

GENERAL PRACTITIONERS AT THE DEEP END

INTERNATIONAL BULLETIN NO 2

*By excluding exclusions and building relationships,
inclusive health care is a civilising force
in an increasingly dangerous, fragmented and uncertain world.*

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INTRODUCTION

This is the second International Deep End Bulletin, sharing news and plans for the period June-November 2019.

It contains updates from Scotland, Ireland, Greater Manchester, Yorkshire/Humber and Canberra, a first report from Deep End Plymouth and preliminary information from nascent Deep End Projects in Canada, North West London and North East and North Cumbria. There is also a report from the Deep End session at the European Forum for Primary Care conference held in Nanterre, Paris in September 2019 and advance information about a Deep End conference for GP trainees and young practitioners to be held in Dublin in March 2020.

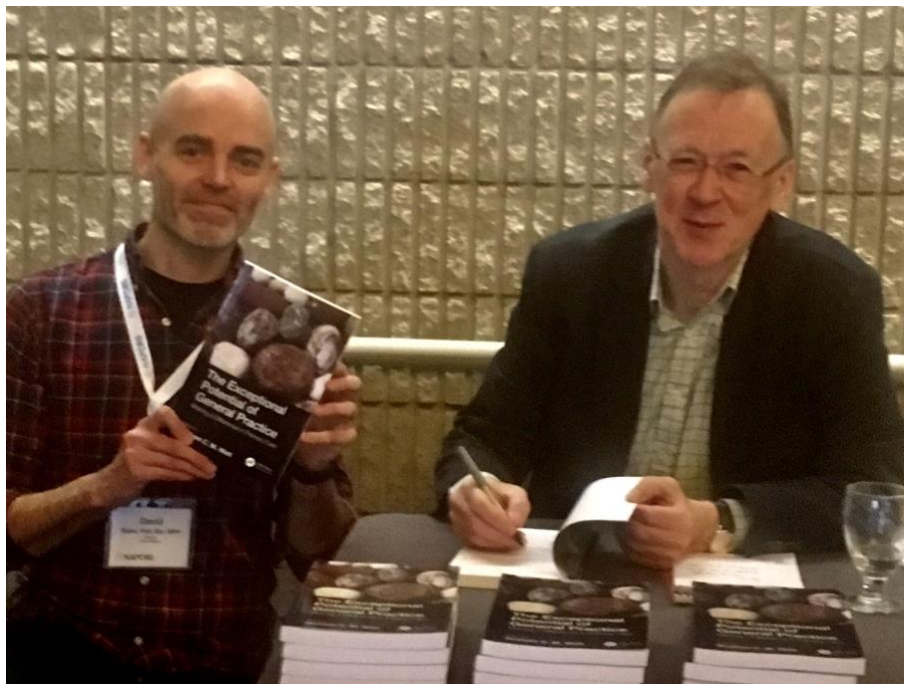
The third International Deep End Bulletin is planned for June 2020.

WHAT DO DEEP END PROJECTS DO?

The several Deep End Projects are different in their local contexts and activities but have common cause and ambition comprising mixtures of the following objectives :-

- Connecting with and giving voice to general practitioners/family doctors serving hard-pressed communities
- Building a compendium of strong patient narratives especially for patients with complex multimorbidity
- Building the capacity of general practice/family medicine as the natural hub of local health systems
- Working for greater consistency between practices to reduce variation, inefficiency and inequity
- Lobbying for the additional time, staff and connections needed to address the inverse care law, comprising issues of horizontal and vertical inequity within health systems
- Harnessing the collective knowledge and experience of Deep End practitioners to highlight the effects of social factors on the health and lives of patients
- Building collegiality within and between Deep End Projects, sharing experience, views, activities and plans
- Encouraging and supporting the next generation of Deep End practitioners

Examples of such activity are included in the book *The Exceptional Potential of General Practice*, with 55 contributors from 11 countries including 44 general practitioners. 575 copies were sold in the first six months of 2019. The picture below shows Graham Watt and David Blane at a book signing session at the NAPCRAG conference in Toronto in November 2019.



