



University  
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& Wellbeing

# Research into primary care and health inequalities

**Stewart Mercer**

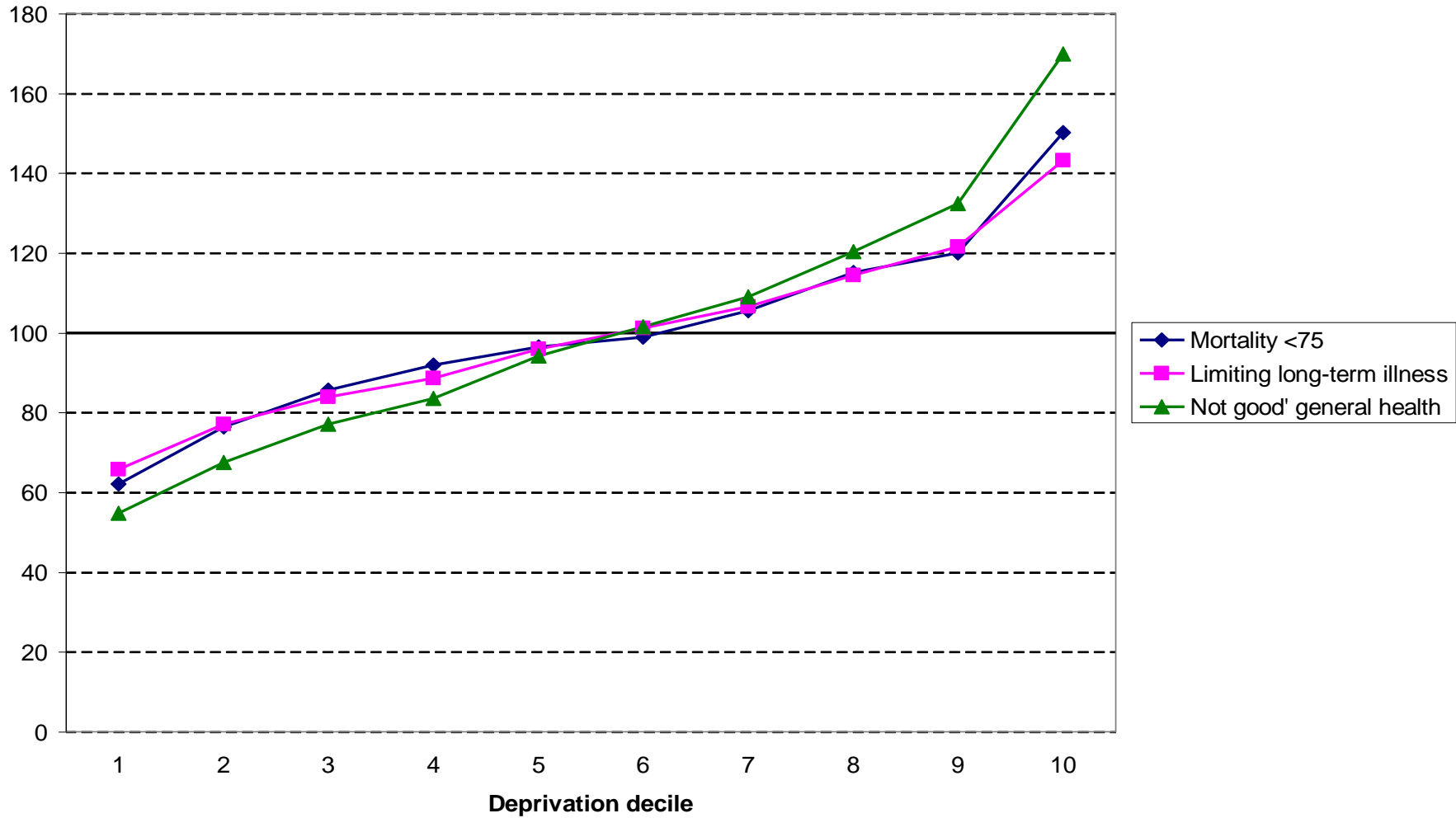
Professor of Primary Care Research

Director of the Scottish School of  
primary care



The Scottish School of Primary Care

# Health inequalities in Scotland



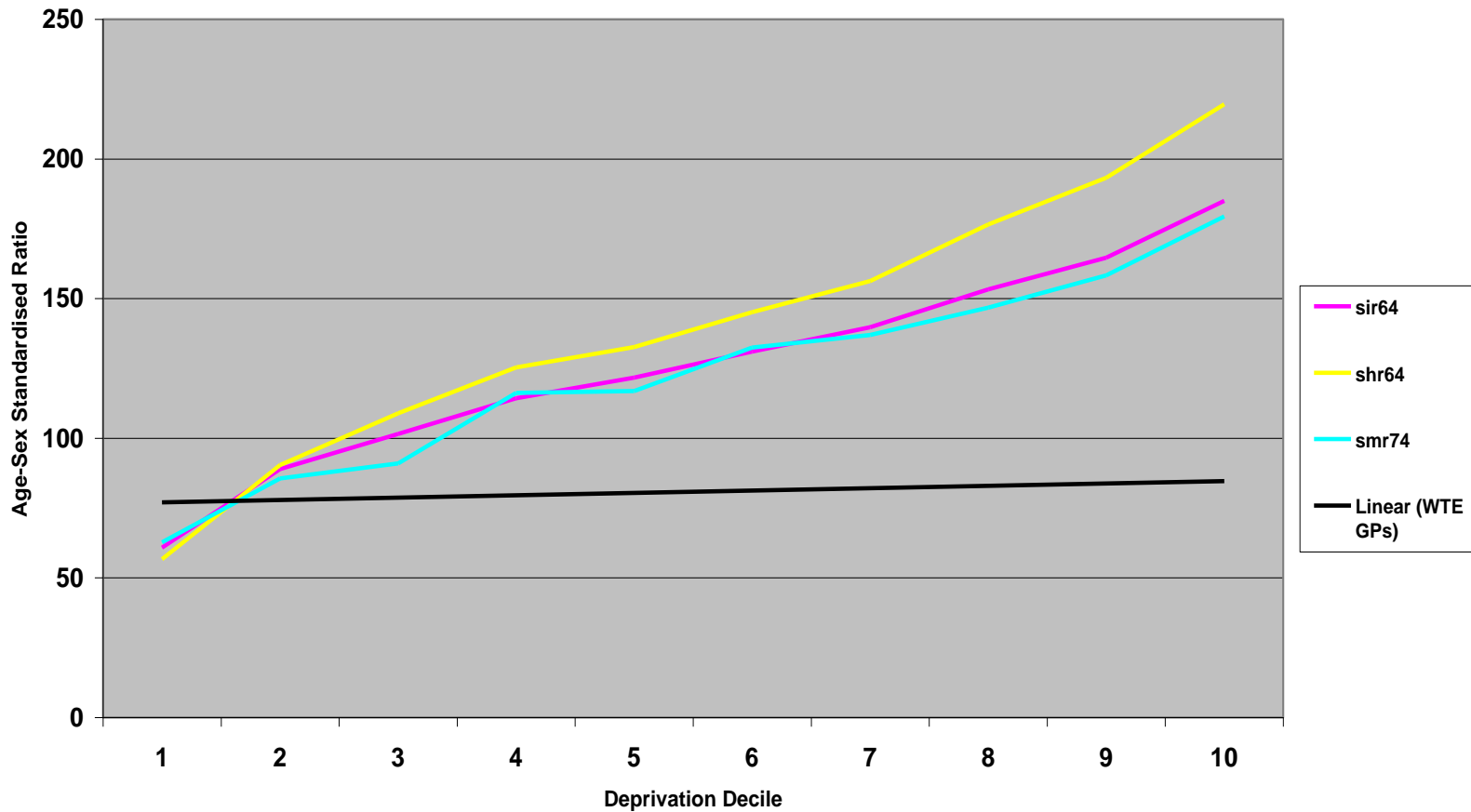
# The Inverse Care Law

- 'The provision of good medical care tends to vary inversely with the need for it in the population served.'
- [www.juliantudorhar.org](http://www.juliantudorhart.org)



# The Inverse Care Law in Scotland

Age & Sex Standardised Census Health Measures by Greater Glasgow & Clyde  
