



GPs at the Deep End NENC

NIHR | Applied Research Collaboration
North East and North Cumbria



Health Inequalities Summit - The Deep End of Primary Care

09 Nov 2022

Poll results

slido

What is your job role

1 5 4



Where are you based (area/region)?

108

Cumbria **Newcastle** Gateshead

Teesside **North East North** Leeds

Wales **Cumbria** North east Devon
STSFT

West Midlands **NENC** Durham South West Stanley
yorkshire **Tees Valley**



What are the key challenges you face in achieving your priorities

066

- Staffing levels, funding - what happens in 2024?
- Time / engagement / funding
- Staffing issues - lack of capacity and therefore priorities are placed elsewhere
- Time constraints, increased demand, lack of staff.
- People putting things in health box or socio-economic box - both interdependent as Linthorpe shows Joining up the medical and voluntary sectors
- Investment is a necessity.
- Government policy and the BMA
- Inequalities in access to services
- Moving from universal to targeted approaches
- We don't have the workforce to provide continuity of care nor to provide the level of accessibility that we would like to
- Workforce and workforce capacity to take forward change
- Time/staffing from other PO to set up research supporting underserved communities for us to deliver
- Funding for equity and real need rather than averages
- Obtaining current meaningful data with regard to access to screening and uptake of immunisations.
- Data sharing agreements
- Securing long term funding
- Resourcing
- Patient perception of NHS services - a pill for everything Access to and confidence in primary care Funding, lack of time for services to imbed (i.e., short-term commissioned services), cost of living crisis
- Staffing resources/recruitment Integration
- Funding
- Capacity & Resource
- Time / Time resources

What are the key challenges you face in achieving your priorities

- To support shared outcomes - not enough willingness to engage with the voluntary sector to discuss and plan solutions and services together, not enough awareness of how much support the voluntary sector provides to support the wider determinants of health, and not enough investment channelling through to the voluntary sector to enable them to provide their vital services - there needs to be widespread recognition that if you signpost people to community services while only resourcing link workers in primary care, the community services will become over-subscribed and eventually cease to exist - sustainable
- VCFSE to be recognised as an equitable partner and not a CHEAP alternative or tick box exercise
- The distribution of funding and where it is best used
- Getting resources or committed time from partners
- Accessibility/criteria NHS eg, those with substance misuse issues being unable to access support either at all, or in a timely way
- Lack of joined up approach to primary care
- Funding and community support resources, time, staffing.
- Providing the best service across a variety of patient needs
- Working out what the priorities are
- Delivering communications to hard- to-reach populations
- Staffing resources Patient activation / motivation
Not one size fits all
- The challenges people face with low or no vision are not commonly understood or acknowledged
- Lack of resource. Being managed by secondary care but working in primary care
- The scale of the challenge
- Capacity. Difficulties engaging with the NHS (I work for a charity).

What are the key challenges you face in achieving your priorities

- Communication/Staff retention/Wider determinants
- Systems to support easier access / Insufficient GP time / resource - Non recurring funding
- Capacity. Structures that don't support the reduction of health inequalities.
- Data quality and sharing issues is difficult
- National policies, inappropriate resources, lack of granular data availability in different areas or lack of services, criteria to accessing services ie: if using alcohol cant have mental health, some services have multiple referral processes and people are assessed a lot which reduces engagement or success of people committing to it.
- Access & funding. Rurality- our area is trying to provide a meaningful strategy that has been developed through engagement, co design and makes a difference
- Lack of collaboration between services
- Lots of GP is understaffed and underpaid so can only support PH aims when its funded and if not cannot provide time or staff
- Equitable re-distribution of primary care funding
- Resources. Patient engagement. Time.
- Short term voluntary sector funding
- Capacity! Staff retention and recruitment
- The detrimental effect of the Carr- Hill formula on practices in deprived areas in terms of appropriate levels of funding to support the need.
- Insufficient mental health support in deprived areas.
- Funding Workforce
- Mismatch between need / demand / resource as described by Edward
- Resources - mainly time Staff education and skills
- Volume of clinical work Time Management

How would you like us to work with you / how do we become part of your solution ?