An excellent Christmas present for medical students and young doctors

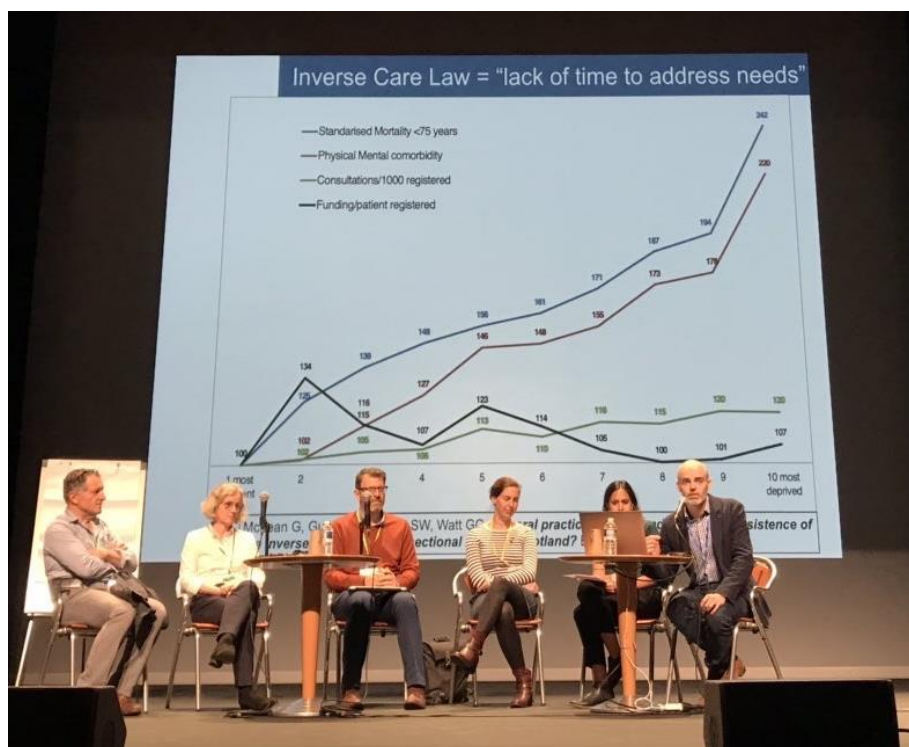
EUROPEAN FORUM FOR PRIMARY CARE

The 14th European Forum for Primary Care (EFPC) Conference took place in Nanterre, France, between the 30th September and 1st October 2019. The conference theme was “Primary care and local communities: health equity for everyone, everywhere” and keynote speakers emphasised the importance of social determinants of health and their implications for health care practice and policy.

Dr David Blane co-ordinated a workshop involving Deep End groups from Scotland (including Prof Graham Watt and Dr Lisa Robins), Ireland (Prof Susan Smith), Greater Manchester (Dr Laura Neilson and Dr John Patterson), Yorkshire and Humber (Dr Ben Jackson and Dr Liz Walton) and Plymouth (Dr Richard Ayres), and Prof Jan de Maeseneer provided a European perspective. The focus of the workshop was on the role of academic/service partnership in supporting primary care teams in areas of severe socio-economic deprivation.

Slides from the different Deep End presentations are available [here](#).

The Deep End Scotland group has now joined the EFPC network and there will be a Deep End webinar hosted by EFPC early next year.



[L to R: Richard Ayres, Susan Smith, Ben Jackson, Laura Neilson, Lisa Robins, David Blane]

WELLNESS ON THE MARGINS



Taking place on Thursday 19th and Friday 20th March 2020 at the Mater Misericordiae University Hospital, Dublin

WELLNESS ON THE MARGINS is a conference for GP Fellows and Trainees who intend to work in areas of deprivation and/or with marginalized populations. The aim of this conference is to create a common vision and mission amongst fellows and trainees across the UK-NI and Ireland in seeking to promote health equity in general practice. It is also to foster collaboration in both transfer of knowledge and skills and developing cross national service development and research opportunities. In short it is to bring young doctors together who have a vision and passion to provide healthcare to those who most need it.

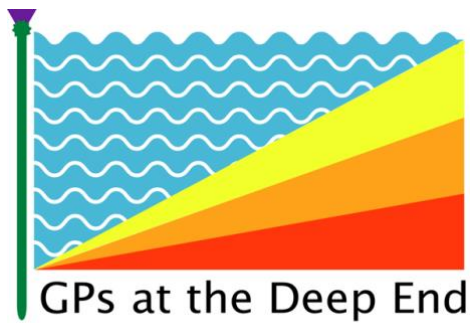
The theme of the conference is Wellness on the Margins. The aim is to focus positively on equipping trainees and emerging GPs with skills and knowledge to enable them to improve the health of these populations and to seek to reverse the effects of health inequities. There will also be a specific session on Theatre of the Oppressed to help participants explore the concept of Oppression and how it affects their patient population.

It is being hosted by the [North Dublin City GP Training Scheme](#) and supported by: Glasgow [Deep End GP Pioneers](#); the [Trailblazer GP Fellows](#) Yorkshire & Humber; the Oldham GP Training Scheme and NI GP training Scheme.

Tickets available from :-

<https://www.eventbrite.ie/e/wellness-on-the-margins-tickets-83175422929>

DEEP END SCOTLAND



It has been another busy six months for Deep End Scotland. As Chair, one of my roles is to write up the news section for the quarterly Steering Group meetings. I start off with a blank page that rapidly fills up and expands with a list of activities – meetings, academic publications, media engagement, national and international conferences, Vlogs, presentations and political lobbying that involve all core members of the steering group. Each colleague brings their own strengths and experiences to the Deep End Group. They work beyond the margins of the GP contract to innovate and improve health care for the most vulnerable in their communities and we all inform each other. Some of the activities and meetings are scheduled, for example the Deep End Group's quarterly meetings that usually set the timetable of activities. Round table meetings and Deprivation Interest Group (DIG) meetings are also regular events that are cited in the business case that is aligned to the Government funding that supports the Deep End Group in Scotland.

Education

Education is a key activity. Our long-term aim is to share our learning and reach out to other practices beyond the top 100 most deprived practices on the Deep End list. We have made connections with rural general practice in Scotland and hope to build on that work as we recognise that very few practices in Scotland are without Deep End patients. We want to inspire and engage with potential medical students from Deep End communities, encourage undergraduate medical students and postgraduates in medicine to experience the exceptional potential of becoming knowledgeable GPs with an interest in Deep End issues. There is a well-established relationship and synergy of learning with academics at the University of Glasgow that promotes the Deep End approach throughout the undergraduate curriculum and retains links with frontline GPs to support undergraduate teaching.

- Dr Maria Duffy was appointed as Primary Care Year Lead for Years 4 and 5 at Glasgow Medical School.
- Dr David Blane was appointed as Clinical Research Fellow in General Practice and Primary Care, also U of G.