Deprivation Decile



# Effect of the Inverse Care law:

## Lower patient enablement and higher GP stress

In a study of over 3,000 GP consultations in the West of Scotland, patients in deprived areas (compared to patients in more affluent areas) had :

- More problems to discuss, which were more often **complex** (a mix of physical, psychological, and social);

Yet....

- Consultations were **shorter**
- Patients with complex problems were **less enabled**
- GPs were more **stressed**



The Scottish School of Primary Care

# Multimorbidity in Scotland

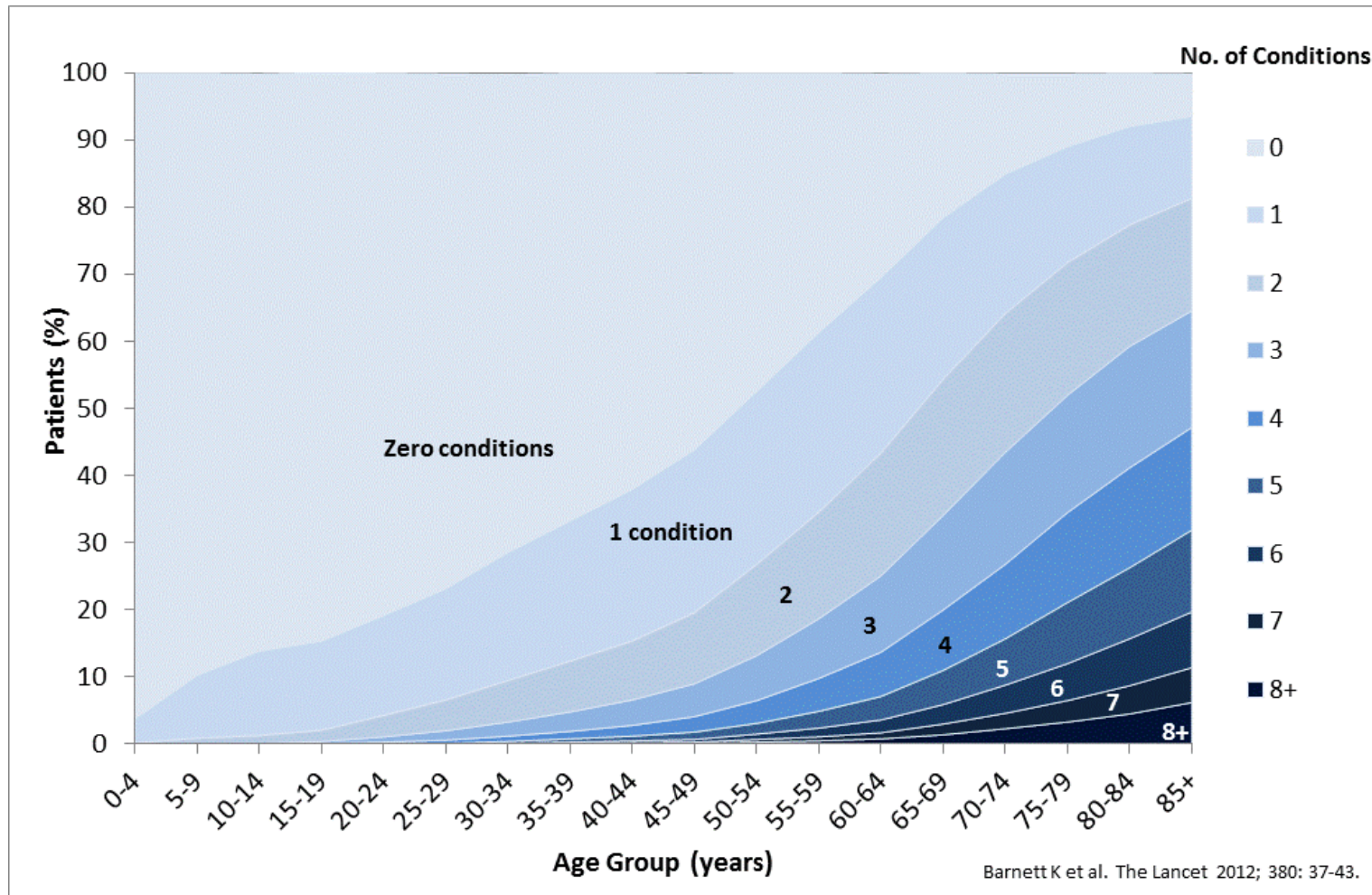
The Scottish School of Primary Care's Multimorbidity  
Research Programme