0 2 1

- Engage with each DE practice to determine what their key health inequalities issues are, look for commonalities and then link those DE practices together to apply for funding and implement interventions to address these issues.
- Broaden the knowledge of the Deep End model and communicate the benefits to potential partners of engaging. Identify links across to other Place based strategies and networks i.e. Health and Wellbeing Partnerships Strategies and communicate benefits of working towards same outcomes.
- Bring services to people, not referring on to be assessed and assessed..... more urgent access/reduce waiting times, funding secured
- What about a futures pages to share resources and have discussion threads etc?
- I am a psychiatrist and I would be interested in some collaborative working and education to bring the work of the Deep End network more to the attention of psychiatry as a specialty. Could you have Deep End associate psychiatrists/MH teams?? The CMHT transformation work might make this a more viable option - the idea is to bring primary and secondary care
- It has been really helpful hearing ideas that other practices have come up with so sharing events would be great.
- Engagement with wider services involved in primary care
- Networking to share ideas/solutions
- Reviewing new proposed models to check that we are doing all we can regarding wider determinants in terms of considerations and weighting of support offer

How would you like us to work with you / how do we become part of your solution ?

- MH services into PCN based hubs and one idea might be identifying Deep End hubs. I thought it was interesting feedback that practices and GPs find it beneficial and motivating to feel part of a team 'at the deep end' rather than left to struggle alone and I'm sure psychiatrists would feel the same.
- The Clinical Networks would be interested in how to get involved - it has been really helpful hearing ideas that other practices have come up with so sharing events would be great and how our workstreams can support deep end practices
england.nencphysicalhealthandltc@nhs.nneted
- Sharing of initiatives, learning and outcomes
- Share evidence - Bite-sized 'try this' ideas/projects that practices can take off the shelf and try out. Keep on advocating for greater funding proportionate
- More of these summit events. Sharing more case studies. Training events around your methods Sharing evaluations Sharing tool kits e.g. proposals, funding algorithms, stakeholder maps, strategy outlines, etc
- Share data resources - available data needs to be closer to real time If there is any available data or information on MSK care needs/details/patterns currently within Deep End practices, I would love to be able to view or access it. b.baggett@tees.ac.uk
- Keep making time to gather and share good practice, it gives us ideas, keep us motivated, helps to know that we are not alone and can make a difference to our workforce, patients and carers
- Communication across boundaries is KEY.
- Building connections with others working towards the same/similar goals

How would you like us to work with you / how do we become part of your solution ?

- Support network for PCN HI Leads
- VCFSE needs to have representation at the higher level of Strategy, ie ICB to act as an two way advocate. eg Local Citizens' Advice Centres are having an surge of 'desperate' people due to food and fuel poverty, cost of living and debt. This has a knock on effect on physical health and Mental Health Illness and Mental Health Well Being.

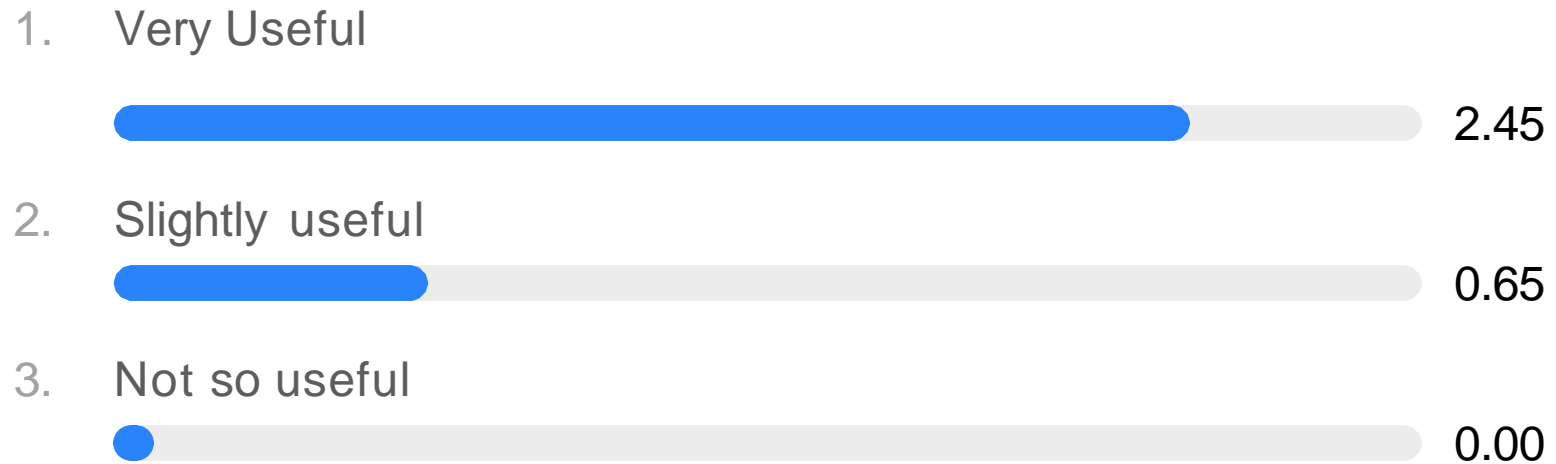
Health Inequalities Summit - The Deep End of Primary Care

9th November 2022
Poll results

slido

Feedback - How useful did you find the session?