Advocacy and education in meetings

In the past 6 months there have been two Deep End Steering Group meetings, a roundtable meeting (the basis of Deep End Report 34) and two DIG meetings. The National DIG meeting for early career GPs/ fellows took place in Hull in November 15th with representatives of DE Scotland attending.

Deep End Colleagues have given evidence to Westminster's Scottish Affairs Committee about Scotland's Drug Deaths and evidence to the Scottish Parliament Health and Sport Committee about the future of primary care in Scotland.

Deep End colleagues also met with representatives of The Public Petitions Committee to provide a DE perspective about the inquiry into mental health support for young people in Scotland.

The Deep End Group is represented on the RCGP Scotland Inequality Group (chaired by Dr Carey Lunan) and attended the first meeting in July. A second meeting of the group will be scheduled early in 2020.

DEEP END PROJECTS (See Deep End website for details and reports - www.gla.ac.uk/deepend)

Learning from the various Deep End projects will, we believe, ensure the sustainable future of General Practice in Scotland. At a recent educational meeting with a group of ST3s, where I was discussing the career benefits of being in supported partnership working in Deep End communities, only 2 of 14 ST3s indicated that they would go into partnership after completing GP training. The most important factor that was inhibiting their transition into partnership working was lack of time. The combined learning from the SHIP and Pioneer projects demonstrates the need for more protected time for GPs to address complexity in consultations. Time is rarely factored into the economics of health planning, but protected time is vital if GPs are to retain their gatekeeper function and address unmet need and escalating demand in General Practice. Protected time is also needed to retain early years and experienced GPs in practice and to support the development of GPs as leaders and educators within their profession.

GOVAN SHIP

The evaluation of the project was published and widely disseminated showing that General Practice when given adequate resource can imagine, devise and provide the building blocks of a strengthened future for general practice and primary care. By focusing on 8% of patients whom GPs felt needed extra time and providing better integrated care via multidisciplinary team working and attached social care and community link workers, GP workload was reduced compared with similar practices without these features.

PIONEER

Pioneer is in its 3rd year of funding but funding beyond April 2020 is uncertain. The project has a well-developed programme of learning for the Pioneer Fellows (available on the Deep End website) which we hope will also be used as an educational resource by Health and Social Care Partnerships (HSCPs) who are keen to recruit early career GPs into practice and support them on the journey to partnership working.

We were delighted that the achievements of the Pioneer Project have been recognised and were shortlisted for the Herald Society Awards 2019. When GPs are given adequate resource to innovate, great things happen!

The challenge to scale up this way of working beyond the practices that have participated in both projects and ensure it becomes mainstream working requires GP leadership and a strong political will. The Deep End Group will continue to advocate that this is the best model for General Practice to deliver equitable community-orientated health care in Scotland

COMMUNITY LINK WORKERS

There are 18 community link workers in post in Glasgow but this will increase to 41 by March 2020 - half of the new posts have been appointed and are being inducted. There will be two specialist link workers for Youth and Asylum Seekers. The other posts have been advertised.

The 39 practices with link workers are distributed across 13 GP clusters. The provider (i.e. employer) for 12 clusters is the Health and Social Care Alliance, as in the original programme and providing several important types of continuity including induction, training and peer support, while the provider for the 13th cluster is Addaction.

36 of the 75 Deep End practices in the Glasgow HSCP do not have link workers and this issue remains unresolved.

FINANCIAL ADVISORS

The "Deep End Steering Group" for the Financial Advice Project meets 3/4 times per annum and includes colleagues from Health Improvement, GEMAP, GCPH and Clyde Gateway.

There are about 25 Glasgow Deep End practices with embedded financial advisors. Funding is until March 2020. Summary data are being collated to show what has been and is being achieved by embedded financial advisors in terms of new referrals and annual financial benefit to patients.

ATTACHED ALCOHOL WORKERS

6 Alcohol Nurses are to be directly attached to Deep End GP practices. Addiction services are driving the agenda. The recording systems in Addiction services have improved and are now standardised. Because of governance and training issues they are not formally part of the primary care team and have their own line management for accountability.

The HSCP Clinical Directors have identified 3 lead GPs to advise the project Steering Group as the project is scaled up. The project starts in 3 practices with a gradual roll out across the clusters. The Steering group will meet quarterly.

SHAAP is funding a qualitative study on the management of alcohol problems in Deep End practices. The research is a detailed qualitative study over 12 months of the Deep End attached alcohol worker.

Local connections

Some Deep End work is opportunistic, other aspects of our work result from actively engaging with other organisations that share a common purpose and where the Deep End Group can usefully contribute to specific campaigns or fields of research. For example, there is Deep End representation on the steering group of the research project; 'Dying at the Margins: uncovering the reasons for unequal access to home dying for the socio-economically deprived'.

We are building a network within General Practice, Primary Care and third sector organisations to innovate and deal with the complexity and reality of the Inverse Care Law, health inequity, proportionate universalism and social injustice. The Deep End Group cannot do this alone. It requires all to contribute to the persistent challenges that see many of our poorer citizens dying at an unacceptably early age in unacceptable health and social circumstances.

In the past six months the Deep End Group has met with SHAAP, QNIS and third sector organisations to extend the reach and profile of the Deep End. The Deep End is becoming a global movement and as the Deep End model is adapted to each country's or region's health care system, GPs will continue to be '[institutional entrepreneurs and political navigators](#)' to amplify their message (*). Both attributes are required to affect radical systems change where the contribution of General Practice is front and centre to overcoming obstacles to address the Inverse Care Law.