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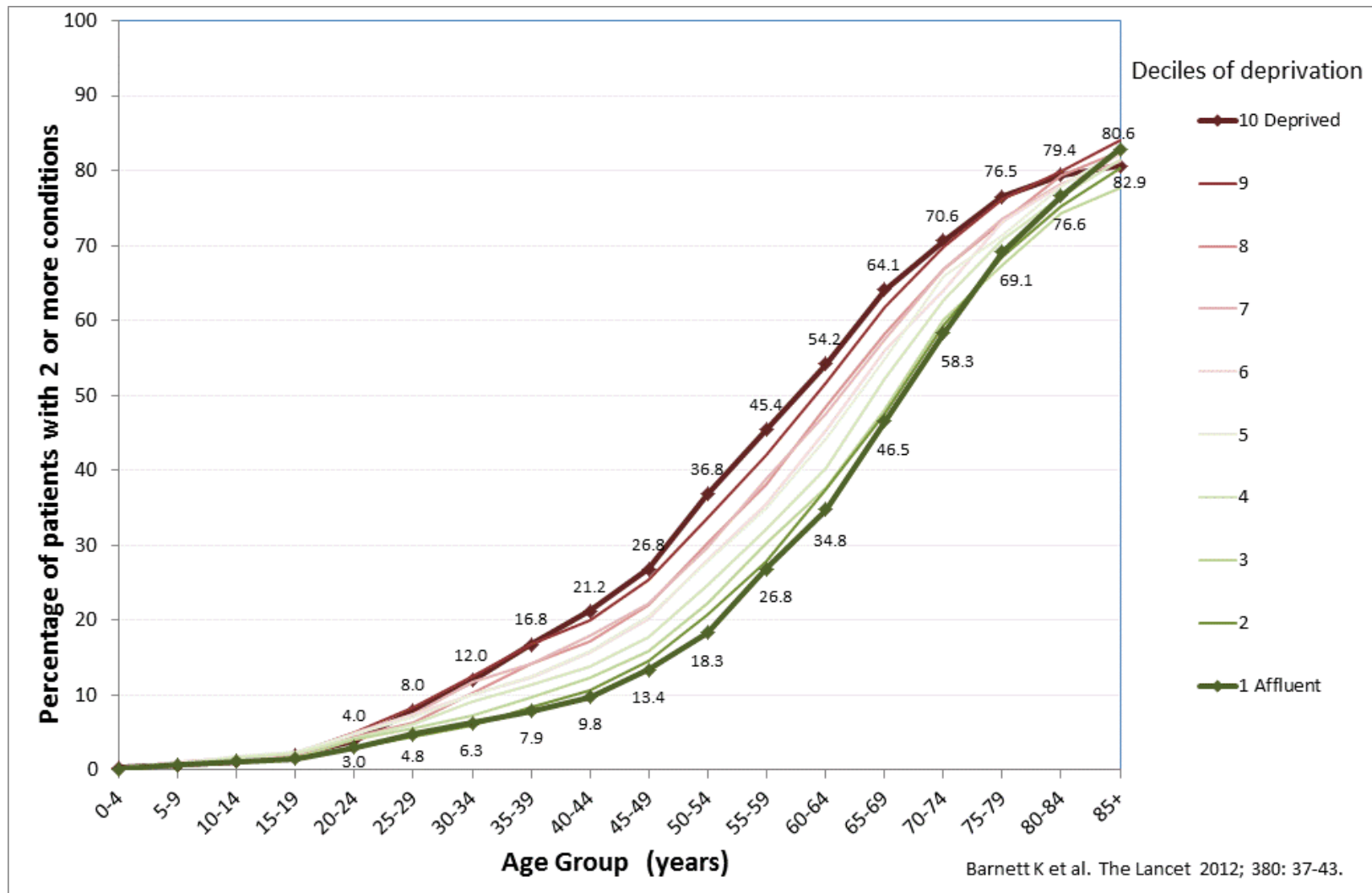


