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Stories of On-the-Ground Innovations in Primary Health Care

The ‘GPs at the Deep End’ Pioneer Scheme

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Abstract:

General Practitioners at the Deep End (www.gla.ac.uk/deepend) work in 100 general practices serving the most socio-economically deprived populations in Scotland. Set up in 2009, this was the first time that a group of family doctors dealing with ‘blanket deprivation’ had been convened or consulted.

In 2016, Scottish Government launched a GP Recruitment and Retention Fund in response to difficulties recruiting and retaining GPs, particularly in rural areas and areas of high socioeconomic deprivation. The GPs at the Deep End group successfully bid for funding to set up the Deep End GP Pioneer Scheme in 6 practices in Glasgow.

The aim of the Pioneer scheme is to develop and establish a change model for general practices serving very deprived areas, involving the recruitment of younger GPs (or Fellows), the retention of experienced GPs, and their joint engagement in strengthening the role of general practice as the natural hub of local health systems. A key component of the scheme is protected time for both early career and experienced GPs for professional and service development.

Keywords: Primary Health Care, General Practitioners, Disparities, Manpower

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-THE INNOVATION:

The overall aim of the Pioneer scheme is to develop and establish a change model for general practices serving very deprived areas, involving the recruitment of younger GPs (or Fellows), the retention of experienced GPs, and their joint engagement in strengthening the role of general practice as the natural hub of local health systems. A key component of the scheme is protected time for both early career and experienced GPs for professional and service development.

-WHO & WHERE:

General Practitioners at the Deep End (www.gla.ac.uk/deepend) work in 100 general practices serving the most socio-economically deprived populations in Scotland. Set up in 2009, this was the first time that a group of family doctors dealing with ‘blanket deprivation’ had been convened or consulted.

In 2016, Scottish Government launched a GP Recruitment and Retention Fund in response to the ‘GP crisis’, brought about by increasing demands on general practice (ageing population, more complex multimorbidity) and difficulties recruiting and retaining GPs, particularly in rural areas and areas of high socioeconomic deprivation.

The group successfully bid for funding to set up the Deep End GP Pioneer Scheme in 6 practices in Glasgow.

-HOW:

After a competitive application process, 6 practices were selected to be host practices for 6 Deep End GP Fellows, who were also competitively appointed. Each practice has a lead GP for the project, who has protected time each week to engage with service development work

and attend meetings related to the Pioneer scheme. The 6 practices work together to share ideas and learning and there is an overall lead GP for the scheme, who co-ordinates this activity.

The Fellows work 4 days a week, with 3 days in practice and 1 day of protected time, to be used on alternate weeks for service development work (collaborating with the lead GP for their practice) and professional development, via a programme of day-release sessions with a tailored curriculum based on identified learning needs for Deep End practitioners.¹ An academic co-ordinator organises these day-release sessions and supports the Fellows to produce written outputs for wider dissemination.

The lead GPs for each practice meet together every 6 to 8 weeks and share documents online (using www.trello.com). There is a Pioneer Scheme Steering Group, including representatives from Scottish Government and the Health Board.

-LEARNING:

General practice in Scotland is in a transitional period, with a new GP contract under negotiation and the removal of the pay-for-performance Quality and Outcome Framework (QOF). GP clusters have been introduced as the new mechanism for promoting quality. The Pioneer scheme practices have formed a non-geographical cluster and set an example for how to co-ordinate activity, share learning, and improve quality of care in general practice.

Protected time to meet and to work on service development projects is a key part of the project, made possible by the additional clinical capacity provided by the Fellows. The role of the lead GP for the project is critical to avoid duplication of effort, as many similar needs have been identified (e.g. improving cancer screening uptake, improving care of people

seeking asylum and refugees). The protected time for professional development that the GP Fellows have is another key feature of the scheme.

The Pioneer scheme is still at an early stage, but the GPs involved already report a decrease in stress and renewed enthusiasm for their work. Patient benefits will take longer to demonstrate, but the scheme draws upon elements of other projects that have taken place in Deep End practices that have reported cost-effective patient benefits, such as the CARE Plus study² and the Links worker programme³.

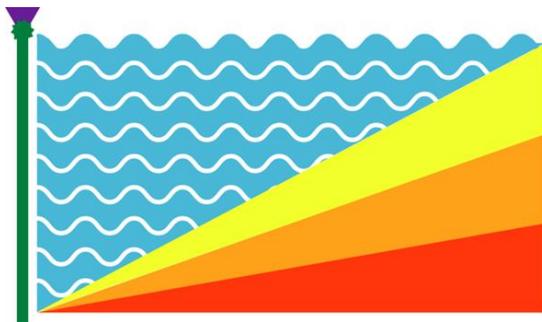
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¹ MacVicar, R., Williamson, A.E., Cunningham, D., and Watt, G. (2015) What are the CPD needs of GPs working in areas of high deprivation? Report of a focus group meeting of ‘GPs at the deep end’. *Education for Primary Care*, 26(3), pp. 139-145.

² Mercer, S.W. et al. (2016) The Care Plus study- a whole system intervention to improve quality of life of primary care patients with multimorbidity in areas of high socioeconomic deprivation: exploratory cluster randomised controlled trial and cost-utility analysis. *BMC Medicine*, 14, 88. (doi:10.1186/s12916-016-0634-2)

³ National Links Worker Programme. <http://links.alliance-scotland.org.uk/>

-APPENDIX:



Background to GPs at the Deep End (www.gla.ac.uk/deepend)

General Practitioners at the Deep End work in 100 general practices serving the most socio-economically deprived populations in Scotland, based on the proportion of patients on the practice list with postcodes in the most deprived 15% of Scottish datazones.

'GPs at the Deep End' activities can be grouped into four areas:

- 1) Advocacy – mostly around the inverse care law
- 2) Research/Evidence – both formal University research and evidence based on frontline experience
- 3) Service development – specific projects such as the Community Links worker and Govan SHIP projects
- 4) Professional development – supporting training and CPD needs of GPs in deprived areas

Inspired by the example set by the Scottish Deep End GP group, there are now similar groups being set up in Ireland (<http://deepend.ie/>), England (<https://yorkshiredependgp.org/>), and Australia.