International connections

The Deep End group of GPs at Govan Health Centre in Glasgow hosted a visit by a group of Italian GPs in June 2019.

Dr Andrea Fox and Dr Kenneth Thompson from the Squirrel Hill Health Centre Pittsburgh visited the Glasgow Deep End group in May 2019. Dr Maria Duffy visited Squirrel Hill Medical Centre (a federal health care facility) whilst holidaying in New Jersey and Pittsburgh. She is making a VLOG about her visit which will be added to the DE website.

We are preparing for the visit of a Belgian group of primary care colleagues, including Jan De Maeseneer and Jessica Fraeyman, in March 2020.

Graham Watt and David Blane met up with Liz Sturgiss from the Canberra group, now at Monash University in Melbourne, at the NAPCRG conference in Toronto.

Graham Watt gave keynote talks drawing lessons from the Deep End Project at a conference on Quality and Equity in Health Care organised by colleagues at the University of Toronto on 16th November and at the 2nd Palestine Family Medicine Conference in Bethlehem on 21st November 2019.

Media and the Deep End

The Deep End Group has engaged with the media over a range of issues, for example drug related deaths, mental health provision and child poverty, where we believe that our insights can add value to the debate. Several colleagues have undergone media training which is important to build confidence for engaging with the media where comment is often lost in translation!

The Deep End website is continually updated with news of the Deep End Group's activities, events, publications. It can be accessed here at www.gla.ac.uk/deepend.

Contacts

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Past Coordinator – Professor Graham Watt

Academic Lead – Dr David Blane

Pioneer Lead GP – Dr Petra Sambale

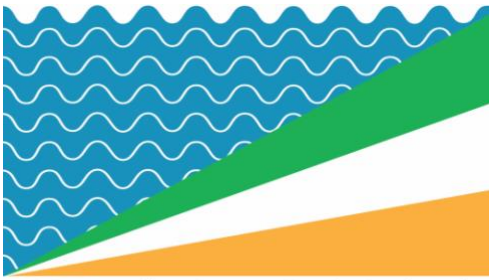
DE RCGP Lead – Dr Catriona Morton

GP Lead Lothian DIG and GP Lead Faculty Homeless and Inclusion Health – Dr John Budd

DE undergraduate and Global Health Lead – Dr Andrea Williamson

*Caitlin Whyte, a student at Strathclyde University, coined these terms in her dissertation on how the Deep End Project "works"

IRELAND



GPs at the Deep End, Ireland

It has been a busy six months for Deep End Ireland. We have finally seen some progress on national initiatives that may allow us to better support and care for our patients across the country. Our 2018/2019 focus on addressing health inequalities affecting children culminated in us hosting a successful national meeting in June. We had plenary talks from Prof Graham Watt on the exceptional potential of general practice, and from Dr Sharon Lambert on adverse childhood experiences. We then saw Dr Edel McGinnity, one of our founder members, interview the mother of one of her patients and we heard about the huge challenges they have faced together in trying to get assessments and access to mental health services for her child. This was a really important reminder of the adversity faced by many of our patients and their carers from Deep End practices on a daily basis. In the afternoon we moved to a panel discussion on how services for children could be improved. In 2018 the Irish government has published a ten-year plan called Slaintecare, and it ultimately aims to create a universal single-tier health system where access to services is based on need (www.gov.ie/en/campaigns/slaintecare-implementation-strategy/). We were delighted to have the national lead of this programme of reform, Laura McGahey, as one of our expert panellists on the day. Another speaker was Tanya Ward, chief executive of the Children's Rights Alliance, a Civil Society Organisation that acts as an umbrella group for over 100 NGOs in Ireland that focus on children's issues (www.childrensrights.ie). A really engaging discussion took place and we felt that we had a great opportunity to highlight our experience and the challenges we face daily in trying to improve the health of the children we meet at the Deep End.

On the policy front, an amendment to the GP contract we all work under was finally agreed after years of negotiation. For the first time it will recognise the need for additional supports for practices in deprived areas, and this is obviously a very welcome development for all of us working in the Deep End. Multi-annual funding of €2 million has been allocated and ringfenced to support these practices. Deep End Ireland is heavily involved in the process of allocating this money and we have been adamant that it should be used to address current underfunding rather than being seen as funding for new or additional services. Practices will need to be allowed some flexibility to identify and work on issues identified in their own patient populations. We will also build on some of the knowledge gained from existing programmes such as the Deep End Pioneer Scheme in Scotland. A key starting point for this whole programme is the official mapping of Deep End practices in Ireland. This has been impossible for us to do up to now due to lack of access to patient level data on deprivation within the context of GP patient lists. This will also allow us as a group to reach out to more practices serving areas of deprivation across the country and to encourage them to engage with our Deep End activities.

Finally, we submitted a successful application for research funding to the aforementioned Slaintecare programme. One of the initiatives running as part of the overall programme is called the Slaintecare Integration Fund, and we have secured €400,000 to run a Linkworker Randomised Controlled Trial in ten Deep End Ireland practices. This project will bring additional resources into the selected practices. It will examine the cost-effectiveness of a practice embedded linkworker, and the project will be led by Dr Bridget Kiely (GP and PhD student) and Prof Susan Smith (GP and Professor) from RCSI in Dublin.