# Multimorbidity is common in Scotland



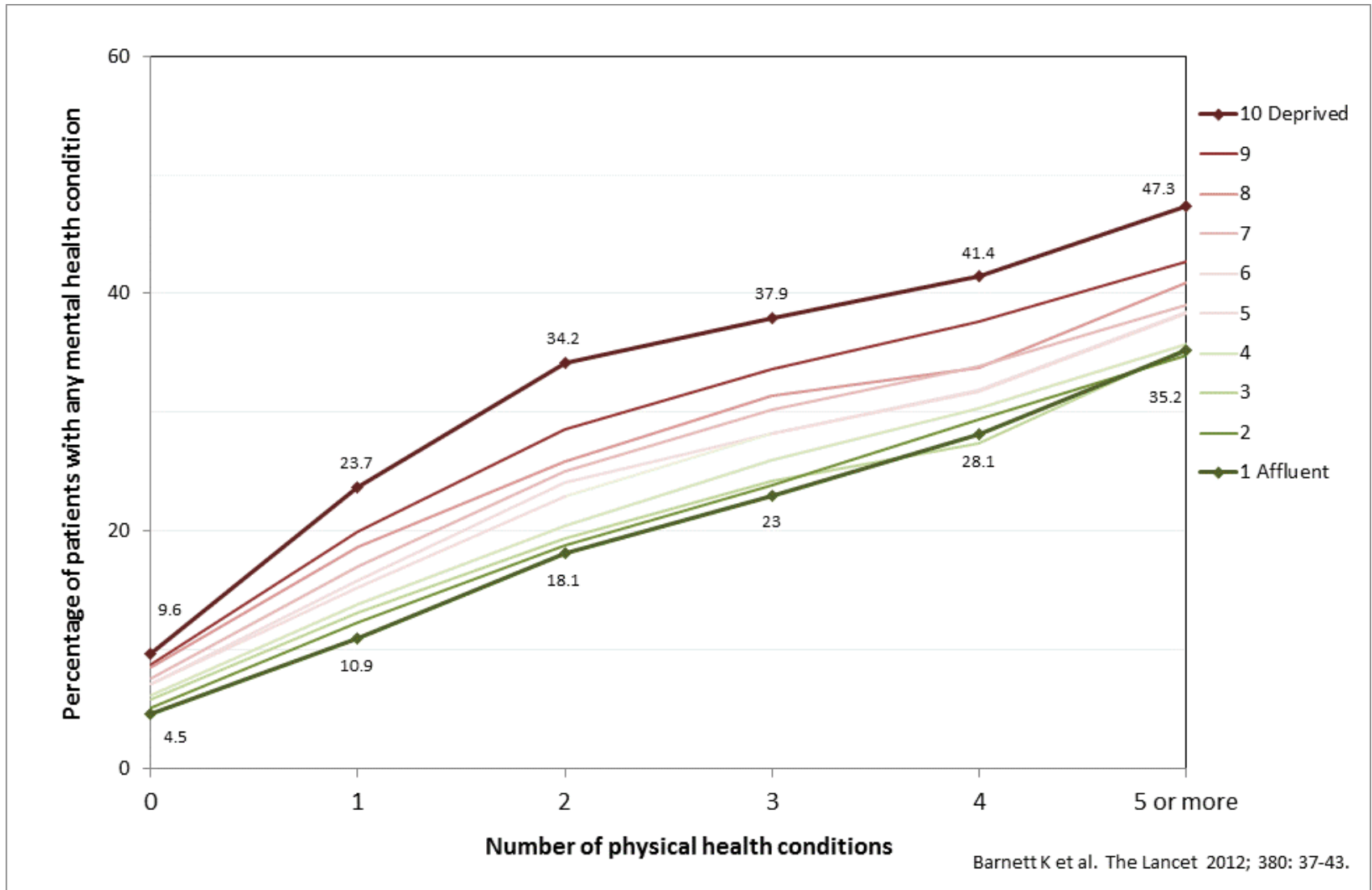
- The majority of over-65s have 2 or more conditions, and the majority of over-75s have 3 or more conditions
- More people have 2 or more conditions than only have 1

# People living in more deprived areas in Scotland develop multimorbidity 10 years before those living in the most affluent areas





# Mental health problems are strongly associated with the number of physical conditions that people have, particularly in deprived areas in Scotland