0 4 0



2. What did you find most / least useful about the session?

0 3 7

- Good discussion topics that brought people together in collective spirit and discussion
- It was all useful, but I especially found useful seeing what different areas are doing.
- Good understanding of how health professional are collaborating to tackle health inequalities and inspiring me to think how I can work with others to encourage changes and improvements in my job role as a Student Health Visitor. I think the reason why I felt it wasn't so useful is probably my role. I am a former community midwife now retraining to be a health visitor. I can see the issues and the current research for solutions, however I don't see how having separate services like midwifery and health visiting supports this. Especially with issues like I.T separating links further.
- With all honesty I found it all very interesting and very informative. I am the Service Manager for PH and partnerships for Red, Cleveland and Middlesbrough however up until 2 weeks ago I was the Practice Business Manager at the largest practice in Stockton and Hartlepool and up until today I have not heard about the Deep end despite having high levels of deprivation in the area I managed. the opportunity to see so many organisations showcase their interventions
- Reframing and increased clarity of purpose, least useful was the toolkit as not ready for PC yet
- Hearing individual practice experiences and initiatives.
- Most useful was to get a greater understanding of the work of the network and identifying key people to speak to if wanting to engage in the future

2. What did you find most / least useful about the session?

- ❖ Extremely useful session. Very engaging, presentations were perfect lengths.
- ❖ All presentations were brilliant. Some excellent work out there. Sincere congratulations. This was my first attendance at a Deep End event, I will look forward to attending more events in the future. I wished we had more time to interact but that is not always possible.
- ❖ Most useful - actual project / initiatives on the ground to show how the principles can be put into practice. Learning more about Deep End and understanding aims Least useful - none it was all really helpful thank you
- ❖ Hearing about what other areas are doing was particularly useful
- ❖ All the presentations, the examples and the comments in the chat - really helpful learning/context. Sharing good practice
- ❖ Most - existing groups and work done
- ❖ Learning about the variety of work happening
- ❖ Most useful - more general information about health inequalities in the region and what is being done. Least useful - things that were very specifically related to a group of people not relevant to my work (e.g. children)
- ❖ Have not heard of Deep end concept after working in primary care so it shows that communicating has not been happening across services
- ❖ Useful to think differently about inequality
- ❖ Good to have time and opportunity to think about deprivation and the impact on access to healthcare sharing of ideas & experience
- ❖ Really liked all presentations and Q & A However to me, the slides looked blurry and it was very hard to read the graphs and charts!
- ❖ Learning more about the structure was most helpful, not hearing anything about trans & non binary patients was the most

2. What did you find most / least useful about the session?

- ❖ Hearing what other areas have been doing to tackle HI.
- ❖ Hearing examples from working life. The wide range of information shared in the presentations including case studies
- ❖ Good: kept to time and multiple interesting perspectives presented Better: A second break needed or slightly slower pace
- ❖ I found the examples of innovations the most useful
- ❖ Presentation from Linthorpe Surgery All of it. Lots to learn
- ❖ All useful
- ❖ Sharing good practice
- ❖ The interventions used in GP practice
- ❖ Shared examples of best practice most useful

3. Is there any topic you would have liked more time / information on?

030

- ❖ More examples of the interface into the community i.e. projects in schools, community centres etc.
- ❖ I think more in depth sessions about cause of health inequalities and effects for those of us who are new. What was said was useful but sometimes would like a deeper understanding as well as the headlines.
- ❖ Early intervention and family support, what is available outside the area to signpost families to use online, also any external training/learning which is available for me to role model into my area of practice which could be proactive in closing the gap in health disparities.
- ❖ No
- ❖ No, a general overview for someone who was new to the network worked well for me. Thanks
- ❖ There was an assumption that there would be a level of understanding with regards to the deep end project, which I didn't have until today. I am unsure of how I find out if there are any deep end surgeries in my area.
- ❖ I would like extra info in several areas. I will be making contact with Linthorpe practice immediately, I am looking into targeting SP in the area so the children's SP was really interesting and I will be reading up more on the Inverse care law.
- ❖ Where the funding for the deep end network coming from? How might individual practices / initiatives access this? How might the deep end network help with multiply disadvantaged people outside the current primary care system (street sleeping homeless, migrants with no recourse to public funds?)
- ❖ Perfect balance!