Contacts

Professor Susan Smith, susansmith@rcsi.ie

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CANBERRA



We now have almost forty doctors in our email link and have expanded to include nurse practitioners working in the Deep End. We continue to meet face-to-face every 6 weeks at rotating venues among our services.

Advocacy – this year we had a major win after meetings with hospital and surgical providers to advocate for better access to cataract surgery. The result is the development of a new pathway with a dedicated orthoptist to handle referrals, assessments, bookings and follow up for disadvantaged patients, ideally with minimal cost and acceptable wait. This should be in action very soon. Thank you to Professor Kirsty Douglas and Dr Cathy Schmidli for your advocacy.

We continue to advocate for funding for a more accessible Opiate Dosing point on the north side of Canberra, as well as expanding the Opiate Substitution Therapy some of us prescribe to include new depot buprenorphine formulations.

We are also meeting with Human Rights Commissioners in early 2020 to learn more about what they may be able to offer our patients.

Research – publication of article in the Australian Journal of General Practice by Liz Sturgiss and others detailing the nature of Canberra Deep End group and encouraging the formation of similar groups.

<https://www1.racgp.org.au/ajgp/2019/november/gps-at-the-deep-end>

We are currently trialling a new tool and project to measure disadvantage in our various populations in primary care settings. This tool has also been adopted by a Victorian group working with refugee/asylum seeker populations.

Liaison with a project at ANU researching disadvantage and eHealth.

Contacts

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GREATER MANCHESTER



GPs at the Deep End GM

The last few months for Deep End Manchester have been a time of consolidation of work started over the last few years.

The GP training scheme continues to develop, and we hold high the ambition of enabling young doctors to gain the skills and experience they need to thrive as doctors in areas of deprivation. A second small cohort of GP trainees has joined the programme which is really exciting.

We have been beavering away attempting to write a text book about deprivation medicine for those working in primary care and the exciting news is.... it is with the publishers awaiting the final tweaks before it is released into the world!

We have continued to work with medical schools to improve access, teach the basics of inequalities and nurture a passion for social justice and have continued to deliver teaching sessions to foundation doctors.

Those of you who have followed the Focused Care project will be interested to know that the formal evaluations are nearing their completion and will be published shortly. We are working hard to secure ongoing funding for this great piece of work.

In the new year we plan to host a Greater Manchester deprivation study day and also an event aimed at primary care nurses.

Working with the RCGP, we have also created three resources to assist primary care in supporting people in contact with the criminal justice system. One for people going into prison, one for people coming out of prison and one for their families.

Life is never dull in Manchester and if you want to get involved please do...the more of us there are the bigger the dreams we can pursue.

Many thanks to all of our Deep End colleagues who have cheered us on, supported us and been our friends this year.

Contacts

Dr James Matheson, Shared Health Foundation, james.matheson@sharedhealth.org.uk

Dr Laura Neilson, CEO of Hope Citadel Healthcare

Dr John Patterson, Chief Clinical Officer for Oldham CCG and Medical Director, Hope Citadel Healthcare

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YORKSHIRE AND THE HUMBER



Undergraduate

At Sheffield medical school the pilot Deep End Student Selected Components evaluated extremely well with some powerful narrative feedback from students, who appreciated what practising medicine in the community could achieve. As a result, these selected components are being rolled out through all modules for students who are interested in exploring this further. The health inequities masterclass sessions were led brilliantly by Jenny Lang. Other HEE inequalities leadership fellows allowed for near-peer learning on the topic of health inequities and were also a great success.

Progress is also being made in a systematic mapping review of interventions to address health inequities through primary care initiatives in the UK in collaboration with Jenny and Darius, an undergraduate medical student supported by Liz Walton and Ben Jackson.

The vibrancy of this vertical integration of advocacy, learning and leadership was apparent at Sheffield's last cluster meeting where medical students, post-graduate GP trainees, GPs, public health consultants, third sector workers and researchers came together to discuss the recent projects.

Both the University of Leeds and Hull York Medical Schools are reviewing their curricula to enhance health equity learning, with HYMS hosting a consultation day around their proposed changes in November. Excitingly, Leeds students have formed a Health Equity Student Society, which is going to lead on the development of undergraduate resources for Fairhealth.

Research & Advocacy

The Deep End research cluster continues to thrive in Sheffield. We have been delighted with the excellent turn outs of 40-50 admin staff, academics, nurses, physios, psychotherapists, consultants, council workers, patients and of course Deep End GPs attending our meetings. Alongside discussing current research projects, we have focused on issues particularly relevant to Deep End GPs such as migrant health and 'moving more at the Deep End'. The intersectoral approach leads to lively and interesting discussions which have led to several other projects. For example, we have a current project looking at the barriers for patients living in Deep End areas to 'move more'.

We have continued to advocate for our patients through attending Government Task Force meetings about period poverty; attending CCG and RCGP steering group meetings and contributing to discussions about the impact of PCN's on inequalities at The Kings Fund and Health Foundation. Liz also ran a workshop in a local secondary school for 8 young women to discuss the stigma surrounding periods in preparation for the Task Force meeting.

We have an exciting meeting planned for March 5th to celebrate the Deep End research to date that has come from Sheffield – please get in touch with Liz Walton if you would like to attend.