# General practitioners and practice nurses in deprived areas struggle to support people with multimorbidity

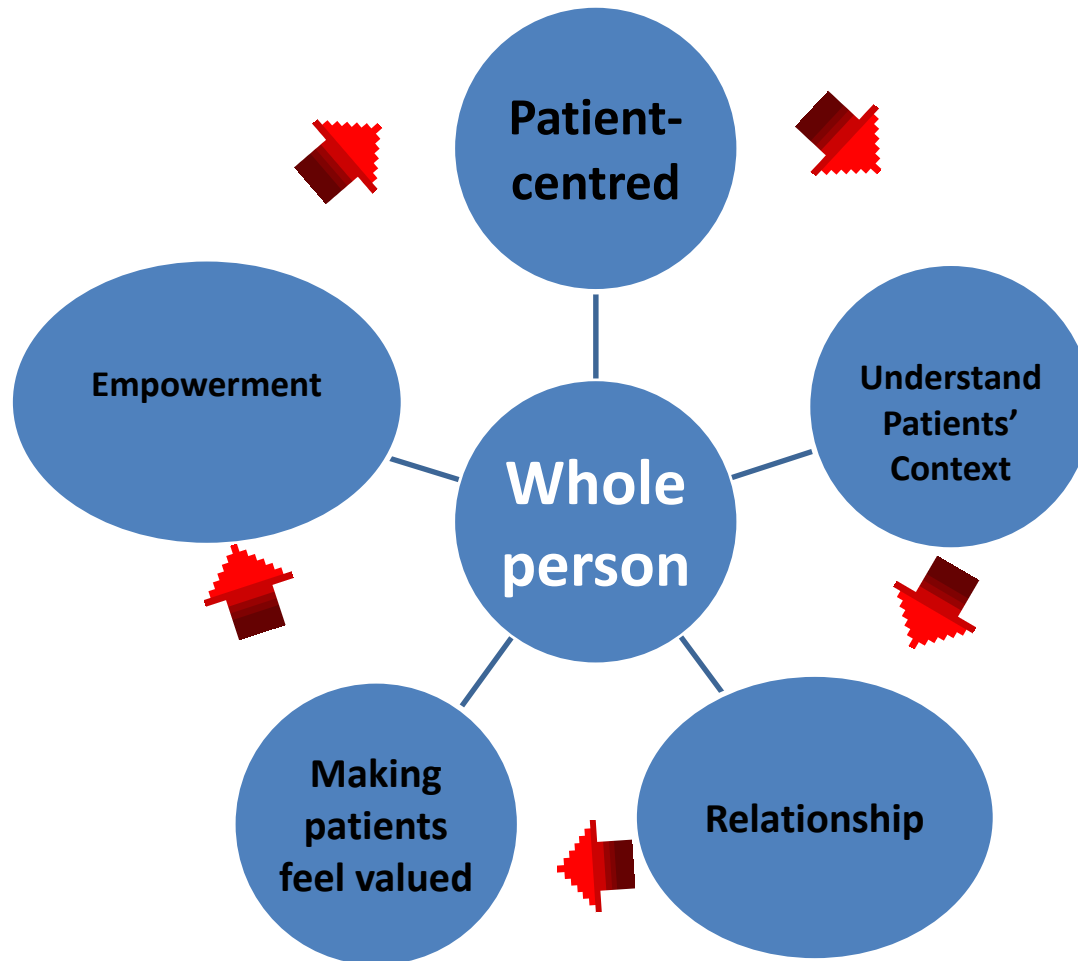
“Demoralising”

“Exhausting”

“I feel like a wrung-out rag at the end of consultations”

“If you’re too caring ... you’ll crack up in a place like this. Our boundaries lie where they are because they have to at the moment”

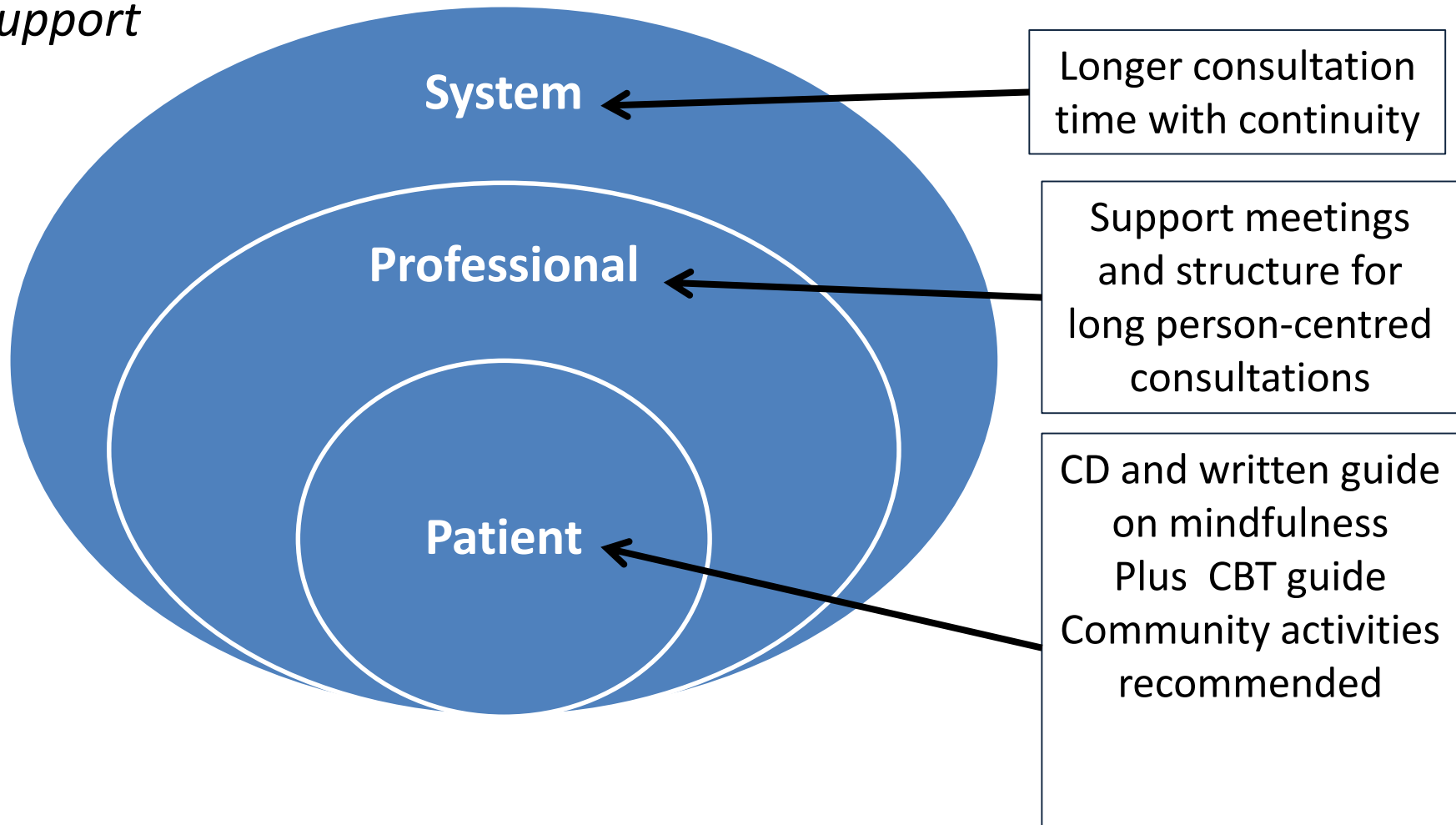
# Developing – whole system, whole person approach



