THE KIND OF RESEARCH WE ARE GOING TO NEED
AND WHO IS GOING TO DO IT
DEEP END REPORTS

1. First meeting at Erskine
2. Needs, demands and resources
3. Vulnerable families
4. Keep Well and ASSIGN
5. Single-handed practice
6. Patient encounters
7. GP training
8. Social prescribing
9. Learning Journey
10. Care of the elderly
11. Alcohol problems in young adults
12. Caring for vulnerable children and families
14. Reviewing progress in 2010 and plans for 2011
15. Palliative care in the Deep End
16. Austerity Report
17. Detecting cancer early
18. Integrated care
19. Access to specialists
20. What can NHS Scotland do to prevent and reduce health inequalities
21. GP experience of welfare reform in very deprived areas
22. Mental health issues in the Deep End
23. The contribution of general practice to improving the health of vulnerable children and families
24. What are the CPD needs of GPs working in Deep End practices?
25. Strengthening primary care partnership responses to the welfare reforms
26. Generalist and specialist views of mental h

www.gla.ac.uk/deepend
### Exhibit ES-1. Overall Ranking

<table>
<thead>
<tr>
<th>Country</th>
<th>AUS</th>
<th>CAN</th>
<th>FRA</th>
<th>GER</th>
<th>NETH</th>
<th>NZ</th>
<th>NOR</th>
<th>SWE</th>
<th>SWIZ</th>
<th>UK</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rank</td>
<td>4</td>
<td>10</td>
<td>9</td>
<td>5</td>
<td>5</td>
<td>7</td>
<td>7</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Quality Care (2013)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effective Care</td>
<td>2</td>
<td>9</td>
<td>8</td>
<td>7</td>
<td>5</td>
<td>4</td>
<td>11</td>
<td>10</td>
<td>3</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Safe Care</td>
<td>3</td>
<td>10</td>
<td>2</td>
<td>6</td>
<td>7</td>
<td>9</td>
<td>11</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Coordinated Care</td>
<td>4</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>5</td>
<td>2</td>
<td>7</td>
<td>11</td>
<td>3</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Patient-Centered Care</td>
<td>5</td>
<td>8</td>
<td>10</td>
<td>7</td>
<td>3</td>
<td>6</td>
<td>11</td>
<td>9</td>
<td>2</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Access</td>
<td>8</td>
<td>9</td>
<td>11</td>
<td>2</td>
<td>4</td>
<td>7</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Cost-Related Problem</td>
<td>9</td>
<td>5</td>
<td>10</td>
<td>4</td>
<td>8</td>
<td>6</td>
<td>3</td>
<td>1</td>
<td>7</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Timeliness of Care</td>
<td>6</td>
<td>11</td>
<td>10</td>
<td>4</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>1</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Efficiency</td>
<td>4</td>
<td>10</td>
<td>8</td>
<td>9</td>
<td>7</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>6</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Equity</td>
<td>5</td>
<td>9</td>
<td>7</td>
<td>4</td>
<td>8</td>
<td>10</td>
<td>6</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>Healthy Lives</td>
<td>4</td>
<td>8</td>
<td>1</td>
<td>7</td>
<td>5</td>
<td>9</td>
<td>6</td>
<td>2</td>
<td>3</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>Health Expenditures/Capita, 2011**</td>
<td>$3,800</td>
<td>$4,522</td>
<td>$4,118</td>
<td>$4,495</td>
<td>$5,099</td>
<td>$3,182</td>
<td>$5,669</td>
<td>$3,925</td>
<td>$5,643</td>
<td>$3,405</td>
<td>$8,508</td>
</tr>
</tbody>
</table>

Notes: * Includes ties. ** Expenditures shown in $US PPP (purchasing power parity); Australian $ data are from 2010.
The NHS Act

1. Took money out of the consultation
2. Provided population coverage via the list system
3. Gave doctors the role of responding proportionately to patients’ needs
4. Established GPs as gatekeepers
IS THE NHS FAIR?

In providing emergency care  YES

In providing non-emergency care  NO

In providing primary care  NO
Figure 1: % Differences from least deprived decile for mortality, comorbidity, consultations and funding
GATEKEEPING

87 : 13
86 : 14
85 : 15
84 : 16
Number of emergency admissions (all specs, all ages, all stays) at GG&C sites, 1995/6 - 2014/15. Source: SMR01 data from J Gomez.

1) New GP Contract
2) New Hospital Consultant Contract
3) Loss of GP incentive to do OOH work
4) Commencement of transfer of LHCC functions to CHP
5) UCCP, intro of 4 hr A&E target, ↑A&E consultants.
6) Funding starts to transfer from general practice → CH services
7) CHPs have completely replaced LHCCs
8) Council tax freeze (SW)
9) ↓ District Nurses

Change Fund
HCHS Medical staff (all grades), All GPs (all grades), All GPs in 2013 assuming 8 and 9 sessions per WTE: numbers of WTE per annum employed in Scotland. Source: ISD Scotland manpower and survey data.
Ubiquitous, endemic complexity

The value of previous encounters

Empathy and trust

A “worried doctor”

Setting the bar high

Every patient matters

RELATIONSHIPS ARE THE SILVER BULLETS OF GENERAL PRACTICE AND PRIMARY CARE
15% OF PATIENTS
ACCOUNT FOR
50% OF GP WORKLOAD
10% of patients with 4 or more conditions accounted for
34% of patients with unplanned admissions to hospital and
47% of patients with potentially preventable unplanned admissions

Payne R, Abel G, Guthrie B, Mercer SW.
The impact of physical multimorbidity, mental health conditions and socioeconomic deprivation on unplanned admissions to hospital: a retrospective cohort study.
I’VE JUST INVENTED A MACHINE THAT DOES THE WORK OF TWO MEN.