Postgraduate Education

- Rotations are being finalised for Yorkshire's Trailblazer Training Posts. At least one GP trainee in each area of YH will undertake a rotation that includes Deep End GP experience, relevant secondary care jobs, and regional teaching that brings them together to learn about how to be and survive as a Deep End GP
- The first Trailblazer post CCT GP cohort finished in October. Evaluation is excellent and all the GPs indicated a wish to stay in their practices. Eleven new Trailblazer GPs started in post in November

- The Fairhealth inclusion health champions in Doncaster and Sheffield continue to do great system-level work to improve care for marginalised patients. In Sheffield it looks like we might be able to establish a Pathway team in secondary care.
- Many Yorkshire Deep End GPs continue to be involved in the activities of Fairhealth, developing learning materials, webinars, podcasts etc. to support Deep End health professionals. Particularly, we would highlight the recent [Survive and Thrive at the Deep End](#) module.

Links: <https://www.fairhealth.org.uk>, <https://migrant.health>, <http://pcwth.co.uk>,

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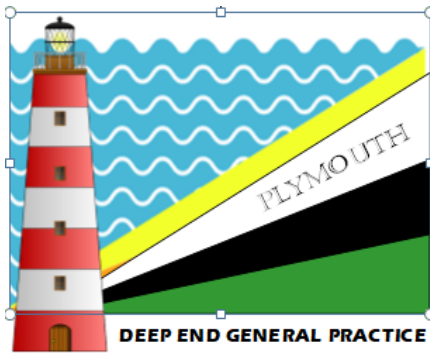
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PLYMOUTH



Plymouth is a city of 260,000 people in the SW of the UK, sitting on the boundary of Devon and Cornwall. Historically a strategic naval and marine base, Plymouth has not prospered post war, and is now much economically poorer than the surrounding country of Devon.

There are stark and growing health inequalities, with around 10 years less average life expectancy in the poorest neighbourhoods compared to the wealthiest.

Our Plymouth Director of Public Health report 2019, just released highlights early evidence of a fall in life expectancy for the first time ever, driven by an increase in mortality especially among women and an increase in infant mortality. Deaths from overdose are particularly worrying with 116 deaths last year involving a combination of prescribed and illicit substances.

The Plymouth Deep End group is brand new, formed during 2019 and now includes all practices serving the most deprived populations, including Stonehouse, the most deprived LSOA in the city which is in the 1% most deprived in England (2019 IMD data)

General Practice has been hard hit in Plymouth and we have featured in national headlines for the numbers of practices closing. One fifth of the city's practices have handed back their contracts, meaning that 30,000 patients are registered with practices in temporary contractual arrangements. Almost all the practices that have closed were in the most deprived parts of the city.

We have formed Plymouth Deep End in response to this and have managed to attract some funding from the CCG (the commissioning group in the English NHS system). We have sent this year a representative to present with other Deep End groups at the European Forum for Primary Care conference in Paris and we have a number of projects started:

Media work

Deep End GPs feature regularly in local and national media to highlight all kinds of issues, especially those related to workload and recruitment. Most recently in May this year (2019) the BBC Panorama Programme featured some of our members (<https://www.gponline.com/bbc-highlights-pressure-gps-panorama-documentary/article/1583973>).

Whilst this kind of exposure is not always helpful when it presents a "crisis" picture, it also highlights the reality of high workload and inadequate resources.

We have been vocal in responding to the crisis in general practice in Plymouth and hope that we are offering positive and sustainable solutions.

Recruitment

This is our priority and we are just finalising details of a GP Fellowship scheme that has the following aims:

- Build individuals' interest, expertise and resilience to work in Plymouth Deep End practices - both in the short term and future (beyond the 2-year programme)
- Increase individuals' expertise and interest in additional specialist areas, as well as their leadership capability

- Support the development of cultural change and enable Fellows to act as key role models to future doctors and health professionals
- Contribute to the development and evaluation of new models of care including research and advocacy

Through this scheme we hope to improve services and care for the most disadvantaged and thus tackle health inequalities

Homeless Healthcare

One of our Deep End practices has a special contract funded to provide outreach services for the homeless in the city. We run outreach clinics in hostels and in probation, we provide opiate substitution therapy for many hundreds of patients and have instigated an extensive programme of testing and treatment for Hepatitis C. We work with many other providers in the city to bring care to this group, including hostels, social services, the criminal justice system and the voluntary sector. We have an active patient participation group whose current lead is a formerly homeless patient who is a great advocate for disadvantaged people

Research

One of our practices is co-ordinating a major project, the PL1 project, funded by the CCG and our hospital trust to explore use of secondary care services by homeless and NFA patients. Our initial quantitative work showed a huge problem with this cohort not completing episodes of care both in A/E and In-patient services, as well as extremely high DNA rates for outpatient services. This is now being followed up by qualitative work within the hospital and the community to explore the experiences of patients and the reasons for episodic and often haphazard care. We already have a commitment from the CCG and the hospital to work with us in tackling the issues that we find.

Education

Most of our practices take medical students from the Peninsula Medical School and one provides the only Pathway Week (part of the mainstream curriculum that all students go through) that is in primary care. The subject is complex needs and substance misuse, which used to be taught in secondary care. We hope to develop other Pathway weeks, because most care for many conditions from diabetes to mental health is provided in general practice, so that is the best place to learn about it! We also provide placements for nursing, occupational therapy and clinical psychology students. There is good evidence that providing good quality clinical placements in areas of high deprivation increases the likelihood that students will consider working in similar areas, or even better staying with us in Plymouth

We have made a good start in a little over 6 months and have very much enjoyed the support and encouragement of our Deep End “family”. We hope to build on all the initiatives described here and make a difference in our city. If any Deep Enders are coming to the SW of the UK do get in touch, or contact us by email. We are much stronger together!