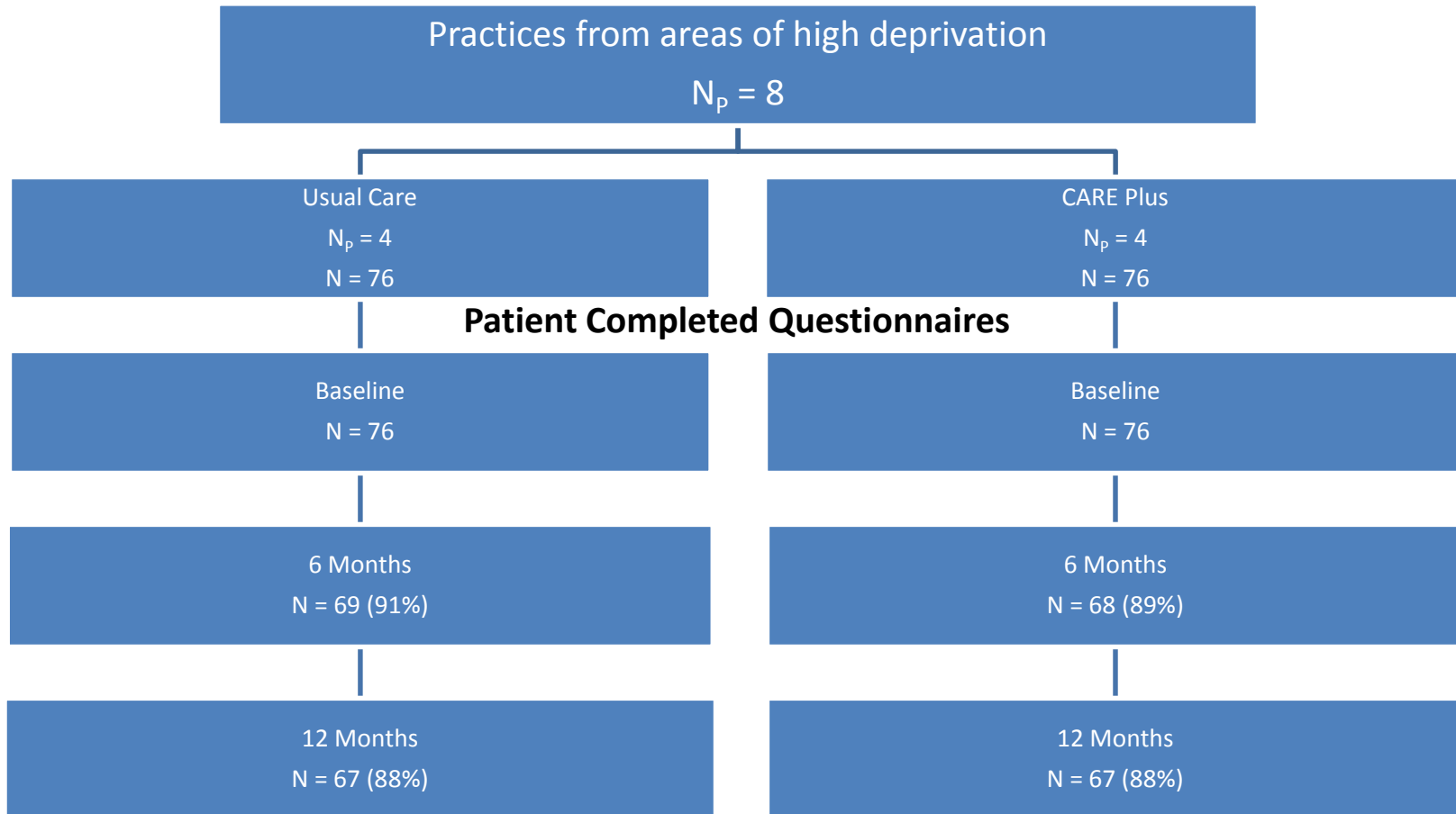
- Time
- Continuity
- Support and training for professionals
- Self-management support for patients