UNFORTUNATELY, IT TAKES THREE MEN TO WORK IT

SPIKE MILLIGAN
TOO MANY HUBS
HEALTH CARE AS A PINBALL MACHINE
Percentage of total national territorial board NHS funding spent on general practice vs community services, 2001-2013. Source: ISD Scotland website funding data.

- **General Practice**
  - 2001/2: 8.13%
  - 2002/3: 9.30%
  - 2003/4: 11.6%
  - 2004/5: 12.6%
  - 2005/6: 12.6%
  - 2006/7: 12.6%
  - 2007/8: 17.0%
  - 2008/9: 17.0%
  - 2009/10: 17.0%
  - 2010/11: 17.0%
  - 2011/12: 17.0%
  - 2012/13: 17.0%

  - *5.7% decline over entire period*
  - *17.6% decline since 2005/6*

- **Community Services**
  - 2001/2: 7.66%
  - 2002/3: 7.66%
  - 2003/4: 7.66%
  - 2004/5: 7.66%
  - 2005/6: 7.66%
  - 2006/7: 7.66%
  - 2007/8: 7.66%
  - 2008/9: 7.66%
  - 2009/10: 7.66%
  - 2010/11: 7.66%
  - 2011/12: 7.66%
  - 2012/13: 7.66%

  - *46.1% rise over entire period*
  - *34.9% rise since 2006/7*
MESSAGE FROM THE DEEP END

Patients need referral services which are :-

Local

Quick

Familiar

i.e.

Attached workers who will work flexibly and quickly according to the needs of patients and practices

“your problem is our problem”

A machine that does the work of two men but takes one person to work it
UNANSWERED QUESTIONS

Who else can manage risk, uncertainty and complexity?

Do strong local health systems keep patients out of hospital? How?

Are “integrated” local health systems “people rich” or “people poor”?

How do serial contacts (all the NHS contacts a patient has) add up, in terms of building knowledge and confidence?

What do “self help” and “self management” mean for patients who lack knowledge, confidence and agency?

How to engage with patients who are hard to engage?

What is the “treatment burden” imposed on patients, especially those with multimorbidity, by fragmented and dysfunctional services?

How to apply evidence, when so little of it is based on patients with complicated multimorbidity?
## CONSULTANTS AND GENERAL PRACTITIONERS IN SCOTLAND

<table>
<thead>
<tr>
<th>Number of consultants (WTE)</th>
<th>4937</th>
<th>(57%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of general practitioners</td>
<td>3735</td>
<td>(43%)</td>
</tr>
</tbody>
</table>

## CLINICAL PROFESSORS IN SCOTLAND

| Clinical Professors in Hospital Specialities | 157.0 | (93%) |
| Clinical professors in General Practice      | 12.0  | (7%)  |
| **TOTAL**                                    | 169.0 |

## PROFESSORS AS A PROPORTION OF ALL CLINICIANS

<table>
<thead>
<tr>
<th>Hospital</th>
<th>3.2%</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Practice</td>
<td>0.32%</td>
</tr>
</tbody>
</table>
### CLINICAL ACADEMIC STAFFING IN THE UK, BY SPECIALITY

<table>
<thead>
<tr>
<th>Speciality</th>
<th>WTE</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaesthetics</td>
<td>51.2</td>
<td></td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>9.00</td>
<td></td>
</tr>
<tr>
<td>General Practice</td>
<td>204.9</td>
<td>6%</td>
</tr>
<tr>
<td>Infection/Microbiology</td>
<td>94.8</td>
<td></td>
</tr>
<tr>
<td>Medical Education</td>
<td>23.6</td>
<td></td>
</tr>
<tr>
<td>Obstetrics and Gynaecology</td>
<td>118.8</td>
<td></td>
</tr>
<tr>
<td>Occupational Medicine</td>
<td>8.6</td>
<td></td>
</tr>
<tr>
<td>Oncology</td>
<td>150.0</td>
<td></td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>43.2</td>
<td></td>
</tr>
<tr>
<td>Paediatrics and Child Health</td>
<td>201.8</td>
<td></td>
</tr>
<tr>
<td>Pathology</td>
<td>143.3</td>
<td></td>
</tr>
<tr>
<td>Physicians/Medicine</td>
<td>1271.7</td>
<td></td>
</tr>
<tr>
<td>Psychiatry</td>
<td>287.6</td>
<td></td>
</tr>
<tr>
<td>Public Health</td>
<td>172.6</td>
<td></td>
</tr>
<tr>
<td>Radiology</td>
<td>50.6</td>
<td></td>
</tr>
<tr>
<td>Surgery</td>
<td>275.4</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>56.1</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>3162.2</strong></td>
<td></td>
</tr>
<tr>
<td>Field</td>
<td>Percentage</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>------------</td>
<td></td>
</tr>
<tr>
<td>Medicine</td>
<td>41%</td>
<td></td>
</tr>
<tr>
<td>Surgery</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>Paediatrics and Obstetrics/Gynaecology</td>
<td>11%</td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>General Practice/Public Health/Occupational Health</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>Diagnostics</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>Anaesthetics and Emergency Medicine</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>5%</td>
<td></td>
</tr>
</tbody>
</table>

Scottish Clinical Research Excellence Development Scheme
Annual Report 2011-12. NHS Education for Scotland
HIGHER RESEARCH DEGREES
BY GENERAL PRACTITIONERS IN SCOTLAND

2006-2010  8

2011-2015  7

There are currently no post-doctoral positions for GP researchers
If we do not change direction, we shall arrive where we are heading

Chinese Proverb