Contact

Dr Richard Ayres for Plymouth Deep End, Dec 2019

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DEEP END STIRRINGS



The original Scottish Deep End logo includes on its left-hand side a spurtle, which is a kitchen utensil, usually made of wood and used to stir porridge. We included it to indicate the stirring nature of the Deep End Project, in every sense of the word.

The next three items describe Deep End stirrings in three new settings, namely Canada, North West London and North East and North Cumbria, which don't yet have Deep End logos, but seem set to follow in the path that other projects have set.

CANADA

Canadian family physicians are in early stages of developing a unique Deep End style community of practitioners. We face unique challenges: a geographically huge country with independently run health systems in each of our thirteen provinces and territories. While there are many primary care providers serving marginalized communities, they work in diffuse settings, sometimes in severe geographic isolation, and often without awareness of others with similar interests.

We have set out to create a community, or communities, of support and collaboration for primary care providers interested in addressing the social determinants of health (SDH), health inequities, and the health needs of socially marginalized groups.

We have two key initiatives launched so far: first, we are working with the College of Family Physicians of Canada to develop a list serve and interest group for physicians interested in Social Accountability. This work has focused largely on medical education but has offshoots into clinical practice and advocacy.

Second, we are developing a database of primary care clinicians interested in addressing SDH and health inequities. We are using a rolling referral approach, reaching out to known champions in this area, then linking to their contacts, and then theirs, and have already mapped a diverse network of practitioners right across the country. We are gathering data on area and type of practice, as well as areas of interest related to action on health inequities and SDH. The hope is, as a first step, to develop an accessible, map-based website that would allow practitioners to search for likeminded colleagues by geography and area(s) of interest.

Our goal is to foster national and local communities of primary care providers with likeminded interests. Some of these communities may focus on areas of common clinical interest or practice type, and others may focus on areas such as clinical program innovation, research, education, and advocacy. With the endorsement of our national organization, and by gathering data and making it easily available, we hope to develop an infrastructure for these communities to evolve from the grassroots.

We look forward to sharing the evolution of our "Deep End" community(ies) over the next years.

Contacts

Gary Bloch (gary.bloch@utoronto.ca) and Ritika Goel are family physicians with St. Michael's Hospital and Inner City Health Associates in Toronto. They are both members of the faculty of University of Toronto and focus their clinical and academic work on interventions into social determinants of health and health inequities.

NORTH WEST LONDON

CCGs in inner NW London are demographically polarized. GPs in the area around Grenfell Tower have lists with 50-60% of people in the most income deprived decile in the country, yet in the same CCGs there are GP practices just 2 miles away where that figure is <1%.

This area of severe deprivation is geographically confined to a few square miles but spans five separate Boroughs. This makes it hard to change through traditional mechanisms and means practice staff face a commonality of experience but are not connected to each other.

Inspired by the Deep End program in Glasgow, a small group of people led by a GP from this deprived area decided to try and change things for staff and residents by a social movement approach based on principles of 'evidence, ethics and activism'.

Our aim was to use regular forums to connect and support local staff, create a curriculum on which to build a program for recruitment, and to select topics for this that would enable us to also build relations with local community groups by inviting them to sessions.

Box 1: Workshop Topics (8 sessions have been covered so far)

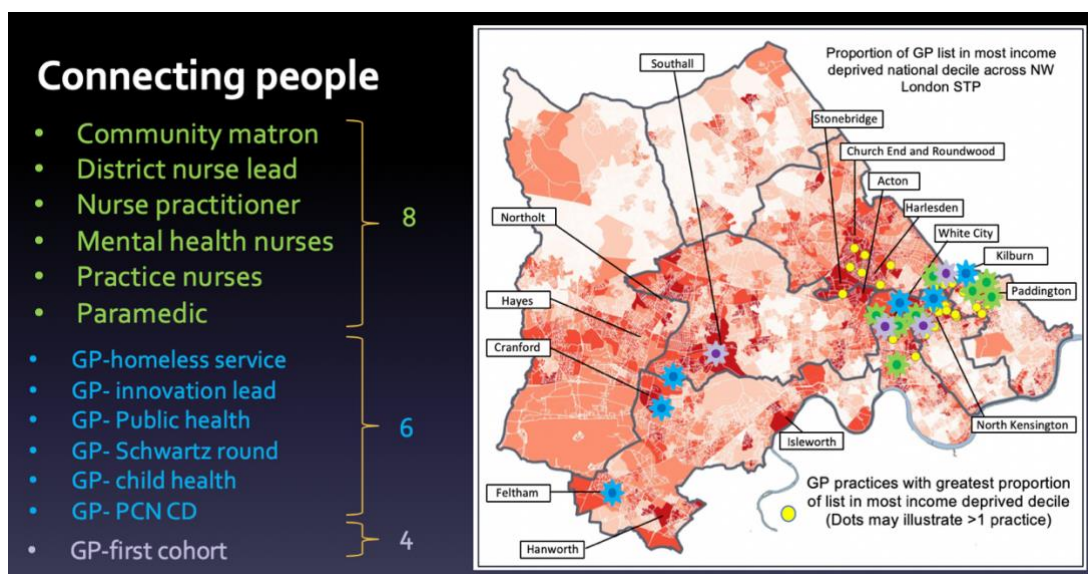
1. **Understanding complexity**- why it's different in deprived areas
2. **Adverse childhood experiences**- growing up in deprivation
3. **Harnessing the power of consultations**- the impact of empathy
4. **Promoting continuity**- approaches with a part time workforce
5. **Mental health and wellbeing**- the impact of hope and agency
6. **Access to care**- perspectives of sub-sections of the community
7. **Self-care and deprivation**- concepts of rational choice and agency
8. **Financial wellbeing**- understanding social capital and assets
9. **Peer support**- communities as a tool for professional resilience
10. **Advocacy**- understanding passivity and approaches to change
11. **Inclusion health**- barriers and engagement strategies
12. **Chronic pain**- cultural meaning, somatization, substances
13. **Personality disorder**- causes, consequences and management
14. **Food poverty**- diabetes, obesity and dental caries
15. **Families in need**- concepts of vulnerability, safeguarding
16. **Frail or disabled**- understanding dependence
17. **End of life**- dying in poverty, death cafes, anticipatory care
18. **Data & research**- training, mentoring, writing bids