# CARE PLUS: a whole-system approach

*Time, continuity, person centredness and self-management support*

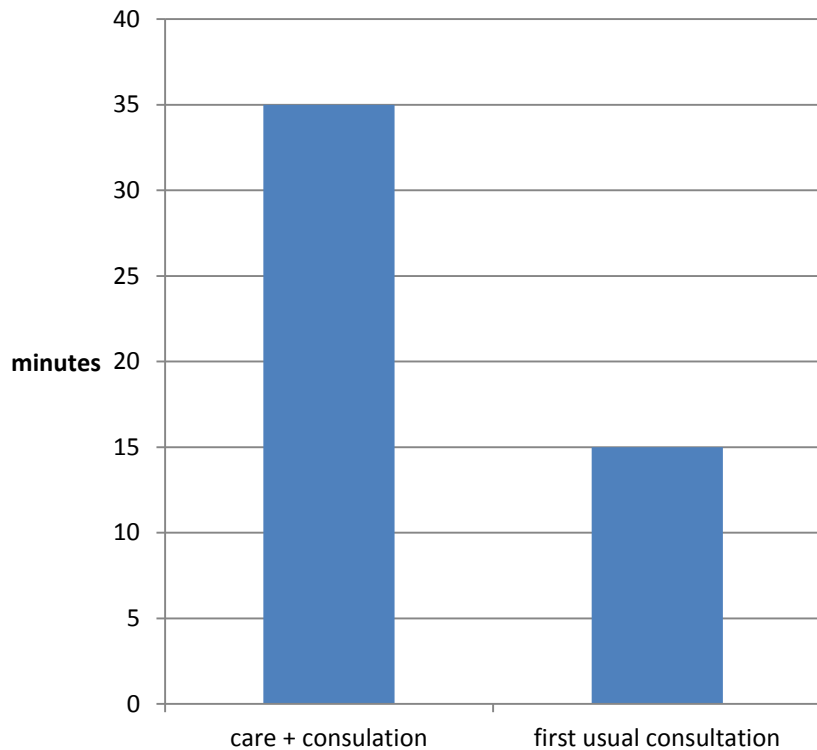


# Would GPs and patients participate in a RCT?



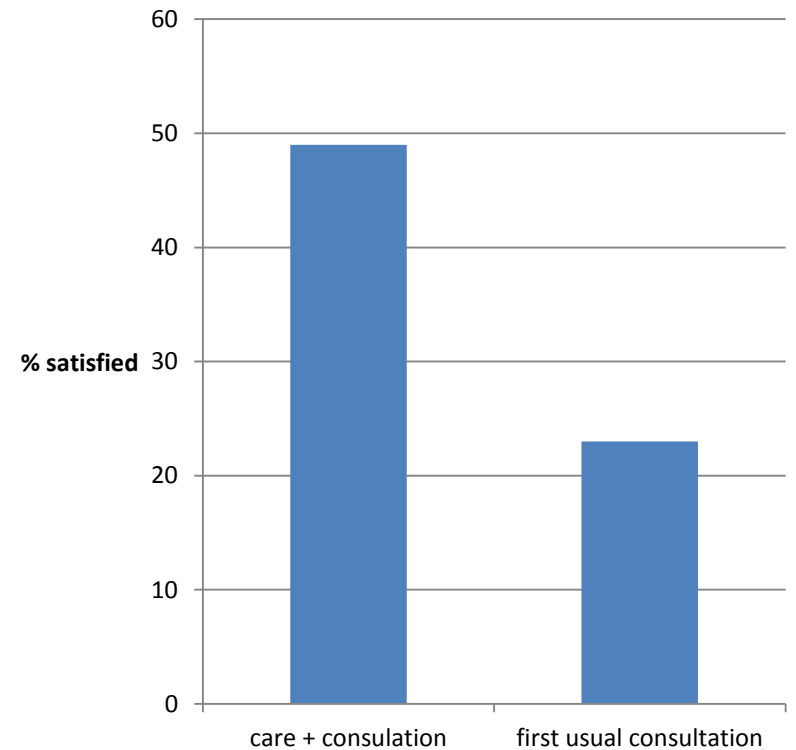
# Longer consultations let to higher patient satisfaction

## Time spent in first index consultation



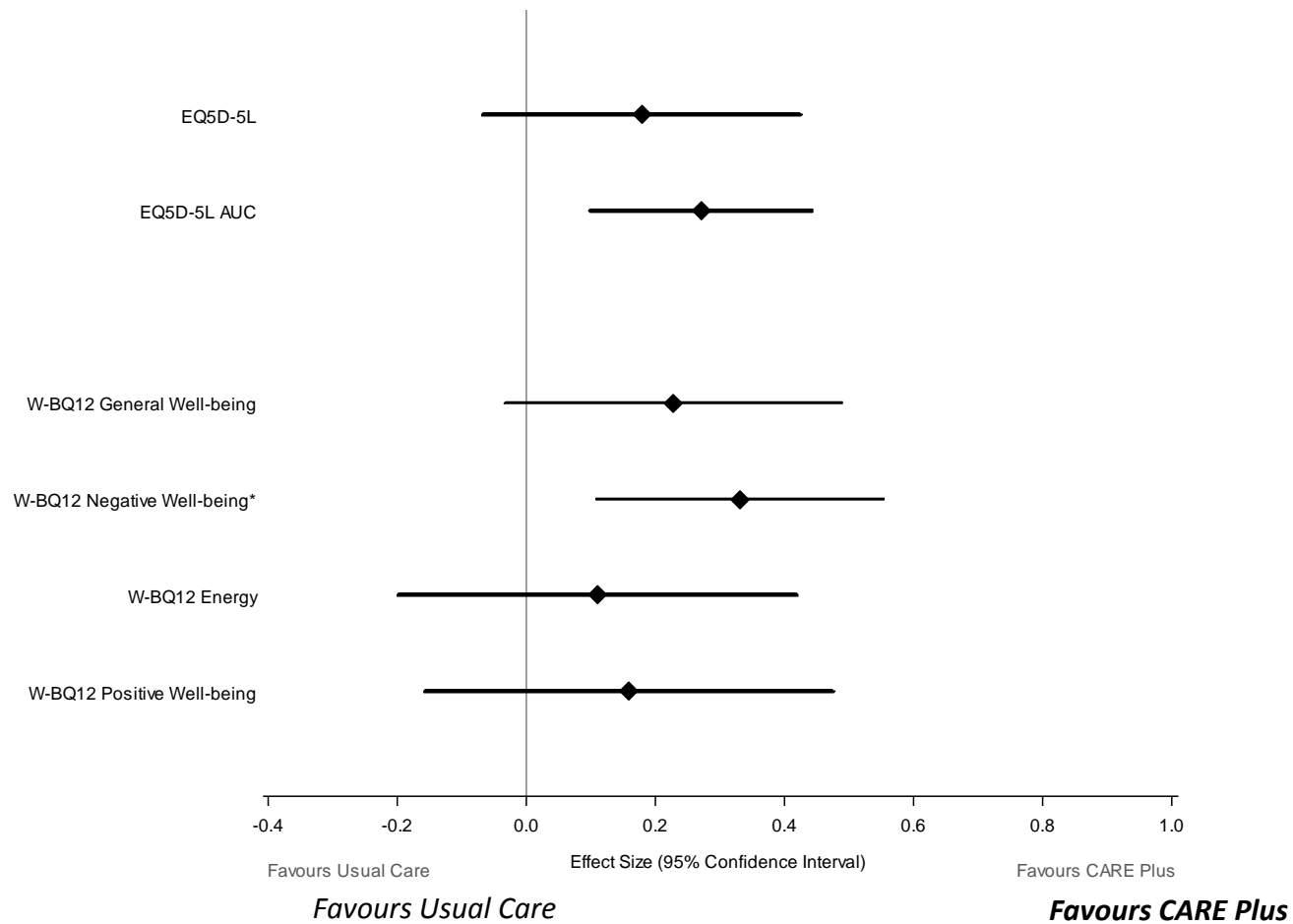
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## Satisfied with time spent in first index consultation

