NENC Deep End network had the opportunity to influence the ongoing Community Mental Health Transformation* work to improve access?**

CMHT is being addressed at place but individual practices may be able to have local influence, especially if we can demonstrate positive impact from the psychology pilots but this is not something we have specifically been involved with to date. We have linked with ICS Mental Health Workstream Leads to ensure we have connections to this, given that mental health has been identified as one of the main challenges for Deep End practices and is an area we are focusing on.

25. Any voluntary sector representation in the network?

Yes we have links with VONNE and link worker providers, with the CEO of Edbert's House sitting on our Advisory Group. However, this is something we would like to build on and strengthen so if you would like to get in touch please do so at: necsu.deependnenc@nhs.net

26. Is it possible to share a link/list of GP practice inequality deciles? This info would be helpful to target our work (voluntary sector) in high priority areas.

We can do this but it may not help tackle pocket deprivation and may miss a proportion of patients who are disadvantaged but registered in an affluent practice. We feel it is better to look at postcodes and if working at place level, how many people registered at this postcode are in the practice.

27. You mentioned the trailblazer fellowship scheme for recruitment- is there anywhere we can find further info on this?

Yes you can find more information on our website - https://deependnenc.org/projects/ or please contact us directly for further information at: necsu.deependnenc@nhs.net