We mapped deprivation across NW London and used connections and persistence to obtain funding for an initial cohort of 4 GPs. They were appointed in May 2019 and came from two PCNs with blanket deprivation, and one PCN with pocket deprivation.

The funding gives a day a week of time for 6 months. Half of this is structured, and as well as the forums it involves attending quality improvement training (QSIR) designed to equip staff with the skills to undertake grass roots change. This leaves a session a week of 'headspace' time to use in practice settings at the discretion of individual clinicians.

We have specifically used PCN structures, and now have a funded, multi-disciplinary cohort of 18 motivated frontline staff from 8 PCNs across the most deprived parts of NW London.

Figure 1: Location of Frontline Clinical Staff on the NW London ‘Deep End’



This gives us a platform for change, and besides quality improvement workshops, the group have had coaching training, and are building advocacy skills. We meet fortnightly for forums and are regularly joined by non-funded individuals including GPs, community dentists, CCG commissioners, public health and voluntary sector staff.

We are starting to use this platform to work collaboratively as a group. Examples include:

- Liaising with Council, health visitors and public health funded ‘maternity champions’ to make screening for ACEs a part of routine practice.
- Liaising with Council and Citizen’s Advice to create letter templates to make it easier for GPs to help patients access entitlements and start to build an outreach service.
- Liaising with the local medical school to increase distribution of medical students not just into ‘Deep End’ practices, but also to local community organizations.
- Liaising with Health Education England to improve GP recruitment and make it easier for GPs in small practices to become trainers (4 of the 8 GP training schemes in NW London don’t have a single GP training placement in a ‘Deep End’ practice).
- Liaising with academic groups to facilitate an evaluation and build evidence.
- Delivering sessions on the NW London-wide links worker training program.

Our work is still in its infancy, but we’re gathering momentum and have been contacted by interested GPs from across London, so are now planning a London ‘Deep End’ Conference.

Contact

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NORTH EAST AND NORTH CUMBRIA

Going slow to go fast in the North East and North Cumbria

Over the last few months a group of Deep End enthusiasts representing Primary Care and Public Health from Newcastle, Gateshead, Sunderland and South Tyneside have been meeting regularly. Our ambition is to establish a Deep End Network that supports Primary Care Teams working in areas of blanket deprivation in the North East and North Cumbria (ICS). We have found ourselves grappling with the complexities of working at this scale. These have ranged from agreeing the methodology used to identify Deep End practices that accounts for both urban and rural poverty to designing a logo that resonates with such diverse communities! However, the more conversations we are having about the Deep End movement the more interest we are attracting and the more we are learning about the fantastic work that is already happening that our Network could benefit from and make more of. So far, we have recruited support from the local Academic Health Science Network, Health Education England North East and in particular the Population Health Team from North East Commissioning Support (NECS). The movement is growing.

We will keep going. Our next steps are to formalise the current coalition of the willing, passionate, busy and determined into a Deep End Steering Group, fund and appoint a network co-ordinator, send envoys North, South and West and hold our first Network event.

We are keen to hear from colleagues in the North East and North Cumbria who want to be involved. And to learn from other areas particularly how they decided where their Deep Ends started and finished.

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The poster is for a conference titled "Wellness on the Margins". It features a blue background with a white wavy line separating the title from the subtitle. The title "Wellness on the Margins" is in large, bold, white letters. Below it, the subtitle "A Deep End Conference for Emerging and Training GPs working with Deprived and Marginalized Communities" is in smaller, bold, white letters. The dates "March 19th & 20th 2020" are prominently displayed in large, bold, white letters. The location "The Mater Misericordiae University Hospital, Education Centre, Eccles Street, D07 R2WY Dublin 7, Ireland" and "Tickets available from eventbrite.ie" are listed below. The poster is framed by a dark blue border with the words "Hope", "Joy", "Inclusivity", and "Kindness" written vertically on the sides. At the bottom, there is a row of logos for various organizations including North Dublin City GP Training, Safetynet, fairhealth, GMC, RCSI, and others.

Hope

Wellness on the Margins

Joy

Inclusivity

A Deep End Conference for Emerging and Training GPs working with Deprived and Marginalized Communities

March 19th & 20th 2020

The Mater Misericordiae University Hospital
Education Centre, Eccles Street, D07 R2WY Dublin 7, Ireland
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North Dublin City GP Training, Safetynet, fairhealth, GMC, RCSI, etc.

Kindness