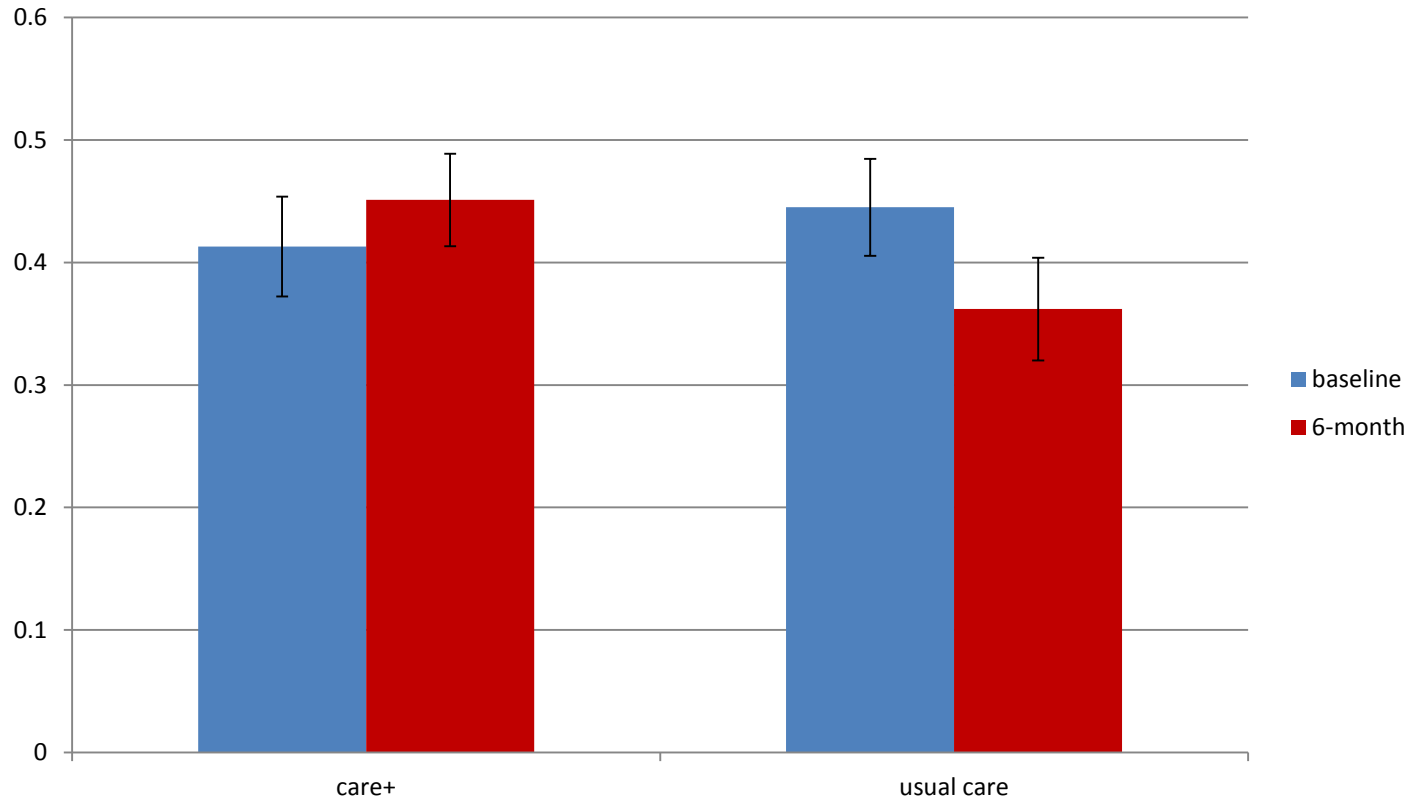


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# Patients in the CARE Plus group had improvements in quality of life and wellbeing at 12 months



# CARE Plus prevents decline in QOL (EQ5-DL)



Effect size = 0.35



# CARE Plus is also very cost-effective

- Cost-effective:
  - Cost < £13,000 per QALY
  - NICE currently supports a cost of £20,000 per QALY

# Summary

- Health inequalities continue to widen
- Multimorbidity is a major challenge
- It is socially patterned, occurring earlier in deprived areas
- Because of the inverse care law, GPs struggle to meet patients complex needs in deprived areas
- ‘Reversing’ the inverse care law experimentally appears to improve outcomes in a very cost-effective way