3. Is there any topic you would have liked more time / information on?

- ❖ Further discussions around how we could potentially look at some of the practice projects from Middlesbrough within our own practices
- ❖ Yes, social prescribing No
- ❖ Zone Boro information I felt could have had more time as well as the work that Linthorpe Surgery has been doing.
- ❖ Trans Healthcare
- ❖ What next!! where do we go from here?
- ❖ Other attendees roles, areas of interest, and contact details if they are happy to share - to help build connections
- ❖ How we can collaborate and work together
- ❖ Mental Health HI work
- ❖ Solutions to funding similar networks
- ❖ More on mental health
- ❖ Working with Local Government eg SEND, Health
- ❖ Cancer screening and early diagnosis
- ❖ Accessible information standard and reasonable adjustment flag as a tool for reducing inequalities
- Working with communities (VCS and other assets)
- ❖ No
- ❖ More case studies
- ❖ Maybe more about evidence of what works and what we have control over?
- ❖ Examples of work from PCN's and links with local VCSE

4. Following the session, are there any changes you feel you will implement as part of your day to day role?

0 3 7

Yes



No



Other



5. Would you be interested in taking part in any Network events / engagement? If so, please provide your details or contact us at necsu.deependnenc@nhs.net

- ❖ Yes please, contact at
emma.tonner@nih.ac.uk
sharmistha.das@nhs.net
- ❖ Yes please, I would like to join Network events when available my email address is
sharon.johns@redcar-cleveland.gov.uk
jenna.coe@northtyneside.gov.uk
louise.mason-crowe@redcar-cleveland.gov.uk
- ❖ nykolagoodwill@nhs.net
kathrinthomas@hotmail.com
kathrin.thomas@nhs.net
- ❖ Yes. I'm particularly interested in health care for people experiencing homelessness. Have been doing a pilot project with the Crisis charity in Newcastle.
emily.watson1@nhs.net
iainmiller@gateshead.gov.uk
- ❖ lauren.dickinson1@nhs.net
- ❖ Yes definitely ishraga.awad@nhs.net GP and Public Health Specialist (precious CPHM) Member of the Primary Care & Public Health Special Interest Group (FPH)
alison.janes3@nhs.net
- ❖ penny.
- ❖ Asim Sinha Roy - asim.sinharoy1@nhs.net
yes danielkorn@nhs.net
- ❖ Maybe. kmcdowell@parkinsons.org.uk
leahangarratt@nhs.net
carol.aitken1@nhs.net
sarahgolightly@nhs.net
ellie@essentiallearningcurve.com Yes
- ❖ susan.mann5@nhs.net Michele Spencer
Chief Officer Community and Health Care Forum North Tyneside
michele@chcfnorthtyneside.org.uk
eamonn.dunne@pocklington-trust.org.uk

6. Any other comments following today's session ?

0 2 5

- ❖ Many thanks!
- ❖ Very relevant and interesting. Would be good to see raise your profile so that we all know about you.
- ❖ I am a Student on SCPHN course (Health Visiting) as a Health Visitor we are one of the first lines of health professionals providing health promotion to encourage health changes and provide education, information and intervention going into the homes of families. Any further opportunities to learn from other successful practice in other areas would be great. 😊
- ❖ I enjoyed the session, and felt it was really informative. I would like to know more to see how I can be involved in my role as a health visitor, especially as these issues affect the families I will work with.
- ❖ Thankyou for a great event
- ❖ I have learnt a lot
- ❖ do it again in a year please Thanks. It all seems more possible when we do it together!
- ❖ Will feedback to management team within the team to establish if, and how, any colleagues are linked into this work.
- ❖ Amazing session
- ❖ Excellent work and event, thanks a lot for the opportunity to learn from you.
- ❖ I would have liked to see an example on the benefits of integrating primary and secondary care data to improve patient outcomes and reduce health inequalities
- ❖ Really useful / interesting session - the time flew by! Good mix of presenters / presentations and the enthusiasm is infective. Thanks very much
- ❖ Thank you for a great event Good
- ❖ Really inspiring, motivating, connecting

6. Any other comments following today's session ?

- ❖ A bit too long. Two hours is max. for an online event for me.
- ❖ Very interesting, thank you Really helpful
- ❖ thank you for a thought provoking session
- ❖ Very informative and engaging - what now??
- ❖ Excellent sessions, well done with the Technology to put this together Sharing examples to wider network
- ❖ Really enjoyed it thank you
- ❖ Great session. Well done
- ❖ Great session, thank you